

Subchapter 4, Personal Injury Protection Benefits; Medical Protocols; Diagnostic Tests, was adopted as new rules by R.1998 d.597, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3211(a), 30 N.J.R. 3748(a), 30 N.J.R. 4401(a).

Subchapter 38, Towing and Storage Fee Schedule, was repealed by R.1999 d.1, effective January 4, 1999. See: 30 N.J.R. 2813(a), 31 N.J.R. 54(c).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.2001 d.44, effective January 4, 2001, and Subchapter 2B, Market Transition Facility of New Jersey Payment Prioritization and Claims Payment Deferral, Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, Subchapter 19, Standard/Nonstandard Rating Plans, and Subchapter 42, Producer Assignment Program, were repealed by R.2001 d.44, effective January 4, 2001. See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

Subchapter 17, Rate Intervenor Rules, was adopted as new rules by R.2001 d.270, effective August 6, 2001. See: 33 N.J.R. 1305(a), 33 N.J.R. 2694(a).

Subchapter 16B, Rate Process For Limited Rate Changes; Calculations for Private Passenger Automobile Insurance Rate Changes, was adopted as new rules, by R.2001 d.481, effective December 17, 2001. See: 33 N.J.R. 2574(a), 33 N.J.R. 4371(a).

Subchapter 3A, Reporting Requirements and Filing Deadlines, was adopted as new rules, by R.2003 d.95, effective March 3, 2003. See: 34 N.J.R. 3470(a), 35 N.J.R. 1289(a).

Subchapter 2A, Special Automobile Insurance Policy, was adopted as new rules, by R.2003 d.497, effective December 15, 2003. See: 35 N.J.R. 3519(b), 35 N.J.R. 5599(a).

Subchapter 47, Insurance Scenarios, was adopted as new rules, by R.2004 d.118, effective March 15, 2004. See: 35 N.J.R. 4434(a), 36 N.J.R. 1587(a).

Subchapter 35A, Private Passenger Automobile Insurance—Use of Alternate Underwriting Rules, was adopted as new rules, by R.2004 d.165, effective April 19, 2004. See: 35 N.J.R. 4429(a), 36 N.J.R. 1929(a).

Subchapter 16A, Private Passenger Automobile Insurance Territorial Rating Plans, was adopted as new rules, by R.2005 d.126, effective April 18, 2005. See: 36 N.J.R. 3979(a), 37 N.J.R. 1197(a).

Chapter 3, Automobile Insurance, was readopted by R.2006 d.243, effective June 7, 2006. See: Source and Effective Date. See, also, section annotations.

Subchapter 12, Automobile Rate Filers: Flattening of Premium Taxes and Assessments Made for Unsatisfied Claim and Judgment Fund, was renamed Automobile Rate Filers: Flattening of Premium Taxes, by R.2006 d.243, effective July 3, 2006. See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

Subchapter 17, Rate Intervenor Rules, was repealed by R.2006 d.243, effective July 3, 2006 (operative July 16, 2006). See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

Subchapter 8, Renewal and Nonrenewal of Automobile Insurance Policies, was renamed Acceptance, Renewal, Nonrenewal and Cancellation of Automobile Insurance Policies; Subchapter 19A, Tier Rating Plans and Underwriting Rules, was renamed Tier Rating Plans and Tier Placement Criteria; and Subchapter 35, Private Passenger Automobile Insurance Underwriting Rules, Subchapter 35A, Private Passenger Automobile Insurance—Use of Alternate Underwriting Rules, Subchapter 40, Insurers Required to Provide Automobile Insurance Coverage to Eligible Persons, Subchapter 44, Special Rules for Effecting Coverage for Private Passenger Automobile Insurance and Subchapter 47, Insurance Scenarios, were repealed by R.2008 d.380, effective December 15, 2008 (operative January 1, 2009). See: 40 N.J.R. 3572(a), 40 N.J.R. 6970(b).

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(a) The purpose of this subchapter is to establish a plan pursuant to N.J.S.A. 17:29D-1:

1. To provide the coverages described herein, subject to the conditions stated, for motor vehicles other than those vehicles subject to the New Jersey Personal Automobile Insurance Plan;

2. To provide for the apportionment of insurance coverage for qualified applicants who are in good faith entitled to but are unable to procure the same, through the voluntary market; and

3. To establish a procedure for the sharing of premiums, losses, and expenses among all insurers who are participants in New Jersey as defined within this subchapter for all risks qualified for coverage under the provisions of this subchapter.

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1996 d.502, effective October 21, 1996.

See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

Amended by R.2003 d.415, effective October 20, 2003.

See: 35 N.J.R. 2391(a), 35 N.J.R. 4900(a).

In (a), inserted "other" preceding "private passenger vehicle" in 1, substituted "qualified" for "eligible" preceding "applicants" in 2 and substituted "qualified" for "eligible" preceding "for coverage" in 3.

Amended by R.2008 d.380, effective December 15, 2008 (operative January 1, 2009).

See: 40 N.J.R. 3572(a), 40 N.J.R. 6970(b).

In (a)1, deleted "and any other private passenger vehicle that is owned by or driven by a person who meets the definition of an eligible person pursuant to N.J.S.A. 17:33B-13 and N.J.A.C. 11:3-34" from the end.

11:3-1.2 Definitions

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

"Actively writing" means an insurer writing commercial automobile liability or physical damage insurance in this State in the voluntary or involuntary market. This includes new business and/or renewals.

"CAIP" or "Plan" means the Commercial Automobile Insurance Plan pursuant to this subchapter.

"CAIP manager" means the entity employed by the Governing Committee to manage and conduct the administrative affairs of the CAIP on a daily basis.

"Commissioner" means the Commissioner of the New Jersey Department of Banking and Insurance.

"Emergency type vehicle" means any land vehicle, used to respond to distress calls, fires, or rescue, propelled by other than muscular power and not run upon rails or tracks. This term includes, but is not limited to, fire trucks, rescue trucks, police cars and ambulances.

"Gross participation" means a participant's Voluntary All Other Automobile Direct Written Premiums derived from information contained in the annual statement times a fraction, the numerator of which is the sum of the plan's total written premiums for that year and the Statewide total Voluntary All Other Automobile Direct Written Premiums which are eligi-

ble for depopulation credit for that policy year, and the denominator of which is the Statewide total Voluntary All Other Automobile Net Direct Written Premiums of all participants for that second prior year.

"Light truck" means a vehicle with a gross vehicle weight (G.V.W.) of 10,000 pounds or less.

"Motor vehicle" means any land vehicle propelled otherwise than by muscular power including trailers and semi-trailers, except such vehicles that run only upon rails or tracks.

"Net participation" means a participant's gross participation for that policy year less its business eligible for depopulation credit for that policy year.

"Net participation percentage" means a participant's net participation for that policy year in proportion to the comparable Statewide total net participation for all participants.

"Operating headquarters" means the chief place of business where the principal officers generally transact business, and the place to which reports are made and from which orders emanate. It is the location where the executive offices are, corporate decisions are made and corporate functions are performed.

"Participant" means an insurer licensed and authorized to write motor vehicle liability or physical damage insurance and specifically includes any insurer who writes all other automobile liability and all other automobile physical damage insurance.

"Personal injury protection" means those benefits as set forth at N.J.S.A. 39:6A-4.

"Policy year" means the exposure and premiums for all policies written during a calendar year and all losses attributable to policies written during the same calendar year.

"Private passenger automobile" means a vehicle that meets the definition in N.J.S.A. 39:6A-2a, that is not eligible for coverage through any voluntary or residual market mechanism created by statute, and is owned by an individual or husband and wife; or owned jointly by two or more relatives other than husband and wife; or owned jointly by two or more resident individuals; or owned by a corporation, partnership or unincorporated association, governmental agency, or registered to a professional designation (that is, T/A, PA or P.C.) where such automobiles are furnished to individuals and are not used for business purposes.

(g) Reports with an evaluation date of June 30 shall be due by July 31.

(h) Reports shall be submitted using the Excel templates, available on the Department's website at <http://www.state.nj.us/dobi> on one of the following media:

1. E-mail (preferred media);
2. CD-ROM; or
3. Floppy Diskette.

(i) The Excel templates shall not be modified by the user in any way.

(j) Reports shall be submitted to:

New Jersey Department of Banking and Insurance
Office of Property and Casualty
PO Box 325
Trenton, NJ 08625-0325
E-mail: reports@dobi.state.nj.us

Amended by R.2006 d.243, effective July 3, 2006.

See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

In (h), substituted "<http://www.state.nj.us/dobi>" for "<http://www.state.nj.us/dobi>".

Amended by R.2008 d.75, effective April 7, 2008.

See: 39 N.J.R. 4538(a), 40 N.J.R. 1875(a).

In the introductory paragraph of (b), deleted "Tier Report;" following "Primary Classification;" added new (b)1iii; recodified former (b)1iii and (b)1iv as (b)1iv and (b)1v; in (b)2i, deleted "tier" following "classification"; deleted former (b)2ii; recodified former (b)2iii and (b)2iv as (b)2ii and (b)2iii; in (b)2ii, inserted "(three for SAIP)"; in (b)2iii, deleted "except to include extra tiers within the original spreadsheet for insurers who have additional tiers not listed on the template" following "any way"; and in (i), deleted "except as stated above in (b)2iv above" following "any way".

11:3-3A.4 Penalties

Failure to comply with the provisions of this subchapter may result in the imposition of penalties pursuant to N.J.S.A. 17:33-2 and as otherwise authorized by law.

SUBCHAPTER 4. PERSONAL INJURY PROTECTION BENEFITS; MEDICAL PROTOCOLS; DIAGNOSTIC TESTS

11:3-4.1 Scope and purpose

(a) This subchapter implements the provisions of N.J.S.A. 39:6A-3.1, 39:6A-4 and 39:6A-4.3 by identifying the personal injury protection medical expense benefits and emergency personal injury protection coverage for which reimbursement of eligible charges will be made by automobile insurers under basic, standard and special automobile insurance policies and by motor bus insurers under medical expense benefits coverage.

(b) This subchapter applies to all insurers that issue policies of automobile insurance containing PIP coverage, emer-

gency personal injury protection coverage and policies of motor bus insurance containing medical expense benefits coverage.

(c) This subchapter shall apply to those policies that are issued or renewed on or after March 22, 1999.

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

In (a), inserted "and emergency personal injury protection coverage" following "medical expense benefits"; deleted "and" following "automobile insurers under basic"; inserted "and special automobile insurance" preceding "policies and by motor bus insurers"; in (b), inserted "emergency personal injury protection coverage" following "automobile insurance containing PIP coverage".

Case Notes

Statute and the regulations promulgated by the Commissioner represented a complex legislative and regulatory package designed to reform automobile insurance law in New Jersey, and the courts of New Jersey were in the best position to consider the validity of the applicable regulations under state law. *Chiropractic America v. Lavachchia*, 180 F.3d 99 (3rd Cir. N.J. 1999).

Uninsured passenger, not qualified to receive Medicaid, who receives emergency personal injury protection benefits under the driver's special automobile insurance policy is entitled to personal injury protection coverage from the Unsatisfied Claim and Judgment Fund for non-emergency medical treatment. *Sanders v. Langemeier*, 401 N.J. Super. 125, 949 A.2d 295, 2008 N.J. Super. LEXIS 134 (App.Div. 2008).

Associations representing personal injury attorneys and health-care providers for automobile accident victims had standing to challenge approval of automobile policies by the commissioner of Banking and Insurance. *Quality Health Care v. DOBI*, 348 N.J. Super. 272, 791 A.2d 1085.

11:3-4.2 Definitions

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

"Ambulatory surgery facility" or "ambulatory surgical center" (ASC) means:

1. A surgical facility, licensed as an ambulatory surgery facility in New Jersey in accordance with N.J.A.C. 8:43A, in which ambulatory surgical cases are performed and which is separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately, financially and administratively distinct, for example, it uses a separate tax-id number); or

2. A physician-owned single operating room in an office setting that is certified by Medicare.

"Basic automobile insurance policy" or "basic policy" means those private passenger automobile insurance policies issued in accordance with N.J.S.A. 39:6A-3.1 and N.J.A.C. 11:3-3.

"Clinically supported" means that a health care provider prior to selecting, performing or ordering the administration of a treatment or diagnostic test has:

1. Personally examined the patient to ensure that the proper medical indications exist to justify ordering the treatment or test;

2. Physically examined the patient including making an assessment of any current and/or historical subjective complaints, observations, objective findings, neurologic indications, and physical tests;

3. Considered any and all previously performed tests that relate to the injury and the results and which are relevant to the proposed treatment or test; and

4. Recorded and documented these observations, positive and negative findings and conclusions on the patient's medical records.

"Decision point" means those junctures in the treatment of identified injuries indicated by hexagonal boxes on the Care Paths where a decision must be made about the continuation or choice of further treatment. The determination whether to administer one of the tests listed in N.J.A.C. 11:3-4.5(b) is also a decision point for both identified and all other injuries.

"Decision point review" means the procedures in an insurer's approved decision point review plan for the insurer to receive notice and respond to requests for proposed treatment or testing at decision points.

"Diagnostic test" means a medical service or procedure utilizing biomechanical, neurological, neurodiagnostic, radiological, vascular or any means, other than bioanalysis, intended to assist in establishing a medical, dental, physical therapy, chiropractic or psychological diagnosis, for the purpose of recommending or developing a course of treatment for the tested patient to be implemented by the treating practitioner or by the consultant.

"Eligible charge" means the treating health care provider's usual, customary and reasonable charge or the upper limit of the medical fee schedule as found in N.J.A.C. 11:3-29.6, whichever is lower.

"Emergency care" means all medically necessary treatment of a traumatic injury or a medical condition manifesting itself by acute symptoms of sufficient severity such that absence of immediate attention could reasonably be expected to result in: death; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. Such emergency care shall include all medically necessary care immediately following an automobile accident, including, but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician. Emergency care shall be presumed when medical care is initiated at a hospital within 120 hours of the accident.

"Emergency personal injury protection coverage" means the coverage provided by a Special Automobile Insurance Policy pursuant to section 45 of P.L. 2003, c.89.

"Health care provider" or "provider" means those persons licensed or certified to perform health care treatment or services compensable as medical expenses and shall include, but not be limited to:

1. A hospital or health care facility that is maintained by State or any political subdivision;

2. A hospital or health care facility licensed by the Department of Health and Senior Services;

3. Other hospitals or health care facilities designated by the Department of Health and Senior Services to provide health care services, or other facilities, including facilities for radiological and diagnostic testing, free-standing emergency clinics or offices, and private treatment centers;

4. A nonprofit voluntary visiting nurse organization providing health care services other than a hospital;

5. Hospitals or other health care facilities or treatment centers located in other States or nations;

6. Physicians licensed to practice medicine and surgery;

7. Licensed chiropractors;

8. Licensed dentists;

9. Licensed optometrists;

10. Licensed pharmacists;

11. Licensed chiropodists (podiatrists);

12. Registered bioanalytical laboratories;

13. Licensed psychologists;

14. Licensed physical therapists;

15. Certified nurse mid-wives;

16. Certified nurse practitioners/clinical nurse-specialist;

17. Licensed health maintenance organizations;

18. Licensed orthotists and prosthetists;

19. Licensed professional nurses;

20. Licensed occupational therapists;

21. Licensed speech-language pathologists;

22. Licensed audiologists;

23. Licensed physicians assistants;

24. Licensed physical therapy assistants;

25. Licensed occupational therapy assistants; and

26. Providers of other health care services or supplies, including durable medical goods.

“Identified injury” means those injuries identified by the Department in the subchapter Appendix as being suitable for medical treatment protocols in accordance with N.J.S.A. 39:6A-3.1a and 39:6A-4a.

“Insurer” means any person or persons, corporation, association, partnership, company, reciprocal exchange or other legal entity authorized or admitted to transact private passenger automobile insurance in this State, or any one member of a group of affiliated companies that transacts business in accordance with a common rating system. Insurer does not include an entity that is self-insured pursuant to N.J.S.A. 39:6-52. For purposes of communicating with insureds and providers concerning the administration of decision point review plans, “insurer” also means the insurer’s PIP vendor.

“Medical expense” means the reasonable and necessary expenses for treatment or services rendered by a provider, including medical, surgical, rehabilitative and diagnostic services and hospital expenses and reasonable and necessary expenses for ambulance services or other transportation, medication and other services, subject to limitations as provided for in the policy forms that are filed and approved by the Commissioner.

“Medically necessary” or “medical necessity” means that the medical treatment or diagnostic test is consistent with the clinically supported symptoms, diagnosis or indications of the injured person, and:

1. The treatment is the most appropriate level of service that is in accordance with the standards of good practice and standard professional treatment protocols including the Care Paths in the Appendix, as applicable;
2. The treatment of the injury is not primarily for the convenience of the injured person or provider; and
3. Does not include unnecessary testing or treatment.

“Network” means an entity other than an insurer that contracts with providers to render health care services or provide supplies at predetermined fees or reimbursement levels.

“Non-medical expense” means charges for those:

1. Products and devices, not exclusively used for medical purposes or as durable medical equipment, such as any vehicles, durable goods, equipment, appurtenances, improvements to real or personal property, fixtures; and
2. Services and activities such as recreational activities, trips and leisure activities.

“Organized delivery system” (ODS) means an organized delivery system certified or licensed pursuant to N.J.S.A. 17:48H-1 et seq., N.J.A.C. 11:22-4 or N.J.A.C. 11:24B.

“PIP vendor” means a company used by an insurer to administer its decision point review plan.

“Precertification” or “precertification request” means the procedures in an insurer’s approved decision point review plan for the insurer to receive notice and respond to requests for listed specific medical procedures, treatments, diagnostic tests, other services and durable medical equipment that are not subject to decision point review and that may be subject to overutilization.

“Standard automobile insurance policy” or “standard policy” means a private passenger automobile insurance policy issued in accordance with N.J.S.A. 39:6A-4.

Amended by R.2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Inserted “Diagnostic test”.

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote “Decision point”, added “Decision point review”, “Emergency personal injury protection coverage”, “Insurer”, “Network”, “PIP vendor” and rewrote “Pre-certification.

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

Added definitions “Ambulatory surgery facility” and “Organized delivery system”.

Administrative correction.

See: 42 N.J.R. 2129(a).

Case Notes

Associations representing personal injury attorneys and health-care providers for automobile accident victims had standing to challenge approval of automobile policies by the commissioner of Banking and Insurance. *Quality Health Care v. DOBI*, 348 N.J.Super. 272, 791 A.2d 1085.

11:3-4.3 Personal injury protection benefits applicable to basic and standard policies

(a) Personal injury protection coverage shall provide reimbursement for all medically necessary expenses for the diagnosis and treatment of injuries sustained from a covered automobile accident up to the limits set forth in the policy and in accordance with this subchapter.

(b) Personal injury protection coverage shall only provide reimbursement for clinically supported necessary non-medical expenses that are prescribed by a treating medical provider for a permanent or significant brain, spinal cord or disfiguring injuries.

11:3-4.4 Deductibles and co-pays

(a) Each insurer shall offer a standard \$250.00 deductible and 20 percent copayment on medical expense benefits payable between \$250.00 and \$5,000.

(b) Each insurer shall also offer, at appropriately reduced premiums, the option to select medical expense benefit deductibles of \$500.00, \$1,000, \$2,000 and \$2,500 in accordance with the following provisions:

1. Any medical expense deductible elected by the named insured shall apply only to the named insured and any resident relative in the named insured’s household,

who is not a named insured under another automobile policy and not to any other person eligible for personal injury protection benefits required to be provided in accordance with N.J.S.A. 39:6A-3.1 and 39:6A-4;

2. Premium credits calculated and represented as a percentage of the applicable premium shall be provided for each deductible. The premium percentage shall be uniform by filer on a statewide basis; and

3. The deductible option elected by the named insured shall continue in force as to subsequent renewal or replacement policies until the insurer or its authorized representative receives a properly executed coverage selection form to eliminate or change the deductible.

(c) All deductibles and co-pays in (a) and (b) above shall apply on a per accident basis.

(d) An insurer may file policy language that waives the co-payment and deductible in (a) and (b) above when the insured receives medical treatment from a provider that is part of an ODS that has contracted with the insurer or its PIP vendor. The insured shall not be required to elect to use the providers or facilities in such an ODS either at issuance of the policy or when the claim is made.

1. Upon receipt of notification of a claim, the insurer or its PIP vendor shall make available to the insured information about physicians and facilities in any ODS with which it has a contract.

i. The information shall include a notice that the insured is not required to use the providers or facilities of an ODS with which the insurer or its PIP vendor has contracted and indicate that if the insured chooses to receive covered services from such providers or facilities, the deductible and copayments in (a) and (b) above would not apply.

ii. The information shall also indicate that the insured may seek treatment from providers and facilities that are not part of an ODS with which the insurer or its PIP vendor has contracted, in which case the deductible and copayments in (a) and (b) above would apply.

2. The actual ODS access fee or 25 percent of the reduction in charges resulting from the use of the ODS provider, whichever is less, may be included within the policy limits for any single bill from an in-network provider in the ODS with billed charges of \$10,000 or more.

Example: A \$10,000 charge is reduced by the ODS contract with the insurer by 40 percent to \$5,500. The insurer could include the ODS access fee or \$1,125 (25 percent of the \$4,500 reduction), whichever is less, within the policy limits.

(e) Failure to request decision point review or precertification where required or failure to provide clinically supported findings that support the treatment, diagnostic test or durable medical equipment requested shall result in an additional co-payment not to exceed 50 percent of the eligible

charge for medically necessary diagnostic tests, treatments or durable medical goods that were provided between the time notification to the insurer was required and the time that proper notification is made and the insurer has an opportunity to respond in accordance with its approved decision point review plan.

Example: Assume that all days are business days and the insurer's Decision Point Review Plan gives the insurer three days to respond to decision point review and precertification requests. By the terms of the insurer's Decision Point Review Plan, a treating medical provider is required to make a decision point review request on day 21 of treatment (time notification was required). The provider does not give the required notification in a timely manner but continues to treat the patient. The provider then makes the notification and it is received by the insurer on day 35 (time proper notification made). The insurer responds on day 38 that the treatment can proceed (time for insurer to respond). Assuming that the treatment made between day 21 and 38 was medically necessary, it is subject to the 50 percent co-payment.

1. No insurer may impose the additional co-payment where the insurer received the required notice but failed to act in accordance with its approved decision point review plan to request further information, modify or deny reimbursement of further treatment, diagnostic tests or durable medical equipment.

(f) An insurer may require that the insured advise and inform the insurer about the injury and the claim. This requirement may include the production of information from the insured regarding the facts of the accident, the nature and cause of the injury, the diagnosis and the anticipated course of treatment.

1. This information may be required to be provided as promptly as possible after the accident, and periodically thereafter.

2. An insurer may impose an additional co-payment as a penalty for failure to supply the required information. Such penalties shall result in a reduction in the amount of reimbursement of the eligible charge for medically necessary expenses that are incurred after notification to the insurer is required and until notification is received. The additional co-payment shall be an amount no greater than:

i. Twenty-five percent when received 30 or more days after the accident; or

ii. Fifty percent when received 60 or more days after the accident.

3. Any reduction in the amount of reimbursement for PIP claims shall be in addition to any other deductible or co-payment requirement.

4. Information about this requirement and how to comply with it shall be included in the informational materials required by N.J.A.C. 11:3-4.7(d).

(g) An insurer may impose an additional co-payment not to exceed 30 percent of the eligible charge for failure to use an approved network pursuant to N.J.A.C. 11:3-4.8 for the medically necessary non-emergency benefits listed in N.J.A.C. 11:3-4.8(b).

(h) For the purpose of the co-payments permitted in (e), (f) and (g) above, the percentage reduction shall be applied to the amount that the insurer would otherwise have paid to the insured or the provider after the application of the provisions of N.J.A.C. 11:3-29. Insurers may apply the co-payments and deductibles in (a) through (g) above in any order, provided that they use the same order of application for all insureds. Upon receipt of a request for PIP benefits under the policy, the insurer or its PIP vendor shall make its co-payment and deductible application methodology available to the insured and the treating medical provider upon request.

(i) For private passenger automobiles insured under a commercial automobile insurance policy where no natural person is a named insured, insurers shall only provide personal injury protection with medical expense benefits coverage in an amount not to exceed \$250,000 per person, per accident, with the deductible and copayment amount set forth in (a) above.

Amended by R. 2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Inserted a new (e); and recodified former (e) as (f).

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote (d); added (f); recodified former (f) as (h).

Amended by R.2004 d.218, effective June 7, 2004 (operative March 4, 2005).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote (g).

Amended by R.2008 d.46, effective March 3, 2008.

See: 39 N.J.R. 4056(a), 40 N.J.R. 1353(a).

In (g), substituted the last two sentences for "Such amount may have already been reduced by the application of the co-payments and/or deductibles in (a) and (b) above."

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

Added new (d); recodified former (d) through (h) as (e) through (i); in (g), inserted "the" preceding "medically", substituted "non-emergency benefits listed" for "diagnostic tests as specified", and deleted "durable medical equipment and/or prescriptions" from the end; and in (h), substituted "(e), (f) and (g)" for "(d), (e) and (f)" and "(g)" for "(f)" following "through".

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-4.5 Diagnostic tests

(a) The personal injury protection medical expense benefits coverage shall not provide reimbursement for the following diagnostic tests, which have been determined to yield no data of any significant value in the development, evaluation and implementation of an appropriate plan of treatment for injuries sustained in motor vehicle accidents:

1. (Reserved)
2. Spinal diagnostic ultrasound;

3. Iridology;
4. Reflexology;
5. Surrogate arm mentoring;
6. Surface electromyography (surface EMG);
7. (Reserved); and
8. Mandibular tracking and stimulation.

(b) The personal injury protection medical expense benefits coverage shall provide for reimbursement of the following diagnostic tests, which have been determined to have value in the evaluation of injuries, the diagnosis and development of a treatment plan for persons injured in a covered accident, when medically necessary and consistent with clinically supported findings:

1. Needle electromyography (needle EMG) when used in the evaluation and diagnosis of neuropathies and radicular syndrome where clinically supported findings reveal a loss of sensation, numbness or tingling. A needle EMG is not indicated in the evaluation of TMJ/D and is contraindicated in the presence of infection on the skin or cellulitis. This test should not normally be performed within 14 days of the traumatic event and should not be repeated where initial results are negative. Only one follow up exam is appropriate.

2. Somatosensory evoked potential (SSEP), visual evoked potential (VEP), brain audio evoked potential (BAEP), or brain evoked potential (BEP), nerve conduction velocity (NCV) and H-reflex Study are reimbursable when used to evaluate neuropathies and/or signs of atrophy, but not within 21 days following the traumatic injury.

3. Electroencephalogram (EEG) when used to evaluate head injuries, where there are clinically supported findings of an altered level of sensorium and/or a suspicion of seizure disorder. This test, if indicated by clinically supported findings, can be administered immediately following the insured event. When medically necessary, repeat testing is not normally conducted more than four times per year.

4. Videofluoroscopy only when used in the evaluation of hypomobility syndrome and wrist/carpal hypomobility, where there are clinically supported findings of no range or aberrant range of motion or dysmetry of facets exist. This test should not be performed within three months following the insured event and follow up tests are not normally appropriate.

5. Magnetic resonance imaging (MRI) when used in accordance with the guidelines contained in the American College of Radiology, Appropriateness Criteria to evaluate injuries in numerous parts of the body, particularly the assessment of nerve root compression and/or motor loss. MRI is not normally performed within five days of the

insured event. However, clinically supported indication of neurological gross motor deficits, incontinence or acute nerve root compression with neurologic symptoms may justify MRI testing during the acute phase immediately post injury. In the case of TMJ/D where there are clinical signs of internal derangement such as nonself-induced clicking, deviation, limited opening, and pain with a history of trauma to the lower jaw, an MRI is allowable to show displacement of the condylar disc, such procedure following a panoramic or transcranial x-ray and six or eight weeks of conservative treatment. This TMJ/D diagnostic test may be repeated post surgery and/or post appliance therapy.

6. Computer assisted tomographic studies (CT, CAT Scan) when used to evaluate injuries in numerous aspects of the body. With the exception of suspected brain injuries, CAT Scan is not normally administered immediately post injury, but may become appropriate within five days of the insured event. Repeat CAT Scans should not be undertaken unless there is clinically supported indication of an adverse change in the patient's condition. In the case of TMJ/D where there are clinical signs of degenerative joint disease as a result of traumatic injury of the temporomandibular joint, tomograms may not be performed sooner than 12 months following traumatic injury.

7. Dynatron/cyber station/cybox when used to evaluate muscle deterioration or atrophy. These tests should not be performed within 21 days of the insured event and should not be repeated if results are negative. Repeat tests are not appropriate at less than six months intervals.

8. Sonograms/ultrasound when used in the acute phase to evaluate the abdomen and pelvis for intra-abdominal bleeding. These tests are not normally used to assess joints (knee and elbow) because other tests are more appropriate. Where MRI is performed, sonograms/ultrasound are not necessary. However, echocardiogram is appropriate in the evaluation of possible cardiac injuries when clinically supported.

9. Thermography/thermograms only when used to evaluate pain associated with reflex sympathetic dystrophy ("RSD"), in a controlled setting by a physician experienced in such use and properly trained.

10. Brain mapping, when done in conjunction with appropriate neurodiagnostic testing.

(c) The terms "normal," "normally," "appropriate" and "indicated" as used in (b) above, are intended to recognize that no single rule can replace the good faith educated judgment of a health care provider. Thus, "normal," "normally," "appropriate" and "indicated" pertain to the usual, routine, customary or common experience and conclusion, which may in unusual circumstances differ from the actual judgment of course of treatment. The unusual circumstances shall be based on clinically supported findings of a health care provider. The use of these terms is intended to indicate

some flexibility and avoid rigidity in the application of these rules in the decision point review required in (d) below.

(d) Except as provided in (e) below, a determination to administer any of the tests in (b) above shall be subject to decision point review pursuant to N.J.A.C. 11:3-4.7.

(e) The requirements of (b) and (d) above shall not apply to diagnostic tests administered during emergency care.

(f) Pursuant to N.J.A.C. 13:30-8.22(b), the personal injury protection medical expense coverage shall not provide reimbursement for the following diagnostic tests which have been identified by the New Jersey State Board of Dentistry as failing to yield data of sufficient volume to alter or influence the diagnosis or treatment plan employed to treat TMJ/D:

1. Mandibular tracking;
2. Surface EMG;
3. Sonography;
4. Doppler ultrasound;
5. Needle EMG;
6. Electroencephalogram (EEG);
7. Thermograms/thermographs;
8. Video fluoroscopy; and
9. Reflexology.

Amended by R.2000 d.454, effective November 6, 2000.
See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

In (a), deleted a former 6, and recodified former 7 through 9 as 6 through 8; in (b), substituted a reference to infections for a reference to staph infections in 1, added fourth and fifth sentences in 5, rewrote 6, deleted a former fourth sentence in 8, and added 9 and 10; in (c), substituted references to health care providers for references to trained medical professionals throughout; and added new (f).

11:3-4.6 Medical protocols

(a) Pursuant to N.J.S.A. 39:6A-3.1 and 39:6A-4, the Commissioner designates the care paths, set forth in the subchapter Appendix incorporated herein by reference, as the standard course of medically necessary treatment, including diagnostic tests, for the identified injuries.

(b) Where the care path indicates a decision point either by a hexagon in the care path itself or by reference in the text to a second opinion, referral for a second independent consultative medical opinion, development of a treatment plan or mandatory case management, the policy shall provide for a decision point review in accordance with N.J.A.C. 11:3-4.7.

(c) Treatments that vary from the care paths shall be reimbursable only when warranted by reason of medical necessity.

(d) The care paths do not apply to treatment administered during emergency care.

Law Review and Journal Commentaries

What's Next for No Fault? Gerald H. Baker, 159 N.J.L.J. 267 (2000).

11:3-4.7 Decision point review plans

(a) No insurer shall impose the co-payments permitted in N.J.A.C. 11:3-4.4(e), (f) and (g) unless it has an approved decision point review plan.

1. Initial decision point review plan filings and amendments to approved plans shall be submitted to the Department through the use of the NAIC electronic filing system SERFF (System for Electronic Rate and Form Filing).

(b) No decision point or precertification requirements shall apply within 10 days of the insured event or to emergency care. This provision should not be construed so as to require reimbursement of tests and treatment that are not medically necessary.

(c) A decision point review plan filing shall include the following information:

1. Identification of any PIP vendor with which the insurer has contracted. PIP vendors shall designate a New Jersey licensed physician to serve as medical director for services provided to covered persons in New Jersey. The medical director shall ensure that decision point review and precertification requests are based upon medical necessity in accordance with the requirements of this subchapter;

2. Identification of any specific medical procedures, treatments, diagnoses, diagnostic tests, other services or durable medical equipment that are subject to precertification. The inclusion of precertification requirements in a decision point review plan is optional. The medical procedures, treatments, diagnoses, diagnostic tests or durable medical equipment required to be precertified shall be those that the insurer has determined may be subject to overutilization and that are not already subject to decision point review. The insurer shall not require the precertification of a new-patient evaluation and management visit that is necessary for the provider to develop the plan of care that is incorporated into a precertification request for treatment or diagnostic testing;

3. Copies of the informational materials described in (d) below and an explanation of how the insurer will distribute information to policyholders, injured persons and providers at policy issuance, renewal and upon notification of claim.

4. Procedures for the prompt review, not to exceed three business days, of decision point review and precertification requests by insureds or providers. All determinations on treatments or tests shall be based on medical necessity and shall not encourage over or underutilization of benefits. Denials of decision point review and precertification requests on the basis of medical necessity shall be the determination of a physician. In the case of treat-

ment prescribed by a dentist, the denial shall be by a dentist;

5. Procedures for the scheduling of physical examinations pursuant to (e) below;

6. An internal appeals procedure that permits the provider to provide additional information and have a rapid review of a decision to modify or deny reimbursement for a treatment or the administration of a test;

7. Reasonable restrictions on the assignment of benefits pursuant to N.J.A.C. 11:3-4.9(a); and

8. The information required in order to use a network pursuant to N.J.A.C. 11:3-4.8(d), if applicable.

(d) The informational materials for policyholders, injured persons and providers shall be on forms approved by the Commissioner and shall include at a minimum the information in (d)1 through 9 below. In order to make the requirements of this subchapter easier for insureds and providers to use, the Commissioner may by Order require the use of uniform forms, layouts and language of information materials.

1. How to contact the insurer or vendor to submit decision point review/precertification requests including the telephone, facsimile numbers or email addresses. The insurer or its vendor shall be available, at a minimum, during normal working hours to respond to decision point review/precertification requests;

2. An explanation of the decision point review process including a list of the identified injuries and the diagnostic tests in N.J.A.C. 11:3-4.5(b). The materials shall include copies of the Care Paths or indicate how copies may be obtained;

3. A list of the medical procedures, treatments, diagnoses, diagnostic tests, durable medical equipment or other services that require precertification, if any;

4. An explanation of how the insurer will respond to decision point review/precertification requests, including time frames. The materials should indicate that:

i. Telephonic responses will be followed up with a written authorization, denial or request for more information within three business days;

5. An explanation of the insurer's option to require a physical examination pursuant to (e) below;

6. An explanation of the penalty co-payments imposed for the failure to submit decision point review/precertification requests where required in accordance with N.J.A.C. 11:3-4.4(e);

7. An explanation of the insurer's voluntary network or networks for certain types of testing, durable medical equipment or prescription drugs authorized by N.J.A.C. 11:3-4.8, if any;

8. An explanation of the alternatives available to the provider if reimbursement for a proposed treatment, diagnostic test or durable medical equipment is denied or modified, including insurer's internal appeal process and how to use it; and

9. An explanation of the insurer's restrictions on assignment of benefits, if any.

(e) A physical examination of the injured party shall be conducted as follows:

1. The insurer shall notify the injured person or his or her designee that a physical examination is required to determine the medical necessity of further treatment, diagnostic tests or durable medical equipment. An insurer shall include reasonable procedures for the notification of the injured person and the treating medical provider where reimbursement of further treatment, diagnostic testing or durable medical equipment will be denied for failure to appear at scheduled medical examinations.

2. The appointment for the physical examination shall be scheduled within seven calendar days of receipt of the notice in (e)1 above unless the injured person agrees to extend the time period.

3. The medical examination shall be conducted by a provider in the same discipline as the treating provider.

4. The medical examination shall be conducted at a location reasonably convenient to the injured person.

5. The injured person, upon the request of the insurer, shall provide medical records and other pertinent information to the provider conducting the medical examination. The requested records shall be provided at the time of the examination or before.

6. The insurer shall notify the injured person or his or her designee and the treating medical provider whether it will reimburse for further treatment, diagnostic tests or durable medical equipment as promptly as possible but in no case later than three business days after the examination. If the examining provider prepares a written report concerning the examination, the injured person or his or her designee shall be entitled to a copy upon request.

7. Insurers may include in their decision point review plan a procedure for the denial or reimbursement for treatment, diagnostic testing or durable medical equipment after repeated unexcused failure to attend a scheduled physical examination. The procedure shall provide for adequate notification of the insured and the treating provider of the consequences of failure to attend the examination.

(f) In administering decision point review and precertification, insurers shall avoid undue interruptions in a course of treatment. As part of their decision point review plans, insurers may include provisions that encourage providers to establish an agreed upon voluntary comprehensive treatment

plan for all of a covered person's injuries to minimize the need for piecemeal review. An agreed comprehensive treatment plan may replace the requirements for notification to the insurer at decision points and for treatment, diagnostic testing or durable medical equipment requiring precertification. In addition, the insurer may provide that reimbursement for treatment, diagnostic tests or durable medical equipment consistent with the agreed plan will be made without review or audit.

(g) An insurer shall not retrospectively deny payment for treatment, diagnostic testing or durable medical equipment on the basis of medical necessity where a decision point review or precertification request for that treatment or testing was properly submitted to the insurer unless the request involved fraud or misrepresentation, as defined in N.J.A.C. 11:16-6.2, by the provider or the person receiving the treatment, diagnostic testing or durable medical equipment.

Amended by R.2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Deleted a former (c); and recodified former (d) and (e) as (c) and (d).
Repeal and New Rule, R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Section was "Decision point review".

Amended by R.2006 d.243, effective July 3, 2006.

See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

In (e)7, substituted "decision" for "description"; and in (g), substituted "N.J.A.C. 11:16-6.2" for "N.J.A.C. 11:16-16.2".

Amended by R.2009 d.190, effective June 15, 2009.

See: 41 N.J.R. 365(a), 41 N.J.R. 2486(a).

Rewrote (a)1.

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

In the introductory paragraph of (a), substituted "(e), (f) and (g)" for "(d), (e) and (f)"; in (c)2, inserted the last sentence; in (c)3, deleted the last sentence; and in (d)6, updated the N.J.A.C. reference.

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-4.8 Voluntary networks

(a) No insurer shall file a decision point review plan utilizing a voluntary network or networks unless the network is a health maintenance organization licensed pursuant to N.J.S.A. 26:2J-1 et seq.; or approved by the Department as part of a selective contracting arrangement with a health benefits plan pursuant to N.J.A.C. 11:4-37 and 11:24A-4.10; or approved as part of a workers' compensation managed care organization pursuant to N.J.A.C. 11:6; or is licensed or certified as an organized delivery system pursuant to N.J.A.C. 11:22-4 and 11:24B.

(b) Voluntary networks may be offered for the provision of the following types of non-emergency benefits only:

1. Magnetic Resonance Imagery;

2. Computer Assisted Tomography;

3. The electrodiagnostic tests listed in N.J.A.C. 11:3-4.5(b)1 through 3 except for needle EMGs performed by the treating physician;

4. Durable medical equipment with a cost or monthly rental in excess of \$50.00;
5. Prescription drugs; or
6. Services, equipment or accommodations provided by an ambulatory surgery facility.

(c) Insurers that offer voluntary networks either directly or through a PIP vendor shall meet the following requirements:

1. The insurer shall notify all insureds upon application for and issuance of the policy and upon renewal of the types of benefits for which it has voluntary networks. Use of the network by the insured is voluntary but bills for out-of-network services or equipment are subject to the penalty deductibles set forth in N.J.A.C. 11:3-4.4(g).

2. Upon receipt of a request for PIP benefits under the policy, the insurer or its PIP vendor shall make available to the insured and the treating medical provider information about approved networks and providers in the network, including addresses and telephone numbers. Insureds shall be able to choose to go to any provider in the network.

(d) An insurer offering a voluntary network or networks directly or through a PIP vendor shall submit the following information to the Department with its Decision Point Review Plan:

1. A narrative description of the benefits to be offered through the network or networks;
2. The identity and a description of the network and the specific services or supplies to be provided by the network or networks;
3. A description of the procedures by which benefits may be obtained by persons using the network; and
4. A statement of how the network meets the requirement of (a) above.

(e) Any voluntary network used by an insurer pursuant to this subchapter shall agree to disclose to a participating pro-

vider, upon written request, a list of all the clients or other payers that are entitled to a specific rate under the network's contract with the participating provider.

Amended by R.2000 d.454, effective November 6, 2000.
See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Rewrote the section.

Repeal and New Rule, R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Section was "Precertification".

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

In (a), substituted "11:24A" for "8:38A", substituted a semicolon for a comma following "11.6", and substituted "11:24B" for "8:38B"; in (b)4, deleted "or" from the end; in (b)5, substituted "; or" for a period at the end; added (b)6; and in (c)1, updated the N.J.A.C. reference.

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-4.9 Assignment of benefits; public information

(a) Insurers may file for approval policy forms that include reasonable procedures for restrictions on the assignment of personal injury protection benefits, consistent with the efficient administration of the coverage. Insurers may not prohibit the assignment of benefits to providers. Reasonable restrictions may include, but are not limited to:

1. A requirement that as a condition of assignment, the provider agrees to follow the requirements of the insurer's decision point review plan for making decision point review and precertification requests;
2. A requirement that as a condition of assignment, the provider shall hold the insured harmless for penalty co-payments imposed by the insurer based on the provider's failure to follow the requirements of the insurer's Decision Point Review Plan; and/or
3. A requirement that as a condition of assignment, the provider agrees to submit disputes to alternate dispute resolution pursuant to N.J.A.C. 11:3-5.

(b) An insurer shall identify documents containing proprietary information in its decision point review plan submission. Documents containing proprietary information shall be confidential and shall not be subject to public inspection and copying pursuant to the "Right-to-Know" law, N.J.S.A. 47:1A-1 et seq. The Department shall notify the insurer prior to responding to any public record request for proprietary information.

Amended by R.2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Designated existing section as (a) and added (b).

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote (a).

11:3-4.10 (Reserved)

New Rule, R.2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

Amended by R.2003 d.3, effective January 6, 2003.

See: 34 N.J.R. 2518(a), 35 N.J.R. 249(b).

Rewrote (a) and (b).

Repealed by R.2004 d.218, effective June 7, 2004.

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a).

Section was "Reporting requirements".

APPENDIX

TREATMENT OF ACCIDENTAL INJURY TO THE SPINE AND BACK CARE PATHS

Exhibit 1

Glossary of Terms

Acute Disease—a disease with rapid onset and short course to recovery. Not chronic.

Care Path—a recommended extensive course of care based on professionally recognized standards.

Case Management—a method of coordinating the provision of healthcare to persons injured in automobile accidents, with the goal of ensuring continuity and quality of care and cost effective outcomes. The Case Manager may be a nurse, social worker, or physician, preferably with certification in case management.

Cauda Equina—a collection of spinal roots that descend from the lower part of the spinal cord. They exist in the lower part of the vertebral canal.

Chronis Disease—a disease with long duration that changes little and progresses slowly. The apposite of acute.

Clinical Evaluation—the evaluation of the symptoms and signs of an injured person by a treating practitioner.

Conservative Therapy—treatment which is not considered aggressive; avoiding the administration of medicine or utilization of invasive procedures until such procedures are clearly indicated.

Contusion—an injury to underlying soft tissues when the skin is not broken. A bruise.

Diagnostic Evaluation—the process of differentiating between two or more diseases with similar signs and symptoms through the use of evaluative procedures such as imaging, laboratory, and physical tests.

Herniation—the protrusion or projection of an organ or other body structure through a defect or natural opening in a covering membrane, muscle, or bone.

Independent Consultative Opinion—physical examination by a physician of similar specialty to the injured person's treating practitioner to provide a second medical opinion. The independent physician may support, refute, or provide alternatives to the current diagnosis and treatment plans.

Non-Compliant—a patient who wilfully chooses not to participate in the treatment plan agreed upon by the patient and his/her healthcare provider and does not have secondary issues such as lack of transportation, pre-existing conditions or comorbidities.

PT—Physical Therapy—the therapeutic use of heat, light, water, electricity, massage, exercise, and non-ionizing radiation in treatment of injuries to the soft tissue and muscles/skeleton. PT rendered to persons injured in automobile accidents must be provided by a person whose scope of licensure includes physical therapy.

Radicular—pertaining to a root (such as a nerve root) disorder.

Radiculopathy—a disorder of a nerve root.

Sign—an objective manifestation, usually indicative of a disease or disorder. Signs can be observed by the clinician, as opposed to symptoms, which are perceived only by the affected individual.

Soft Tissue Injury—injuries sustained to the muscle, skin, connective tissue.

Spine—the vertebral column.

Spinal Shock—an acute condition resulting from spinal cord severance. Characterized by a total sensory loss and loss of reflexes below the level of injury and flaccid paralysis.

Sprain—an injury at a joint where a ligament is stretched or torn.

Strain—an injury caused by the over-stretching or tearing of a muscle or tendon. In its most severe form, the muscle ruptures.

Symptom—a subjective manifestation, usually indicative of a disease or disorder. Symptoms are experienced only by the

affected individual, as opposed to signs, which can be observed by others.

Treatment Plan—specific medical, surgical, chiropractic, acupuncture, or psychiatric procedures used to improve the signs or symptoms associated with injuries sustained in automobile accidents, e.g., physical therapy, surgery, administration of medications, etc.

Amended by R.2000 d.454, effective November 6, 2000.
 See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).
 Rewrote Exhibits 3 and 10; inserted new Exhibit 11.
 Amended by R.2003 d.2, effective January 6, 2003.
 See: 34 N.J.R. 1784(a), 35 N.J.R. 249(a).
 Amended Appendix Exhibit 11.

SUBCHAPTER 5. PERSONAL INJURY PROTECTION DISPUTE RESOLUTION

11:3-5.1 Purpose and scope

(a) The purpose of this subchapter is to establish procedures for the resolution of disputes concerning the payment of medical expense and other benefits provided by the personal injury protection coverage in policies of automobile insurance. This subchapter implements N.J.S.A. 39:6A-5.1 and 5.2, which provide that PIP disputes shall be resolved by binding alternate dispute resolution as provided in the policy form approved by the Commissioner. This subchapter also implements provisions of N.J.S.A. 2A:23A-1 et seq., as applicable to PIP dispute resolution.

(b) This subchapter shall apply to disputes arising under policies of private passenger automobile insurance, on either a personal lines or commercial lines policy form, that provide medical expense benefits and other benefits under personal injury protection coverage, as follows:

1. PIP benefits under a standard automobile insurance policy pursuant to N.J.S.A. 39:6A-4;
2. PIP benefits under a basic automobile insurance policy pursuant to N.J.S.A. 39:6A-3.1;
3. PIP benefits provided by the UCJF pursuant to N.J.S.A. 39:6-86.1; and
4. Additional PIP benefits provided pursuant to N.J.S.A. 39:6A-10.

(c) This subchapter shall apply to policies issued or renewed on or after March 22, 1999 in accordance with the approved policy terms.

Case Notes

Associations representing personal injury attorneys and health-care providers for automobile accident victims had standing to challenge approval of automobile policies by the commissioner of Banking and Insurance. *Quality Health Care v. DOBI*, 348 N.J.Super. 272, 791 A.2d 1085.

11:3-5.2 Definitions

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

“Administrator” means the dispute resolution organization designated by the Commissioner pursuant to N.J.S.A. 39:6A-5.1 and N.J.A.C. 11:3-5.3.

“Basic policy” means an automobile insurance policy issued pursuant to N.J.S.A. 39:6A-3.1 and N.J.A.C. 11:3-3.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Control” or “controlled” means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds the power to vote, or holds proxies representing, 10 percent or more of the voting securities of any other person, provided that no such presumption of control shall of itself relieve any person so presumed to have control from any requirement of P.L. 1970, c.22 (N.J.S.A. 17:27A-1 et seq.). This presumption may be rebutted by a showing made in the manner provided by N.J.S.A. 17:27A-3j that control does not exist in fact. The Commissioner may determine, after furnishing all persons in interest notice and an opportunity to be heard, and making specific findings of fact to support such determination, that control exists in fact, notwithstanding the absence of a presumption to that effect.

“Department” means the New Jersey Department of Banking and Insurance.

“Dispute resolution organization” or “DRO” means an organization that meets the standards set forth in N.J.S.A. 39:6A-5.1 and N.J.A.C. 11:3-5.4.

“Dispute resolution professional” or “DRP” means a natural person who meets the standards set forth in N.J.A.C. 11:3-5.5

“Medical review organization” or “MRO” means an organization of health care professionals who are licensed in New Jersey, which is certified by the Commissioner to engage in unbiased medical review of the medical care provided to persons injured in automobile accidents in accordance with N.J.S.A. 39:6A-5.2 and this subchapter. The term includes either ;

1. Any peer review organization with which the Federal Health Care Financing Administration or the State contracts for medical review of Medicare or medical assistance services; or
2. Any independent health care review company.

“Personal Automobile Insurance Plan” or “PAIP” means the personal lines automobile insurance residual market mechanism established pursuant to N.J.S.A. 17:29D-1 by N.J.A.C. 11:3-2.

"Personal injury protection" or "PIP" means the coverage provided by a policy of automobile insurance pursuant to N.J.S.A. 39:6A-3.1, 39:6A-4 or the emergency personal injury protection coverage provided by a Special Automobile Insurance Policy pursuant to section 45 of P.L. 2003, c.89.

"PIP dispute" includes, but is not limited to, matters concerning:

1. Interpretation of the insurance contract's PIP provisions;
2. Whether the medical treatment or diagnostic tests are in accordance with the provisions of applicable statutes and rules for the basic and standard policies and in compliance with the terms of the policy;
3. Eligibility of the treatment or service for compensation or reimbursement, including whether the injury is causally related to the accident and the application of deductible and copayment provisions;
4. Eligibility of the provider performing the service to be compensated or reimbursed under the terms of the policy and the provisions of N.J.A.C. 11:3-4, and including whether the provider is licensed or certified to perform the treatment or service;
5. Whether the treatment was actually performed;
6. Whether the diagnostic tests performed are recognized by the Professional Boards in the Division of Consumer Affairs, Department of Law and Public Safety, administered in accordance with their standards, and approved by the Commissioner at N.J.A.C. 11:3-4;
7. The necessity and appropriateness of consultation with other health care providers;
8. Disputes involving the application of, or adherence to, the automobile insurance medical fee schedule at N.J.A.C. 11:3-29;
9. Whether the treatment or service is reasonable, necessary and in accordance with medical protocols adopted by the Commissioner at N.J.A.C. 11:3-4; or
10. Amounts claimed for PIP income continuation benefits, essential services benefits, death benefits and funeral expense benefits.

"Provider" or "health care provider" is as defined at N.J.A.C. 11:3-4.2.

"Standard policy" means an automobile insurance policy including PIP coverage as provided in N.J.S.A. 39:6A-4.

"UCJF" means the Unsatisfied Claim and Judgement Fund created pursuant to N.J.S.A. 39:6-61 et seq.

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote "Personal injury protection".

11:3-5.3 Designation of the administrator

(a) The Commissioner shall designate a dispute resolution organization as the administrator of the PIP alternate dispute resolution system by entering into a contract with a dispute resolution organization.

(b) The contract designating the administrator shall be for a term not to exceed five years, but may be extended according to its terms until a new administrator is designated and substituted. Nothing in this subsection shall prohibit an administrator from succeeding itself, if so designated in accordance with N.J.S.A. 39:6A-5.1 and this subchapter. The contract may provide for adjustments in the price paid for services performed over the life of the contract.

(c) The Commissioner shall request competitive proposals from among qualified dispute resolution organizations interested in serving as administrator.

(d) Dispute resolution organizations shall submit the following documents and information in connection with their proposal to serve as administrator:

1. A dispute resolution plan that describes how the organization shall meet the requirements of the Act and these rules, which shall include procedures and rules governing the dispute resolution process to ensure adherence to the standards of performance set forth in N.J.S.A. 39:6A-5.1 and 5.2 and this subchapter;
2. A description of the organization and biographical information about the key personnel that shall be responsible for executing the duties of the administrator;
3. A description of the management information systems that shall be utilized by the organization;
4. A draft budget for at least the first two years;
5. A cost proposal, which shall provide for the payment of the administrator's expenses, including the cost of dispute resolution professionals, from fees generated from the users of the system;
6. Such other information as may be provided by law, and that the Commissioner or the Treasurer may request in order to understand and evaluate the applicant's proposal.

11:3-5.4 Dispute resolution organizations

(a) In order to be eligible for designation as administrator, a dispute resolution organization shall meet the following criteria:

1. The dispute resolution organization shall not be owned or controlled by an insurer or affiliate of an insurer;

2. The dispute resolution organization shall utilize full-time dispute resolution professionals that meet the standards set forth in N.J.A.C. 11:3-5.5. For the purpose of this paragraph, "full-time" shall be construed to include persons who work fewer than five days per week, but who do not engage in other, conflicting employment;

3. The dispute resolution organization shall utilize an advisory council composed of parties who are users of the dispute resolution mechanism in connection with the selection of dispute resolution professionals and the periodic review of the organization's rules and processes;

4. The dispute resolution organization shall utilize procedures to avoid conflicts of interests as prohibited at N.J.A.C. 11:3-5.12;

5. The dispute resolution organization shall arrange for proceedings in locations reasonably convenient to the parties;

6. The dispute resolution organization shall maintain published rules for the conduct of the proceedings, and shall make them available to the parties and the public upon request;

7. The dispute resolution organization shall perform its functions in a prompt and efficient manner, giving due regard to the nature of the proceeding and the need for special attention when required by the exigencies of a particular matter; and

8. The dispute resolution organization shall provide sufficient oversight and training of its dispute resolution professionals so as to promote fair, efficient and consistent determinations consistent with substantive law and with rules adopted by the Commissioner.

(b) The dispute resolution organization shall develop and maintain a dispute resolution plan approved by the Commissioner that sets forth its procedures and rules. The dispute resolution plan shall be reviewed at least annually and revisions made upon approval by the Commissioner. The plan shall include the following elements:

1. The plan shall provide that PIP dispute resolution be initiated by written notice to the administrator and to all other parties of the party's demand for dispute resolution, which notice shall set forth concisely the claims, and where appropriate the defenses, in dispute and the relief sought. The notice shall include such other information as may be required for administrative purposes;

2. The plan shall provide for consolidation of claims into a single proceeding where appropriate in order to promote prompt, efficient resolution of PIP disputes consistent with fairness and due process of law;

3. The plan shall provide the assigned dispute resolution professional with sufficient authority to provide all relief and to determine all claims arising under PIP coverage, but may provide for limited, procedural or emergent matters to be determined by one or more specially designated dispute resolution professionals;

i. Emergent or expedited relief shall be granted upon demonstration that immediate and irreparable loss or damage will result in the absence of such relief;

4. The plan shall provide for the assignment of a medical review organization to review the case and report its determination when requested pursuant to N.J.S.A. 39:6A-5.2 and this subchapter;

5. The plan shall provide for the prompt, fair and efficient resolution of PIP disputes, after a hearing by the assigned dispute resolution professional, but shall also provide that alternate procedures may be utilized when appropriate, which may include mediation, conferences to promote consensual resolution and expedited hearings upon receipt of a medical review organization report, consistent with principles of substantive law and rules adopted by the Commissioner;

6. The plan shall provide for a procedure whereby a demand for arbitration based on an insurer's denial of a decision point review or precertification request as not medically necessary, as defined in N.J.A.C. 11:3-4.2, may be submitted directly to an MRO for an expedited determination of medical necessity. No DRP will be assigned and no attorney fees may be charged. The administrator shall set a fee for handling such requests in addition to the MRO fee. The plan shall provide that if the expedited MRO review does not resolve the dispute, the claimant/insured may continue with the standard arbitration procedure before a DRP; and

7. The plan shall provide for the fair and efficient conduct of adversarial hearings when other methods of dispute resolution are either unsuccessful or inappropriate, consistent with traditional notions of due process and fundamental fairness. It shall address, at least, the following procedural issues;

- i. Discovery;
- ii. Receipt of evidence by the dispute resolution professional;
- iii. Submission of briefs or memoranda of law and fact;
- iv. Provision for decisions without testimony on consent of parties;
- v. Notice and place of hearing;
- vi. Methods to request adjournments;
- vii. Presentation of testimony and evidence at a hearing; and
- viii. Supplementation of the record.

(c) If consistent with its dispute resolution plan, a dispute resolution organization may utilize one or more dispute resolution professionals specifically to handle preliminary matters on actions including motions to disqualify an appointed DRP.

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

Added (b)3i; in (b)5, deleted "and" from the end; added new (b)6; and recodified former (b)6 as (b)7.

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-5.5 Dispute resolution professionals

(a) A dispute resolution professional employed by the dispute resolution organization shall be either:

1. An attorney licensed to practice in New Jersey with at least 10 years of experience in cases involving personal injury or workers' compensation;
2. A former judge of the Superior Court or the Workers' Compensation Court, or a former Administrative Law Judge; or
3. Any other person, qualified by education and at least 10 years' experience, with sufficient understanding of automobile insurance claims and practices, contract law, and judicial or alternate dispute resolution practices and procedures.

(b) Dispute resolution professionals shall avoid conflicts of interest as prohibited at N.J.A.C. 11:3-5.12 in any matter assigned to them for determination.

1. Dispute resolution professionals shall complete and file with the dispute resolution organization a conflict of interest questionnaire that shall provide sufficient detail about financial interests of themselves and their immediate family so as to avoid any assignment to a particular case where there is a conflict of interest. Conflict of interest questionnaires shall remain confidential with the dispute resolution organization, and the information set forth therein shall only be disclosed as necessary to individuals responsible for assigning cases to dispute resolution professionals, or reviewing motions to disqualify an assigned dispute resolution professional.

2. If during the course of an assignment a dispute resolution professional determines that he or she has conflict of interest, based upon facts determined in the course of the proceedings, then the DRP shall promptly advise the administrator of the circumstances, who shall assign another DRP.

3. A party may challenge the assignment of a particular DRP by submitting the specific grounds for challenge in accordance with the rules of the dispute resolution organization approved by the Commissioner.

(c) Dispute resolution professionals shall be compensated by the administrator in accordance with the terms of the contract designating the administrator. Compensation shall not be contingent in any way upon the decision or determination of the DRP.

(d) Dispute resolution professionals shall create and maintain such records as may be necessary to carry out their

responsibilities and provide such records to the administrator as required in the contract designating the administrator.

Amended by R.2006 d.243, effective July 3, 2006.

See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

Substituted "years of" for "years" in (a)1.

11:3-5.6 Conduct of PIP dispute resolution proceedings

(a) A request for dispute resolution of a PIP dispute may be made by the injured party, the insured, a provider who is an assignee of PIP benefits or the insurer, in accordance with the terms of the policy as approved by the Commissioner. The request for dispute resolution may include a request for review by a medical review organization. The request shall be made to the administrator and copies sent to other parties.

1. Every insurer shall establish a single address where requests for dispute resolution shall be sent. Insurers shall notify the administrator of the address and any changes thereto. The administrator shall make the list of insurer addresses available to the user community on a web page and any other available means of communication.

(b) Upon receipt of the request, the administrator shall promptly assign the matter to dispute resolution professional. The administrator shall notify all parties of the DRP assigned.

(c) If the request for dispute resolution includes a request for review by a medical review organization, the administrator shall refer the matter to a certified medical review organization contemporaneously with the assignment of the DRP, and shall notify the parties and the DRP that the matter has been referred. If the initial request does not include a request for review by a medical review organization, then a request for such review may be made by any party to the assigned DRP. The DRP may refer a matter to a MRO on his or her own initiative upon a finding that the dispute concerns the diagnosis, medical necessity of treatment or diagnostic test administered to the injured person, whether the injury is causally related to the accident or is the product of a pre-existing condition, or the protocols utilized by a provider. Whenever a DRP receives or initiates a request for MRO review, he or she shall transmit it to the administrator for referral who shall refer the matter to a certified MRO and notify the parties that the matter has been referred.

1. The administrator shall refer cases on a random or rotating basis to an MRO that does not have a conflict of interest, in accordance with the administrator's dispute resolution plan. Referrals shall be made in such a manner so as not to disclose the medical reviewer the identity of the insurer, nor to disclose to the insurer the identity of the medical reviewer.

2. Upon request of the MRO, a provider whose services are the subject of review shall promptly furnish a written report of the history, condition, treatment dates and results of diagnostic tests performed, and shall produce and

permit the copying and inspection of all records relating to the history, treatment and condition of the injured person, and shall submit all necessary documentation as requested. Upon request of the MRO through the administrator, the insurer shall submit any and all documentation concerning its review of the treatment and testing of the injured person, and any reports by its reviewing provider why reimbursement for the treatment, test or item of durable medical equipment was denied.

3. The MRO may request an injured person to submit to a mental or physical examination by an independent provider in the same discipline as the treating providers who is not affiliated with either the treating provider, the insurer or the MRO health care provider performing the review. Any such examination shall be conducted in a place reasonably convenient to the injured person. The MRO shall make available to the examining provider any pertinent medical records.

4. If at any time the MRO determines that it has a conflict of interest in performing a particular review, it shall notify the administrator which shall refer the case to another MRO.

i. Under such circumstances, the first-assigned MRO shall transmit to the newly assigned MRO such documents from the treating provider and the insurer as it has accumulated on the case, as may be directed by the administrator.

ii. The first-assigned MRO shall not be entitled to any reimbursement for work performed on the transferred case.

(d) Determination by the dispute resolution professional shall be in writing and shall state the issues in dispute, the DRP's findings and legal conclusions based on the record of the proceedings and the determination of the medical review organization, if any. The findings and conclusions shall be made in accordance with applicable principles of substantive law, the provisions of the policy and the Department's rules. The award shall set forth a decision on all issues submitted by the parties for resolution.

1. If the DRP finds that the determination of a medical review organization is overcome by a preponderance of the evidence, the reasons supporting that finding shall be set forth in the written determination.

2. The award shall apportion the costs of the proceedings, regardless of who initiated the proceedings, in a reasonable and equitable manner consistent with the resolution of the issues in dispute.

3. The award may include attorney's fees for a successful claimant in an amount consonant with the award and with Rule 1.5 of the Supreme Court's Rules of Professional Conduct.

(e) The award shall be signed by the dispute resolution professional. The original shall be filed with the administrator, and copies provided to each party. If the award requires payment by the insurer for a treatment or test, payment shall be made, together with any accrued interest pursuant to N.J.S.A. 39:6A-5, within 20 days of receipt of a copy of the determination.

(f) The final determination of the dispute resolution professional shall be binding upon the parties, but subject to vacation, modification or correction by the Superior Court in an action filed pursuant to N.J.S.A. 2A:23A-13 for review of the award.

Amended by R.2000 d.454, effective November 6, 2000.

See: 31 N.J.R. 4210(a), 32 N.J.R. 4005(c).

In (d)3, deleted "or respondent" following "successful claimant".

Amended by R.2004 d.218, effective June 7, 2004.

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a).

In (a), added 1.

Case Notes

N.J.A.C. 11:3-5.6(d)(3) was an invalid expression of legislative intent and was voided. New Jersey Coalition of Health Care Professionals, Inc. v. New Jersey Department of Banking and Insurance, Division of Insurance, 323 N.J.Super. 207, 732 A.2d 1063 (N.J.Super.A.D. 1999).

11:3-5.7 Recordkeeping

(a) The administrator shall maintain records of all determinations for a period of five years.

(b) The administrator shall file a copy of each determination, except consent determinations, with the Department in either hard copy or electronic form, as provided in the contract designating the administrator.

1. Any determination filed with the Department shall be indexed and coded so as to facilitate retrieval.

2. The name of any injured party, except when appearing in the caption of the matter or used as identification of the particular case, shall be redacted in the copy filed with the Department so as to protect the privacy of the injured person.

(c) The administrator shall keep such other records as may be required by the Commissioner and as set forth in the contract designating the administrator.

11:3-5.8 Medical review organizations

(a) Medical review organizations shall be authorized to determine in connection with the PIP dispute resolution process set forth in this subchapter:

1. Whether the medical treatment or diagnostic test is medically necessary;

2. Whether the treatment is in accordance with medically recognized standard protocols including those protocols approved by the Commissioner and set forth in N.J.A.C. 11:3-4;

3. Whether the treatment is consistent with symptoms or diagnosis of the injury;

4. Whether the injury is causally related to the accident;

5. Whether the treatment is of a palliative rather than a restorative nature; and

6. Whether medical procedures and tests that have been repeated are medically necessary.

(b) The findings of a medical review organization shall be presumed to be correct, but may be rebutted by a preponderance of the evidence submitted to the dispute resolution professional.

11:3-5.9 Standards for medical review organizations

(a) Medical review organizations shall be capable of performing medical reviews for all primary specialties and disciplines.

(b) Medical review organizations shall employ a medical director to actively participate in the review of cases to assure quality and consistency.

(c) Medical review organizations shall utilize health care providers in the same discipline as the treating provider to perform the reviews who meet the following standards:

1. Reviewing health care providers shall be active practitioners who obtain a minimum of one-half of their income from practice in their area of specialty;

2. Reviewing health care providers shall be licensed in New Jersey and board certified in their specialty;

3. Reviewing health care providers shall have at least two years' experience in medical review, or be certified as a medical review physician; and

4. Reviewing health care providers shall have completed an orientation with the MRO, including medical review instruction and report writing.

(d) A medical review organization shall have adequate procedures in place to assure confidentiality of patient records.

1. All MRO files shall be indexed and referred to by reference number rather than patient name.

2. Medical files shall be maintained in a secure area of the MRO's offices.

3. Only the MRO shall request additional documents relating to the injured person's medical condition, or direct that the injured person be physically examined.

(e) A medical review organization shall utilize procedures to provide for the fair and open exchange of information and records related to the review between the treating health care

provider, any provider that has reviewed the case on behalf of the insurer, and the MRO's reviewing health care provider.

(f) A medical review organization shall complete its review and submit its report to the dispute resolution professional in accordance with the medical exigencies of the case, but in no event in excess of 20 business days from receipt of medical records from the treating health care provider.

(g) A medical review organization shall have a procedure for obtaining mental or physical examinations of injured persons that may be required in the course of its review.

(h) A medical review organization shall utilize written review procedures. In reaching its determinations, the MRO shall consider all information submitted by the parties and information deemed appropriate by the MRO, including: pertinent medical records, consulting physician reports and other documents submitted by the parties; applicable commonly accepted protocols, professional standards and practices by national standard setting organizations, and protocols and diagnostic tests approved by the Commissioner and set forth in N.J.A.C. 11:3-4.

(i) A medical review organization shall utilize audit procedures to ensure compliance with statutory and regulatory requirements.

(j) A medical review organization shall retain records of its determinations for five years.

11:3-5.10 Medical review organization certification process

(a) The Commissioner shall certify a medical review organization to provide medical review services in connection with the resolutions of PIP disputes if the Commissioner determines that the MRO complies with the standards set forth in N.J.A.C. 11:3-5.9 to provide an impartial review of the medical necessity or appropriateness of treatments, health care services or items of durable medical equipment for which medical expense benefits may be provided under personal injury protection coverage.

(b) For the purpose of obtaining certification by the Commissioner to act as a medical review organization to perform medical review in connection with the resolution of PIP disputes, an MRO shall submit two copies of a written application that sets forth the information in (b) below to:

Medical Review Organization Certification
New Jersey Department of Banking and Insurance
PO Box 325
Trenton, NJ 08625-0325

(c) The MRO application shall include the following:

1. A list of the names, addresses and specialties of the individual health care providers that will provide the medical review services. If the MRO will be limited in its

service area, the application shall provide a map of the service area, including the providers by specialty;

2. A copy of the MRO's certificate of incorporation and by-laws;

3. A diagram of the MRO's organizational structure;

4. The location of the MRO's place of business where it administers its services and maintains its records;

5. A listing and biography of the MRO's officers and directors, or the individuals in the organization responsible for administration of medical reviews, including the medical director;

6. A detailed description of the MRO's experience in the review of medical care;

7. A description of its procedures for review of medical treatments, diagnostic tests and items of durable medical equipment in conjunction with PIP medical expense benefits;

8. A current list identifying all property/casualty insurers, health insurers, health maintenance organizations and health care providers with whom the MRO maintains any health related business arrangement. The list shall include a brief description of the nature of the arrangement, so as to permit the administrator to avoid assignments that may create a conflict of interest;

9. The fee(s) for determinations by the MRO;

10. Such other information as the Commissioner may specifically request in connection with the certification of a particular applicant; and

11. A fee in the amount of \$1,000 payable to the Department of Banking and Insurance.

(d) The materials specified in (c) above shall be retained by the Department and may be referred to the Department of Health and Senior Services for consultation as necessary. Any significant changes in the materials filed with the Department shall be reported as an amendment to the materials filed within 30 days of the change.

(e) The Department, in consultation with the Department of Health and Senior Services, shall review the materials and grant or deny certification within 45 days of receipt of a complete filing. The Commissioner may extend the time an additional 30 days for good cause shown, and shall notify the applicant of any extension. A decision to deny certification shall be in writing and include an explanation of the reason for the denial.

(f) Initial certification shall be effective for a period of two years. Certified MROs shall reapply for certification 90 days prior to expiration by submitting the items set forth in (b)1, 6, 7, 8, 9 and 10 above and any changes to items previously submitted in (b)2, 3, 4 and 5 above. Renewal certification may be effective for a period of up to five years.

(g) All data or information in the MRO's application for certification shall be confidential and shall not be disclosed to the public, except as follows:

1. The MRO's certificate of incorporation;

2. The MRO's address;

3. The names of the MRO's officers and directors, or the individuals in the organization responsible for the administration of medical reviews including the medical director; and

4. The date of certification of the MRO and date that certification expires.

(h) Upon certification, the Department shall advise the administrator of the name and address of the MRO, any limitations on its geographical service area and information about persons with whom it maintains health related business arrangements.

(i) The Commissioner may suspend or revoke the certification of an MRO upon finding that the MRO no longer meets the standards set forth in N.J.A.C. 11:3-5.9; that medical review services are not being provided in accordance with the requirements of this subchapter; or that the certification was granted based on false or misleading information.

1. Proceedings to revoke or suspend the certification shall be conducted pursuant to N.J.A.C. 11:17D.

2. Upon request of the MRO for a hearing, the matter shall be transferred to the Office of Administrative Law for a hearing conducted pursuant to the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

Amended by R.2006 d.243, effective July 3, 2006.

See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

In (c)1, substituted "individual" for "individuals" and deleted a comma following "providers".

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

Added new (c)9; and recodified former (c)9 and (c)10 as (c)10 and (c)11.

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-5.11 Fees

When a mental or physical examination is performed in connection with the medical review organization's services, the health care provider performing the examination shall be paid the fee provided for that service set forth on the Department's medical fee schedule, N.J.A.C. 11:3-29.

Amended by R.2004 d.218, effective June 7, 2004 (operative October 27, 2004).

See: 35 N.J.R. 3072(a), 36 N.J.R. 2890(a), 36 N.J.R. 4319(a).

Rewrote (a).

Amended by R.2010 d.142, effective July 6, 2010.

See: 41 N.J.R. 2609(a), 42 N.J.R. 1385(a).

Deleted (a); and deleted designation (b).

Administrative correction.

See: 42 N.J.R. 2129(a).

11:3-5.12 Prohibition of conflicts of interest

(a) No administrator or employee thereof, dispute resolution professional, medical review organization or reviewing health care provider shall have any personal or financial interest, direct or indirect, or engage in any business or transaction which is in conflict with the proper conduct of his or her duties under this subchapter.

(b) No administrator or employee thereof, dispute resolution professional, medical review organization or reviewing health care provider shall act in such capacity in any matter wherein he or she has a direct or indirect personal or financial interest that might reasonably be expected to impair his or her objectivity or independence of judgment.

(c) No administrator or employee thereof, dispute resolution professional, medical review organization or reviewing health care provider shall accept any gift, favor, service or other thing of value under circumstances from which it might be reasonably inferred that such gift, service or other thing of value was given or offered for the purpose of influencing him or her in the conduct of duties under this subchapter.

(d) No dispute resolution professional shall accept from any person, whether directly or indirectly and whether by him or herself or through a spouse or any family member or through any partner or associate or controlled business, any gift, favor, service, employment or offer of employment or any other thing of value which he or she knows or has reason to believe is offered with the intent to influence the performance of his or her duties as a dispute resolution professional.

(e) No dispute resolution professional shall make any determination in any PIP dispute in which he or she directly or indirectly or through a spouse, family member or by partner or associate or controlled business has any personal or financial interest.

SUBCHAPTER 6. INSURANCE IDENTIFICATION CARDS

11:3-6.1 Scope

In accordance with N.J.S.A. 39:3-29.1, this subchapter concerns the issuance, design and content of auto insurance identification cards issued by insurance companies in this State. This subchapter shall not apply to policies covering commercial motor vehicles regulated by the U.S. Department of Transportation or the New Jersey Board of Public Utilities.

As amended, R.1983 d.648, effective January 17, 1984.

See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Reference to dates deleted.

Amended by R.2004 d.166, effective April 19, 2004.

See: 35 N.J.R. 3521(a), 36 N.J.R. 1939(a).

Rewrote the section.

Case Notes

Policy provision defining an eligible person as a spouse only if resident in the same household as insured held void; named insured's

deletion of estranged wife; reformation of policy ordered. *Matland v. United Services Automobile Ass'n*, 174 N.J.Super. 499, 417 A.2d 46 (Law Div.1980).

11:3-6.2 Permanent identification cards

(a) A permanent insurance identification card shall conform to the following specifications:

1. The minimum size shall be three inches by five inches, and the maximum size shall be 5½ inches by 8½ inches.

2. The weight shall not be lighter than 20 pounds white bond.

3. The front of the card shall include the following:

i. The company name: Group name may be shown instead if it will identify the specific company involved. Insurance company logos are permitted;

ii. Named insured: The surname of the insured must agree with the surname shown on the motor vehicle registration certificate. The Motor Vehicle Commission will conduct verification on surname basis;

iii. Address: The replacement of identification cards when there is a change of address will be optional with the insurance companies;

iv. Policy number: The complete policy number will be listed;

v. Effective date and expiration date: month, day, and year.

vi. Description of the vehicle: Year, make and vehicle identification number shall be noted on the insurance identification card. The model of the vehicle may be shown as the make. The make of the vehicle may be abbreviated, but the complete vehicle identification number (VIN) must be shown.

vii. In the case of fleets, dealership or leasing companies where the owner insures the vehicles, the make, year and VIN need not be recorded. In lieu of the make, year and VIN, the insurer may insert "ALL OWNED VEHICLES" or "FLEET". If the lessee insures the vehicles, the name of the owner as shown on the motor vehicle registration must be shown on the I.D. card in addition to the name of the insured if the designation "FLEET" is used without the VIN;

viii. Heading: The heading across the top shall read: State of New Jersey Insurance Identification Card;

ix. The insurance company code as established by the New Jersey Motor Vehicle Commission will be printed immediately preceding the insurance company name;

x. The name and address of the insurance company or the office or agency issuing the identification cards must be shown.

4. The reverse of card shall include the address, and may include a facsimile number and E-mail address, if any, established by the insurer for the filing of notification of the commencement of medical treatment by treating medical providers under N.J.A.C. 11:3-25. This information shall be provided under the following title: "ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT"

5. This notice may be placed on the front or reverse of the identification card and may be printed on the card or affixed on the card by way of a label that contains the required information.

(b) Servicing carriers of any residual market mechanism authorized by statute shall issue an insurance identification card in accordance with (a) above. The card shall indicate that coverage is being issued by the servicing carrier on behalf of the residual market mechanism.

As amended, R.1973 d.140, eff. May 31, 1973.

See: 5 N.J.R. 150(a), 5 N.J.R. 229(b).

As amended, R.1973 d.247, eff. August 31, 1973.

See: 5 N.J.R. 350(b).

As amended, R.1983 d.648, eff. January 17, 1984.

See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Further specifications for ID cards added and alternative type of card introduced.

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

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

In (d): deleted NJAFIUA reference and added text referring to "residual market mechanism authorized by statute."

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.1997 d.14, effective January 6, 1997 (operative March 7, 1997).

See: 28 N.J.R. 3876(a), 29 N.J.R. 132(a).

Added (b)5 and (b)6.

Amended by R.2004 d.166, effective April 19, 2004.

See: 35 N.J.R. 3521(a), 36 N.J.R. 1939(a).

Deleted former (a) and (c); recodified former (b) as new (a); recodified former (d) as new (b); rewrote new (a).

Amended by R.2006 d.243, effective July 3, 2006.

See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).

In (a)3ii and ix, substituted "Motor Vehicle Commission" for "Division of Motor Vehicles"; and in (a)3ii, inserted "the" preceding "surname".

Case Notes

Policy provision defining an eligible person as a spouse only if resident in the same household as insured held void; named insured's deletion of estranged wife from coverage held void; reformation of policy ordered. *Matland v. United Services Automobile Ass'n*, 174 N.J.Super. 499, 417 A.2d 46 (Law Div.1980).

11:3-6.3 Temporary identification card

(a) The format and content of the temporary card shall be the same as those for a permanent identification card except as noted below.

1. Title: "TEMPORARY" to precede heading on card;

2. Policy number: Indicate policy number if available; otherwise, the application or binder number is acceptable;

3. Effective date: Month, day and year that coverage becomes effective. Expiration date is not required;

4. Expiration: The card shall contain the following statement: "This card expires 60 days after the effective date shown above";

As amended, R.1973 d.35, eff. January 26, 1973.

See: 5 N.J.R. 20(b).

As amended, R.1974 d.208, eff. July 24, 1974.

See: 6 N.J.R. 322(b).

As amended, R.1983 d.648, eff. January 17, 1984.

See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Language changes and clarification.

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), describing components of the New Jersey Automobile Insurance Plan.

Amended by R.1996 d.58, effective February 5, 1996.

See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Amended by R.2004 d.166, effective April 19, 2004.

See: 35 N.J.R. 3521(a), 36 N.J.R. 1939(a).

Rewrote the section.

11:3-6.4 General provisions

(a) The order of the information to be contained on the identification cards may be rearranged in order to accommodate fixed printout systems already established by a company.

(b) Additional information may be printed on the reverse side of the identification cards, provided the additional information is appropriately captioned and is not at variance with the information required.

(c) One identification card shall be issued for each vehicle insured under the policy. Replacement identification card or cards will be issued at the request of the insured in the event of loss.

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

11:3-29.1 Purpose and scope

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

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

(c) This subchapter does not apply to the following:

1. Other coverages contained in an automobile or motor bus insurance policy such as coverage for bodily injury liability;
2. Any other kind of insurance including health insurance, even when the health insurer may be required pursuant to its health insurance contract to pay benefits to, or on behalf of, a person who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile or motor bus, or as a pedestrian, caused by an automobile or motor bus or an object propelled by or from an automobile or motor bus;
3. Medical services or equipment provided outside of the geographic boundaries of New Jersey except as set forth in N.J.A.C. 11:3-29.4(d)2; and
4. Inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes.

Amended by R.1993 d.25, effective January 4, 1993.
See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Added motor bus insurers under medical expense benefits coverage.
Amended by R.2001 d.158, effective May 21, 2001.
See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).
Amended by R.2007 d.305, effective October 1, 2007.
See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).

In the introductory paragraph of (c), substituted "This subchapter does" for "These fee schedules do"; in (c)2, deleted "and" from the end; in (c)3, substituted "; and" for the period at the end; and added (c)4.
Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).

By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Banking and Insurance*, Docket No. A33-07 T3, now pending before the Appellate Division.

11:3-29.2 Definitions

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

"Ambulatory surgery facility" or "ASC" means:

1. A surgical facility, licensed as an ambulatory surgery facility in New Jersey in accordance with N.J.A.C. 8:43A, in which ambulatory surgical cases are performed and which is separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately, financially and administratively distinct, for example, it uses a separate tax-id number); or

2. A physician-owned single operating room in an office setting that is certified by Medicare.

"Ambulatory surgical case" means a procedure that is not minor surgery as defined in N.J.A.C. 13:35-4A.3.

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

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

"CDT-3" means the American Dental Association's Current Dental Terminology, Third Edition, Version 2000.

"Co-surgery" means two surgeons (each in a different specialty) are required to perform a specific procedure. Co-surgery also refers to surgical procedures involving two surgeons performing the parts of one procedure simultaneously.

"CPT" means the American Medical Association's Current Procedural Terminology, Fourth Edition, Version 2006, coding system. Current Procedural Terminology (CPT) is copyright 2005 American Medical Association (AMA), all rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained in the CPT. Applicable Federal Acquisition Regulation and Defense Federal Acquisition Regulation Supplement (FARS/DFARS), 48 CFR, restrictions apply to government use. CPT[®] is a trademark of the American Medical Association.

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

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

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

“Global service” means the sum of the technical and professional components.

“HCPCS” means the Federal Center for Medicare and Medicaid Services (CMS) Common Procedure Code System.

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

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

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

“Medically necessary” or “medical necessity” means that:

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

“Modifier” means an addition to the five-digit CPT code of either two letters or numbers that indicates that a service or procedure was performed that has been altered by some specific circumstance but not changed in its definition or code.

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

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

“Multiple surgeries” means additional procedures, unrelated to the major procedure and adding significant time or complexity, performed on the same patient at the same operative session or on the same day. Co-surgeons, surgical teams, or assistants-at-surgery may participate in performing multiple surgeries on the same patient on the same day.

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

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

“Powered traction device” means VAX-D, DRX or similar devices determined by the Federal Food and Drug Administration to provide traction services.

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

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

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

Definition for eligible charge added.

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

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

Definitions for motor bus, motor bus insurer added.

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

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

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

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

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

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

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

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

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

Added “CDT-3”.

Amended by R.2007 d.305, effective October 1, 2007.

See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).

Added definitions “‘Ambulatory surgery facility’ or ‘ASC’”, “Ambulatory surgical case”, “Co-surgery”, “Modifier”, “Multiple surgeries”, and “Powered traction device”; in definition “CPT”, inserted “, Version 2006” and inserted the second through sixth sentences; and in definition “HCPCS”, substituted “Center for Medicare and Medicaid Services (CMS)” for “Health Care Financing Administration’s (HCFA’s)”.

Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).

By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Banking and Insurance*, Docket No. A33-07 T3, now pending before the Appellate Division.

11:3-29.3 Regions

(a) The Regions in Appendix, Exhibit 1, Physicians’ Fee Schedule, Exhibit 4, Ambulance Fee Schedule, and Exhibit 7, Ambulatory Surgical Center Fee Schedule, are as follows:

1. South Region consists of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem counties, which are comprised of

the following three- and five-digit zip codes in New Jersey: 077, 080, 081, 082, 083, 084, 086 and 087. The South Region also includes: 08501, 08505, 08510, 08511, 08514 through 08527, 08533 through 08535, 08540 through 08550, 08554, 08555 and 08560 through 08562.

2. North Region consists of Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren counties, which are comprised of the following three- and five-digit zip codes in New Jersey: 070, 071, 072, 073, 074, 075, 076, 078, 079, 088 and 089. The North Region also includes: 08502, 08504, 08512, 08528, 08530, 08536, 08551, 08553, 08556 through 08559 and 08570.

(b) The Regions in Appendix, Exhibit 2, the Dental Fee Schedule, are as follows:

1. Region I consists of the following three-digit zip codes in New Jersey: 080, 081, 082, 083 and 084;

2. Region II consists of the following three-digit zip codes in New Jersey: 077, 078, 079, 085, 086, 087, 088 and 089; and

3. Region III consists of the following three-digit zip codes in New Jersey: 070, 071, 072, 073, 074, 075 and 076.

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

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

Rewrote the section.

Amended by R.2007 d.305, effective October 1, 2007.

See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).

Added the introductory paragraph of (a); recodified former (a) as (a)1; recodified former (b) as (a)2; rewrote (a)1 and (a)2; added new (b); and deleted (c).

Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).

By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Banking and Insurance*, Docket No. A33-07 T3, now pending before the Appellate Division.

11:3-29.4 Application of medical fee schedules

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter. Nothing in this subchapter shall, however, compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. The physicians' fee schedule at subchapter Appendix, Exhibit 1 shall not apply to trauma services at Level I and Level II trauma hospitals. Trauma services means the care provided to patients whose arrival requires trauma center activation or whose care requires the

consultation or services of trauma service physicians. Bills for services subject to the trauma services exemption shall use the modifier "-TS". Surgical services (CPT 10000 through 69999) provided in emergency care in acute care hospitals that are not subject to the trauma care exemption shall be reimbursed at 150 percent of the physician's fee schedule and shall use the modifier "-ER". Insurers are not required to pay for services or equipment that are not medically necessary.

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

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

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

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

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

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

(e) Except as noted in (e)1 and 2 below, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in or not covered by the fee schedules shall be a reasonable amount considering the fee schedule amount for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

1. For the purposes of this subchapter, determination of the usual, reasonable and customary fee means that the provider submits to the insurer his or her usual and customary fee. The insurer determines the reasonableness of the provider's fee by comparison of its experience with that provider and with other providers in the region. The insurer may use national databases of fees, such as those published by Ingenix (www.ingenixonline.com) or Wasserman (<http://www.medfees.com/>), for example, to determine the reasonableness of fees for the provider's geographic region or zip code.

2. All applicable provisions of this section concerning billing and payment apply to fees for services provided outside of New Jersey and to fees that are not on the fee schedule.

(f) The following shall apply to multiple and bilateral surgeries (CPT 10000 through 69999), co-surgeries and assistant surgeons:

1. For multiple surgeries, rank the surgical procedures in descending order by the fee amount, using the fee schedule or UCR amount, as appropriate. The highest valued procedure is reimbursed at 100 percent of the eligible charge. Additional procedures are reported with the modifier "-51" and are reimbursed at 50 percent of the eligible charge. If any of the multiple surgeries are bilateral surgeries using the modifier "-50," consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and apply the appropriate multiple surgery reductions.

2. There are two types of procedures that are exempt from the multiple procedure reduction. Codes in CPT that have the note, "Modifier -51 exempt" shall be reimbursed at 100 percent of the eligible charge. In addition, some related procedures are commonly carried out in addition to the primary procedure. These procedure codes contain a specific descriptor that includes the words, "each additional" or "list separately in addition to the primary procedure." These add-on codes cannot be reported as stand-alone codes but when reported with the primary procedure are not subject to the 50 percent multiple procedure reduction.

3. The terminology for some procedure codes includes the terms "bilateral" or "unilateral or bilateral." The payment adjustment rules for bilateral surgeries do not apply to procedures identified by CPT as "bilateral" or "unilateral or bilateral" since the fee schedule reflects any additional work required for bilateral surgeries. If a procedure is not identified by its terminology as a bilateral procedure (or unilateral or bilateral) and is performed bilaterally, providers must report the procedure with modifier "-50" as a single line item. Reimbursement for bilateral surgeries reported with the modifier "-50" shall be 150 percent of the eligible charge.

4. For co-surgeries, each surgeon bills for the procedure with a modifier "-62". For co-surgeries (modifier 62), the fee schedule amount applicable to the payment for each co-surgeon is 62.5 percent of the eligible charge.

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

6. The necessity for co-surgeons and assistant surgeons for an operation shall be determined by reference to authorities such as the Medicare physician fee schedule database (www.cms.gov). Fees for assistant surgeons and co-surgeons are not rendered eligible for reimbursement simply because it is the policy of a provider or an ASC that one be present.

7. It is the responsibility of providers that are acting as co-surgeons or assistant surgeons to include the correct modifier in their bills, especially as they may not be submitted to the insurer at the same time. If a surgeon submits a bill without a modifier and is paid 100 percent of the eligible charge and the insurer subsequently receives a bill from a co-surgeon or assistant surgeon for the same procedure, the insurer shall notify both providers that it has already paid 100 percent of the eligible charge and that it cannot reimburse the co-surgeon or assistant surgeon until the overpayment has been offset or refunded.

(g) Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing. Providers and payors shall use the National Correct Coding Initiative Edits, incorporated herein by reference, as updated quarterly by CMS and available at <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>.

1. CPT 97010 (application of hot/cold packs) is bundled into the payment for other services and shall not be reimbursed separately.

2. The eligible charge for an office visit includes reviewing the report of an imaging study when the provider of the imaging study has billed for the technical and professional component of the service. In these circumstances, it is not appropriate for the provider to bill for an office visit and CPT 76140 or for the physician component of the imaging study. CPT 76140 may only be billed where a provider in a different practice or facility reviews an imaging study and produces a written report.

3. When CPT 76005, fluoroscopic guidance, can be billed separately and is not included as part of another procedure, it is reimbursable only per spinal region, not per level.

4. Appendix J of the CPT manual, Electrodiagnostic Medicine Listing of Sensory, Motor and Mixed Nerves may be used as a reference for the appropriate reimbursement of this type of Electrodiagnostic testing.

5. Moderate (conscious) sedation performed by the physician who also furnishes the medical or surgical service cannot be reimbursed separately. In that case, payment for the sedation is bundled into the payment for the medical or surgical service. As a result, CPT codes 99143 through 99145 are not reimbursable.

6. CPT codes 99148 through 99150 are only reimbursable when a second physician other than the provider performing the diagnostic or therapeutic services provides moderate sedation in a facility setting (for example, hospital, outpatient hospital/ambulatory surgery center or skilled nursing facility). CPT codes 99148 through 99150 are not reimbursable for services performed by a second physician in a physician office, freestanding imaging center or for any procedure code identified in CPT as including moderate (conscious) sedation.

(h) To be reimbursable, nerve conduction studies (NCS) (CPT 95900 - 95904) must be interpreted by a provider who was on site and directly supervised or performed the nerve conduction study in accordance with N.J.A.C. 13:35-2.6(n)3. Needle Electromyography (EMG) interpretation must be performed in the same facility on the same day by the same physician who performed and/or supervised the needle EMG.

(i) The reporting of nerve conduction studies and needle electromyography (EMG) (CPT 95860 through 95872) results should be integrated into a unified diagnostic impression. Separate reports for needle EMG and NCS are not reimbursable under the codes above in this subsection.

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

(k) CPT codes for procedures described in CPT as "unlisted procedure" or "unlisted service" (example: 64999 Unlisted procedure nervous system) are not reimbursable without documentation from the provider describing the pro-

cedure or service performed, demonstrating its medical appropriateness and indicating why it is not duplicative of a code for a listed procedure or service. Documentation may include the existence of temporary or AMA Category III or HCPCS codes for the procedure or information in the AMA CPT Assistant publication. In submitting bills for unlisted codes, the provider should base the fee on a comparable procedure. It is never appropriate for the provider to bill an unlisted code for a list of services that have CPT codes. Providers that intend to use unlisted codes in non-emergency situations are encouraged to notify the insurer in advance through the precertification process. Based on the information submitted by the provider, the insurer shall determine whether the CPT coding is appropriate.

(l) Certain CPT codes are listed in the fee schedule with three entries. There is a global fee with no modifier, a technical component with modifier "TC" and a physician component with modifier "-26". Services with physician component amounts of zero in the fee schedule are considered to be 100 percent technical. A provider shall not bill the global fee and a technical or physician component. The technical or physician component shall be billed when only that part of the service is being provided.

(m) The daily maximum allowable fee shall be \$99.00 for the Physical Medicine and Rehabilitation CPT codes listed in subchapter Appendix, Exhibit 6, incorporated herein by reference, that are commonly provided together. The daily maximum applies when such services are performed for the same patient on the same date. The daily maximum applies to all providers, including dentists. However, when the provider can demonstrate that the severity or extent of the injury is such that extraordinary time and effort is needed for effective treatment, the insurer shall reimburse in excess of the daily maximum. Such injuries could include, but are not limited to, severe brain injury and non-soft-tissue injuries to more than one part of the body. Such injuries would not include diagnoses for which there are care paths in N.J.A.C. 11:3-4. Treatment that the provider believes should not be subject to the daily maximum shall be billed using modifier-22 as designated in CPT for unusual procedural services. Unless already provided to the insurer as part of a decision point review or precertification request, the billing shall be accompanied by documentation of why the extraordinary time and effort for treatment was needed.

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

2. CPT 97012 is the appropriate code for billing powered traction therapy.

3. CPT 97026 is the appropriate code for billing cold or low-powered laser therapy.

4. HCPCS code G0283 is the appropriate code for billing unattended electrical stimulation.

5. Pursuant to N.J.S.A. 39:6A-4, physical therapy, as defined in N.J.S.A. 45:9-37.13, shall not be reimbursable under PIP unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of the respective practices.

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

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

(o) ASC facility fee group numbers are indicated by CPT code on the physician's fee schedule, subchapter Appendix, Exhibit 1. The facility fees for each ASC group are listed in subchapter Appendix, Exhibit 7. If a procedure can be performed in an ASC but it is not listed in the physician's fee schedule, the ASC facility fee for the procedure shall be the fee group in Appendix, Exhibit 7 that includes procedures similar to the unlisted procedure. For example, if an injection code is not included in subchapter Appendix, Exhibit 7, the facility fee for the procedure would be the same as for other injection codes that have a group number. In no case, shall a facility fee be greater than the highest facility fee on the schedule (Group 9). If a CPT code is subsequently assigned an ASC group number by Medicare, as found in <http://www.cms.hhs.gov/ascpayment/>, the facility fee for that code shall be that of the same group number in Appendix, Exhibit 7. The ASC facility fee includes services that would be covered if the service were furnished in a hospital on an inpatient or outpatient basis, including:

1. Use of operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use to persons accompanying the patient.
2. All services and procedures in connection with covered procedures furnished by nurses, technical personnel and others involved in patient's care;

3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;

4. Diagnostic and therapeutic items and services;

5. Administrative, recordkeeping, and housekeeping items and services;

6. Blood, blood plasma, platelets, etc.; and

7. Anesthesia materials, including the anesthetic itself, and any materials, whether disposable or re-usable, necessary for its administration.

(p) The following services are not included in the ASC facility fee:

1. The sale, lease or rental of durable medical equipment (DME) to ASC patients for use in their homes. If the ASC furnishes items of DME to patients, billing for such items should be made in accordance with subchapter Appendix, Exhibit 5; and

2. Prosthetic and other devices, including neuro-stimulators, internal/external fixators, tissue grafts, plates, screws, anchors and wires, whether implanted, inserted, or otherwise applied by covered surgical procedures. Such prosthetics and devices shall be billed at invoice plus 20 percent.

(q) When multiple procedures are performed in an ASC in the same operative session, the ASC facility fee for the procedure with the highest payment group number is reimbursed at 100 percent and reimbursement of any additional procedures furnished in the same session is 50 percent of the applicable facility fee. For example, if two Group 2 procedures and a Group 1 procedure are all performed in the same operative session, reimbursement of the ASC facility fee is 100 percent of the first Group 2 fee plus 50 percent of the second Group 2 fee, plus 50 percent of the Group 1 fee.

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

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

Billing for multiple procedures clarified in (f).

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

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

Motor bus insurers added.

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

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

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

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

Administrative Correction to (a).

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

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

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

Rewrote the section.

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

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

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

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

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

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

Amended by R.2007 d.305, effective October 1, 2007.

See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).

Rewrote (a); in (c)1, inserted “or the purchase price of the item, whichever is less”; in the introductory paragraph of (e), substituted “Except as noted in (e)1 and 2 below, the” for “The”; added (e)1 and (e)2; rewrote the introductory paragraph of (f) and (f)1 through (f)4; added (f)5 through (f)7; rewrote the introductory paragraph of (g); added (g)1 through (g)6; added new (h) and (i); recodified former (h) and (i) as (j) and (k); rewrote (k); deleted former (j) and (k); rewrote (l) and (m); recodified former (n) as (m)1; added (m)2 through (m)5; recodified former (o) as (n); and added new (o), (p) and (q).

Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).

By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register

at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Banking and Insurance*, Docket No. A33-07 T3, now pending before the Appellate Division.

Case Notes

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

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

Under Commissioner of Insurance's medical fee regulations allowing physical therapists to bill personal injury protection claimants according to modality, rather than charging flat rate fee, rates charged had to be consistent with the therapists' customary rates in order to be considered reasonable; remand. *Cobo by Hudson Physical Therapy Services v. Market Transition Facility by Material Damage Adjustment Corp.*, 293 N.J.Super. 374, 680 A.2d 1103 (A.D.1996).

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

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

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

11:3-29.5 Balance billing prohibited

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

those permitted by the medical fee schedules and this subchapter.

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

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

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

11:3-29.6 (Reserved)

Administrative Correction.

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

Administrative Correction.

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

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

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

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

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

Petition for Rulemaking.

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

Petition for Rulemaking.

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

Public Notice: Action on petition for rulemaking.

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

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

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

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

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

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

Petition for Rulemaking.

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

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

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

Reserved (b).

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

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

Section was "Medical Fee Schedule".

APPENDIX

Exhibit 1

Physicians' Fee Schedule

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
Anes		ANESTHESIA UNITS	65.72	63.79	
10060		I&D OF ABSCESS ; SIMPLE OR SINGLE	139.46	132.57	
10061		I&D OF ABSCESS ; COMPLICATED OR MULTIPLE	247.56	236.68	
10120		INCISION&REMOVAL FB SUBCUT TISSUES; SIMPLE	200.37	188.63	
10121		INCS & REMOV FB SUBQ TISS; COMPLIC	367.60	348.10	
10140		I&D HEMATOMA/SEROMA/FLUID COLLEC	195.85	185.86	
10160		PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	165.43	156.59	
11000		DEBRID EXT ECZEM/INF SKIN; UP 10% BODY SURFACE	69.49	66.16	
11001		DEBRID EXTEN ECZEMAT/INFEC SKIN; EA AD 10% SURFA	31.38	30.02	
11010		DEBRID INCL REMOV FOREIGN MAT; SKIN & SUBQ TISS	664.17	626.78	2
11011		DEBRID INCL REMOV FOREIGN MAT; SKIN-SUBQ-MUSC	784.63	740.27	2
11012		DEBRID INCL REMOV FOREIGN MAT; SKIN-SUBQ-MUSC-BN	1,143.38	1,077.90	2
11040		DEBRIDEMENT; SKIN PARTIAL THICKNESS	60.19	57.24	
11041		DEBRIDEMENT; SKIN FULL THICKNESS	87.20	83.32	
11042		DEBRIDEMENT; SKIN AND SUBCUTANEOUS TISSUE	122.92	117.26	2
11043		DEBRID; SKIN-SUBQ TISS-MUSCL	343.15	324.53	2
11044		DEBRID; SKIN-SUBQ TISS-MUSCL-BONE	448.19	423.74	2
11055		PAR/CUT BEN HYPERKERATOTIC LESION; SINGLE LESION	58.47	55.37	
11056		PARING/CUT BEN HYPERKERATOTIC LESION; 2-4 LES	73.62	69.98	
11057		PARING/CUT BEN HYPERKERATOTIC LESION; > 4 LES	90.45	86.19	
11101		BX SKIN SUBQ TISS&/MUCOUS MEMB (SEP PRO); EA ADD	42.16	40.22	
11200		REMOVAL SKIN TAGS ANY AREA;TO & INCL 15 LESION	104.56	98.81	
11300		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 0.5CM/LESS	121.07	82.23	
11301		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 0.6-1.0 CM	121.07	106.80	
11302		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 1.1-2.0 CM	121.07	128.02	
11305		SHAV 1 LES SCALP NECK HAND FT GENIT;0.5 CM/LESS	121.07	154.18	
11306		SHAV 1 LES SCALP NECK HAND FT GENIT;0.6 TO 1.0CM	121.07	84.64	
11310		SHAV 1 LES FACE EARS EYELD NOSE LPS; 0.5 CM/LESS	106.69	114.87	
11311		SHAV 1 LES FACE EARS EYELD NSE LPS;0.6 TO 1.0 CM	131.05	124.16	
11400		EXC BEN LES NO SKIN TAG TRNK ARM/LEG;0.5 CM/LESS	167.39	156.82	
11401		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 0.6-1.0 CM	192.73	181.56	
11402		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 1.1-2.0 CM	218.97	206.77	
11403		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 2.1-3.0 CM	245.70	232.44	
11420		EXC BEN LES SCALP NECK HAND FT GENIT;0.5 CM/LESS	161.79	152.26	
11421		EXC BEN LES SCALP NECK HAND FT GENIT; 0.6-1.0 CM	204.67	193.32	
11422		EXC BEN LES SCALP NECK HAND FT GENIT; 1.1-2.0 CM	228.48	216.02	
11423		EXC BEN LES SCALP NECK HAND FT GENIT; 2.1-3.0 CM	270.04	255.66	
11440		EXC BEN LES FACE EARS EYELD NSE LPS; 0.5 CM/LESS	191.92	180.14	
11441		EXC BEN LES FACE EARS EYELD NSE LPS; 0.6-1.0 CM	224.02	211.29	
11442		EXC BEN LES FACE EARS EYELD NSE LPS; 1.1-2.0 CM	250.59	236.64	
11719		TRIMMING OF NONDYSTROPHIC NAILS ANY NUMBER	24.84	23.48	
11720		DEBRIDEMENT OF NAIL BY ANY METHOD; ONE TO FIVE	39.04	37.10	
11721		DEBRIDEMENT OF NAIL BY ANY METHOD; SIX OR MORE	57.95	55.37	
11730		AVUL NAIL PLATE PARTIAL/COMPLETE SIMPLE; SINGLE	127.52	121.56	
11732		AVULSION PLATE PART/COMPLT SIMPL; EA ADD NAIL	59.51	56.90	
11750		EXC NAIL&NAIL MATRIX PART/CMPL PERM REMOVAL;	237.93	225.76	
11765		WEDGE EXC SKIN NAIL FOLD	147.39	137.97	
11901		INJECTION INTRALESIONAL; MORE THAN SEVEN LESIONS	82.81	78.94	
11950		SUBQ INJ FILLING MAT; 1 CC/LESS	115.18	108.89	
12001		SIMPL REPR SCLP AX GENIT TRNK&/EXTREM; < 2.5 CM	215.41	204.26	
12002		SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;2.6-7.5 CM	228.32	216.74	
12004		SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 7.6-12.5	266.88	253.62	
12011		SIMPL REPR FACE EARS NOSE&/MUCOUS MEMB; < 2.5 CM	228.03	216.09	
12013		SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 2.6-5.0	249.39	236.57	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule <u>North</u>	Schedule <u>South</u>	
12031		LAYER CLOS WND SCLP AX TRNK&/EXTREM; < 2.5 CM	257.86	244.87	
12032		LAYER CLOS WND SCLP AX TRNK&/EXTREM; 2.6-7.5 CM	367.82	346.84	
12034		LAYER CLO SCLP/AX/TRUNK/EXTREM; 7.6 TO 12.5 CM	356.53	338.44	2
12041		LAYER CLO NECK/HANDS/FT/GENIT; 2.5 CM/LESS	285.91	271.47	
12042		LAYER CLO NECK/HANDS/FT/GENIT; 2.6 TO 7.5 CM	347.52	329.21	
12051		LAYER CLO FACE/EARS/NOSE/LIPS; 2.5 CM/LESS	335.48	317.33	
12052		LAYER CLO FACE/EARS/NOSE/LIPS; 2.6 TO 5.0 CM	346.67	328.55	
13100		REPR COMPLX TRUNK; 1.1 CM TO 2.5 CM	419.12	396.62	
13101		REPR COMPLX TRUNK; 2.6 CM TO 7.5 CM	496.96	470.83	3
13102		REPR COMPLX-TRUNK; EA ADD 5 CM/LESS	141.19	134.45	
13120		REPR COMPLX SCLP/ARMS/LEGS; 1.1 CM TO 2.5 CM	433.91	410.83	2
13121		REPR COMPLX SCLP/ARMS/LEGS; 2.6 CM TO 7.5 CM	529.27	501.90	3
13122		REPR CMPLX-SCALP/ARMS/LEGS; EA ADD 5 CM/LESS	173.00	164.44	
13131		REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 1.1-2.5	472.16	447.62	2
13132		REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 2.6-7.5	680.78	646.93	3
13133		REPR CMPLX-FACE/NECK/HAND/FEET; EA ADD 5 CM/LESS	222.56	212.68	
13150		REPR COMPLX LIDS/NOSE/EARS/LIPS; 1.0 CM/LESS	507.69	480.60	3
13151		REPR COMPLX LIDS/NOSE/EARS/LIPS; 1.1 TO 2.5 CM	535.41	508.18	3
13152		REPR COMPLX LIDS/NOSE/EARS/LIPS; 2.6 TO 7.5 CM	712.24	677.47	3
13153		REPR CMPLX-EYE/NOSE/EARS/LIPS; EA ADD 5 CM/LESS	252.16	240.75	
13160		SECNDRY CLO SURG WOUND/DEHISCENCE EXTEN/COMPLIC	1,050.60	1,007.14	2
14000		ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS	807.81	764.30	2
14001		ADJACENT TISS TRANSF TRUNK; 10.1 TO 30.0 SQ CM	1,047.67	994.45	3
14020		ADJACENT TRANSF SCLP/ARMS/LEGS; 10 SQ CM/LESS	892.37	844.56	3
14040		ADJACENT TRANSF CHIN/NECK/AX/FT; 10 SQ CM/LESS	970.15	920.40	2
14041		ADJACENT TRANSF CHIN/NECK/AX/FT; 10.1-30.0 SQ CM	1,271.18	1,209.86	3
14060		ADJACENT TRANSF LIDS/NOSE/LIPS; 10 SQ CM/LESS	1,004.67	954.55	3
15000		SURG PREP/CREATE RECIP SITE; 1ST 100 SQ CM/1%	462.27	440.40	2
15100		SPLIT GFT TRUNK; 1ST 100 SQ CM/1% BODY CHILD	1,291.10	1,221.61	2
15101		SPLIT GFT TRUNK; EA ADD 100/EA ADD 1% BODY CHILD	325.95	306.07	3
15260		FULL THICK GFT NOSE/EARS/LIDS/LIPS; 20 SQ CM	1,171.89	1,113.52	2
16000		INIT TX 1ST DEGREE BURN WHEN LOCAL TX REQUIRED	101.92	96.98	
16020		DSG &/OR DEBRID INIT/SUBSQ; WO ANES OFC/HOSP SM	123.07	116.06	
16025		DSG &/OR DEBRID INIT/SUBSQ; WO ANES MEDIUM	211.93	201.75	2
17004		DESTRUC BEN/PREMLIG LES OTH THN SKN TAG; 15/>	289.55	275.99	
17110		DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	133.65	125.11	
17250		CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	102.27	95.82	
17261		DESTRUC MALIG LESION TRUNK ARMS/LEGS; 0.6-1.0 CM	160.15	151.28	
17262		DESTRUC MALIG LESION TRUNK ARMS/LEGS; 1.1-2.0 CM	198.84	188.27	
17304		CHEMOSURG MOHS TECH; 1ST STAGE UP TO 5 SPECIMEN	906.48	859.77	
17305		CHEMOSURG MOHS TECH; 2ND STAGE UP TO 5 SPECIMEN	388.23	366.73	
19000		PUNCTURE ASPIRATION OF CYST OF BREAST;	167.23	156.70	
19120		EXC BREAST CYST TUMR/LES OPEN MALE/FEMALE 1/>	597.77	571.03	3
19125		EXC BRST CYST/LES ID PRE-OP RAD MARKR OPN; 1 LES	641.60	613.30	3
19290		PREOPERATIVE PLACEMENT NEEDLE LOC WIRE BREAST;	241.45	226.29	1
20100		EXPLOR PENETRATING WOUND (SEPART PROC); NECK	851.05	821.37	
20101		EXPLOR PENETRATING WOUND (SEPART PROC); CHEST	545.96	514.02	
20102		EXPLOR PENETRAT WOUND (SEP PROC); ABD/FLANK/BACK	677.92	637.81	
20103		EXPLOR PENETRATING WOUND (SEPART PROC); EXTREM	828.59	781.90	
20520		REMOV FB MUSCL/TENDON SHEATH; SIMPL	282.01	500.36	
20526		INJECTION THERAPEUTIC CARPAL TUNNEL	113.53	108.00	
20550		INJECTION; TENDON SHEATH LIGAMENT GANGLION CYST	86.09	81.99	
20551		SINGLE TENDON ORIGIN/INSERTION	83.80	79.86	
20552		INJECTION; SNG OR MULT TRIGGER PTS 1 OR 2 MUSCLES	123.20	116.92	
20553		INJECTION; SNG OR MULT TRIGGER POINTS; 3 OR > MUSCLES	243.11	230.62	
20600		ARTHROCEN ASPIRATION &OR INJ; SM JOINT/BURSA	89.21	84.90	
20605		ARTHROCEN ASPIRATION &OR INJ; INTERMED JNT/BURSA	98.03	93.09	
20610		ARTHROCEN ASPIR&/INJ; MAJOR JNT BURSA/GANG CYST	139.39	132.25	
20680		REMOVAL OF IMPLANT; DEEP	730.47	684.16	
20931		ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	460.01	443.94	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
21085		IMPRESSION&CUSTOM PREPARATION; ORAL SURG SPLINT	1,028.95	980.95	
21110		APPLIC HALO MAXILLOFACIAL FIX W/REMOV-SEP PROC	1,017.66	958.17	
21116		APPLIC INTERDENTAL DEVICE-NOT FX/DISLOC W/REMOV	305.96	283.76	
21320		CLO TX NASAL BONE FX; W/STABILIZATION	340.68	319.80	2
21453		CLO TX MANDIB FX W/INTERDENTAL FIXA	971.06	913.38	3
21800		CLO TX RIB FX UNCOMP EA	134.90	127.52	1
22505		MANIPULATION OF SPINE W/ANESTHESIA OR CONSCIOUS SEDATION	197.57	190.58	2
22554		ARTHRDSIS ANT INTERBODY W/MINI DISSECT; BELOW C2	5,927.44	5,695.60	
22585		ARTHRDEIS ANT INTERBODY W/MINI DISSECT; EA ADD	1,587.52	1,532.08	
22845		ANTERIOR INSTRUMENTATION; 2-3 VERTEBRAL SEGMENTS	4,327.00	4,176.55	
22851		APPLIC INTERVERT BIOMECH DEVC VERT DEFEC/INTRSP	2,396.95	2,313.45	
23500		CLO TX CLAV FX; WO MANIP	295.91	280.03	1
23505		CLO TX CLAV FX; W/MANIP	486.72	462.01	1
23600		CLO TX PROX HUMERAL FX; WO MANIP	449.81	424.96	1
23605		CLO TX PROX HUMERAL FX; W/MANIP W/WO SKELE TRACT	664.44	630.15	2
23650		CLO TX SHOULDER DISLOC W/MANIP; WO ANES	417.76	396.45	1
23655		CLO TX SHOULDER DISLOC W/MANIP; REQUIRING ANES	522.00	497.84	1
23700		MANIP UNDER ANES-SHLDR JNT W/APPLIC FIX APPARAT	327.09	312.42	
27096		INJ PROC SI JNT ARTHROGRPH &/ ANES/STEROID	651.68	607.95	
27275		MANIPULATION OF HIP W/ANESTHESIA OR CONSCIOUS SEDATION	304.43	290.39	
29125		APPLICATION OF SHORT ARM SPLINT ; STATIC	110.10	103.74	
29130		APPLIC FINGER SPLINT; STATIC	65.99	62.87	
29220		STRAPPING; LOW BACK	79.80	77.40	
29240		STRAPPING; SHOULDER	90.97	86.22	
29260		STRAPPING; ELBOW/WRIST	75.54	71.46	
29280		STRAPPING; HAND/FINGER	76.10	71.75	
29345		APPLIC LONG LEG CAST	190.87	181.03	
29365		APPLIC CYLINDER CAST	170.87	161.73	
29405		APPLICATION OF SHORT LEG CAST ;	124.87	118.16	
29425		APPLICATION SHORT LEG CAST; WALKING/AMB TYPE	133.77	126.89	
29505		APPLIC LONG LEG SPLINT	110.72	104.34	
29515		APPLICATION OF SHORT LEG SPLINT	94.65	89.79	
29530		STRAPPING; KNEE	79.59	75.24	
29540		STRAPPING; ANKLE	54.70	52.23	
29550		STRAPPING; TOES	52.62	50.18	
29580		STRAPPING; UNNA BOOT	72.14	68.48	
29700		REMOV/BIVALVING; GAUNTLET BOOT BODY CAST	87.04	82.19	
29705		REMOV/BIVALVING; FULL ARM FULL LEG CAST	95.13	90.49	
29800		ARTHROSCOPY TMJ DIAGNOSTIC W/WO SYNOVIAL BIOPSY	2,776.95	2,640.15	3
29804		ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	3,285.45	3,133.04	3
29805		SCOPE SHOULDER DX W/WO SYNOVIAL BX SEP PROC	2,414.03	2,300.99	
29806		ARTHROSCOPY SHOULDER SURGICAL; CAPSULORRHAPHY	5,330.52	5,101.07	
29807		SCOPE SHOULDER SURGICAL; REPAIR SLAP LESION	5,197.05	4,971.74	
29819		SCOPE SHOULDER SURGICAL; W/REMOVAL LOOSE BODY/FB	3,008.97	2,872.22	
29820		ARTHROSCOPY SHOULDER SURG; SYNOVECTOMY PARTIAL	2,774.57	2,649.02	
29821		ARTHROSCOPY SHLDR SURG; SYNOVECTECTOMY COMPLETE	3,030.75	2,893.55	
29822		ARTHROSCOPY SHOULDER SURG; DEBRIDEMENT LIMITED	2,947.23	2,812.68	3
29823		ARTHROSCOPY SHOULDER SURG; DEBRIDEMENT EXTENSIVE	3,212.60	3,067.02	3
29824		SCOPE SHLDR SURG;DIST CLAVICULECT W/ARTICLR SURF	3,293.19	3,142.08	
29825		SCOPE SHLDR SURG; W/LYSIS&RES ADHES W/WO MANIP	3,002.72	2,866.50	
29826		ARTHROSCOPY SHOULDER SURG; DECOMP SUBACROM SPACE	3,448.31	3,295.26	3
29827		SCOPE SHOULDER SURGICAL; W/ROTATOR CUFF REPAIR	4,366.71	5,375.97	
29860		ARTHROSCOPY HIP DX W/WO SYNOVIAL BX (SEP PROC)	2,431.70	2,322.36	4
29861		ARTHROSCOPY HIP SURG; W/REMOV LOOSE/FB	2,678.87	2,562.11	4
29862		ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CARTIL	2,985.43	2,850.79	9
29863		ARTHROSCOPY HIP SURG; W/SYNOVECTOMY	2,951.52	2,817.57	4
29870		ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO)	1,612.73	1,537.03	3
29871		ARTHROSCOPY KNEE SURG; INFECTION LAVAGE&DRAINAGE	2,018.07	1,926.12	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
29873		ARTHROSCOPY KNEE SURGICAL; WITH LATERAL RELEASE	2,041.24	1,941.03	
29874		ARTHROSCOPY KNEE SURG; REMOV LOOSE/FB	2,116.70	2,021.11	3
29875		ARTHROSCOPY KNEE SURG; SYNOVECTOMY LTD (SEP PRO)	2,538.86	2,421.63	4
29876		ARTHROSCOPY KNEE SURG; SYNOVECTOMY MAJOR	3,119.27	2,977.74	4
29877		ARTHROSCOPY KNEE SURG; DEBRID/SHAV ARTICLR CART	2,943.23	2,808.00	4
29879		ARTHROSCOP KNEE SURG; ABRAS PLSTY/DRILL/MICROFX	2,461.69	2,350.08	3
29880		ARTHROSCOPY KNEE SURG; W/MENISECTMY (MED & LAT)	3,311.24	3,162.42	4
29881		ARTHROSCOPY KNEE; W/MENISCECTOMY MED/LAT	3,072.92	2,932.88	4
29882		ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED/LAT)	3,318.30	3,171.15	3
29887		ARTHROSCOPY KNEE; DRILL-OSTEOCHOND LES W/FIXA	2,756.32	2,631.86	3
29888		ARTHROSCOPICALLY AIDED ACL REPAIR/AUGMENT/RECON	3,914.33	3,749.66	3
30200		INJ INTO TURBINATE THERAP	140.91	132.26	
30300		REMOV FB INTRANASAL; OFFIC TYPE PROC	336.93	313.08	
30901		CONTROL NASAL HEMORRHAGE ANT SIMPLE ANY METHOD	150.09	142.43	
30903		CONTRL NASAL HEMORR-ANT-COMPLX ANY METHD	249.99	235.31	1
30905		CONTRL NASAL HEMORR-POST-W/PACKS-CAUT; INIT	322.40	303.43	1
31000		LAVAGE BY CANNULATION; MAXIL SINUS	235.56	220.53	
31231		NASAL ENDOSCOPY DX UNILATERAL/BILATERAL SEP PROC	265.41	247.73	
31237		NASL/SINUS ENDO; W/BX POLYPECT/DEBRID SEP PROC	481.90	453.78	2
31500		INTUBATION ENDOTRACHEAL EMER PROC	162.66	158.20	
31505		LARYNGOSCOPY INDIRECT; DX (SEP PROC)	121.34	113.69	
31515		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; ASPIRAT	313.91	294.92	1
31525		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; DX EX NB	366.54	346.44	1
31575		LARYNGOSCOPY FLEXIBLE FIBEROPTIC; DIAGNOSTIC	176.45	166.14	
31622		BRONCHOSCOPY; DX W/WO CELL WASHING (SEP PROC)	494.34	464.06	
31645		BRONCHOSCOPY; W/THERAP ASPIR TRACHBRONCH-INIT	481.92	453.96	
32000		THORACENTESIS-ASPIRAT-INIT/SUBSQ	268.03	251.67	1
32002		THORACENTESIS W/INSRT TUBE (SEPART PROC)	313.44	295.80	
32020		TUBE THORACOSTOMY W/WO WATER SEAL (SEPART PROC)	308.69	1,060.96	
32405		BX LUNG/MEDIASTINUM PERCUT NEEDLE	146.15	141.39	1
32601		THORACOSCOPY DX (SEP PRO); LUNGS & PLEURAL WO BX	464.27	448.50	
33210		INSRT/REPLAC TEMP ONE CHMBR ELECT/CATH (SEP PRO)	255.78	247.12	
33212		INSRT/REPLAC PACEMKR PULSE GEN; 1 CHMBR ATRL/VEN	510.37	489.53	
36000		INTRODUCTION OF NEEDLE OR INTRACATHETER VEIN	44.12	41.16	
36005		INJ PROC CONTRAST VENOGRAPHY	512.93	474.06	
36140		INTRO NEEDLE/INTRACATHETER; EXTREM ART	882.39	817.17	
36400		VENIPUNCT < 3 YR; FEM/JUGULAR/SAGITTAL SINUS	38.08	36.40	
36406		VENIPUNCTURE < 3 YR; OTHER VEIN	26.69	25.17	
36410		VENIPUNCT >3 YR W/MD SKILL-SEP PROC NOT ROUTINE	27.29	25.71	
36415		ROUTINE VENIPUNCT/FNGR/HEEL/EAR STICK CLCT SPEC	10.10	8.90	
36425		VENIPUNCTURE CUTDOWN; AGE 1/OVER	55.72	54.05	
36430		TRANSFUSION BLD/BLD COMPONENTS	63.58	58.55	
36471		INJECTION SCLEROSING SOLUTION; MX VEINS SAME LEG	276.07	259.58	
36555		INSRT CENTRAL VENOUS CATH; 5 YR/UNDER	491.78	461.08	
36556		INSRT CENTRAL VENOUS CATH; >5 YR	478.41	448.50	
36600		ART PUNCT WITHDRAWAL BLD DX	47.09	44.42	
36620		ART CATH/CANNULAT SAMPLING MON/TRANSFUS-SP; PERQ	207.66	202.27	
36800		INSRT CANNULA (SEPART PROC); VEIN-VEIN	247.44	236.64	
36860		EXT CANNULA DECLOT (SP); WO BALLOON CATH	217.04	206.69	2
37609		LIG/BX TEMPORAL ART	444.70	420.04	2
43235		UGI ENDO; DX W/WO CLCT SPECNMN-BRUSH/WASH-SP	445.03	417.50	1
43246		UGI ENDO; W/DIRECTED PLCMT PERQ GASTROSTOMY TUBE	343.06	331.45	2
43247		UGI ENDO; W/REMOV FB	271.47	262.16	2
43248		UGI ENDO; W/INSRT GUIDE WIRE-DILAT ESOPHAGUS	253.96	245.10	2
43249		UGI ENDO; W/BALLOON DILAT ESOPHAGUS (<30MM DIAM)	234.43	226.27	
43255		UGI ENDO; W/CONTRL BLEEDING ANY METHD	381.10	368.13	2
43259		UGI ENDO; W/ENDO ULTRASOUND EXAM	407.51	393.73	3
43260		ERCP; DX W/WO COLLEC SPECNMN-BRUSH/WASH (SEP PRO)	468.39	452.60	2
43450		DILAT ESOPH-UNGUIDED SOUND/BOUGIE-1/MX PASSES	235.89	221.73	1
43760		CHANGE GASTROSTOMY TUBE	187.27	291.76	1

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee Schedule <u>North</u>	Fee Schedule <u>South</u>	<u>ASC Group</u>
44139		MOBILIZA SPLENIC FLEXURE PERFMD W/PART COLECTOMY	175.34	169.91	
44500		INTRO LONG GI TUBE (SEPART PROC)	36.60	35.44	
45300		PROCTSIGMODSCPY RIGD; DIAGNOSTIC-SEP PROC	113.69	105.79	
45330		SIGMOIDSCPY FLXIBLE; DIAGNOSTIC-SEP PROC	190.92	178.85	
45355		COLONOSCOPY RIGID/FLEX TRNSABD VIA COLOTOMY 1/MX	283.15	273.70	1
45378		COLONOSCOPY FLEX-PROX SPLEN FLEX; DX-SEP PROC	576.97	543.60	2
46040		I&D ISCHIORECTAL &/OR PERIRECT ABSCESS (SEP PRO)	618.92	587.85	3
46600		ANOSCPY; DX W/WO COLLCT SPECIMEN BRUSH/WASH-SP	122.23	114.09	
47000		BX LIVER NEEDLE; PERCUT	289.91	273.18	1
49080		PERITONEOCENTESIS-ABD PARACENTESIS; INIT	314.03	293.18	2
49320		LAP SURG-ABD/PERITNM; DX-W/WO SPECMN (SEP PROC)	455.14	438.26	3
49421		INSRT INTRAPERITONEAL CANNULA-DRAIN; PERM	473.79	520.31	4
50392		INTRO INTRACATH/CATH-RENAL PELVIS-DRAIN PERCUT	276.60	266.55	1
50394		INJ PROC PYELOGRAPHY THRU NEPHROSTOMY TUBE	203.70	189.75	
51600		INJ PROC-CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY	352.89	327.05	
51700		BLADDER IRRIGA SIMPL LAVAGE &/OR INSTILL	144.91	136.31	
51720		BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	214.06	203.91	
51725	TC	SIMPL CYSTOMETROGRAM	309.06	283.63	
51725	26	SIMPL CYSTOMETROGRAM	113.91	110.36	
51725		SIMPL CYSTOMETROGRAM	422.97	393.99	
51726	TC	COMPLEX CYSTOMETROGRAM	420.73	386.10	
51726	26	COMPLEX CYSTOMETROGRAM	129.03	124.97	
51726		COMPLEX CYSTOMETROGRAM	549.76	511.07	1
51741	TC	COMPLEX UROFLOWMETRY	26.21	24.12	
51741	26	COMPLEX UROFLOWMETRY	85.97	83.29	
51741		COMPLEX UROFLOWMETRY	112.18	107.41	
51784	TC	EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	211.68	194.32	
51784	26	EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	115.56	111.94	
51784		EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	327.24	306.25	
52000		CYSTOURETHROSCOPY-SEP PROC	310.43	292.47	1
52005		CYSTOURETHROSCOPY W/URETERAL CATH EXCLUS-RAD	467.08	437.55	2
52204		CYSTOURETHROSCOPY W/BX	1,006.21	932.06	2
52281		CYSTOURETHROSCOPY W/REMV FB-SEP PROC; SIMPLE	582.88	545.44	2
52310		CYSTURETHRSCPY W/INSERTION INDWELL URETRL STENT	438.56	413.09	2
52332		CATHETERIZATION URETHRA; SIMPLE	503.79	473.03	2
52351		CYSTOURETHROSCOPY W/URETEROSCOPY	453.80	438.79	
53600		DILAT URETHRAL STRICT-SOUND DILAT-MALE; INIT	135.90	129.34	
53601		DILAT URETHRAL STRICT-SOUND/DILAT-MALE; SUBSQ	130.77	123.73	
53660		DILAT FE URETHRA INCL SUPPOSITORY; INIT	118.14	111.10	
53661		DILAT FE URETHRA INCL SUPPOSITORY; SUBSQ	118.07	111.06	
54235		INJ CORPORA CAVERNOSA W/PHARMACOLOGIC AGENT	123.57	117.91	
57452		BX SINGLE/MX/LOCAL EXCISION LESION W/WO FULG	163.75	156.27	
57500		CAUTERY OF CERVIX; CRYOCAUTERY INITIAL OR REPEAT	209.59	196.17	
57511		TAH W/WO REMOVAL OF TUBE W/WO REMOVAL OF OVARY;	220.05	209.55	
58340		HYSTEROSCPY SURG;W/BX ENDOMET&/POLYPECT W/WO D&C	240.72	224.29	
58558		AMNIOCENTESIS; DIAGNOSTIC	405.42	391.07	1
59000		INDUCED ABORTION BY DILATION AND CURETTAGE	207.64	196.33	
59841		INJECTION PROCEDURE DISKOGRAPHY EA LEVEL; LUMBAR	542.43	521.14	5
62263		PERQ LYSIS EPID ADHES W/RAD LOC MX SESS; 2/> DAY	1,698.96	1,594.52	
62264		PERQ LYSIS EPIDURL ADHES RAD LOC MX SESS; 1 DAY	1,091.00	1,026.64	
62270		SPINAL PUNCT LUMBAR DX	373.92	349.68	1
62273		INJ EPIDURAL-BLOOD/CLOT PATCH	433.52	410.24	1
62280		INJ/INFUS NEUROLY W/WO OTH TX SUBSTAN; SUBARACH	875.70	819.50	
62281		INJ NEUROLY W/WO OTH SUBSTNC; EPIDURAL CERV/THOR	751.62	705.2	
62282		INJ NEUROLY W/WO OTH TX SUBSTANCE; EPIDUR LUMB	974.28	907.48	1
62284		INJ PROC-MYELOGRAPHY &/OR CAT-SPINAL	592.66	552.86	
62287		ASPIR/DECOMPRESS-PERQ-NUCLEUS PULPOS 1/MX-LUMB	4,819.92	4,612.64	9
62290		INJ 1 NOT NEUROLYT-W/WO CM-DX/TX-EPID; CERV/THOR	1,378.05	1,290.81	
62291		INJECTION PROC DISKOGRAPHY EA LEVEL; CERV/THOR	1,204.08	1,130.79	
62292		INJ PROC-CHEMONUCLEOLYSIS-DISK; 1/MX LUMBAR	1,656.36	1,591.53	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee Schedule <u>North</u>	Fee Schedule <u>South</u>	ASC <u>Group</u>
62310		INJ 1 NOT NEUROLYTIC W/VO CM-DX/TX-EPID;LUMB/SAC	1,063.51	995.12	1
62311		INJ NOT NEUROLYTIC-W/VO CM-DX/TX-EPID; LUMB/SAC	1,025.50	956.41	1
62318		INJ NOT LYTIC-W/VO CM-DX/TX-EPIDUR; CERV/THOR	703.22	656.96	1
62319		INJECTION ANESTHETIC AGT; GT OCCIPITAL NERVE	619.50	579.16	1
63075		DISKECTOMY ANT W/DECOMP; CERV SNGL INTERSPACE	9,046.68	8,702.22	
63076		DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE	1,755.78	1,694.70	
64402		INJECTION ANESTHETIC AGENT; FACIAL NERVE	255.76	242.00	
64405		INJECTION ANES AGT; OTH PERIPH NERVE/BRANCH	246.76	234.08	
64413		INJECTION ANESTHETIC AGENT; CERVICAL PLEXUS	289.24	273.48	
64415		INJ ANES AGENT; BRACHIAL PLEXUS	385.16	361.96	1
64417		INJECTION ANESTHETIC AGENT; AXILLARY NERVE	404.70	379.78	1
64418		INJECTION ANESTHETIC AGENT; SUPRASCAPULAR NERVE	354.22	332.58	
64420		INJECTION ANES AGT; INTERCOSTAL NERVE SINGLE	460.24	429.12	
64421		INJECTION ANES AGT; INTERCOSTL NERV MX RGN BLOCK	706.90	658.30	
64425		INJECTION ANES AGT; ILIOING ILIOHYPOGASTRIC NERV	302.50	287.88	
64435		INJ ANES AGENT; PARACERVICAL NERV	362.02	287.88	
64445		INJ ANES AGENT; SCIATIC NERV	373.88	341.00	
64447		INJECTION ANESTHETIC AGENT; FEMORAL NERVE SINGLE	166.68	161.68	
64449		INJ ANES; LUMB PLEXUS POST CONT INFUS DAILY MGMT	340.40	329.64	
64450		INJECTION ANES AGT; OTH PERIPH NERVE/BRANCH	339.15	322.74	
64470		INJ ANES/STEROID FACET JT/NRV; CERV/THOR-1LEVEL	826.88	769.26	1
64472		INJ ANES/STEROID FACET JT/NRV; CERV/THOR-EA ADD	325.72	306.34	1
64475		INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-1LEVEL	758.48	704.06	1
64476		INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-EA ADD	280.72	263.30	1
64479		INJ ANES/STEROID EPIDUR; CERV/THOR 1 LEVEL	879.72	819.72	1
64480		INJ ANES/STEROID EPIDUR; CERV/THOR-EA ADD	493.00	463.55	1
64483		INJ ANES/STEROID EPIDURL; LUMB/SAC 1 LEVEL	891.92	829.20	1
64484		INJ ANES/STEROID EPIDUR; LUMB/SAC-EA ADD	416.78	390.08	1
64505		INJ ANES AGENT; SPHENOPALATINE GANGLION	231.10	220.06	
64510		INJECTION ANESTHETIC AGENT; STELLATE GANGLION	422.94	395.06	
64520		INJ ANES AGENT; LUMBAR/THORACIC	590.38	549.42	1
64550		APPLICATION OF SURFACE NEUROSTIMULATOR	26.69	25.17	
64565		PERCUT IMPLNT NEUROSTIM ELECTRODES; NEUROMUSCUL	295.71	278.04	
64600		DESTRCT TRIGEMINAL; SUPRAORBITAL/INFRAORBITAL	759.40	710.18	
64605		DESTRCT TRIGEMINAL; 2ND & 3RD DIV FORAMEN OVAL	905.58	853.76	
64610		DESTRCT TRIGEMINAL; 2ND & 3RD DIV W/RAD MON	982.76	933.24	
64612		CHEMODENERVATION MUSC; MUSC INNERV FACIAL NERV	296.66	280.68	
64613		DESTRCT BY NEUROLYTIC AGENT; CERV SPINAL MUSCL	327.86	309.32	
64614		CHEMODENERVATION MUSCLE; EXTREM &OR TRUNK MUSCLE	361.86	341.43	
64620		DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL NERVE	462.36	435.03	
64622		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT LUMBAR OR SACRAL SNG LEVEL	729.95	682.73	1
64623		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT LUMBAR OR SACRAL; EA ADDL	358.44	334.58	1
64626		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT CERV OR THORACIC; SNG LEVEL	749.28	701.70	
64627		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT CERV OR THORACIC; EA ADDL	518.00	481.92	1
64640		NEUROPLASTY &/OR TRANSP; MEDIAN @ CARPAL TUNNEL	472.62	446.21	
64680		DESTRUC NEURLYT AGT W/VO RAD MON; CELIAC PLEXUS	634.28	593.40	
64721		NEUROPLASTY &/OR TRANSP; MEDIAN CARPAL TUNNEL	1,789.08	1,697.00	
64818		SYMPATHECTOMY LUMBAR	1,412.54	1,360.28	
70030	TC	RAD EXAM EYE DETECTION FB	26.21	24.12	
70030	26	RAD EXAM EYE DETECTION FB	12.95	12.52	
70030		RAD EXAM EYE DETECTION FB	39.16	36.63	
70100	TC	RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	32.21	29.63	
70100	26	RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	13.47	13.04	
70100		RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	45.68	42.67	
70110	TC	RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	39.18	36.10	
70110	26	RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	18.32	17.73	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule <u>North</u>	Schedule <u>South</u>	
70110		RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	57.50	53.83	
70120	TC	RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	39.18	36.10	
70120	26	RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	13.47	13.04	
70120		RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	52.65	49.14	
70140	TC	RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	39.18	36.10	
70140	26	RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	13.99	13.55	
70140		RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	53.17	49.65	
70150	TC	RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	49.28	45.40	
70150	26	RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	18.84	18.25	
70150		RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	68.12	63.65	
70160	TC	RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	32.21	29.63	
70160	26	RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	12.95	12.52	
70160		RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	45.16	42.15	
70200	TC	RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	49.28	45.40	
70200	26	RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	20.49	19.83	
70200		RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	69.76	65.22	
70210	TC	RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	39.18	36.10	
70210	26	RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	12.95	12.52	
70210		RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	52.13	48.62	
70220	TC	RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	49.28	45.40	
70220	26	RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	18.32	17.73	
70220		RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	67.60	63.13	
70250	TC	RAD EXAM SKULL; LESS THAN 4 VIEWS W/VO STEREO	39.18	36.10	
70250	26	RAD EXAM SKULL; LESS THAN 4 VIEWS W/VO STEREO	17.80	17.23	
70250		RAD EXAM SKULL; LESS THAN 4 VIEWS W/VO STEREO	56.98	53.33	
70260	TC	RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/VO STEREO	56.37	51.94	
70260	26	RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/VO STEREO	25.30	24.49	
70260		RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/VO STEREO	81.67	76.44	
70300	TC	RAD EXAM TEETH; SNGL VIEW	16.59	15.29	
70300	26	RAD EXAM TEETH; SNGL VIEW	8.70	8.37	
70300		RAD EXAM TEETH; SNGL VIEW	25.29	23.67	
70320	TC	RAD EXAM TEETH; COMPLT FULL MOUTH	49.28	45.40	
70320	26	RAD EXAM TEETH; COMPLT FULL MOUTH	16.76	16.20	
70320		RAD EXAM TEETH; COMPLT FULL MOUTH	66.04	61.59	
70330	TC	RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	52.88	48.71	
70330	26	RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	17.80	17.23	
70330		RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	70.68	65.92	
70336	TC	MR IMAGING TEMPOROMANDIBULAR JOINT	703.26	647.39	
70336	26	MR IMAGING TEMPOROMANDIBULAR JOINT	109.95	106.42	
70336		MR IMAGING TEMPOROMANDIBULAR JOINT	813.22	753.81	
70350	TC	CEPHALOGRAM ORTHODONTIC	23.80	21.91	
70350	26	CEPHALOGRAM ORTHODONTIC	13.55	13.08	
70350		CEPHALOGRAM ORTHODONTIC	37.35	34.98	
70355	TC	CEPHALOGRAM ORTHODONTIC	36.18	33.35	
70355	26	CEPHALOGRAM ORTHODONTIC	15.11	14.61	
70355		ORTHOPANTOGRAM	51.29	47.96	
70360	TC	RAD EXAM; NECK SOFT TISS	26.21	24.12	
70360	26	RAD EXAM; NECK SOFT TISS	12.95	12.52	
70360		RAD EXAM; NECK SOFT TISS	39.16	36.63	
70450	TC	CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	380.61	350.38	
70450	26	CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	81.00	78.41	
70450		CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	461.60	428.77	
70460	TC	CAT HEAD/BRAIN; W/CONTRAST MAT	355.78	327.52	
70460	26	CAT HEAD/BRAIN; W/CONTRAST MAT	83.54	80.86	
70460		CAT HEAD/BRAIN; W/CONTRAST MAT	439.32	408.38	
70470	TC	CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	443.89	408.60	
70470	26	CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	94.32	91.29	
70470		CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	538.20	499.89	
70480	TC	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	296.28	272.75	
70480	26	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	94.84	91.81	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee <u>Schedule</u> <u>North</u>	Fee <u>Schedule</u> <u>South</u>	<u>ASC</u> <u>Group</u>
70480		CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	391.12	364.55	
70481	TC	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	355.78	327.52	
70481	26	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	101.86	98.59	
70481		CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	457.64	426.11	
70482	TC	CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	443.89	408.60	
70482	26	CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	107.30	103.84	
70482		CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	551.19	512.45	
70486	TC	CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	296.28	272.75	
70486	26	CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	84.06	81.38	
70486		CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	380.34	354.12	
70487	TC	CAT MAXILLOFACIAL AREA; W/CONTRAST	355.78	327.52	
70487	26	CAT MAXILLOFACIAL AREA; W/CONTRAST	96.49	93.38	
70487		CAT MAXILLOFACIAL AREA; W/CONTRAST	452.26	420.90	
70490	TC	CAT SOFT TISS NECK; WO CONTRAST	296.28	272.75	
70490	26	CAT SOFT TISS NECK; WO CONTRAST	94.84	91.81	
70490		CAT SOFT TISS NECK; WO CONTRAST	391.12	364.55	
70491	TC	CAT SOFT TISS NECK; W/CONTRAST	355.78	327.52	
70491	26	CAT SOFT TISS NECK; W/CONTRAST	101.86	98.59	
70491		CAT SOFT TISS NECK; W/CONTRAST	457.64	426.11	
70492	TC	CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	443.89	408.60	
70492	26	CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	106.70	103.30	
70492		CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	550.59	511.90	
70540	TC	MRI ORBIT FACE & NECK	693.68	637.79	
70540	26	MRI ORBIT FACE & NECK	99.68	96.50	
70540		MRI ORBIT FACE & NECK	793.36	734.31	
70551	TC	MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	703.26	647.39	
70551	26	MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	109.95	106.42	
70551		MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	813.22	753.81	
70552	TC	MRI BRAIN; W/CONTRAST	843.78	776.70	
70552	26	MRI BRAIN; W/CONTRAST	132.08	127.83	
70552		MRI BRAIN; W/CONTRAST	975.86	904.53	
70553	TC	MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	1,562.43	1,438.28	
70553	26	MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	174.69	169.07	
70553		MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	1,737.11	1,607.35	
71010	TC	RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	34.83	32.04	
71010	26	RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	16.06	15.55	
71010		RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	50.89	47.59	
71020	TC	RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	42.20	38.88	
71020	26	RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	17.40	16.84	
71020		RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	59.60	55.72	
71021	TC	RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	46.28	42.64	
71021	26	RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	19.97	19.32	
71021		RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	66.24	61.96	
71022	TC	RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	46.28	42.64	
71022	26	RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	22.65	21.92	
71022		RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	68.93	64.56	
71030	TC	RAD EXAM CHEST COMPLT MINI 4 VIEWS	49.28	45.40	
71030	26	RAD EXAM CHEST COMPLT MINI 4 VIEWS	22.65	21.92	
71030		RAD EXAM CHEST COMPLT MINI 4 VIEWS	71.93	67.31	
71035	TC	RAD EXAM CHEST SPECIAL VIEWS	32.21	29.63	
71035	26	RAD EXAM CHEST SPECIAL VIEWS	13.47	13.04	
71035		RAD EXAM CHEST SPECIAL VIEWS	45.68	42.67	
71100	TC	RAD EXAM RIBS UNILAT; 2 VIEWS	36.18	33.35	
71100	26	RAD EXAM RIBS UNILAT; 2 VIEWS	16.16	15.64	
71100		RAD EXAM RIBS UNILAT; 2 VIEWS	52.34	48.98	
71101	TC	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	52.89	48.72	
71101	26	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	25.04	24.22	
71101		RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	77.93	72.94	
71110	TC	RAD EXAM RIBS BILAT; 3 VIEWS	49.28	45.40	
71110	26	RAD EXAM RIBS BILAT; 3 VIEWS	19.97	19.32	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
71110		RAD EXAM RIBS BILAT; 3 VIEWS	69.24	64.71	
71111	TC	RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	56.37	51.94	
71111	26	RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	23.17	22.44	
71111		RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	79.53	74.37	
71120	TC	RAD EXAM; STERNUM MINI 2 VIEWS	40.99	37.75	
71120	26	RAD EXAM; STERNUM MINI 2 VIEWS	15.11	14.61	
71120		RAD EXAM; STERNUM MINI 2 VIEWS	56.10	52.36	
71250	TC	CAT THORAX; WITHOUT CONTRAST MATERIAL	371.28	341.78	
71250	26	CAT THORAX; WITHOUT CONTRAST MATERIAL	85.70	82.95	
71250		CAT THORAX; WITH CONTRAST MATERIAL	456.99	424.74	
71260	TC	CAT THORAX; WITH CONTRAST MATERIAL	443.89	408.60	
71260	26	CAT THORAX; WITH CONTRAST MATERIAL	91.68	88.71	
71260		CAT THORAX; WITH CONTRAST MATERIAL	535.56	497.33	
71270	TC	CAT THORAX; WO CONTRAST THEN W/CONTRAST	555.79	511.60	
71270	26	CAT THORAX; WO CONTRAST THEN W/CONTRAST	101.86	98.59	
71270		CAT THORAX; WO CONTRAST THEN W/CONTRAST	657.64	610.19	
72010	TC	RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	64.18	59.11	
72010	26	RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	33.44	32.36	
72010		RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	97.62	91.46	
72020	TC	RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	26.21	24.12	
72020	26	RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	11.30	10.95	
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	37.51	35.06	
72040	TC	RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	59.32	54.65	
72040	26	RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	25.23	24.42	
72040		RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	84.53	79.07	
72050	TC	RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	75.88	69.91	
72050	26	RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	30.49	29.51	
72050		RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	106.37	99.44	
72052	TC	RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	92.58	85.22	
72052	29	RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	35.22	34.10	
72052		RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	127.81	119.32	
72069	TC	RAD EXAM SPINE THORACOLUMBAR STANDING	30.41	27.98	
72069	26	RAD EXAM SPINE THORACOLUMBAR STANDING	16.76	16.20	
72069		RAD EXAM SPINE THORACOLUMBAR STANDING	47.16	44.16	
72070	26	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	58.02	53.43	
72070	TC	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	22.87	22.14	
72070		RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	80.87	75.57	
72072	TC	RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	46.28	42.64	
72072	26	RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	16.16	15.64	
72072		RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	62.43	58.28	
72074	TC	RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	57.58	53.04	
72074	26	RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	16.16	15.64	
72074		RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	73.72	68.69	
72080	TC	RAD EXAM SPINE; THORACOLUMBAR AP & LAT	42.19	38.86	
72080	26	RAD EXAM SPINE; THORACOLUMBAR AP & LAT	16.16	15.64	
72080		RAD EXAM SPINE; THORACOLUMBAR AP & LAT	58.34	54.50	
72090	TC	RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	42.19	38.86	
72090	26	RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	20.49	19.83	
72090		RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	62.67	58.68	
72100	TC	RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	42.19	38.86	
72100	26	RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	16.16	15.64	
72100		RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	58.34	54.50	
72110	TC	RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	79.72	73.44	
72110	26	RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	31.36	30.35	
72110		RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	111.08	103.81	
72114	TC	RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	74.40	68.48	
72114	26	RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	26.94	26.08	
72114		RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	101.34	94.55	
72120	TC	RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	56.37	51.94	
72120	26	RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	16.16	15.64	

CPT*	Mod	Description	Fee Schedule North	Fee Schedule South	ASC Group
72120		RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	72.53	67.59	
72125	TC	CAT CERV SPINE; WO CONTRAST	371.28	341.78	
72125	26	CAT CERV SPINE; WO CONTRAST	85.70	82.95	
72125		CAT CERV SPINE; WO CONTRAST	456.99	424.74	
72126	TC	CAT CERV SPINE; W/CONTRAST	443.89	408.60	
72126	26	CAT CERV SPINE; W/CONTRAST	90.03	87.14	
72126		CAT CERV SPINE; W/CONTRAST	533.91	495.74	
72128	TC	CAT THORACIC SPINE; WO CONTRAST	371.28	511.60	
72128	26	CAT THORACIC SPINE; WO CONTRAST	85.70	91.29	
72128		CAT THORACIC SPINE; WO CONTRAST	456.99	602.89	
72131	TC	CAT LUMBAR SPINE; WO CONTRAST	371.28	341.78	
72131	26	CAT LUMBAR SPINE; WO CONTRAST	85.70	82.95	
72131		CAT LUMBAR SPINE; WO CONTRAST	456.99	424.74	
72132	TC	CAT LUMBAR SPINE; W/CONTRAST	443.89	408.60	
72132	26	CAT LUMBAR SPINE; W/CONTRAST	90.03	87.14	
72132		CAT LUMBAR SPINE; W/CONTRAST	533.91	495.74	
72141	TC	MR IMAG SP CANAL&CONTENTS CERV; W/O CONTRST MATL	833.09	766.90	
72141	26	MR IMAG SP CANAL&CONTENTS CERV; W/O CONTRST MATL	140.51	135.98	
72141		MR IMAG SP CANAL&CONTENTS THOR; W/O CONTRST MATL	973.60	902.89	
72146	TC	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	843.78	718.69	
72146	26	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	142.86	114.79	
72146		MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	986.64	833.48	
72148	26	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	888.90	818.20	
72148	TC	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	135.04	121.15	
72148		MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	1,023.94	939.36	
72149	TC	MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	843.78	776.70	
72149	26	MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	132.68	128.38	
72149		MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	976.46	905.07	
72156	TC	MRI SPINAL CANAL WO THEN W/CONTRAST CERV	1,562.43	1,438.28	
72156	26	MRI SPINAL CANAL WO THEN W/CONTRAST CERV	190.32	184.20	
72156		MRI SPINAL CANAL WO THEN W/CONTRAST CERV	1,752.75	1,622.47	
72157	TC	MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	1,562.43	1,438.28	
72157	26	MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	189.72	183.64	
72157		MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	1,752.15	1,621.92	
72158	TC	MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	1,562.43	1,438.28	
72158	26	MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	174.69	169.07	
72158		MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	1,737.11	1,607.35	
72170	TC	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	48.32	44.44	
72170	26	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	19.42	18.78	
72170		CAT PELVIS; WITHOUT CONTRAST MATERIAL	67.74	63.22	
72190	TC	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	42.19	38.86	
72190	26	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	15.64	15.13	
72190		RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	57.82	53.99	
72192	TC	CAT PELVIS; WITHOUT CONTRAST MATERIAL	371.28	341.78	
72192	26	CAT PELVIS; WITHOUT CONTRAST MATERIAL	80.85	78.25	
72192		CAT PELVIS; WITHOUT CONTRAST MATERIAL	452.14	420.03	
72193	TC	CAT PELVIS; WITH CONTRAST MATERIAL	429.59	395.45	
72193	26	CAT PELVIS; WITH CONTRAST MATERIAL	85.70	82.95	
72193		CAT PELVIS; WITH CONTRAST MATERIAL	515.28	478.40	
72194	TC	CAT PELVIS; WO CONTRAST THEN W/CONTRAST	532.12	489.76	
72194	26	CAT PELVIS; WO CONTRAST THEN W/CONTRAST	90.03	87.14	
72194		CAT PELVIS; WO CONTRAST THEN W/CONTRAST	622.14	576.90	
72196	TC	MRI PELVIS	835.15	768.08	
72196	26	MRI PELVIS	128.27	124.15	
72196		MRI PELVIS	963.42	892.23	
72200	TC	RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	32.21	29.63	
72200	26	RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	12.95	12.52	
72200		RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	45.16	42.15	
72202	TC	RAD EXAM SACROILIAC JT; 3/MORE VIEWS	39.18	36.10	
72202	26	RAD EXAM SACROILIAC JT; 3/MORE VIEWS	13.99	13.55	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
72202		RAD EXAM SACROILIAC JT; 3/MORE VIEWS	53.17	49.65	
72220	TC	RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	36.18	33.35	
72220	26	RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	12.95	12.52	
72220		RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	49.13	45.86	
72240	TC	MYELOGRAPHY CERV-RAD S & I	458.60	422.16	
72240	26	MYELOGRAPHY CERV-RAD S & I	102.74	99.48	
72240		MYELOGRAPHY CERV-RAD S & I	561.34	521.64	
72255	TC	MYELOGRAPHY THORACIC RAD S&I	417.54	384.32	
72255	26	MYELOGRAPHY THORACIC RAD S&I	100.90	97.78	
72255		MYELOGRAPHY THORACIC RAD S&I	518.44	482.10	
72265	TC	MYELOGRAPHY LUMBOSACRAL-RAD S & I	393.50	362.26	
72265	26	MYELOGRAPHY LUMBOSACRAL-RAD S & I	92.62	89.76	
72265		MYELOGRAPHY LUMBOSACRAL-RAD S & I	486.12	452.04	
72275	TC	EPIDUROGRAPHY RAD S&I	422.68	390.36	
72275	26	EPIDUROGRAPHY RAD S&I	164.76	160.00	
72275		EPIDUROGRAPHY RAD S&I	587.44	550.36	
72285	TC	DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	808.46	744.16	
72285	26	DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	131.48	127.40	
72285		DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	939.94	871.56	
72295	TC	DISKOGRAPHY LUMBAR RAD S&I	758.16	697.84	
72295	26	DISKOGRAPHY LUMBAR RAD S&I	95.96	92.94	
72295		DISKOGRAPHY LUMBAR RAD S&I	854.12	790.78	
73000	TC	RAD EXAM; CLAV COMPLT	32.21	29.63	
73000	26	RAD EXAM; CLAV COMPLT	11.83	11.45	
73000		RAD EXAM; CLAV COMPLT	44.04	41.08	
73010	TC	RAD EXAM; SCAPULA COMPLT	32.21	29.63	
73010	26	RAD EXAM; SCAPULA COMPLT	12.95	12.52	
73010		RAD EXAM; SCAPULA COMPLT	45.16	42.15	
73020	TC	RAD EXAM SHOULDER; 1 VIEW	29.21	26.87	
73020	26	RAD EXAM SHOULDER; 1 VIEW	11.30	10.95	
73020		RAD EXAM SHOULDER; 1 VIEW	40.51	37.82	
73030	TC	RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	51.76	47.71	
73030	26	RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	19.27	18.66	
73030		RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	71.03	66.36	
73040	TC	RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	132.57	122.07	
73040	26	RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	39.92	38.64	
73040		RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	172.50	160.71	
73050	TC	RAD EXAM; ACROMIOCLAV JT BILAT W/VO WT DISTRACT	42.19	38.86	
73050	26	RAD EXAM; ACROMIOCLAV JT BILAT W/VO WT DISTRACT	15.11	14.61	
73050		RAD EXAM; ACROMIOCLAV JT BILAT W/VO WT DISTRACT	57.30	53.47	
73060	TC	RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	36.18	33.35	
73060	26	RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	12.95	12.52	
73060		RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	49.13	45.86	
73070	TC	RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	32.21	29.63	
73070	26	RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	11.30	10.95	
73070		RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	43.51	40.57	
73080	TC	RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	36.18	33.35	
73080	26	RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	12.95	12.52	
73080		RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	49.13	45.86	
73090	TC	RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	32.21	29.52	
73090	26	RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	11.83	11.39	
73090		RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	44.04	40.91	
73100	TC	RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	30.41	27.87	
73100	26	RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	11.83	11.39	
73100		RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	42.24	39.27	
73110	TC	RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	37.86	34.82	
73110	26	RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	14.94	14.45	
73110		RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	52.80	49.28	
73120	TC	RADIOLOGIC EXAMINATION HAND; TWO VIEWS	30.41	27.98	
73120	26	RADIOLOGIC EXAMINATION HAND; TWO VIEWS	11.83	11.45	

CPT*	Mod	Description	Fee Schedule North	Fee Schedule South	ASC Group
73120		RADIOLOGIC EXAMINATION HAND; TWO VIEWS	42.24	39.43	
73130	TC	RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	37.86	34.82	
73130	26	RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	14.94	14.45	
73130		RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	52.80	49.28	
73140	TC	RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	26.21	24.12	
73140	26	RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	9.66	9.36	
73140		RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	35.87	33.48	
73221	TC	MR IMAGING ANY JOINT OF UPPER EXTREMITY	693.68	637.79	
73221	26	MR IMAGING ANY JOINT OF UPPER EXTREMITY	99.68	96.50	
73221		MR IMAGING ANY JOINT OF UPPER EXTREMITY	793.36	734.31	
73500	TC	RAD EXAM HIP; UNILAT 1 VIEW	29.21	26.87	
73500	26	RAD EXAM HIP; UNILAT 1 VIEW	12.95	12.52	
73500		RAD EXAM HIP; UNILAT 1 VIEW	42.16	39.39	
73510	TC	RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	39.52	36.42	
73510	26	RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	17.08	16.53	
73510		RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	56.59	52.95	
73520	TC	RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	42.19	38.86	
73520	26	RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	19.44	18.80	
73520		RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	61.63	57.66	
73525	TC	RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	132.57	122.07	
73525	26	RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	40.40	39.10	
73525		RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	172.98	161.19	
73540	TC	RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	36.18	33.35	
73540	26	RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	15.11	14.61	
73540		RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	51.29	47.96	
73542	TC	RAD EXAM S I JT ARTHROGRAPHY RAD S&I	132.57	122.07	
73542	26	RAD EXAM S I JT ARTHROGRAPHY RAD S&I	41.81	40.57	
73542		RAD EXAM S I JT ARTHROGRAPHY RAD S&I	174.38	162.66	
73550	TC	RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	40.35	37.19	
73550	26	RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	14.44	13.96	
73550		RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	54.80	51.16	
73560	TC	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	35.93	33.05	
73560	26	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	14.44	13.96	
73560		RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	50.37	47.01	
73562	TC	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	40.35	37.19	
73562	26	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	15.02	14.54	
73562		RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	59.58	55.30	
73564	TC	RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	46.72	43.04	
73564	26	RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	19.27	18.65	
73564		RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	65.98	61.69	
73565	TC	RAD EXAM KNEE; BOTH KNEES STANDING AP	30.41	27.98	
73565	26	RAD EXAM KNEE; BOTH KNEES STANDING AP	12.95	12.52	
73565		RAD EXAM KNEE; BOTH KNEES STANDING AP	43.36	40.50	
73590	TC	RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	38.90	35.78	
73590	26	RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	15.64	15.12	
73590		RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	54.54	50.90	
73592	TC	RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	30.41	27.98	
73592	26	RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	11.83	11.45	
73592		RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	42.24	39.43	
73600	TC	RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	30.41	27.98	
73600	26	RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	11.83	11.45	
73600		RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	42.24	39.43	
73610	TC	RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	37.86	34.82	
73610	26	RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	14.94	14.45	
73610		RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	52.80	49.28	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	132.57	122.07	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	40.40	39.10	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	172.98	161.19	
73620	TC	RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	30.41	27.98	
73620	26	RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	11.83	11.45	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule <u>North</u>	Schedule <u>South</u>	
73620		RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	42.24	39.43	
73630	TC	RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	38.11	35.05	
73630	26	RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	15.04	14.54	
73630		RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	53.15	49.60	
73650	TC	RAD EXAM; CALCAN MINI 2 VIEWS	29.21	26.87	
73650	26	RAD EXAM; CALCAN MINI 2 VIEWS	11.83	11.45	
73650		RAD EXAM; CALCAN MINI 2 VIEWS	41.03	38.32	
73660	TC	RAD EXAM; TOE(S) MINI 2 VIEWS	26.21	24.12	
73660	26	RAD EXAM; TOE(S) MINI 2 VIEWS	9.66	9.36	
73660		RAD EXAM; TOE(S) MINI 2 VIEWS	35.87	33.48	
73700	TC	CAT LOWER EXTREM; WO CONTRAST	310.71	285.97	
73700	26	CAT LOWER EXTREM; WO CONTRAST	80.85	78.25	
73700		CAT LOWER EXTREM; WO CONTRAST	391.56	364.23	
73720	TC	MRI LOWER EXTREM OTHER THAN JT	1,539.90	1,415.75	
73720	26	MRI LOWER EXTREM OTHER THAN JT	158.94	153.87	
73720		MRI LOWER EXTREM OTHER THAN JT	1,698.83	1,569.61	
73721	TC	MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	693.68	637.79	
73721	26	MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	99.68	96.50	
73721		MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	793.36	734.31	
74000	TC	RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	32.21	29.63	
74000	26	RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	13.47	13.04	
74000		RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	45.68	42.67	
74010	TC	RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	36.18	33.35	
74010	26	RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	17.28	16.71	
74010		RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	53.46	50.05	
74020	TC	RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	39.18	36.10	
74020	26	RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	19.97	19.32	
74020		RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	59.15	55.42	
74022	TC	RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	46.28	42.64	
74022	26	RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	23.17	22.44	
74022		RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	69.45	65.08	
74150	TC	CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	355.78	327.52	
74150	26	CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	87.87	85.05	
74150		CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	443.65	412.57	
74160	TC	CAT ABDOMEN; WITH CONTRAST MATERIAL	472.54	434.99	
74160	26	CAT ABDOMEN; WITH CONTRAST MATERIAL	103.75	100.41	
74160		CAT ABDOMEN; WITH CONTRAST MATERIAL	576.29	535.41	
74170	TC	CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	532.12	489.76	
74170	26	CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	103.49	100.18	
74170		CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	635.61	589.94	
74280	TC	RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	140.87	129.73	
74280	26	RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	72.75	70.43	
74280		RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	213.62	200.15	
74290	TC	CHOLECYSTOGRAPHY ORAL CONTRAST	46.28	42.64	
74290	26	CHOLECYSTOGRAPHY ORAL CONTRAST	23.17	22.44	
74290		CHOLECYSTOGRAPHY ORAL CONTRAST	69.45	65.08	
74400	TC	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	106.25	97.89	
74400	26	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	36.11	34.96	
74400		UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	142.36	132.85	
74410	TC	UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	123.08	113.32	
74410	26	UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	36.11	34.96	
74410		UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	159.20	148.29	
74415	TC	UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	133.78	123.18	
74415	26	UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	36.11	34.96	
74415		UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	169.90	158.13	
74420	TC	UROGRAPHY RETROGRADE W/WO KUB	164.79	151.70	
74420	26	UROGRAPHY RETROGRADE W/WO KUB	26.94	26.08	
74420		UROGRAPHY RETROGRADE W/WO KUB	191.72	177.78	
76000	TC	FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	189.45	174.39	
76000	26	FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	28.50	27.63	

CPT*	Mod	Description	Fee Schedule North	Fee Schedule South	ASC Group
76000		FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	217.95	202.02	
76003	TC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	189.45	174.39	
76003	26	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	90.75	87.87	
76003		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	280.20	262.29	
76005	TC	FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	189.45	174.39	
76005	26	FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	96.30	93.54	
76005		FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	285.75	267.96	
76006		RAD EXAM STRESS VIEW(S) ANY JT-STRESS BY PHYS	35.06	33.87	
76150		XERORADIOGRAPHY	26.21	24.12	
76376	TC	3D REND CT,MRI,W/O IMG POSTPROCESSING	210.00	192.93	
76376	26	3D REND CT,MRI,W/O IMG POSTPROCESSING	15.59	15.09	
76376		3D REND CT,MRI,W/O IMG POSTPROCESSING	225.59	208.03	
76377	TC	3D REND CT,MRI,W IMG POSTPROCESSING	221.03	203.96	
76377	26	3D REND CT,MRI,W IMG POSTPROCESSING	61.24	59.32	
76377		3D REND CT,MRI,W IMG POSTPROCESSING	282.27	263.26	
76506	TC	ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	89.18	82.12	
76506	26	ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	50.14	48.48	
76506		ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	139.32	130.60	
76511	TC	OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	125.97	115.82	
76511	26	OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	74.48	71.79	
76511		OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	200.45	187.62	
76512	TC	OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	114.19	105.13	
76512	26	OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	75.21	72.41	
76512		OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	189.38	177.54	
76516	TC	OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	76.69	70.62	
76516	26	OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	43.06	41.46	
76516		OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	119.73	112.07	
76519	TC	OPHTH BIOMETRY A-SCAN; W/O LENS POWER CALCULAT	82.10	75.57	
76519	26	OPHTH BIOMETRY A-SCAN; W/O LENS POWER CALCULAT	43.06	41.46	
76519		OPHTH BIOMETRY A-SCAN; W/O LENS POWER CALCULAT	125.15	117.04	
76536	TC	US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	89.18	82.12	
76536	26	US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	40.96	39.66	
76536		US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	130.16	121.77	
76700	TC	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	124.28	114.43	
76700	26	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	60.37	58.42	
76700		US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	184.65	172.85	
76705	TC	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	89.18	82.12	
76705	26	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	43.62	42.22	
76705		US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	132.80	124.35	
76770	TC	US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	124.28	114.43	
76770	26	US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	54.43	52.69	
76770		US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	178.71	167.13	
76775	TC	US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	89.18	82.12	
76775	26	US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	43.10	41.72	
76775		US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	132.28	123.84	
76856	TC	US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	96.15	88.60	
76856	26	US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	51.23	49.57	
76856		US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	147.38	138.16	
76857	TC	US PELV B-SCAN &/OR REAL TIME W/IMAG DOC; LTD/F/U	105.65	97.15	
76857	26	US PELV B-SCAN &/OR REAL TIME W/IMAG DOC; LTD/F/U	27.98	27.11	
76857		US PELV B-SCAN &/OR REAL TIME W/IMAG DOC; LTD/F/U	133.64	124.25	
76870	TC	ULTRASOUND SCROTUM AND CONTENTS	96.15	88.60	
76870	26	ULTRASOUND SCROTUM AND CONTENTS	47.42	45.90	
76870		US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	143.57	134.50	
76872	TC	ECHOGRAPHY TRANSRECTAL;	126.80	116.70	
76872	26	ECHOGRAPHY TRANSRECTAL;	51.10	49.50	
76872		ECHOGRAPHY TRANSRECTAL;	177.92	166.21	
76880	TC	ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	89.18	82.12	
76880	26	ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	43.62	42.22	
76880		ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	132.80	124.35	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
76942	TC	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	174.29	160.26	
76942	26	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	49.58	48.00	
76942		ULTRASON GUIDAN THORACENT/ABD PARACENT-RAD S & I	223.87	208.26	
77300	TC	BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	83.90	77.23	
77300	26	BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	45.77	44.32	
77300		BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	129.68	121.55	
77331	TC	SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	31.01	28.52	
77331	26	SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	64.09	62.06	
77331		SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	95.11	90.58	
77334	TC	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	204.09	187.88	
77334	26	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	91.55	88.65	
77334	TC	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	295.65	276.52	
77336		CONT MED PHYSICS CNSLT REPORTED PER WK TX	187.38	172.51	
77413		RADIATION TX DELIV-3/MORE TX AREAS; 6-10 MEV	146.87	135.24	
77414		RADIATION TX DELIV-3/MORE TX AREAS; 11-19 MEV	146.87	135.24	
77427		RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS	244.39	236.68	
78006	TC	THYROID IMAGING W/UPTAKE; SNGL DETERM	149.89	138.00	
78006	26	THYROID IMAGING W/UPTAKE; SNGL DETERM	36.11	34.96	
78006		THYROID IMAGING W/UPTAKE; SNGL DETERM	186.00	172.95	
78007	TC	THYROID IMAGING W/UPTAKE; MX DETERM	161.79	148.94	
78007	26	THYROID IMAGING W/UPTAKE; MX DETERM	37.25	36.02	
78007		THYROID IMAGING W/UPTAKE; MX DETERM	199.02	184.96	
78215	TC	LIVER & SPLEEN IMAGING; STATIC ONLY	184.03	34.96	
78215	26	LIVER & SPLEEN IMAGING; STATIC ONLY	36.11	204.30	
78215		LIVER & SPLEEN IMAGING; STATIC ONLY	220.14	201.03	
78223	TC	HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	229.70	211.43	
78223	26	HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	62.53	60.52	
78223		HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	292.23	271.95	
78300	TC	BONE &/OR JT IMAGING; LTD AREA	156.38	143.99	
78300	26	BONE &/OR JT IMAGING; LTD AREA	46.37	44.88	
78300		BONE &/OR JT IMAGING; LTD AREA	202.75	188.86	
78306	TC	BONE AND/OR JOINT IMAGING; WHOLE BODY	267.80	246.51	
78306	26	BONE AND/OR JOINT IMAGING; WHOLE BODY	64.18	62.10	
78306		BONE AND/OR JOINT IMAGING; WHOLE BODY	331.97	308.59	
78315	TC	BONE &/OR JT IMAGING; 3 PHASE STUDY	299.88	276.06	
78315	26	BONE &/OR JT IMAGING; 3 PHASE STUDY	75.52	73.07	
78315		BONE &/OR JT IMAGING; 3 PHASE STUDY	375.41	349.13	
78461	TC	MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	296.28	272.75	
78461	26	MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	92.35	89.31	
78461		MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	388.64	362.05	
78464	TC	MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	443.89	408.60	
78464	26	MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	81.58	78.87	
78464		MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	525.46	487.49	
78465	TC	MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	740.17	681.36	
78465	26	MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	109.76	106.09	
78465		MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	849.91	787.44	
78472	TC	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	346.76	319.24	
78472	26	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	73.44	71.02	
78472		CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	420.20	390.26	
78478	TC	MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	98.55	90.79	
78478	26	MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	47.10	45.50	
78478		MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	145.65	136.29	
78480	TC	MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	98.55	90.79	
78480	26	MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	46.50	44.94	
78480		MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	145.05	135.75	
78481	TC	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	328.38	302.30	
78481	26	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	74.15	71.64	
78481		CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	402.53	373.95	
78580	TC	PULM PERFUSION IMAGING PARTICULATE	215.40	198.28	
78580	26	PULM PERFUSION IMAGING PARTICULATE	55.04	53.25	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
78580		PULM PERFUSION IMAGING PARTICULATE	270.43	251.52	
78707	TC	KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	280.29	258.01	
78707	26	KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	71.19	68.89	
78707		KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	351.49	326.90	
80048		BASIC METABOLIC PANEL	15.38	15.38	
80051		ELECTROLYTE PANEL	9.59	9.59	
80053		COMPREHENSIVE METABOLIC PANEL	17.37	17.37	
80061		LIPID PANEL	24.34	24.34	
80069		RENAL FUNCTION PANEL	15.77	15.77	
80074		ACUTE HEPATITIS PANEL	86.50	86.50	
80076		HEPATIC FUNCTION PANEL	14.85	14.85	
80100		DRUG SCREEN QUAL; MX DRUG CLASS CHROMAT EA PROC	26.42	26.42	
80101		RX SCREEN QUAL; SINGLE RX CLASS METH EA RX CLASS	25.01	25.01	
80162		DIGOXIN	24.12	24.12	
80164		DIPROPYLACETIC ACID	17.76	17.76	
80178		LITHIUM	12.01	12.01	
80185		PHENYTOIN; TOTAL	24.08	24.08	
81000		UA DIP STICK/TABLET REAGENT; NON-AUTO W/MICRO	5.76	5.76	
81001		UA DIP STICK/TABLET REAGENT; AUTO W/MICRO	5.76	5.76	
81002		UA DIP STICK/TABLET REAGENT; W/O MICRO NON-AUTO	4.64	4.64	
81003		UA DIP STICK/TABLET REAGENT; W/O MICRO AUTO	4.08	4.08	
81025		URINE PREGNANCY TEST VISUAL COLOR COMPAR METHODS	11.49	11.49	
82105		ALPHA-FETOPROTEIN; SERUM	30.47	30.47	
82131		AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN	30.64	30.64	
82150		AMYLASE	11.78	11.78	
82164		ANGIOTENSIN I - CONVERTING ENZYME	26.51	26.51	
82247		BILIRUBIN; TOTAL	9.13	9.13	
82248		BILIRUBIN; DIRECT	9.13	9.13	
82270		BLD OCCLT PEROX ACTV QUAL; FECES 1-3 SIMXAN DTRM	5.90	5.90	
82310		CALCIUM; TOTAL	9.36	9.36	
82378		CARCINOEMBRYONIC ANTIGEN	34.46	34.46	
82465		CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL	7.90	7.90	
82533		CORTISOL; TOTAL	29.61	29.61	
82550		CREATINE KINASE (CK),(CPK) TOTAL	11.83	11.83	
82552		CK - ISOENZYMES	24.32	24.32	
82553		CK - MB FRACTION ONLY	13.31	13.31	
82554		CK - ISOFORMS	21.55	21.55	
82785		GAMMAGLOBULIN; IGE	29.91	29.91	
82803		GASES; BLOOD, ANY COMB OF PH, PCO2, PO2, CO2, HCO3	35.15	35.15	
82947		GLUCOSE; QUANTITATIVE BLOOD	7.12	7.12	
82948		GLUCOSE; BLOOD REAGENT STRIP	5.76	5.76	
82950		GLUCOSE; POST GLUCOSE DOSE	8.63	8.63	
82951		GLUCOSE; TOLERANCE TEST THREE SPECIMENS	23.39	23.39	
82952		GLU; TOLERANCE TEST EA ADD BEYOND 3 SPECIMENS	2.37	2.37	
82962		GLU BLD GLU MON DEVICE CLEARED FDA SPEC HOME USE	3.94	3.94	
82977		GLUTAMYLTRANSFERASE GAMMA	13.01	13.01	
82985		GLYCATED PROTEIN	27.38	27.38	
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMONE	33.76	33.76	
83002		GONADOTROPIN; LUTEINIZING HORMONE	33.64	33.64	
83020		HGB FRACTIONATION&QUANTITATION; ELEC-PHORE	23.39	23.39	
83020	26	HGB FRACTIONATION&QUANTITATION; ELEC-PHORE	28.78	27.76	
83021		HGB FRACTIONATION&QUANTITATION; CHROMATGRPH	32.80	32.80	
83036		HEMOGLOBIN; GLYCATED	17.63	17.63	
83540		IRON	11.77	11.77	
83550		IRON BINDING CAPACITY	15.87	15.87	
83615		LACTATE DEHYDROGENASE;	10.97	10.97	
83690		LIPASE	12.51	12.51	
83718		LIPOPROTEIN DIRECT MEASUREMENT; HIGH DNSITY CHOL	14.87	14.87	
83721		LIPOPROT DIR MSR; DIR MSR LDL CHOL	17.33	17.33	
83735		MAGNESIUM	12.17	12.17	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee <u>Schedule</u> <u>North</u>	Fee <u>Schedule</u> <u>South</u>	<u>ASC</u> <u>Group</u>
83890		MOLECULAR DXS; MOLECULAR ISOLATION/EXTRACTION	7.28	7.28	
83892		MOLECULAR DIAGNOSTICS; ENZYMATIC DIGESTION	7.28	7.28	
83894		MOLECULAR DXS; SEPARATION GEL ELECTROPHORESIS	7.28	7.28	
83896		MOLECULAR DXS; SEPARATION GEL ELECTROPHORESIS	7.28	7.28	
83898		MOLEC DX; AMPLIF NCLEIC ACID 1 PRIM PAIR-EA PAIR	30.45	30.45	
83912		MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	7.28	7.28	
83912	26	MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	26.98	26.90	
83970		PARATHORMONE	74.97	74.97	
83986		PH BODY FLUID EXCEPT BLOOD	6.50	6.50	
84066		PHOSPHATASE ACID; PROSTATIC	17.55	17.55	
84075		PHOSPHATASE ALKALINE;	9.40	9.40	
84100		PHOSPHORUS INORGANIC;	8.62	8.62	
84132		POTASSIUM; SERUM	8.35	8.35	
84144		PROGESTERONE	37.90	37.90	
84146		PROLACTIN	35.22	35.22	
84154		PROSTATE SPECIFIC ANTIGEN; FREE	33.41	33.41	
84155		PROTEIN; TOTAL EXCEPT REFRACTOMETRY	6.66	6.66	
84165		PROTEIN; ELEC-PHORE FRACTIONATION&QUANTITATION	19.51	19.51	
84165		PROTEIN; ELEC-PHORE FRACTIONATION&QUANTITATION	28.18	27.21	
84295		SODIUM; SERUM	7.94	7.94	
84402		TESTOSTERONE; FREE	46.24	46.24	
84403		TESTOSTERONE; TOTAL	46.90	46.90	
84436		THYROXINE; TOTAL	12.49	12.49	
84439		THYROXINE; FREE	16.38	16.38	
84443		THYROID STIMULATING HORMONE	30.51	30.51	
84450		TRANSFERASE; ASPARTATE AMINO	9.39	9.39	
84460		TRANSFERASE; ALANINE AMINO	9.62	9.62	
84478		TRIGLYCERIDES	10.45	10.45	
84479		THYROID HORMONE UPTAKE/HORMONE BINDING RATIO	11.75	11.75	
84480		TRIIODOTHYRONINE T3; TOTAL	25.75	25.75	
84481		TRIIODOTHYRONINE T3; FREE	30.77	30.77	
84520		UREA NITROGEN; QUANTITATIVE	7.16	7.16	
84550		URIC ACID; BLOOD	8.20	8.20	
84702		GONADOTROPIN CHORIONIC; QUANTITATIVE	27.34	27.34	
84703		GONADOTROPIN CHORIONIC; QUALITATIVE	13.64	13.64	
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	4.30	4.30	
85014		BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	4.30	4.30	
85018		BLOOD COUNT; HEMOGLOBIN	4.30	4.30	
85021		BLOOD COUNT; HEMOGRAM AUTOMATED	12.59	12.59	
85022		BLOOD COUNT; HEMOGRAM AUTO&MANUAL DIFF WBC COUNT	14.59	14.59	
85023		BLD CT; HG/PLATELET CT AUTO & MANUAL WBC	18.31	18.31	
85025	26	BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC			
85025		BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC	24.32	21.68	
85027		BLOOD COUNT; HEMOGRAM&PLATELET COUNT AUTOMATED	11.75	11.75	
85031		BLOOD COUNT; HEMOGRAM MANUAL COMPLETE CBC	0.00	0.00	
85044		BLOOD COUNT; RETICULOCYTE COUNT MANUAL	7.81	7.81	
85045		BLOOD COUNT; RETICULOCYTE COUNT FLOW CYTOMETRY	7.27	7.27	
85610	26	PROTHROMBIN TIME;			
85610		PROTHROMBIN TIME;	7.14	7.14	
85651		SEDIMENTATION RATE ERYTHROCYTE; NON-AUTOMATED	6.45	6.45	
85652		SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED	4.90	4.90	
85660		SICKLING OF RBC REDUCTION	10.02	10.02	
85730		THROMBOPLASTIN TIME PARTIAL; PLASMA/WHOLE BLOOD	10.89	10.89	
86003		ALLERGEN SPECIFIC IGE; QUAN/SEMIQUAN EA ALLERGEN	9.49	9.49	
86038		ANTINUCLEAR ANTIBODIES;	21.96	21.96	
86060		ANTISTREPTOLYSIN 0; TITER	13.26	13.26	
86140		C-REACTIVE PROTEIN;	9.40	9.40	
86147		CARDIOLIPIN ANTIBODY EACH IG CLASS	46.20	46.20	
86160		COMPLEMENT; ANTIGEN EACH COMPONENT	21.81	21.81	
86225		DEOXYRIBONUCLEIC ACID ANTIBDY; NATV/DBL STRANDED	24.96	24.96	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee Schedule <u>North</u>	Fee Schedule <u>South</u>	ASC <u>Group</u>
86235		XTRACTABLE NUCLEAR ANTIG ANTIBODY METH EA ANTIBODY	32.58	32.58	
86255		XTRACTABLE NUCLEAR ANTIG ANTIBODY METH EA ANTIBODY	21.89	21.89	
86255	26	FLUORESCENT NONINF AGT ANTIBODY; SCR EA ANTIBODY	28.78	27.76	
86300		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE; CA 15-3	37.79	37.79	
86304		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE; CA 125	37.79	37.79	
86308		HETEROPHILE ANTIBODIES; SCREENING	9.40	9.40	
86316		IMMUNOASSAY TUMOR ANTIGEN; OTH ANTIGEN QUAN EA	37.79	37.79	
86317		IMMUNOASSAY INF AGT ANTIBODY QUANTITATIVE NOS	27.24	27.24	
86334		IMMUNOFIXATION ELECTROPHORESIS	40.57	40.57	
86334	26	IMMUNOFIXATION ELECTROPHORESIS	28.78	27.76	
86359		T CELLS; TOTAL COUNT	68.51	68.51	
86360		T CELLS; ABSOLUTE CD4&CD8 COUNT INCLUDING RATIO	85.35	85.35	
86376		MICROSOMAL ANTIBODIES EACH	26.43	26.43	
86403		PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY	18.51	18.51	
86430		RHEUMATOID FACTOR; QUALITATIVE	10.31	10.31	
86580		SKIN TEST; TUBERCULOSIS INTRADERMAL	15.99	14.74	
86585		SKIN TEST; TUBERCULOSIS TINE TEST	12.38	0.00	
86592		SYPHILIS TEST; QUALITATIVE	7.75	7.75	
86645		ANTIBODY; CYTOMEGALOVIRUS IGM	30.60	30.60	
86694		ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	26.14	26.14	
86695		ANTIBODY; HERPES SIMPLEX TYPE 1	23.96	23.96	
86701		ANTIBODY; HIV-1	16.13	16.13	
86704		HEPATITIS B CORE ANTIBODY; TOTAL	21.89	21.89	
86706		HEPATITIS B SURFACE ANTIBODY	19.51	19.51	
86707		HEPATITIS BE ANTIBODY	21.01	21.01	
86708		HEPATITIS A ANTIBODY; TOTAL	22.50	22.50	
86709		HEPATITIS A ANTIBODY; IGM ANTIBODY	20.45	20.45	
86787		ANTIBODY; VARICELLA-ZOSTER	23.40	23.40	
86800		THYROGLOBULIN ANTIBODY	28.89	28.89	
86803		HEPATITIS C ANTIBODY;	25.92	25.92	
86850		ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	29.88	29.88	
86900		BLOOD TYPING; ABO	5.42	5.42	
86901		BLOOD TYPING; RH	16.64	16.64	
87040		CULT BACTERL; BLD W/ISOLAT&PRESUMP ID ISOLATES	18.75	18.75	
87045		CULT BACTERL; FECES SALMONELLA&SHIGELLA SPECIES	17.13	17.13	
87060		CULTURE BACTERIAL DEFINITIVE; THROAT/NOSE	10.63	10.63	
87070		CULT BACT; NOT URINE/BLD/STOOL W/ISOLTN & ID ISO	15.64	15.64	
87072		CULT/DIRECT BACT ID EA COMMERCIAL KIT NOT URIN	10.80	10.80	
87076		CULT BACT; ANAEROB ISOLATE ADD METHD-DEFIN ID-EA	14.68	14.68	
87077		CULT BACT; AEROBIC-ADD METHD DEFIN ID-EA ISOL	14.68	14.68	
87081		CULT PRESUMPTIVE PATH ORGNSMS SCREENING ONLY;	12.04	12.04	
87084		CULT PRESUMP PATH ORGNSMS SCR ONLY; W/COLONY EST	15.64	15.64	
87086		CULTURE BACTERIAL; QUANTITATIVE COLONY CNT URINE	14.66	14.66	
87087		CULTURE BACTERIAL URIN; COMMERCIAL KIT	11.27	11.27	
87088		CULT BACTERL; W/ISOLAT&PRESUMP ID ISOLATES URINE	14.70	14.70	
87101		CULT FUNGI ISOLATN W/PRESUM ID; SKIN/HAIR/NAIL	14.00	14.00	
87102		CULT FUNGI ISOLAT W/PRESUMP ID ISOLATES; OTH SRC	15.26	15.26	
87109		CULTURE MYCOPLASMA ANY SOURCE	27.95	27.95	
87147		CULT TYPE; IMMUNOLOGIC METHD PER ANTISERUM	9.40	9.40	
87163		CULTURE ANY SOURCE ADD IDENT METHD REQUIRED	11.95	11.95	
87177		OVA&PARASITES DIRECT SMEARS CONC&IDENTIFICATION	16.16	16.16	
87184		SUSECPT STDY ANTIMICROBIAL AGT; DISK METH-PLATE	12.52	12.52	
87186		SUSCEPT-ANTIMICROBIAL; MICRO/AGAR DILUT-PER PLT	15.70	15.70	
87205		SMEAR-PRIM SOURCE W/INTERPT; GRAM/GIEMSA STAIN	7.75	7.75	
87210		SMEAR PRIM SOURCE W/INTEPR; WET MOUNT-INF AGTS	7.75	7.75	
87220		TISS EXAM KOH SLIDE-SAMP HAIR/SKIN/NAIL	7.75	7.75	
87252		VIRUS ISLTN; TISS CULT INOC/OBSRV & PRESUMP ID	47.35	47.35	
87328		INF AGT-IMMUNOASSAY; CRYPTOSPORIDUM/GIARDIA	20.01	20.01	
87340		INF AGT-IMMUNOASSAY; HEP B SURFACE ANTIG	18.76	18.76	
88104	TC	CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	37.62	34.59	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
88104	26	CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	44.58	42.97	
88104		CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	82.20	77.56	
88108	TC	CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	59.27	54.43	
88108	26	CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	44.58	42.97	
88108		CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	103.83	97.40	
88148		CYTOPATH CERV/VAG; SCR-MNL RESCR-MD SUPERVISN	22.15	22.15	
88150		CYTOPATH SLIDES CERV/VAG; MNL SCR UND PHYS SUPV	19.19	19.19	
88166		CYTOPATH SLIDES CERV/VAG; MNL SCR UND PHYS SUPV	19.19	19.19	
88173	TC	CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	94.12	86.41	
88173	26	CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	110.32	106.35	
88173		CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	204.44	192.76	
88300	TC	LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	25.73	23.63	
88300	26	LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	6.45	6.24	
88300		LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	32.18	29.87	
88302	TC	LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	59.27	54.43	
88302	26	LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	10.87	10.47	
88302		LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	70.12	64.90	
88304	TC	LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	74.89	68.77	
88304	26	LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	17.36	16.74	
88304		LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	92.25	85.51	
88305	TC	LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	96.89	89.02	
88305	26	LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	60.37	58.18	
88305		LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	157.25	147.19	
88307	TC	LEVEL V- SURG PATH GROSS/MICRO EXAM	151.94	139.59	
88307	26	LEVEL V- SURG PATH GROSS/MICRO EXAM	126.62	122.07	
88307		LEVEL V- SURG PATH GROSS/MICRO EXAM	278.56	261.66	
88311	TC	DECALCIFICATION PROCEDURE	8.29	7.64	
88311	26	DECALCIFICATION PROCEDURE	19.01	18.33	
88311		DECALCIFICATION PROCEDURE	27.29	25.97	
88312	TC	SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	78.01	71.59	
88312	26	SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	42.93	41.39	
88312		SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	120.94	112.98	
88313	TC	SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	69.60	63.88	
88313	26	SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	19.01	18.33	
88313		SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	88.60	82.20	
88331	TC	PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	37.38	34.45	
88331	26	PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	94.60	91.18	
88331		PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	131.98	125.63	
88342	TC	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	67.08	61.61	
88342	26	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	67.38	64.96	
88342		IMMUNOCYTOCHEMISTRY EACH ANTIBODY	134.46	126.57	
90471		IMMUNIZATION ADMINISTRATION ; ONE VACCINE	27.98	26.30	
90472		IMMUNIZATION ADMINISTRATION; EA ADD VACCINE	16.11	15.35	
90718		TD ADSORBED INDIVIDUAL 7 YEARS OR OLDER IM USE	16.34	16.34	
90760		INTRAVENOUS HYDRATION; INITIAL; UP TO 1HR	98.16	90.92	
90761		INTRAVENOUS HYDRATION; EA ADDL; UP TO 8HRS	30.65	28.60	
90765		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; INITIAL; UP TO 1 HR.	120.08	111.18	
90766		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; EA ADDL HR UP TO 8 HRS	38.95	36.53	
90767		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; EA ADDL SEQ. INFUSION UP TO 1 HR	65.31	60.75	
90768		INTRAVENOUS INFUSION; THERAPY; PROPH; CONCURRENT INFUSION	37.22	34.91	
90772		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; SUBCUT OR INTRAMUSCULAR	27.98	26.30	
90773		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INTRA-ARTERIAL	28.46	26.78	
90774		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INTRA-VENOUS PUSH;SGL OR INITIAL	89.44	82.84	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee <u>Schedule</u> <u>North</u>	Fee <u>Schedule</u> <u>South</u>	<u>ASC</u> <u>Group</u>
90775		EA ADDL SEQ INTRA-VENOUS PUSH NEW SUB/DRUG	41.39	38.48	
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	219.14	211.25	
90804		PSYCHOTX OV/OP BEHV MOD/SUPPT 20-30 MIN;	93.96	90.62	
90805		PSYCHOTX OV/OP BEHV MOD 20-30 MIN; W/MED E&M	102.90	99.40	
90806		PSYCHOTX OV/OP BEHV MOD/SUPPT 45-50 MIN;	140.95	136.08	
90807		PSYCHOTX OV/OP BEHV MOD 45-50 MIN; W/MED E&M	149.76	144.78	
90808		PSYCHOTX OV/OP BEHV MOD/SUPPT 75-80 MIN;	210.21	203.02	
90809		PSYCHOTX OV/OP BEHV MOD 75-80 MIN; W/MED E&M	217.23	210.07	
90813		PSYCHOTX OV/OP INTERACTIV 45-50 MIN; W/MED E&M	159.71	154.30	
90816		PSYCHOTX INPT/P HOS/RCS-BEHV MOD 20-30 MIN;	94.24	91.03	
90817		PSYCHOTX IP/RCS BEHV MOD 20-30 MIN; W/MED E&M	102.58	99.26	
90818		PSYCHOTX INPT/P HOS/RCS-BEHV MOD 45-50 MIN;	141.91	137.07	
90819		PSYCHOTHER IP/RCS-BEHV MOD 45-50 MIN; W/MED E&M	148.32	143.57	
90846		FAMILY PSYCHOTHERAPY	136.37	131.78	
90853		GROUP PSYCHOTHERAPY (NON FAMILY)	71.16	68.58	
90857		INTERACTIVE GROUP PSYCHOTHERAPY	50.75	48.84	
90862		PHARM MGMT W/SCRIPT USE & REVIEW-MIN PSYCHOTH	85.98	82.88	
90875		INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY			
		W/BIOFEEDBACK; 20-30 MINUTES	135.00	133.00	
90876		INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY			
		W/BIOFEEDBACK; 40-45 MINUTES	144.00	142.00	
90901		BIOFEEDBACK TRAINING BY ANY MODALITY	118.08	111.28	
90935		HEMODIALYSIS PROC W/SINGLE PHYSICIAN EVALUATION	105.78	101.54	
92002		OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	105.13	99.66	
92004		OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	191.14	181.45	
92012		OPHTH SERV: MED EXAM & EVAL; ININTERMED ESTAB PT	97.79	92.17	
92014		OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	143.52	135.69	
92020		GONIOSCOPY	40.20	38.23	
92060	TC	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	26.92	24.74	
92060	26	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	54.35	52.40	
92060		SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	81.28	77.14	
92065	TC	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	35.88	32.96	
92065	26	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	44.28	42.70	
92065		ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	80.16	75.68	
92081	TC	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	47.96	44.03	
92081	26	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	28.26	27.25	
92081		VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	76.22	71.28	
92082	TC	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	62.99	57.81	
92082	26	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	34.84	33.57	
92082		VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	97.83	91.38	
92083	TC	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	73.20	67.18	
92083	26	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	39.77	38.30	
92083		OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	112.97	105.48	
92225		VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	33.51	32.14	
92226		OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	30.30	29.02	
92235	TC	FLUORESCEIN ANGIOGRAPHY W/I&R	138.11	126.92	
92235	26	FLUORESCEIN ANGIOGRAPHY W/I&R	65.42	62.99	
92235		FLUORESCEIN ANGIOGRAPHY W/I&R	203.53	189.89	
92250	TC	FUNDUS PHOTOGRAPHY W/I&R	81.02	74.35	
92250	26	FUNDUS PHOTOGRAPHY W/I&R	34.84	33.57	
92250		FUNDUS PHOTOGRAPHY W/I&R	115.86	107.91	
92504		BINOCULAR MICROSCOPY	39.91	37.30	
92507		TX SPEECH LANG VOICE COMMUN&/AUD DISORDER; INDIV	94.78	88.87	
92552		PURE TONE AUDIOMETRY; AIR ONLY	28.37	26.17	
92553		PURE TONE AUDIOMETRY; AIR AND BONE	42.55	39.26	
92557		COMP AUD THRESHOLD EVALUATION&SPEECH RECOGNITION	77.27	71.36	
92567		TYMPANOMETRY	34.13	31.54	
92569		ACOUSTIC REFLEX DECAY TEST	26.56	24.52	
92585	TC	AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	61.72	210.10	
92585	26	AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	182.32	74.45	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
92585		AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	244.04	284.55	
92588	TC	EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	28.86	87.27	
92588	26	EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	94.59	27.79	
92588		EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	123.45	115.08	
92971		CARDIOASSIST-METHOD CIRCULATORY ASSIST; EXTERNAL	146.22	140.69	
93000		ECG ROUTINE ECG W/AT LEAST 12 LEADS; W/I&R	47.25	44.18	
93005		ECG-ROUTINE ECG W/12 LEADS; TRACING ONLY	43.08	39.64	
93010		ECG-ROUTINE W/12 LEADS; INTERPT & REPORT ONLY	17.93	17.33	
93015		CV STRESS TEST W/TREADMILL-PHARM; INTRPT & REPT	163.61	153.31	
93016		CV STRESS TEST W/TREADMILL; PHYS SUPERVS ONLY	34.63	33.45	
93018		CV STRESS TEST W/TREADMILL; INTERPT & REPT ONLY	22.72	21.96	
93040		RHYTHM ECG ONE TO THREE LEADS; W/I&R	21.32	20.20	
93042		RHYTHM ECG 1-3 LEADS; INTERPRETATION&REPORT ONLY	27.30	26.43	
93224		ECG-24 HR W/SUPERIMPOSIT SCAN; REPT-REVW-INTRPT	256.19	237.80	
93227		ECG-24 HR W/SUPERIMPOSIT SCAN; MD REVIEW & REPT	39.48	38.16	
93230		ECG-24 HR W/MINI PRINTOUT; REPORT-REVIEW-INTERPT	273.98	254.19	
93236		ECG-24 HR COMPUTR; MONITOR & DATA ANALY W/REPORT	164.79	151.70	
93237		ECG-24 HR COMPUTR MONITOR; PHYS REVIEW & INTERPT	34.03	32.90	
93303	TC	TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	98.53	224.38	
93303	26	TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	243.63	95.19	
93303		TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	342.16	319.55	
93307	TC	ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	70.43	224.38	
93307	26	ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	243.63	68.00	
93307		ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	314.07	292.38	
93312	TC	ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPT	166.00	222.85	
93312	26	ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPT	241.70	160.43	
93312		ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPT	407.69	383.28	
93320	TC	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	29.30	100.02	
93320	26	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	108.54	28.28	
93320		DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	137.84	128.30	
93325	TC	DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	5.93	170.50	
93325	26	DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	184.98	5.73	
93325		DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	190.91	176.23	
93350	TC	ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	113.80	103.81	
93350	26	ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	112.62	109.88	
93350		ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	226.42	213.68	
93501	TC	RT HEART CATH	236.60	984.78	
93501	26	RT HEART CATH	1,069.12	228.64	
93501		RT HEART CATH	1,305.72	1,213.43	
93503		INSERTION&PLCMT FLOW DIRECTED CATH MON PRPOS	202.14	196.61	
93510	TC	LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	370.59	2,153.83	
93510	26	LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	2,338.25	356.55	
93510		LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	2,708.82	2,510.38	
93526	TC	COMBO RT HEART CATH & RETROGRADE LT HEART CATH	501.33	2,815.64	
93526	26	COMBO RT HEART CATH & RETROGRADE LT HEART CATH	3,056.64	482.89	
93526		COMBO RT HEART CATH & RETROGRADE LT HEART CATH	3,557.97	3,298.53	
93540		INJ PROC DURING CARDIAC CATH; AORTOCORON VEN GFT	33.11	31.94	
93543		INJ PROC-CARDIAC CATH; LT VENT/LT ATRIAL ANGIO	22.20	21.45	
93545		INJECTION PROC DUR CARD CATH; SELCTV COR ANGIO	30.94	29.85	
93555	TC	IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	394.37	363.06	
93555	26	IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	62.89	60.70	
93555		IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	457.25	423.76	
93556	TC	IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	620.70	571.34	
93556	26	IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	63.93	61.72	
93556		IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	684.63	633.06	
93720		PLETHYSMOGRAPHY TOTAL BODY; W/I&R	57.90	53.99	
93731	TC	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	31.37	28.93	
93731	26	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	34.15	32.98	
93731		ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	65.52	61.91	
93732	TC	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	32.57	30.03	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
93732	26	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	70.43	68.00	
93732		ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	103.00	98.05	
93733	TC	ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	46.75	43.12	
93733	26	ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	13.55	13.08	
93733		ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	60.31	56.20	
93736	TC	ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	40.74	37.61	
93736	26	ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	11.91	11.49	
93736		ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	52.65	49.10	
93798		PHYSICIAN SERVICES OP CARD REHAB; W/CONT ECG MON	42.72	40.22	
93875	TC	NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	141.12	129.87	
93875	26	NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	16.76	16.20	
93875		NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	157.87	146.06	
93880	TC	DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	339.55	312.82	
93880	26	DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	45.21	43.77	
93880		DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	384.76	356.60	
93882	TC	DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	213.10	196.33	
93882	26	DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	31.19	30.19	
93882		DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	244.28	226.53	
93886	TC	TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	402.77	370.97	
93886	26	TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	74.11	71.58	
93886		TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	476.88	442.55	
93922	TC	NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	163.11	150.12	
93922	26	NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	18.80	18.21	
93922		NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	181.91	168.34	
93923	TC	NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	244.36	225.00	
93923	26	NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	34.39	33.31	
93923		NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	278.75	258.31	
93925	TC	DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	413.48	380.63	
93925	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	44.17	42.74	
93925		DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	457.64	423.38	
93926	TC	DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	247.23	227.68	
93926	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	30.06	29.12	
93926		DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	277.30	256.82	
93930	TC	DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	330.89	304.97	
93930	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	35.52	34.37	
93930		DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	366.39	339.34	
93931	TC	DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	215.27	198.39	
93931	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	23.61	22.88	
93931		DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	238.88	221.27	
93965	TC	NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	166.83	153.50	
93965	26	NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	26.42	25.56	
93965		NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	193.25	179.06	
93970	TC	DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	321.50	296.48	
93970	26	DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	52.14	50.49	
93970		DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	373.65	346.97	
93971	TC	DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	220.31	203.14	
93971	26	DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	33.90	32.83	
93971		DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	254.22	235.98	
93975	TC	DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	444.35	409.28	
93975	26	DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	136.12	131.81	
93975		DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	580.48	541.07	
93978	TC	DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	276.19	254.79	
93978	26	DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	49.99	48.40	
93978		DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	326.17	303.20	
94010	TC	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	38.22	35.14	
94010	26	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	12.35	11.97	
94010		SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	50.57	47.11	
94060	TC	BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	61.78	56.90	
94060	26	BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	22.05	21.37	
94060		BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	83.82	78.27	

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
94070	TC	PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	43.26	40.08	
94070	26	PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	43.54	42.20	
94070		PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	86.79	82.26	
94200	TC	MAXIMUM BREATHING CAPACITY MAX VOLUNTARY VENT	25.60	23.56	
94200	26	MAXIMUM BREATHING CAPACITY MAX VOLUNTARY VENT	8.02	7.79	
94200		MAXIMUM BREATHING CAPACITY MAX VOLUNTARY VENT	33.62	31.34	
94240	TC	FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	37.26	34.37	
94240	26	FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	18.84	18.25	
94240		FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	56.10	52.62	
94260	TC	THORACIC GAS VOLUME	34.37	31.68	
94260	26	THORACIC GAS VOLUME	9.66	9.36	
94260		THORACIC GAS VOLUME	44.03	41.05	
94350	TC	DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	42.78	39.40	
94350	26	DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	18.84	18.25	
94350		DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	61.63	57.66	
94360	TC	DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	40.14	37.05	
94360	26	DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	18.84	18.25	
94360		DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	58.98	55.30	
94370	TC	DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	39.43	36.24	
94370	26	DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	18.84	18.25	
94370		DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	58.27	54.50	
94375	TC	RESPIRATORY FLOW VOLUME LOOP	31.62	29.08	
94375	26	RESPIRATORY FLOW VOLUME LOOP	22.05	21.37	
94375		RESPIRATORY FLOW VOLUME LOOP	53.66	50.44	
94640		NONPRESSURIZED INHAL TX ACUT ARWAY OBSTRUCTION	18.99	17.50	
94657		VENTILATION ASSIST & MANAGEMENT; SUBSQ DAY	104.08	98.59	
94720	TC	CARBON MONOXIDE DIFFUSING CAPACITY	58.18	53.60	
94720	26	CARBON MONOXIDE DIFFUSING CAPACITY	18.84	18.25	
94720		CARBON MONOXIDE DIFFUSING CAPACITY	77.01	71.85	
94760		NONINVASV EAR/PULSE OXM O2 SATURATION; SING DETERM	25.90	24.30	
94761		NONINVASV EAR/PULSE OXM O2 SATURATION; MX DETERM	38.15	36.26	
94762		NONINVASV EAR/PULSE OXM O2 SAT; OVERNGT-SEP PROC	50.84	47.24	
95015		INTRAQ SEQUENT/INCREM-IMMED REACT-SPEC # TESTS	16.72	15.90	
95024		INTRAQ W/ALLERG EXTRCT-IMMED REACT-SPEC # TEST	9.49	8.75	
95027		SKIN END POINT TITRATION	9.49	8.75	
95028		INTRAQ W/ALLERG EXTRACT-DELAYED REACT-# TESTS	14.30	13.16	
95117		PROF SRVC ALLERG IMMUNOTX WO EXTRACT; 2/MORE INJ	31.01	28.52	
95144		PROF SRVC SUPV PREP&PRVS ANTIG ALLERG; 1 VIAL	15.03	14.04	
95810	TC	POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	1,003.46	922.05	
95810	26	POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	262.55	254.07	
95810		POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	1,266.01	1,176.14	
95816		EEG INCLUDING RECORDING AWAKE&DROWSY	200.73	184.52	
95816	26	EEG INCLUDING RECORDING AWAKE&DROWSY	86.81	83.73	
95816		EEG INCLUDING RECORDING AWAKE&DROWSY	287.56	268.24	
95819	TC	EEG INCLUDING RECORDING AWAKE&ASLEEP	156.86	144.27	
95819	26	EEG INCLUDING RECORDING AWAKE&ASLEEP	86.81	83.73	
95819		EEG INCLUDING RECORDING AWAKE&ASLEEP	243.69	228.01	
95831		MUSCLE TESTING MANUAL W/REPORT; EXTREMITY/TRUNK	42.72	40.22	
95832		MUSC TST MANUAL W/RPT; HND W/WO COMPAR W/NL SIDE	41.43	39.29	
95833		MUSC TST MANUAL W/RPT; TOTAL EVAL BDY EXCLD HNDS	69.60	65.87	
95834		MUSC TEST MAN (SEP PROC) W/RPT; TOT BODY W HANDS	81.44	77.31	
95851		RANGE MOTION MSR&RPT; EA EXTREM/EA TRUNK SECTION	34.59	30.50	
95852		ROM MEAS-REPORT (SEP PRO); HAND W/WO COMPAR	21.84	20.46	
95860	TC	NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	93.94	86.28	
95860	26	NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	119.50	115.20	
95860		NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	213.46	201.50	
95861	TC	NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	71.92	66.34	
95861	26	NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	191.54	184.58	
95861		NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	263.46	250.92	
95863	TC	NEEDLE EMG 3 EXTREM W/WO REL PARASPINAL AREAS	91.34	84.16	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
95863	26	NEEDLE EMG 3 EXTREM W/VO REL PARASPINAL AREAS	230.58	222.32	
95863		NEEDLE EMG 3 EXTREM W/VO REL PARASPINAL AREAS	321.92	306.48	
95864	TC	NEEDLE EMG 4 EXTREM W/VO REL PARASPINAL AREAS	174.38	160.66	
95864	26	NEEDLE EMG 4 EXTREM W/VO REL PARASPINAL AREAS	246.66	237.74	
95864		NEEDLE EMG 4 EXTREM W/VO REL PARASPINAL AREAS	421.04	398.42	
95869	TC	NEEDLE EMG; THORACIC PARASPINAL MUSCLES	20.90	19.28	
95869	26	NEEDLE EMG; THORACIC PARASPINAL MUSCLES	45.94	44.30	
95869		NEEDLE EMG; THORACIC PARASPINAL MUSCLES	66.84	63.58	
95900	TC	NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	101.34	93.08	
95900	26	NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	51.80	49.94	
95900		NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	153.14	143.02	
95903	TC	NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	87.48	80.36	
95903	26	NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	74.36	71.70	
95903		NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	161.84	152.04	
95904	TC	NERVE CONDOC STUDY EA NRV; SENSORY	88.40	81.20	
95904	26	NERVE CONDOC STUDY EA NRV; SENSORY	42.62	41.08	
95904		NERVE CONDOC STUDY EA NRV; SENSORY	131.00	122.28	
95920	TC	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	126.30	116.26	
95920	26	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	267.00	257.48	
95920		INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	393.30	373.76	
95925	TC	SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	139.51	128.52	
95925	26	SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	104.90	101.27	
95925		SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	244.38	229.79	
95926	TC	SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	88.58	81.60	
95926	26	SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	66.78	64.40	
95926		SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	155.36	146.02	
95934	TC	H-REFLEX AMP & LATENCY STUDY; GASTROCNE/SOLEUS	22.99	21.21	
95934	26	H-REFLEX AMP & LATENCY STUDY; GASTROCNE/SOLEUS	68.99	66.51	
95934		H-REFLEX AMP & LATENCY STUDY; GASTROCNE/SOLEUS	91.96	87.71	
96101		PSYCHOLOGICAL TESTING W/I&R PER HOUR; PSYCHOLOGIST OR PHYSICIAN	186.32	180.13	
96102		PSYCHOLOGICAL TESTING W/I&R PER HOUR; TECHNICIAN	66.21	62.56	
96103		PSYCHOLOGICAL TESTING W/I&R PER HOUR; COMPUTER	40.17	38.74	
96116		NEUROBEHAVIORAL STATUS EXAM W/I&R PER HOUR	179.39	173.04	
96118		NEUROPSYCHOLOGICAL TESTING BATTRY W/I&R PER HOUR; PSYCHOLOGIST/PHYSICIAN	218.22	208.65	
96119		NEUROPSYCHOLOGICAL TESTING BATTRY W/I&R PER HOUR; TECHNICIAN	98.61	93.12	
96120		NEUROPSYCHOLOGICAL TESTING BATTRY W/I&R PER HOUR; COMPUTER	72.02	67.96	
96150		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN,INITIAL	37.36	36.10	
96151		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN,REASSESS	36.32	35.07	
96152		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN, INDIV	34.67	33.49	
96153		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN, GRP	8.10	7.83	
96900		ACTINOTHERAPY	27.40	25.22	
96912		PHOTOCHEMOTHERAPY; PSORALENS & ULTRAVIOLET A	78.13	71.86	
97001		PHYSICAL THERAPY EVALUATION	110.02	105.40	
97002		PHYSICAL THERAPY RE-EVALUATION	58.68	56.04	
97003		OCCUPATIONAL THERAPY EVALUATION	118.31	113.05	
97004		OCCUPATIONAL THERAPY RE-EVALUATION	72.50	68.73	
97010		APPLIC MODAL 1/> AREAS; HOT/COLD PACKS	0.00	0.00	
97012		APPLICATION MODALITY 1/MORE AREAS; TRACTION MECH	24.60	23.64	
97014		APPLICATION MODALITY TO 1 OR MORE AREAS; E-STIM	0.00	0.00	
G0283		ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS,	16.47	16.47	
97016		APPLICATION MODAL 1/MORE AREAS; VASOPNEUMAT DEVC	20.68	19.66	
97018		APPLICATION MODALITY 1/MORE AREAS; PARAFFIN BATH	11.10	10.47	
97022		APPLICATION MODALITY TO 1/MORE AREAS; WHIRLPOOL	25.34	23.99	
97024		APPLICATION MODALITY TO 1/MORE AREAS; DIATHERMY	9.02	8.57	
97026		APPLICATION MODALITY TO 1/MORE AREAS; INFRARED	7.22	6.86	

CPT*	Mod	Description	Fee	Fee	ASC
			Schedule North	Schedule South	
97028		APPLICATION MODALITY 1/MORE AREAS; ULTRAVIOLET	8.85	8.45	
97032		APPLICATION MODAL 1/MORE AREAS; E-STIM EA 15 MIN	23.13	22.15	
97033		APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	30.26	28.73	
97034		APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	20.44	19.54	
97035		APPLICATION MODAL 1/MORE AREAS; US EA 15 MIN	25.48	24.53	
97036		APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	34.31	32.51	
97110		THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	43.76	41.96	
97112		THERAP PROC 1/> AREAS EA 15 MIN; BALANCE/COORDIN	45.84	43.82	
97113		THERAP PROC 1/> AREAS EA 15 MIN; AQUATIC THERAP	50.46	48.02	
97116		TX PROC 1/MORE AREAS EA 15 MIN; GAIT TRN	41.25	39.54	
97124		THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	32.55	31.15	
97140		MANUAL THERAPY TECH 1/MORE REGIONS EA 15 MIN	37.92	36.36	
97150		THERAPEUTIC PROCEDURE GROUP	25.38	24.27	
97530		THERAPEUTIC ACTV DIR PT CNTC PROVIDER EA 15 MIN	49.22	47.00	
97532		DEVEL COGNITIVE SKILL-DIR PT CONTACT-EA 15 MIN	54.52	52.48	
97533		SENSORY INTEG TECHNIQUES-DIR PT CONTACT-EA 15 MIN	37.84	36.32	
97535		SELF CARE/HOME MGMT TRAIN-1 ON 1-EA 15 MIN	43.56	41.57	
97537		COMMUNITY/WORK REINTEGRAT TRAIN-1 ON 1-EA 15 MIN	39.39	37.73	
97542		WHEELCHAIR MGMT/PROPULSION TRAINING EA 15 MIN	40.59	38.83	
97545		WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	76.74	76.74	
97546		WORK HARDENING/CONDING; EACH ADDITIONAL HOUR	30.70	30.70	
97750		PHYSICAL PRFRM TEST/MSR W/WRITTEN RPT EA 15 MIN	50.56	48.30	
97760		ORTHOT FIT&TRN UP EXT LW EXTRM &/ TRNK EA 15 MIN	45.33	43.30	
97761		PROSTHETIC TRAINING	41.25	39.52	
97762		CHKOUT ORTHOTIC/PROSTHETIC USE; EST PATIENT	39.23	36.96	
97810		ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1	75.95	72.15	
97811		ACUPUNCT 1/> NDLES W/O E-STIM; EA ADD 15 MIN 1-1	59.13	56.17	
97813		ACUPUNCT 1/> NDLES WITH E-STIM; INIT 15 MIN 1-1	83.23	79.07	
97814		ACUPUNCT 1/> NDLES WITH E-STIM;EA ADD 15 MIN 1-1	65.74	62.45	
98925		OSTEOPATHIC MANIP TX; 1 2 BODY REGIONS INVLV	43.65	41.73	
98926		OSTEOPATHIC MANIP TX; 3 4 BODY REGIONS INVLV	59.96	57.45	
98927		OSTEOPATHIC MANIP TX; 5 6 BODY REGIONS INVLV	76.84	73.71	
98928		OSTEOPATHIC MANIP TX; 7 8 BODY REGIONS INVLV	91.07	87.37	
98940		CHIROPRACTIC MANIPULATIVE TX; SPINAL 1-2 REGIONS	37.77	36.28	
98941		CHIROPRACTIC MANIPULATIVE TX; SPINAL 3-4 REGIONS	52.39	50.41	
98942		CHIROPRACTIC MANIPULATIVE TX; SPINAL 5 REGIONS	67.95	65.51	
98943		CHIROPRACTIC MANIP TX; XTRASPINAL 1/MORE REGIONS	35.82	34.73	
99070		SUPPLIES & MATERIALS; ADDL TO USUAL FOR OFFICE VISIT	38.09	38.09	
99071		EDUCATION SUPPLIES; S/A BOOKS, TAPES & PAMPHLETS FOR PATIENT EDUCATION	18.56	18.56	
99140		ANES COMPLICATED BY EMER CONDITIONS	add 2 units	add 2 units	
99148		MODERATE SEDATION BY PHYS PERF SERVICE, <5YRS, INI 30 MIN	92.00	88.00	
99149		MODERATE SEDATION BY PHYS PERF SERVICE, 5YRS OR >, INI 30 MIN	84.00	80.00	
99150		MODERATE SEDATION BY PHYS PERF SERVICE, EA ADDL 15 MIN	46.00	42.00	
99195		PHLEBOTOMY THERAPEUTIC	27.40	25.22	
99201		OFC/OUTPT VISIT E&M NEW SELF LIMIT/MINOR 10 MIN	41.80	39.67	
99202		OFC/OUTPT VISIT E&M NEW LOW-MOD SEVERITY 20 MIN	73.65	70.13	
99203		OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN	109.29	104.21	
99204		OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 45 MIN	153.97	147.09	
99205		OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 60 MIN	194.88	186.55	
99211		OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	32.79	30.72	
99212		OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	44.12	41.79	
99213		OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	59.87	56.85	
99214		OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	93.57	89.00	
99215		OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	134.95	128.89	
99218		INIT OBSRV CARE-DAY E&M LOW SEVERITY	96.04	92.91	
99219		INIT OBSRV CARE-DAY E&M MODERATE SEVERITY	159.61	154.45	
99220		INIT OBSRV CARE-DAY E&M HIGH SEVERITY	224.47	217.14	

<u>CPT*</u>	<u>Mod</u>	<u>Description</u>	Fee	Fee	ASC
			<u>Schedule</u> <u>North</u>	<u>Schedule</u> <u>South</u>	
99221		INIT HOSP CARE-DAY E&M LOW SEVERITY 30 MIN	97.12	93.94	
99222		INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	160.82	155.56	
99223		INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	223.99	216.66	
99231		SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	56.10	54.24	
99232		SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	79.40	76.78	
99233		SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	112.84	109.14	
99234		OBSRV/INPT HOSP CARE E&M LOW SEVERITY	193.17	186.85	
99235		OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	254.54	246.30	
99238		HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	101.57	97.94	
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	138.45	133.52	
99241		OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	74.23	70.56	
99242		OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	108.68	103.72	
99243		OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	138.02	131.73	
99244		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	193.96	185.49	
99245		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	250.29	239.61	
99251		INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	51.22	49.54	
99252		INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	103.17	99.71	
99253		INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	141.01	136.28	
99254		INIT INPT CNSLT NEW/ESTAB MOD-HI SEVERITY 80 MIN	202.75	195.91	
99255		INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	279.50	270.10	
99281		EMERG DEPT VISIT E&M SELF LIMITED/MINOR	90.65	88.00	
99282		EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	127.50	123.89	
99283		EMERG DEPT VISIT E&M MODERATE SEVERITY	192.00	186.62	
99284		EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	288.97	280.97	
99285		EMERG DEPT E&M-HIGH SEVERITY IMMED SIG THREAT	427.60	415.92	
99291		CRITICAL CARE E&M-CRIT ILL/INJUR; 1ST 30-74 MIN	373.11	357.33	
99292		CRITICAL CARE E&M-CRIT ILL/INJUR; EA ADD 30 MIN	163.62	157.66	
99296		SUBSQT NICU CARE PER DAY E&M CRIT ILL & UNSTABLE	585.08	566.49	
99298		SUBSQT NICU-DAY E/M RECOV VERY LW BIRTH WT INFNT	207.39	200.73	
99304		E&M NEW NURS FACIL/DAY LOW COMPLEXITY	94.39	91.08	
99305		E&M NEW NURS FACIL/DAY MOD COMPLEXITY	125.14	120.82	
99306		E&M NEW NURS FACIL/DAY HIGH COMPLEXITY	154.17	148.94	
99307		SUBSQT NRS FACL CARE DAY E&M STABLE	48.95	47.15	
99308		SUBSQT NRS FACL CARE DAY E&M LOW CMPL	81.09	78.12	
99309		SUBSQT NRS FACL CARE DAY E&M MOD CMPL	114.15	110.02	
99310		SUBSQT NRS FACL CARE DAY E&M HIGH CMPL	142.97	137.79	
99341		HOME VISIT E&M NEW PT LOW SEVERITY-20 MIN	83.89	80.76	
99342		HOME VISIT E&M NEW PT MODERATE SEVERITY-30 MIN	123.46	118.95	
99347		HOME VISIT E&M ESTAB PT MINOR PROB-15 MIN	65.57	63.02	
99348		HOME VISIT E&M ESTAB PT LOW-MOD SEVERITY-25 MIN	103.42	99.59	
99349		HOME VISIT E&M ESTAB PT MOD-HI SEVERITY-40 MIN	159.50	153.87	
99354		PROLONG PHYS SRVC OFFIC/OTH OUTPT W/PT; 1ST HR	142.38	137.24	
99355		PROLONG PHYS SERV OUTPT W/PT; EA ADD 30 MIN	140.70	135.66	
99356		PROLONG PHYS SRVC INPT W/PT; 1ST HR	129.75	125.41	
99357		PROLONG PHYS SERV INPT W/PT; EA ADD 30 MIN	130.83	126.44	

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Exhibit 2

Dental Fee Schedule

<u>CDT-3</u>	<u>Description</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
D0120	PERIODIC ORAL EVAL	35	41	46
D0140	LTD ORAL EVAL-PROBLEM FOCUSED	59	68	76
D0150	COMP ORAL EVAL	61	70	79
D0210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)	100	114	114
D0220	INTRAORAL-PERiapical FIRST FILM	19	22	22
D0230	INTRAORAL-PERiapical EA ADD FILM	15	17	17
D0272	BITEWINGS-2 FILMS	33	36	37
D0321	OTH TMJ FILMS by report	174	188	201
D0330	PANORAMIC FILM	94	103	108
D0340	CEPHALOMETRIC FILM	116	127	134
D0460	PULP VITALITY TESTS	39	42	51
D0470	DIAGNOSTIC CASTS	83	88	109
D1110	PROPHYLAXIS-ADULT	76	84	94
D1510	SPACE MAINTAINER-FIX-UNILAT	264	331	337
D2110	AMALGAM-1 SURFACE PRIM	91	104	111
D2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	120	129	143
D2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	153	165	183
D2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	222	239	265
D2385	RESIN-BASED COMPOSITE-1 SURFACE POST-PERM	135	145	161
D2387	RESIN-BASED COMPOSITE-3 SURFACES POST-PERM	232	250	277
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	915	1,059	1,112
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	872	1,010	1,061
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	836	968	1,017
D2920	RECEMENT CROWN	88	94	110
D2950	CORE BUILDUP INCL ANY PINS	229	245	288
D2952	CAST POST & CORE IN ADD TO CROWN	350	375	439
D2954	PREFAB POST & CORE IN ADD TO CROWN	290	310	363
D2980	TEMPORARY CROWN (FX TOOTH)	205	220	257
D2970	CROWN REPAIR	209	242	241
D3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	676	665	734
D3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	826	812	896
D3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	1,066	1,048	1,157
D4260	OSSEOUS SURG (INCL FLAP ENTRY & CLOS)-PER QUAD	1,111	1,191	1,158
D4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	141	144	144
D5110	COMPLT DENTURE-MAXIL	1,134	1,211	1,428
D5120	COMPLT DENTURE-MANDIB	1,134	1,211	1,428
D5211	MAXIL PART DENTURE-RESIN BASE (INCLD CLASP-RESTS)	957	1,022	1,205
D5214	MANDIB PART DENTURE-CAST METAL FRAME W/RES BASE	1,253	1,338	1,577
D5510	REPR BROKEN COMPLT DENTURE BASE	124	133	156
D5730	RELIN COMPLT MAXIL DENTURE (CHAIRSIDE)	260	277	327
D5751	RELIN COMPLT MANDIB DENTURE (LAB)	347	370	436
D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	939	978	1,063
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	915	953	1,036
D6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	1,072	1,116	1,213
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	1,024	1,067	1,159
D7110	SINGLE TOOTH (EXTRACTION)	127	128	157

<u>CDT-3</u>	<u>Description</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
D7120	EA ADD TOOTH (EXTRACTION)	120	120	147
D7210	REMOV ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	246	254	297
D7880	OCCLU ORTHOTIC DEVICE BR	705	728	848
D8210	REMOV APPLIANCE THERAP	655	705	754
D9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	87	86	102
D9210	LOCAL ANES NOT W/OPER/SURG PROC	27	27	32
D9220	GEN ANES-FIRST 30 MIN	351	346	411
D9221	GEN ANES-EA ADD 15 MINUTES	147	145	173
D9230	ANALGESIA-ANXIOLYSIS-INHAL NITROUS OXIDE	48	47	56
D9310	CONS (DIAG SERV BY NON TREATING PRACTITIONER)	184	182	216
D9430	OFFIC VISIT FOR OBSRV (REG HRS)-NO OTH SERV)	62	61	73
D9610	THERAP DRUG INJECTION	72	81	94
D9940	OCCLU GUARD	471	543	541
D9950	OCCLU ANALY-MOUNTED CASE	244	241	287
D9951	OCCLU ADJUSTMENT-LTD	111	109	130
D9952	OCCLU ADJUSTMENT-COMPLT	625	615	733

Exhibit 3			<u>HCPCS</u>	<u>Description</u>	<u>North</u>	<u>South</u>
Fee Schedule—Home Care Services			A0429	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT	355.85	334.05
<u>Service</u>			A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT ONE WAY (ROTARY WING)	3,264.60	3,116.07
<u>PRIVATE NURSING CARE</u>			A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	611.62	574.15
<u>(PER HOUR)</u>	<u>HCPCS Code</u>	<u>Fee</u>	A0434	SPECIALTY CARE TRANSPORT (SCT)	722.83	678.54
Registered Nurse	S9123	70.00	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	19.14	19.14
Licensed Practical Nurse	S9124	65.00				
Home Health Aide	S9122	24.00				
Live-in attendant (per 24 hr shift)	S5126	180.00				
<u>HOME HEALTH VISITS</u>						
<u>(PER VISIT)</u>	<u>HCPCS Code</u>	<u>Fee</u>				
Registered Nurse	T1030	110.00				
Physical Therapist	S9131	130.00				
Speech Therapist	S9128	125.00				
Occupational Therapist	S9129	125.00				
Medical Social Worker	S9127	167.00				

Exhibit 5

Fee Schedule for Durable Medical Equipment,
Prosthetics, Orthotics & Supplies

Exhibit 4				<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
Ambulance Services				A4216		Sterile water/saline, 10 ml	\$0.45
Ambulance Services				A4217		Sterile water/saline, 500 ml	\$3.13
				A4221		Maint drug infus cath per wk	\$22.64
				A4222		Infusion supplies with pump	\$46.73
<u>HCPCS</u>	<u>Description</u>	<u>North</u>	<u>South</u>	A4253	NU	Blood glucose/reagent strips	\$36.94
A0425	GROUND MILEAGE, PER STATUTE MILE	6.05	6.05	A4254	NU	Battery for glucose monitor	\$6.58
A0426	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, LEVEL 1	266.89	250.54	A4254	RR	Battery for glucose monitor	\$0.67
A0427	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, LEVEL 1	422.57	396.69	A4254	UE	Battery for glucose monitor	\$4.94
A0428	AMBULANCE SERVICE BLS, NON-EMERGENCY TRANSPORT	222.41	208.78	A4255		Glucose monitor platforms	\$3.91
				A4256		Calibrator solution/chips	\$9.72
				A4257		Replace Lensshield Cartridge	\$12.75
				A4258		Lancet device each	\$18.05
				A4259		Lancets per box	\$12.06
				A4265		Paraffin	\$3.39
				A4280		Brst prsths adhsv attchmnt	\$4.94
				A4310		Insert tray w/o bag/cath	\$7.14

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
A4311		Catheter w/o bag 2-way latex	\$12.61	A4395		Ostomy pouch solid deodorant	\$0.05
A4312		Cath w/o bag 2-way silicone	\$15.33	A4396		Peristomal hernia supprt blt	\$40.48
A4313		Catheter w/bag 3-way	\$18.15	A4397		Irrigation supply sleeve	\$4.79
A4314		Cath w/drainage 2-way latex	\$24.01	A4398		Ostomy irrigation bag	\$13.81
A4315		Cath w/drainage 2-way silcne	\$25.80	A4399		Ostomy irrig cone/cath w brs	\$12.26
A4316		Cath w/drainage 3-way	\$26.95	A4400		Ostomy irrigation set	\$48.87
A4320		Irrigation tray	\$5.04	A4402		Lubricant per ounce	\$1.39
A4321		Cath therapeutic irrig agent	\$0.00	A4404		Ostomy ring each	\$1.54
A4322		Irrigation syringe	\$2.94	A4405		Nonpectin based ostomy paste	\$3.40
A4326		Male external catheter	\$10.79	A4406		Pectin based ostomy paste	\$5.74
A4327		Fem urinary collect dev cup	\$42.27	A4407		Ext wear ost skn barr <=4sqö	\$8.76
A4328		Fem urinary collect pouch	\$10.45	A4408		Ext wear ost skn barr >4sqö	\$9.87
A4330		Stool collection pouch	\$7.15	A4409		Ost skn barr w flng <=4 sqö	\$6.22
A4331		Extension drainage tubing	\$3.18	A4410		Ost skn barr w flng >4sqö	\$9.04
A4332		Lube sterile packet	\$0.12	A4413		2 pc drainable ost pouch	\$5.50
A4333		Urinary cath anchor device	\$2.20	A4414		Ostomy sknbarr w flng <=4sqö	\$4.93
A4334		Urinary cath leg strap	\$4.93	A4415		Ostomy skn barr w flng >4sqö	\$6.00
A4338		Indwelling catheter latex	\$10.56	A4416		Ost pch clsd w barrier/fltr	\$2.75
A4340		Indwelling catheter special	\$31.75	A4417		Ost pch w bar/bltinconv/fltr	\$3.72
A4344		Cath indw foley 2 way silicn	\$13.62	A4418		Ost pch clsd w/o bar w fltr	\$1.81
A4346		Cath indw foley 3 way	\$17.05	A4419		Ost pch for bar w flange/flt	\$1.74
A4348		Male ext cath extended wear	\$27.83	A4420		Ost pch clsd for bar w lk fl	\$0.00
A4349		Disposable male external cat	\$2.02	A4422		Ost pouch absorbent material	\$0.12
A4351		Straight tip urine catheter	\$1.74	A4423		Ost pch for bar w lk fl/fltr	\$1.86
A4352		Coude tip urinary catheter	\$6.42	A4424		Ost pch drain w bar & filter	\$4.75
A4353		Intermittent urinary cath	\$6.99	A4425		Ost pch drain for barrier fl	\$3.58
A4354		Cath insertion tray w/bag	\$11.70	A4426		Ost pch drain 2 piece system	\$2.73
A4355		Bladder irrigation tubing	\$8.91	A4427		Ost pch drain/barr lk flng/f	\$2.78
A4356		Ext ureth clmp or compr dvc	\$45.63	A4428		Urine ost pouch w faucet/tap	\$6.51
A4357		Bedside drainage bag	\$9.19	A4429		Urine ost pouch w bltinconv	\$8.25
A4358		Urinary leg or abdomen bag	\$6.63	A4430		Ost urine pch w b/bltin conv	\$8.52
A4359		Urinary suspensory w/o leg b	\$30.63	A4431		Ost pch urine w barrier/tapv	\$6.22
A4361		Ostomy face plate	\$18.26	A4432		Os pch urine w bar/fange/tap	\$3.59
A4362		Solid skin barrier	\$3.46	A4433		Urine ost pch bar w lock fln	\$3.34
A4364		Adhesive, liquid or equal	\$2.93	A4434		Ost pch urine w lock flng/ft	\$3.76
A4365		Adhesive remover wipes	\$11.32	A4450	AU	Non-waterproof tape	\$0.09
A4366		Ostomy vent	\$1.30	A4450	AV	Non-waterproof tape	\$0.09
A4367		Ostomy belt	\$7.35	A4450	AW	Non-waterproof tape	\$0.11
A4368		Ostomy filter	\$0.26	A4452	AU	Waterproof tape	\$0.36
A4369		Skin barrier liquid per oz	\$2.42	A4452	AV	Waterproof tape	\$0.36
A4371		Skin barrier powder per oz	\$3.65	A4452	AW	Waterproof tape	\$0.40
A4372		Skin barrier solid 4x4 equiv	\$4.18	A4455		Adhesive remover per ounce	\$1.40
A4373		Skin barrier with flange	\$6.28	A4462		Abdmnl drssng holder/binder	\$3.29
A4375		Drainable plastic pch w fcpl	\$17.18	A4481		Tracheostoma filter	\$0.37
A4376		Drainable rubber pch w fcplt	\$47.58	A4483		Moisture exchanger	\$0.00
A4377		Drainable plstic pch w/o fp	\$4.29	A4556		Electrodes, pair	\$12.14
A4378		Drainable rubber pch w/o fp	\$30.75	A4557		Lead wires, pair	\$17.94
A4379		Urinary plastic pouch w fcpl	\$15.02	A4558		Conductive paste or gel	\$5.45
A4380		Urinary rubber pouch w fcplt	\$37.33	A4561		Pessary rubber, any type	\$18.63
A4381		Urinary plastic pouch w/o fp	\$4.61	A4562		Pessary, non rubber,any type	\$46.38
A4382		Urinary hvy plstc pch w/o fp	\$24.62	A4595		TENS suppl 2 lead per month	\$28.81
A4383		Urinary rubber pouch w/o fp	\$28.19	A4605	NU	Trach suction cath close sys	\$16.40
A4384		Ostomy faceplt/silicone ring	\$9.62	A4608		Transtracheal oxygen cath	\$58.15
A4385		Ost skn barrier sld ext wear	\$5.10	A4611	NU	Heavy duty battery	\$196.45
A4387		Ost clsd pouch w att st barr	\$0.00	A4611	RR	Heavy duty battery	\$20.37
A4388		Drainable pch w ex wear barr	\$4.36	A4611	UE	Heavy duty battery	\$147.34
A4389		Drainable pch w st wear barr	\$6.22	A4612	NU	Battery cables	\$67.94
A4390		Drainable pch ex wear convex	\$9.61	A4612	RR	Battery cables	\$6.92
A4391		Urinary pouch w ex wear barr	\$7.07	A4612	UE	Battery cables	\$51.81
A4392		Urinary pouch w st wear barr	\$8.18	A4613	NU	Battery charger	\$144.21
A4393		Urine pch w ex wear bar conv	\$9.04	A4613	RR	Battery charger	\$14.43
A4394		Ostomy pouch liq deodorant	\$2.58	A4613	UE	Battery charger	\$104.29

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
A4614		Hand-held PEFR meter	\$23.78	A4630	NU	Repl bat t.e.n.s. own by pt	\$5.69
A4618	NU	Breathing circuits	\$8.89	A4632	NU	Infus pump rplcemnt battery	\$0.00
A4618	RR	Breathing circuits	\$1.02	A4632	RR	Infus pump rplcemnt battery	\$0.00
A4618	UE	Breathing circuits	\$6.67	A4632	UE	Infus pump rplcemnt battery	\$0.00
A4619		Face tent	\$1.21	A4633	NU	Uvl replacement bulb	\$41.04
A4623		Tracheostomy inner cannula	\$6.55	A4635	NU	Underarm crutch pad	\$5.12
A4624	NU	Tracheal suction tube	\$2.35	A4635	RR	Underarm crutch pad	\$0.69
A4625		Trach care kit for new trach	\$6.93	A4635	UE	Underarm crutch pad	\$3.39
A4626		Tracheostomy cleaning brush	\$3.19	A4636	NU	Handgrip for cane etc	\$3.58
A4628	NU	Oropharyngeal suction cath	\$3.67	A4636	RR	Handgrip for cane etc	\$0.43
A4629		Tracheostomy care kit	\$4.63				

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
A4636	UE	Handgrip for cane etc	\$2.61	A6212		Foam drg <=16 sq in w/border	\$9.70
A4637	NU	Repl tip cane/crutch/walker	\$2.13	A6214		Foam drg > 48 sq in w/border	\$10.29
A4637	RR	Repl tip cane/crutch/walker	\$0.30	A6216		Non-sterile gauze<=16 sq in	\$0.05
A4637	UE	Repl tip cane/crutch/walker	\$1.61	A6217		Non-sterile gauze>16<=48 sq	\$0.00
A4638	NU	Repl batt pulse gen sys	\$0.00	A6219		Gauze <= 16 sq in w/border	\$0.95
A4638	RR	Repl batt pulse gen sys	\$0.00	A6220		Gauze >16 <=48 sq in w/bordr	\$2.58
A4638	UE	Repl batt pulse gen sys	\$0.00	A6222		Gauze <=16 in no w/sal w/o b	\$2.13
A4639	NU	Infrared ht sys replcmnt pad	\$287.21	A6223		Gauze >16<=48 no w/sal w/o b	\$2.42
A4640	NU	Alternating pressure pad	\$59.80	A6224		Gauze > 48 in no w/sal w/o b	\$3.61
A4640	RR	Alternating pressure pad	\$5.98	A6229		Gauze >16<=48 sq in watr/sal	\$3.61
A4640	UE	Alternating pressure pad	\$44.86	A6231		Hydrogel dsgr<=16 sq in	\$4.66
A5051		Pouch clsd w barr attached	\$2.07	A6232		Hydrogel dsgr>16<=48 sq in	\$6.88
A5052		Clsd ostomy pouch w/o barr	\$1.49	A6233		Hydrogel dressing >48 sq in	\$19.19
A5053		Clsd ostomy pouch faceplate	\$1.74	A6234		Hydrocolld drg <=16 w/o bdr	\$6.54
A5054		Clsd ostomy pouch w/flange	\$1.79	A6235		Hydrocolld drg >16<=48 w/o b	\$16.82
A5055		Stoma cap	\$1.42	A6236		Hydrocolld drg > 48 in w/o b	\$27.25
A5061		Pouch drainable w barrier at	\$3.52	A6237		Hydrocolld drg <=16 in w/bdr	\$7.91
A5062		Drnble ostomy pouch w/o barr	\$2.22	A6238		Hydrocolld drg >16<=48 w/bdr	\$22.79
A5063		Drain ostomy pouch w/flange	\$2.70	A6240		Hydrocolld drg filler paste	\$12.24
A5071		Urinary pouch w/barrier	\$6.01	A6241		Hydrocolloid drg filler dry	\$2.57
A5072		Urinary pouch w/o barrier	\$3.52	A6242		Hydrogel drg <=16 in w/o bdr	\$6.07
A5073		Urinary pouch on barr w/flng	\$3.18	A6243		Hydrogel drg >16<=48 w/o bdr	\$12.31
A5081		Continent stoma plug	\$3.30	A6244		Hydrogel drg >48 in w/o bdr	\$39.28
A5082		Continent stoma catheter	\$11.89	A6245		Hydrogel drg <= 16 in w/bdr	\$7.27
A5093		Ostomy accessory convex inse	\$1.94	A6246		Hydrogel drg >16<=48 in w/b	\$9.92
A5102		Bedside drain btl w/wo tube	\$22.42	A6247		Hydrogel drg > 48 sq in w/b	\$23.78
A5105		Urinary suspensory	\$40.76	A6248		Hydrogel drsg gel filler	\$16.24
A5112		Urinary leg bag	\$29.43	A6251		Absorpt drg <=16 sq in w/o b	\$1.99
A5113		Latex leg strap	\$4.70	A6252		Absorpt drg >16 <=48 w/o bdr	\$3.25
A5114		Foam/fabric leg strap	\$8.94	A6253		Absorpt drg > 48 sq in w/o b	\$6.34
A5119		Skin barrier wipes box pr 50	\$10.85	A6254		Absorpt drg <=16 sq in w/bdr	\$1.21
A5121		Solid skin barrier 6x6	\$6.54	A6255		Absorpt drg >16<=48 in w/bdr	\$3.03
A5122		Solid skin barrier 8x8	\$10.92	A6257		Transparent film <= 16 sq in	\$1.53
A5126		Disk/foam pad +or- adhesive	\$1.32	A6258		Transparent film >16<=48 in	\$4.30
A5131		Appliance cleaner	\$15.86	A6259		Transparent film > 48 sq in	\$10.94
A5200		Percutaneous catheter anchor	\$11.30	A6266		Impreg gauze no h20/sal/yd	\$1.92
A5500		Diab shoe for density insert	\$59.36	A6402		Sterile gauze <= 16 sq in	\$0.12
A5501		Diabetic custom molded shoe	\$178.04	A6403		Sterile gauze>16 <= 48 sq in	\$0.43
A5503		Diabetic shoe w/roller/rockr	\$26.40	A6407		Packing strips, non-impreg	\$1.88
A5504		Diabetic shoe with wedge	\$26.40	A6410		Sterile eye pad	\$0.39
A5505		Diab shoe w/metatarsal bar	\$26.40	A6411		Non-sterile eye pad	\$0.00
A5506		Diabetic shoe w/off set heel	\$26.40	A6441		Pad band w>=3ö <5ö/yd	\$0.67
A5507		Modification diabetic shoe	\$26.40	A6442		Conform band n/s w<3ö/yd	\$0.17
A6010		Collagen based wound filler	\$30.96	A6443		Conform band n/s w>=3ö<5ö/yd	\$0.29
A6011		Collagen gel/paste wound fil	\$2.28	A6444		Conform band n/s w>=5ö/yd	\$0.56
A6021		Collagen dressing <=16 sq in	\$21.02	A6445		Conform band s w <3ö/yd	\$0.32
A6022		Collagen drsg>6<=48 sq in	\$21.02	A6446		Conform band s w>=3ö <5ö/yd	\$0.41
A6023		Collagen dressing >48 sq in	\$190.30	A6447		Conform band s w >=5ö/yd	\$0.67
A6024		Collagen dsgr wound filler	\$6.19	A6448		Lt compres band <3ö/yd	\$1.16
A6154		Wound pouch each	\$14.38	A6449		Lt compres band >=3ö <5ö/yd	\$1.75
A6196		Alginate dressing <=16 sq in	\$7.35	A6450		Lt compres band >=5ö/yd	\$0.00
A6197		Alginate drsg >16 <=48 sq in	\$16.44	A6451		Mod compres band	\$0.00
A6199		Alginate drsg wound filler	\$5.29			w>=3ö<5ö/yd	
A6200		Compos drsg <=16 no border	\$9.50	A6452		High compres band	\$5.91
A6201		Compos drsg >16<=48 no bdr	\$20.80			w>=3ö<5öyd	
A6202		Compos drsg >48 no border	\$34.88	A6453		Self-adher band w <3ö/yd	\$0.61
A6203		Composite drsg <= 16 sq in	\$3.35	A6454		Self-adher band w>=3ö <5ö/yd	\$0.77
A6204		Composite drsg >16<=48 sq in	\$6.23	A6455		Self-adher band >=5ö/yd	\$1.39
A6207		Contact layer >16<= 48 sq in	\$7.34	A6456		Zinc paste band w >=3ö<5ö/yd	\$1.28
A6209		Foam drsg <=16 sq in w/o bdr	\$7.48	A6501		Compres burngarment bodysuit	\$0.00
A6210		Foam drg >16<=48 sq in w/o b	\$19.92	A6502		Compres burngarment chinstrp	\$0.00
A6211		Foam drg > 48 sq in w/o bdr	\$29.37	A6503		Compres burngarment facehood	\$0.00

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
A6504		Cmprsburngarment glove-wrist	\$0.00	A7522		Trach/laryn tube stainless	\$45.16
A6505		Cmprsburngarment glove-elbow	\$0.00	A7524		Tracheostoma stent/stud/bttm	\$77.40
A6506		Cmprsburngrmnt glove-axilla	\$0.00	A7525		Tracheostomy mask	\$2.07
A6507		Cmprs burngarment foot-knee	\$0.00	A7526		Tracheostomy tube collar	\$3.37
A6508		Cmprs burngarment foot-thigh	\$0.00	A7527		Trach/laryn tube plug/stop	\$3.58
A6509		Compres burn garment jacket	\$0.00	E0100	NU	Cane adjust/fixed with tip	\$18.75
A6510		Compres burn garment leotard	\$0.00	E0100	RR	Cane adjust/fixed with tip	\$5.05
A6511		Compres burn garment panty	\$0.00	E0100	UE	Cane adjust/fixed with tip	\$14.52
A6550		Neg pres wound ther drsg set	\$27.42	E0105	NU	Cane adjust/fixed quad/3 pro	\$49.11
A6551		Neg press wound ther canistr	\$24.53	E0105	RR	Cane adjust/fixed quad/3 pro	\$7.53
A7000	NU	Disposable canister for pump	\$8.33	E0105	UE	Cane adjust/fixed quad/3 pro	\$36.24
A7001	NU	Nondisposable pump canister	\$29.83	E0110	NU	Crutch forearm pair	\$72.57
A7002	NU	Tubing used w suction pump	\$3.46	E0110	RR	Crutch forearm pair	\$13.59
A7003	NU	Nebulizer administration set	\$2.73	E0110	UE	Crutch forearm pair	\$54.42
A7004	NU	Disposable nebulizer sml vol	\$1.53	E0111	NU	Crutch forearm each	\$53.26
A7005	NU	Nondisposable nebulizer set	\$27.79	E0111	RR	Crutch forearm each	\$8.33
A7006	NU	Filtered nebulizer admin set	\$8.14	E0111	UE	Crutch forearm each	\$41.10
A7007	NU	Lg vol nebulizer disposable	\$3.97	E0112	NU	Crutch underarm pair wood	\$37.00
A7008	NU	Disposable nebulizer prefill	\$11.00	E0112	RR	Crutch underarm pair wood	\$8.44
A7009	NU	Nebulizer reservoir bottle	\$37.90	E0112	UE	Crutch underarm pair wood	\$28.23
A7010	NU	Disposable corrugated tubing	\$23.31	E0113	NU	Crutch underarm each wood	\$21.13
A7012	NU	Nebulizer water collec devic	\$3.58	E0113	RR	Crutch underarm each wood	\$5.15
A7013	NU	Disposable compressor filter	\$0.75	E0113	UE	Crutch underarm each wood	\$15.86
A7014	NU	Compressor nondispos filter	\$4.04	E0114	NU	Crutch underarm pair no wood	\$47.19
A7015	NU	Aerosol mask used w nebulize	\$1.65	E0114	RR	Crutch underarm pair no wood	\$8.57
A7016	NU	Nebulizer dome & mouthpiece	\$6.52	E0114	UE	Crutch underarm pair no wood	\$35.67
A7017	NU	Nebulizer not used w oxygen	\$134.04	E0116	NU	Crutch underarm each no wood	\$23.79
A7017	RR	Nebulizer not used w oxygen	\$13.40	E0116	RR	Crutch underarm each no wood	\$5.40
A7017	UE	Nebulizer not used w oxygen	\$100.52	E0116	UE	Crutch underarm each no wood	\$17.84
A7018		Water distilled w/nebulizer	\$0.38	E0117	NU	Underarm springassist crutch	\$192.71
A7025	NU	Replace chest compress vest	\$434.94	E0117	RR	Underarm springassist crutch	\$19.26
A7026	NU	Replace chst cmprss sys hose	\$28.75	E0117	UE	Underarm springassist crutch	\$144.55
A7030	NU	CPAP full face mask	\$188.64	E0130	NU	Walker rigid adjust/fixed ht	\$70.08
A7031	NU	Replacement facemask interfa	\$69.77	E0130	RR	Walker rigid adjust/fixed ht	\$16.82
A7032	NU	Replacement nasal cushion	\$40.53	E0130	UE	Walker rigid adjust/fixed ht	\$52.51
A7033	NU	Replacement nasal pillows	\$28.41	E0135	NU	Walker folding adjust/fixed	\$74.47
A7034	NU	Nasal application device	\$117.64	E0135	RR	Walker folding adjust/fixed	\$17.26
A7035	NU	Pos airway press headgear	\$35.42	E0135	UE	Walker folding adjust/fixed	\$54.67
A7036	NU	Pos airway press chinstrap	\$18.20	E0140	NU	Walker w trunk support	\$360.71
A7037	NU	Pos airway pressure tubing	\$39.21	E0140	RR	Walker w trunk support	\$36.08
A7038	NU	Pos airway pressure filter	\$4.58	E0140	UE	Walker w trunk support	\$270.54
A7039	NU	Filter, non disposable w pap	\$15.33	E0141	NU	Rigid wheeled walker adj/fix	\$115.29
A7040		One way chest drain valve	\$36.86	E0141	RR	Rigid wheeled walker adj/fix	\$22.36
A7041		Water seal drain container	\$69.26	E0141	UE	Rigid wheeled walker adj/fix	\$86.47
A7042		Implanted pleural catheter	\$154.13	E0143	NU	Walker folding wheeled w/o s	\$120.23
A7043		Vacuum drainagebottle/tubing	\$21.92	E0143	RR	Walker folding wheeled w/o s	\$21.59
A7044	NU	PAP oral interface	\$120.91	E0143	UE	Walker folding wheeled w/o s	\$89.98
A7045	NU	Repl exhalation port for PAP	\$19.47	E0144	NU	Enclosed walker w rear seat	\$318.45
A7045	RR	Repl exhalation port for PAP	\$1.95	E0144	RR	Enclosed walker w rear seat	\$27.08
A7045	UE	Repl exhalation port for PAP	\$14.60	E0144	UE	Enclosed walker w rear seat	\$203.01
A7046	NU	Repl water chamber, PAP dev	\$19.51	E0147	NU	Walker variable wheel resist	\$574.81
A7501		Tracheostoma valve w diaphra	\$105.03	E0147	RR	Walker variable wheel resist	\$57.48
A7502		Replacement diaphragm/fplate	\$49.91	E0147	UE	Walker variable wheel resist	\$431.13
A7503		HMES filter holder or cap	\$11.33	E0148	NU	Heavyduty walker no wheels	\$127.05
A7504		Tracheostoma HMES filter	\$0.67	E0148	RR	Heavyduty walker no wheels	\$12.72
A7505		HMES or trach valve housing	\$4.68	E0148	UE	Heavyduty walker no wheels	\$95.28
A7506		HMES/trachvalve adhesivedisk	\$0.33	E0149	NU	Heavy duty wheeled walker	\$223.20
A7507		Integrated filter & holder	\$2.49	E0149	RR	Heavy duty wheeled walker	\$22.32
A7508		Housing & Integrated Adhesiv	\$2.87	E0149	UE	Heavy duty wheeled walker	\$167.39
A7509		Heat & moisture exchange sys	\$1.41	E0153	NU	Forearm crutch platform atta	\$69.38
A7520		Trach/laryn tube non-cuffed	\$47.48	E0153	RR	Forearm crutch platform atta	\$7.84
A7521		Trach/laryn tube cuffed	\$47.05	E0153	UE	Forearm crutch platform atta	\$52.03

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
E0154	NU	Walker platform attachment	\$70.51	E0191	NU	Protector heel or elbow	\$9.99
E0154	RR	Walker platform attachment	\$8.56	E0191	RR	Protector heel or elbow	\$1.02
E0154	UE	Walker platform attachment	\$53.57	E0191	UE	Protector heel or elbow	\$7.46
E0155	NU	Walker wheel attachment,pair	\$31.56	E0193	RR	Powered air flotation bed	\$869.41
E0155	RR	Walker wheel attachment,pair	\$3.85	E0194	RR	Air fluidized bed	\$3,149.86
E0155	UE	Walker wheel attachment,pair	\$24.05	E0196	RR	Gel pressure mattress	\$27.62
E0156	NU	Walker seat attachment	\$26.43	E0197	NU	Air pressure pad for mattres	\$188.34
E0156	RR	Walker seat attachment	\$3.38	E0197	RR	Air pressure pad for mattres	\$30.57
E0156	UE	Walker seat attachment	\$19.85	E0197	UE	Air pressure pad for mattres	\$165.44
E0157	NU	Walker crutch attachment	\$69.63	E0198	NU	Water pressure pad for matr	\$188.34
E0157	RR	Walker crutch attachment	\$8.99	E0198	RR	Water pressure pad for matr	\$22.95
E0157	UE	Walker crutch attachment	\$52.23	E0198	UE	Water pressure pad for matr	\$142.92
E0158	NU	Walker leg extenders set of 4	\$32.18	E0199	NU	Dry pressure pad for mattres	\$32.05
E0158	RR	Walker leg extenders set of 4	\$3.55	E0199	RR	Dry pressure pad for mattres	\$3.19
E0158	UE	Walker leg extenders set of 4	\$24.29	E0199	UE	Dry pressure pad for mattres	\$24.04
E0159	NU	Brake for wheeled walker	\$17.81	E0200	NU	Heat lamp without stand	\$67.39
E0159	RR	Brake for wheeled walker	\$1.80	E0200	RR	Heat lamp without stand	\$10.76
E0159	UE	Brake for wheeled walker	\$13.38	E0200	UE	Heat lamp without stand	\$50.57
E0160	NU	Sitz type bath or equipment	\$28.10	E0202	RR	Phototherapy light w/ photom	\$62.61
E0160	RR	Sitz type bath or equipment	\$4.33	E0205	NU	Heat lamp with stand	\$164.95
E0160	UE	Sitz type bath or equipment	\$21.05	E0205	RR	Heat lamp with stand	\$19.85
E0161	NU	Sitz bath/equipment w/faucet	\$26.23	E0205	UE	Heat lamp with stand	\$123.71
E0161	RR	Sitz bath/equipment w/faucet	\$3.57	E0210	NU	Electric heat pad standard	\$32.64
E0161	UE	Sitz bath/equipment w/faucet	\$19.64	E0210	RR	Electric heat pad standard	\$3.07
E0162	NU	Sitz bath chair	\$145.70	E0210	UE	Electric heat pad standard	\$24.48
E0162	RR	Sitz bath chair	\$15.29	E0215	NU	Electric heat pad moist	\$60.21
E0162	UE	Sitz bath chair	\$113.00	E0215	RR	Electric heat pad moist	\$6.62
E0163	NU	Commode chair stationry fxd	\$110.29	E0215	UE	Electric heat pad moist	\$45.17
E0163	RR	Commode chair stationry fxd	\$24.43	E0217	NU	Water circ heat pad w pump	\$422.00
E0163	UE	Commode chair stationry fxd	\$76.95	E0217	RR	Water circ heat pad w pump	\$46.99
E0164	NU	Commode chair mobile fixed a	\$181.40	E0217	UE	Water circ heat pad w pump	\$316.47
E0164	RR	Commode chair mobile fixed a	\$26.43	E0220	NU	Hot water bottle	\$7.20
E0164	UE	Commode chair mobile fixed a	\$115.64	E0220	RR	Hot water bottle	\$0.76
E0165	RR	Commode chair stationry det	\$18.22	E0220	UE	Hot water bottle	\$5.38
E0166	RR	Commode chair mobile detach	\$26.47	E0225	NU	Hydrocollator unit	\$330.35
E0167	NU	Commode chair pail or pan	\$12.00	E0225	RR	Hydrocollator unit	\$32.56
E0167	RR	Commode chair pail or pan	\$1.26	E0225	UE	Hydrocollator unit	\$247.76
E0167	UE	Commode chair pail or pan	\$9.04	E0230	NU	Ice cap or collar	\$7.21
E0168	NU	Heavyduty/wide commode chair	\$150.92	E0230	RR	Ice cap or collar	\$0.81
E0168	RR	Heavyduty/wide commode chair	\$15.17	E0230	UE	Ice cap or collar	\$5.39
E0168	UE	Heavyduty/wide commode chair	\$113.18	E0235	RR	Paraffin bath unit portable	\$17.26
E0169	RR	Seatlift incorp commodechair	\$47.20	E0236	RR	Pump for water circulating p	\$38.28
E0175	NU	Commode chair foot rest	\$66.23	E0238	NU	Heat pad non-electric moist	\$27.03
E0175	RR	Commode chair foot rest	\$5.63	E0238	RR	Heat pad non-electric moist	\$2.72
E0175	UE	Commode chair foot rest	\$41.43	E0238	UE	Heat pad non-electric moist	\$19.88
E0180	RR	Press pad alternating w pump	\$20.37	E0239	NU	Hydrocollator unit portable	\$449.83
E0181	RR	Press pad alternating w/ pum	\$22.60	E0239	RR	Hydrocollator unit portable	\$44.99
E0182	RR	Pressure pad alternating pum	\$26.18	E0239	UE	Hydrocollator unit portable	\$337.39
E0184	NU	Dry pressure mattress	\$165.50	E0249	NU	Pad water circulating heat u	\$99.60
E0184	RR	Dry pressure mattress	\$24.57	E0249	RR	Pad water circulating heat u	\$10.95
E0184	UE	Dry pressure mattress	\$126.92	E0249	UE	Pad water circulating heat u	\$74.70
E0185	NU	Gel pressure mattress pad	\$271.88	E0250	RR	Hosp bed fixed ht w/ mattres	\$92.92
E0185	RR	Gel pressure mattress pad	\$44.94	E0251	RR	Hosp bed fixd ht w/o mattres	\$67.67
E0185	UE	Gel pressure mattress pad	\$208.66	E0255	RR	Hospital bed var ht w/ matr	\$101.58
E0186	RR	Air pressure mattress	\$20.30	E0256	RR	Hospital bed var ht w/o matt	\$70.85
E0187	RR	Water pressure mattress	\$22.57	E0260	RR	Hosp bed semi-electr w/ matt	\$140.46
E0188	NU	Synthetic sheepskin pad	\$26.43	E0261	RR	Hosp bed semi-electr w/o mat	\$116.40
E0188	RR	Synthetic sheepskin pad	\$3.10	E0265	RR	Hosp bed total electr w/ mat	\$192.12
E0188	UE	Synthetic sheepskin pad	\$19.85	E0266	RR	Hosp bed total elec w/o matt	\$177.59
E0189	NU	Lambswool sheepskin pad	\$44.17	E0271	NU	Mattress innerspring	\$211.19
E0189	RR	Lambswool sheepskin pad	\$5.63	E0271	RR	Mattress innerspring	\$23.06
E0189	UE	Lambswool sheepskin pad	\$33.13	E0271	UE	Mattress innerspring	\$158.37

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
E0272	NU	Mattress foam rubber	\$194.91	E0472	RR	RAD w backup invasive intrfc	\$545.84
E0272	RR	Mattress foam rubber	\$21.13	E0480	RR	Percussor elect/pneum home m	\$43.94
E0272	UE	Mattress foam rubber	\$146.18	E0482	RR	Cough stimulating device	\$403.53
E0275	NU	Bed pan standard	\$15.31	E0483	RR	Chest compression gen system	\$1,063.13
E0275	RR	Bed pan standard	\$1.60	E0484	NU	Non-elec oscillatory pep dvc	\$36.92
E0275	UE	Bed pan standard	\$11.48	E0484	RR	Non-elec oscillatory pep dvc	\$3.69
E0276	NU	Bed pan fracture	\$13.30	E0484	UE	Non-elec oscillatory pep dvc	\$27.70
E0276	RR	Bed pan fracture	\$1.57	E0500	RR	Ippb all types	\$109.77
E0276	UE	Bed pan fracture	\$10.52	E0550	RR	Humidif extens supple w IPPB	\$50.13
E0277	RR	Powered pres-redu air mattr	\$645.46	E0560	NU	Humidifier supplemental w/ i	\$145.79
E0280	NU	Bed cradle	\$37.00	E0560	RR	Humidifier supplemental w/ i	\$17.09
E0280	RR	Bed cradle	\$4.11	E0560	UE	Humidifier supplemental w/ i	\$109.34
E0280	UE	Bed cradle	\$27.75	E0561	NU	Humidifier nonheated w PAP	\$107.00
E0290	RR	Hosp bed fx ht w/o rails w/m	\$63.53	E0561	RR	Humidifier nonheated w PAP	\$10.69
E0291	RR	Hosp bed fx ht w/o rail w/o	\$46.16	E0561	UE	Humidifier nonheated w PAP	\$80.24
E0292	RR	Hosp bed var ht w/o rail w/o	\$71.43	E0562	NU	Humidifier heated used w PAP	\$301.22
E0293	RR	Hosp bed var ht w/o rail w/	\$68.69	E0562	RR	Humidifier heated used w PAP	\$30.11
E0294	RR	Hosp bed semi-elect w/ mattr	\$111.47	E0562	UE	Humidifier heated used w PAP	\$225.91
E0295	RR	Hosp bed semi-elect w/o mattr	\$111.47	E0565	RR	Compressor air power source	\$51.86
E0296	RR	Hosp bed total elect w/ mattr	\$140.95	E0570	RR	Nebulizer with compression	\$16.10
E0297	RR	Hosp bed total elect w/o mattr	\$140.67	E0571	RR	Aerosol compressor for svneb	\$28.28
E0300	NU	Enclosed ped crib hosp grade	\$2,838.62	E0572	RR	Aerosol compressor adjust pr	\$35.93
E0300	RR	Enclosed ped crib hosp grade	\$283.86	E0574	RR	Ultrasonic generator w svneb	\$37.97
E0300	UE	Enclosed ped crib hosp grade	\$2,128.96	E0575	RR	Nebulizer ultrasonic	\$102.78
E0301	RR	HD hosp bed, 350-600 lbs	\$252.58	E0580	NU	Nebulizer for use w/ regulat	\$134.04
E0302	RR	Ex hd hosp bed > 600 lbs	\$715.44	E0580	RR	Nebulizer for use w/ regulat	\$13.40
E0303	RR	Hosp bed hvy dty xtra wide	\$285.83	E0580	UE	Nebulizer for use w/ regulat	\$100.52
E0304	RR	Hosp bed xtra hvy dty x wide	\$770.67	E0585	RR	Nebulizer w/ compressor & he	\$35.07
E0305	RR	Rails bed side half length	\$15.12	E0600	RR	Suction pump portab hom modl	\$44.03
E0310	NU	Rails bed side full length	\$194.14	E0601	RR	Cont airway pressure device	\$100.10
E0310	RR	Rails bed side full length	\$22.76	E0602	NU	Manual breast pump	\$29.52
E0310	UE	Rails bed side full length	\$146.91	E0602	RR	Manual breast pump	\$2.96
E0316	RR	Bed safety enclosure	\$211.28	E0602	UE	Manual breast pump	\$22.14
E0325	NU	Urinal male jug-type	\$8.59	E0605	NU	Vaporizer room type	\$26.43
E0325	RR	Urinal male jug-type	\$1.51	E0605	RR	Vaporizer room type	\$3.07
E0325	UE	Urinal male jug-type	\$6.17	E0605	UE	Vaporizer room type	\$21.77
E0326	NU	Urinal female jug-type	\$10.50	E0606	RR	Drainage board postural	\$19.50
E0326	RR	Urinal female jug-type	\$1.19	E0607	NU	Blood glucose monitor home	\$66.82
E0326	UE	Urinal female jug-type	\$7.87	E0607	RR	Blood glucose monitor home	\$6.68
E0371	RR	Nonpower mattress overlay	\$417.09	E0607	UE	Blood glucose monitor home	\$50.10
E0372	RR	Powered air mattress overlay	\$506.09	E0610	NU	Pacemaker monitr audible/vis	\$237.86
E0373	RR	Nonpowered pressure mattress	\$579.75	E0610	RR	Pacemaker monitr audible/vis	\$25.09
E0424	RR	Stationary compressed gas O2	\$200.41	E0610	UE	Pacemaker monitr audible/vis	\$178.42
E0431	RR	Portable gaseous O2	\$32.07	E0615	NU	Pacemaker monitr digital/vis	\$421.54
E0434	RR	Portable liquid O2	\$32.07	E0615	RR	Pacemaker monitr digital/vis	\$58.50
E0439	RR	Stationary liquid O2	\$200.41	E0615	UE	Pacemaker monitr digital/vis	\$316.16
E0441		Oxygen contents, gaseous	\$162.98	E0617	RR	Automatic ext defibrillator	\$304.05
E0442		Oxygen contents, liquid	\$162.98	E0618	RR	Apnea monitor	\$245.23
E0443		Portable O2 contents, gas	\$21.41	E0619	RR	Apnea monitor w recorder	\$0.00
E0444		Portable O2 contents, liquid	\$21.41	E0620	NU	Cap bld skin piercing laser	\$874.39
E0450	RR	Vol control vent invasiv int	\$954.52	E0620	RR	Cap bld skin piercing laser	\$87.43
E0457	NU	Chest shell	\$614.51	E0620	UE	Cap bld skin piercing laser	\$655.79
E0457	RR	Chest shell	\$61.45	E0621	NU	Patient lift sling or seat	\$81.59
E0457	UE	Chest shell	\$460.85	E0621	RR	Patient lift sling or seat	\$9.25
E0459	RR	Chest wrap	\$50.89	E0621	UE	Patient lift sling or seat	\$61.51
E0460	RR	Neg press vent portabl/statn	\$623.53	E0627	NU	Seat lift incorp lift-chair	\$330.71
E0461	RR	Vol control vent noninv int	\$1,002.05	E0627	RR	Seat lift incorp lift-chair	\$33.08
E0462	RR	Rocking bed w/ or w/o side r	\$291.40	E0627	UE	Seat lift incorp lift-chair	\$248.01
E0463	RR	Press supp vent invasive int	\$1,406.38	E0628	NU	Seat lift for pt furn-electr	\$330.71
E0464	RR	Press supp vent noninv int	\$1,406.38	E0628	RR	Seat lift for pt furn-electr	\$33.08
E0470	RR	RAD w/o backup non-inv intrfc	\$218.11	E0628	UE	Seat lift for pt furn-electr	\$248.01
E0471	RR	RAD w/backup non inv intrfc	\$545.84	E0629	NU	Seat lift for pt furn-non-el	\$330.71

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
E0629	RR	Seat lift for pt furn-non-el	\$33.08	E0730	NU	Tens four lead	\$370.56
E0629	UE	Seat lift for pt furn-non-el	\$248.01	E0730	RR	Tens four lead	\$37.00
E0630	RR	Patient lift hydraulic	\$96.83	E0731	NU	Conductive garment for tens/	\$356.69
E0635	RR	Patient lift electric	\$104.01	E0740	NU	Incontinence treatment systm	\$522.87
E0636	RR	PT support & positioning sys	\$1,054.56	E0740	RR	Incontinence treatment systm	\$52.29
E0650	NU	Pneuma compresor non-segment	\$654.14	E0740	UE	Incontinence treatment systm	\$392.18
E0650	RR	Pneuma compresor non-segment	\$88.87	E0744	RR	Neuromuscular stim for scoli	\$91.57
E0650	UE	Pneuma compresor non-segment	\$490.62	E0745	RR	Neuromuscular stim for shock	\$89.51
E0651	NU	Pneum compressor segmental	\$918.42	E0747	NU	Elec osteogen stim not spine	\$3,585.85
E0651	RR	Pneum compressor segmental	\$91.85	E0747	RR	Elec osteogen stim not spine	\$358.57
E0651	UE	Pneum compressor segmental	\$688.82	E0747	UE	Elec osteogen stim not spine	\$2,689.39
E0652	NU	Pneum compres w/cal pressure	\$4,506.23	E0748	NU	Elec osteogen stim spinal	\$3,696.01
E0652	RR	Pneum compres w/cal pressure	\$445.36	E0748	RR	Elec osteogen stim spinal	\$369.60
E0652	UE	Pneum compres w/cal pressure	\$3,929.74	E0748	UE	Elec osteogen stim spinal	\$2,772.02
E0655	NU	Pneumatic appliance half arm	\$104.55	E0749	RR	Elec osteogen stim implanted	\$270.14
E0655	RR	Pneumatic appliance half arm	\$12.68	E0752		Neurostimulator electrode	\$361.63
E0655	UE	Pneumatic appliance half arm	\$78.39	E0754		Pulsegenerator pt programmer	\$1,153.54
E0660	NU	Pneumatic appliance full leg	\$159.75	E0756		Implantable pulse generator	\$6,569.18
E0660	RR	Pneumatic appliance full leg	\$16.63	E0757		Implantable RF receiver	\$4,693.57
E0660	UE	Pneumatic appliance full leg	\$110.39	E0758		External RF transmitter	\$4,131.42
E0665	NU	Pneumatic appliance full arm	\$116.44	E0759		Replace rdfrcncy transmitttr	\$546.09
E0665	RR	Pneumatic appliance full arm	\$14.07	E0760	NU	Osteogen ultrasound stimltor	\$3,071.32
E0665	UE	Pneumatic appliance full arm	\$87.45	E0760	RR	Osteogen ultrasound stimltor	\$307.14
E0666	NU	Pneumatic appliance half leg	\$138.08	E0760	UE	Osteogen ultrasound stimltor	\$2,303.49
E0666	RR	Pneumatic appliance half leg	\$14.23	E0765	NU	Nerve stimulator for tx n&v	\$84.13
E0666	UE	Pneumatic appliance half leg	\$103.59	E0765	RR	Nerve stimulator for tx n&v	\$8.43
E0667	NU	Seg pneumatic appl full leg	\$323.77	E0765	UE	Nerve stimulator for tx n&v	\$63.12
E0667	RR	Seg pneumatic appl full leg	\$32.38	E0776	NU	Iv pole	\$121.69
E0667	UE	Seg pneumatic appl full leg	\$242.82	E0776	RR	Iv pole	\$18.65
E0668	NU	Seg pneumatic appl full arm	\$375.60	E0776	UE	Iv pole	\$89.53
E0668	RR	Seg pneumatic appl full arm	\$37.07	E0779	RR	Amb infusion pump mechanical	\$16.73
E0668	UE	Seg pneumatic appl full arm	\$281.71	E0780	NU	Mech amb infusion pump <8hrs	\$10.37
E0669	NU	Seg pneumatic appli half leg	\$174.06	E0781	RR	External ambulatory infus pu	\$225.14
E0669	RR	Seg pneumatic appli half leg	\$17.41	E0782	NU	Non-programble infusion pump	\$4,078.58
E0669	UE	Seg pneumatic appli half leg	\$130.56	E0782	RR	Non-programble infusion pump	\$407.87
E0671	NU	Pressure pneum appl full leg	\$415.35	E0782	UE	Non-programble infusion pump	\$3,058.94
E0671	RR	Pressure pneum appl full leg	\$41.54	E0783	NU	Programmable infusion pump	\$7,420.86
E0671	UE	Pressure pneum appl full leg	\$311.50	E0783	RR	Programmable infusion pump	\$742.10
E0672	NU	Pressure pneum appl full arm	\$322.73	E0783	UE	Programmable infusion pump	\$5,565.66
E0672	RR	Pressure pneum appl full arm	\$32.28	E0784	RR	Ext amb infusn pump insulin	\$417.57
E0672	UE	Pressure pneum appl full arm	\$242.06	E0785	KF	Replacement impl pump cathet	\$381.53
E0673	NU	Pressure pneum appl half leg	\$268.17	E0786	NU	Implantable pump replacement	\$7,312.42
E0673	RR	Pressure pneum appl half leg	\$26.82	E0786	RR	Implantable pump replacement	\$731.24
E0673	UE	Pressure pneum appl half leg	\$201.15	E0786	UE	Implantable pump replacement	\$5,484.33
E0675	RR	Pneumatic compression device	\$384.55	E0791	RR	Parenteral infusion pump sta	\$268.77
E0691	NU	Uvl pnl 2 sq ft or less	\$898.59	E0840	NU	Tract frame attach headboard	\$62.29
E0691	RR	Uvl pnl 2 sq ft or less	\$89.86	E0840	RR	Tract frame attach headboard	\$13.87
E0691	UE	Uvl pnl 2 sq ft or less	\$673.94	E0840	UE	Tract frame attach headboard	\$46.69
E0692	NU	Uvl sys panel 4 ft	\$1,128.37	E0849	NU	Cervical pneum trac equip	\$515.31
E0692	RR	Uvl sys panel 4 ft	\$112.83	E0849	RR	Cervical pneum trac equip	\$51.53
E0692	UE	Uvl sys panel 4 ft	\$846.29	E0849	UE	Cervical pneum trac equip	\$386.46
E0693	NU	Uvl sys panel 6 ft	\$1,390.98	E0850	NU	Traction stand free standing	\$89.30
E0693	RR	Uvl sys panel 6 ft	\$139.10	E0850	RR	Traction stand free standing	\$12.27
E0693	UE	Uvl sys panel 6 ft	\$1,043.24	E0850	UE	Traction stand free standing	\$66.98
E0694	NU	Uvl md cabinet sys 6 ft	\$4,427.34	E0855	NU	Cervical traction equipment	\$502.63
E0694	RR	Uvl md cabinet sys 6 ft	\$442.73	E0855	RR	Cervical traction equipment	\$50.26
E0694	UE	Uvl md cabinet sys 6 ft	\$3,320.53	E0855	UE	Cervical traction equipment	\$376.96
E0701	NU	Helmet w face guard prefab	\$153.35	E0860	NU	Tract equip cervical tract	\$34.04
E0701	RR	Helmet w face guard prefab	\$15.33	E0860	RR	Tract equip cervical tract	\$6.51
E0701	UE	Helmet w face guard prefab	\$115.03	E0860	UE	Tract equip cervical tract	\$25.53
E0720	NU	Tens two lead	\$367.58	E0870	NU	Tract frame attach footboard	\$105.06
E0720	RR	Tens two lead	\$37.00	E0870	RR	Tract frame attach footboard	\$13.22

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
E0870	UE	Tract frame attach footboard	\$78.80	E0966	UE	Wheelchair head rest extensi	\$48.55
E0880	NU	Trac stand free stand extrem	\$106.71	E0967	NU	Wheelchair hand rims	\$65.66
E0880	RR	Trac stand free stand extrem	\$19.71	E0967	RR	Wheelchair hand rims	\$6.56
E0880	UE	Trac stand free stand extrem	\$80.77	E0967	UE	Wheelchair hand rims	\$49.25
E0890	NU	Traction frame attach pelvic	\$102.35	E0968	RR	Wheelchair commode seat	\$17.93
E0890	RR	Traction frame attach pelvic	\$32.83	E0969	NU	Wheelchair narrowing device	\$146.19
E0890	UE	Traction frame attach pelvic	\$82.44	E0969	RR	Wheelchair narrowing device	\$14.63
E0900	NU	Trac stand free stand pelvic	\$108.90	E0969	UE	Wheelchair narrowing device	\$109.64
E0900	RR	Trac stand free stand pelvic	\$27.62	E0971	NU	Wheelchair anti-tipping devi	\$63.00
E0900	UE	Trac stand free stand pelvic	\$81.70	E0971	RR	Wheelchair anti-tipping devi	\$6.34
E0910	RR	Trapeze bar attached to bed	\$19.56	E0971	UE	Wheelchair anti-tipping devi	\$47.27
E0920	RR	Fracture frame attached to b	\$39.69	E0972	NU	Transfer board or device	\$47.23
E0930	RR	Fracture frame free standing	\$39.69	E0972	RR	Transfer board or device	\$4.77
E0935	RR	Exercise device passive moti	\$22.73	E0972	UE	Transfer board or device	\$35.44
E0940	RR	Trapeze bar free standing	\$31.68	E0973	NU	W/Ch access det adj armrest	\$114.97
E0941	RR	Gravity assisted traction de	\$38.73	E0973	RR	W/Ch access det adj armrest	\$10.95
E0942	NU	Cervical head harness/halter	\$19.85	E0973	UE	W/Ch access det adj armrest	\$86.23
E0942	RR	Cervical head harness/halter	\$2.34	E0974	NU	W/Ch access anti-rollback	\$78.41
E0942	UE	Cervical head harness/halter	\$14.88	E0974	RR	W/Ch access anti-rollback	\$8.31
E0944	NU	Pelvic belt/harness/boot	\$41.03	E0974	UE	W/Ch access anti-rollback	\$59.25
E0944	RR	Pelvic belt/harness/boot	\$4.60	E0977	NU	Wheelchair wedge cushion	\$62.10
E0944	UE	Pelvic belt/harness/boot	\$30.78	E0977	RR	Wheelchair wedge cushion	\$6.22
E0945	NU	Belt/harness extremity	\$44.32	E0977	UE	Wheelchair wedge cushion	\$46.59
E0945	RR	Belt/harness extremity	\$4.44	E0978	NU	W/C acc,saf belt pelv strap	\$42.70
E0945	UE	Belt/harness extremity	\$34.31	E0978	RR	W/C acc,saf belt pelv strap	\$4.28
E0946	RR	Fracture frame dual w cross	\$59.16	E0978	UE	W/C acc,saf belt pelv strap	\$31.66
E0947	NU	Fracture frame attachmnts pe	\$606.46	E0980	NU	Wheelchair safety vest	\$33.06
E0947	RR	Fracture frame attachmnts pe	\$62.89	E0980	RR	Wheelchair safety vest	\$3.30
E0947	UE	Fracture frame attachmnts pe	\$454.84	E0980	UE	Wheelchair safety vest	\$24.66
E0948	NU	Fracture frame attachmnts ce	\$586.59	E0981	NU	Seat upholstery, replacement	\$47.15
E0948	RR	Fracture frame attachmnts ce	\$58.64	E0981	RR	Seat upholstery, replacement	\$4.80
E0948	UE	Fracture frame attachmnts ce	\$413.70	E0981	UE	Seat upholstery, replacement	\$35.70
E0950	NU	Tray	\$103.95	E0982	NU	Back upholstery, replacement	\$51.53
E0950	RR	Tray	\$10.41	E0982	RR	Back upholstery, replacement	\$5.15
E0950	UE	Tray	\$77.97	E0982	UE	Back upholstery, replacement	\$38.64
E0951	NU	Loop heel	\$18.98	E0983	RR	Add pwr joystick	\$235.02
E0951	RR	Loop heel	\$1.90	E0984	NU	Add pwr tiller	\$1,623.99
E0951	UE	Loop heel	\$14.22	E0984	RR	Add pwr tiller	\$151.01
E0952	NU	Toe loop/holder, each	\$18.83	E0984	UE	Add pwr tiller	\$1,253.13
E0952	RR	Toe loop/holder, each	\$1.89	E0985	NU	W/c seat lift mechanism	\$202.85
E0952	UE	Toe loop/holder, each	\$14.13	E0985	RR	W/c seat lift mechanism	\$20.30
E0955	NU	Cushioned headrest	\$202.18	E0985	UE	W/c seat lift mechanism	\$152.12
E0955	RR	Cushioned headrest	\$20.23	E0986	NU	Man w/c push-rim pow assist	\$4,864.24
E0955	UE	Cushioned headrest	\$151.63	E0986	RR	Man w/c push-rim pow assist	\$486.43
E0956	NU	W/c lateral trunk/hip suppor	\$98.58	E0986	UE	Man w/c push-rim pow assist	\$3,648.20
E0956	RR	W/c lateral trunk/hip suppor	\$9.87	E0990	NU	Whellchair elevating leg res	\$99.82
E0956	UE	W/c lateral trunk/hip suppor	\$73.93	E0990	RR	Whellchair elevating leg res	\$13.22
E0957	NU	W/c medial thigh support	\$137.93	E0990	UE	Whellchair elevating leg res	\$77.99
E0957	RR	W/c medial thigh support	\$13.79	E0992	NU	Wheelchair solid seat insert	\$80.88
E0957	UE	W/c medial thigh support	\$103.45	E0992	RR	Wheelchair solid seat insert	\$7.86
E0958	RR	Whlchr att- conv 1 arm drive	\$42.41	E0992	UE	Wheelchair solid seat insert	\$60.66
E0959	NU	Amputee adapter	\$44.21	E0994	NU	Wheelchair arm rest	\$16.81
E0959	RR	Amputee adapter	\$4.45	E0994	RR	Wheelchair arm rest	\$1.68
E0959	UE	Amputee adapter	\$33.46	E0994	UE	Wheelchair arm rest	\$12.62
E0960	NU	W/c shoulder harness/straps	\$90.98	E0995	NU	Wheelchair calf rest	\$26.43
E0960	RR	W/c shoulder harness/straps	\$9.10	E0995	RR	Wheelchair calf rest	\$2.65
E0960	UE	W/c shoulder harness/straps	\$68.24	E0995	UE	Wheelchair calf rest	\$19.85
E0961	NU	Wheelchair brake extension	\$25.28	E0997	NU	Wheelchair caster w/ a fork	\$66.51
E0961	RR	Wheelchair brake extension	\$2.64	E0997	RR	Wheelchair caster w/ a fork	\$7.13
E0961	UE	Wheelchair brake extension	\$12.63	E0997	UE	Wheelchair caster w/ a fork	\$49.89
E0966	NU	Wheelchair head rest extensi	\$64.73	E0998	NU	Wheelchair caster w/o a fork	\$38.28
E0966	RR	Wheelchair head rest extensi	\$6.47	E0998	RR	Wheelchair caster w/o a fork	\$3.96

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
E0998	UE	Wheelchair caster w/o a fork	\$28.73	E1030	RR	W/c vent tray gimbaled	\$116.53
E0999	NU	Wheelchr pneumatic tire w/wh	\$114.97	E1030	UE	W/c vent tray gimbaled	\$873.96
E0999	RR	Wheelchr pneumatic tire w/wh	\$11.51	E1031	RR	Rollabout chair with casters	\$50.51
E0999	UE	Wheelchr pneumatic tire w/wh	\$86.23	E1035	RR	Patient transfer system	\$613.20
E1001	NU	Wheelchair wheel	\$98.06	E1037	RR	Transport chair, ped size	\$108.49
E1001	RR	Wheelchair wheel	\$10.29	E1038	RR	Transport chair pt wt <250lb	\$40.01
E1001	UE	Wheelchair wheel	\$73.55	E1039	RR	Transport chair pt wt ≥ 250lb	\$22.65
E1002	NU	Pwr seat tilt	\$4,113.02	E1050	RR	Wheelchr fxd full length arms	\$101.84
E1002	RR	Pwr seat tilt	\$411.33	E1060	RR	Wheelchair detachable arms	\$113.30
E1002	UE	Pwr seat tilt	\$3,084.76	E1070	RR	Wheelchair detachable foot r	\$109.53
E1003	NU	Pwr seat recline	\$4,391.30	E1083	RR	Hemi-wheelchair fixed arms	\$72.17
E1003	RR	Pwr seat recline	\$439.14	E1084	RR	Hemi-wheelchair detachable a	\$98.10
E1003	UE	Pwr seat recline	\$3,293.48	E1087	RR	Wheelchair lightwt fixed arm	\$116.00
E1004	NU	Pwr seat recline mech	\$4,869.05	E1088	RR	Wheelchair lightweight det a	\$150.77
E1004	RR	Pwr seat recline mech	\$486.90	E1092	RR	Wheelchair wide w/ leg rests	\$128.51
E1004	UE	Pwr seat recline mech	\$3,651.77	E1093	RR	Wheelchair wide w/ foot rest	\$110.52
E1005	NU	Pwr seat recline pwr	\$5,270.36	E1100	RR	Whchr s-recl fxd arm leg res	\$103.81
E1005	RR	Pwr seat recline pwr	\$527.03	E1110	RR	Wheelchair semi-recl detach	\$101.66
E1005	UE	Pwr seat recline pwr	\$3,952.78	E1150	RR	Wheelchair standard w/ leg r	\$78.16
E1006	NU	Pwr seat combo w/o shear	\$6,455.70	E1160	RR	Wheelchair fixed arms	\$61.46
E1006	RR	Pwr seat combo w/o shear	\$645.55	E1161	NU	Manual adult wc w tiltspac	\$2,366.09
E1006	UE	Pwr seat combo w/o shear	\$4,841.78	E1161	RR	Manual adult wc w tiltspac	\$236.61
E1007	NU	Pwr seat combo w/shear	\$8,741.27	E1161	UE	Manual adult wc w tiltspac	\$1,774.57
E1007	RR	Pwr seat combo w/shear	\$874.13	E1170	RR	Whlchr ampu fxd arm leg rest	\$86.31
E1007	UE	Pwr seat combo w/shear	\$6,555.94	E1171	RR	Wheelchair amputee w/o leg r	\$68.67
E1008	NU	Pwr seat combo pwr shear	\$8,742.05	E1172	RR	Wheelchair amputee detach ar	\$88.30
E1008	RR	Pwr seat combo pwr shear	\$874.20	E1180	RR	Wheelchair amputee w/ foot r	\$94.39
E1008	UE	Pwr seat combo pwr shear	\$6,556.55	E1190	RR	Wheelchair amputee w/ leg re	\$109.06
E1009	NU	Add mech leg elevation	\$0.00	E1195	RR	Wheelchair amputee heavy dut	\$106.79
E1009	RR	Add mech leg elevation	\$0.00	E1200	RR	Wheelchair amputee fixed arm	\$81.21
E1009	UE	Add mech leg elevation	\$0.00	E1210	RR	Whlchr moto ful arm leg rest	\$379.61
E1010	NU	Add pwr leg elevation	\$1,143.79	E1211	RR	Wheelchair motorized w/ det	\$418.51
E1010	RR	Add pwr leg elevation	\$114.38	E1221	RR	Wheelchair spec size w foot	\$41.92
E1010	UE	Add pwr leg elevation	\$857.86	E1222	RR	Wheelchair spec size w/ leg	\$67.79
E1011	NU	Ped wc modify width adjustm	\$0.00	E1223	RR	Wheelchair spec size w foot	\$74.02
E1011	RR	Ped wc modify width adjustm	\$0.00	E1224	RR	Wheelchair spec size w/ leg	\$81.15
E1011	UE	Ped wc modify width adjustm	\$0.00	E1225	RR	Manual semi-reclining back	\$45.20
E1014	NU	Reclining back add ped w/c	\$365.14	E1226	NU	Manual fully reclining back	\$545.65
E1014	RR	Reclining back add ped w/c	\$36.52	E1226	RR	Manual fully reclining back	\$56.16
E1014	UE	Reclining back add ped w/c	\$273.85	E1226	UE	Manual fully reclining back	\$409.20
E1015	NU	Shock absorber for man w/c	\$114.70	E1227	NU	Wheelchair spec sz spec ht a	\$277.50
E1015	RR	Shock absorber for man w/c	\$11.46	E1227	RR	Wheelchair spec sz spec ht a	\$27.30
E1015	UE	Shock absorber for man w/c	\$86.02	E1227	UE	Wheelchair spec sz spec ht a	\$208.15
E1016	NU	Shock absorber for power w/c	\$131.31	E1228	RR	Wheelchair spec sz spec ht b	\$23.82
E1016	RR	Shock absorber for power w/c	\$13.14	E1230	NU	Power operated vehicle	\$2,035.06
E1016	UE	Shock absorber for power w/c	\$98.48	E1230	RR	Power operated vehicle	\$222.45
E1017	NU	HD shck absrbr for hd man wc	\$0.00	E1230	UE	Power operated vehicle	\$1,520.49
E1017	RR	HD shck absrbr for hd man wc	\$0.00	E1231	NU	Rigid ped w/c tilt-in-space	\$0.00
E1017	UE	HD shck absrbr for hd man wc	\$0.00	E1231	RR	Rigid ped w/c tilt-in-space	\$0.00
E1018	NU	HD shck absrbr for hd powwc	\$0.00	E1231	UE	Rigid ped w/c tilt-in-space	\$0.00
E1018	RR	HD shck absrbr for hd powwc	\$0.00	E1232	NU	Folding ped wc tilt-in-space	\$2,138.41
E1018	UE	HD shck absrbr for hd powwc	\$0.00	E1232	RR	Folding ped wc tilt-in-space	\$213.85
E1020	NU	Residual limb support system	\$243.41	E1232	UE	Folding ped wc tilt-in-space	\$1,603.82
E1020	RR	Residual limb support system	\$24.32	E1233	NU	Rig ped wc tltnspc w/o seat	\$2,215.73
E1020	UE	Residual limb support system	\$182.55	E1233	RR	Rig ped wc tltnspc w/o seat	\$221.57
E1028	NU	W/c manual swingaway	\$206.54	E1233	UE	Rig ped wc tltnspc w/o seat	\$1,661.79
E1028	RR	W/c manual swingaway	\$20.65	E1234	NU	Fld ped wc tltnspc w/o seat	\$1,928.95
E1028	UE	W/c manual swingaway	\$154.89	E1234	RR	Fld ped wc tltnspc w/o seat	\$192.91
E1029	NU	W/c vent tray fixed	\$369.54	E1234	UE	Fld ped wc tltnspc w/o seat	\$1,446.70
E1029	RR	W/c vent tray fixed	\$36.95	E1235	NU	Rigid ped wc adjustable	\$1,857.43
E1029	UE	W/c vent tray fixed	\$277.15	E1235	RR	Rigid ped wc adjustable	\$185.75
E1030	NU	W/c vent tray gimbaled	\$1,165.27	E1235	UE	Rigid ped wc adjustable	\$1,393.07

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
E1236	NU	Folding ped wc adjustable	\$1,638.73	E2101	RR	Bld glucose monitor w lance	\$18.86
E1236	RR	Folding ped wc adjustable	\$163.87	E2101	UE	Bld glucose monitor w lance	\$141.42
E1236	UE	Folding ped wc adjustable	\$1,229.05	E2120	RR	Pulse gen sys tx endolymph fl	\$283.52
E1237	NU	Rgd ped wc adjstabl w/o seat	\$1,653.05	E2201	NU	Man w/ch acc seat w>=20&<24&	\$373.10
E1237	RR	Rgd ped wc adjstabl w/o seat	\$165.30	E2201	RR	Man w/ch acc seat w>=20&<24&	\$37.31
E1237	UE	Rgd ped wc adjstabl w/o seat	\$1,239.80	E2201	UE	Man w/ch acc seat w>=20&<24&	\$279.83
E1238	NU	Fld ped wc adjstabl w/o seat	\$1,723.55	E2202	NU	Seat width 24-27 in	\$473.98
E1238	RR	Fld ped wc adjstabl w/o seat	\$172.37	E2202	RR	Seat width 24-27 in	\$47.40
E1238	UE	Fld ped wc adjstabl w/o seat	\$1,292.64	E2202	UE	Seat width 24-27 in	\$355.50
E1240	RR	Whchr litwt det arm leg rest	\$103.02	E2203	NU	Frame depth less than 22 in	\$479.05
E1270	RR	Wheelchair lightweight leg r	\$76.84	E2203	RR	Frame depth less than 22 in	\$47.89
E1280	RR	Whchr h-duty det arm leg res	\$122.82	E2203	UE	Frame depth less than 22 in	\$359.28
E1295	RR	Wheelchair heavy duty fixed	\$118.19	E2204	NU	Frame depth 22 to 25 in	\$813.40
E1296	NU	Wheelchair special seat heig	\$417.92	E2204	RR	Frame depth 22 to 25 in	\$81.35
E1296	RR	Wheelchair special seat heig	\$42.45	E2204	UE	Frame depth 22 to 25 in	\$610.05
E1296	UE	Wheelchair special seat heig	\$313.44	E2205	NU	Manual wc accessory, handrim	\$32.67
E1297	NU	Wheelchair special seat dept	\$88.92	E2205	RR	Manual wc accessory, handrim	\$3.25
E1297	RR	Wheelchair special seat dept	\$9.88	E2205	UE	Manual wc accessory, handrim	\$24.50
E1297	UE	Wheelchair special seat dept	\$66.68	E2206	NU	Complete wheel lock assembly	\$40.68
E1298	NU	Wheelchair spec seat depth/w	\$381.91	E2206	RR	Complete wheel lock assembly	\$4.06
E1298	RR	Wheelchair spec seat depth/w	\$38.20	E2206	UE	Complete wheel lock assembly	\$30.50
E1298	UE	Wheelchair spec seat depth/w	\$286.43	E2310	NU	Electro connect btw control	\$1,170.24
E1310	NU	Whirlpool non-portable	\$2,147.40	E2310	RR	Electro connect btw control	\$117.02
E1310	RR	Whirlpool non-portable	\$183.67	E2310	UE	Electro connect btw control	\$877.68
E1310	UE	Whirlpool non-portable	\$1,610.55	E2311	NU	Electro connect btw 2 sys	\$2,369.20
E1372	NU	Oxy suppl heater for nebuliz	\$163.03	E2311	RR	Electro connect btw 2 sys	\$236.93
E1372	RR	Oxy suppl heater for nebuliz	\$23.69	E2311	UE	Electro connect btw 2 sys	\$1,776.90
E1372	UE	Oxy suppl heater for nebuliz	\$102.58	E2320	NU	Hand chin control	\$1,025.90
E1390	RR	Oxygen concentrator	\$200.41	E2320	RR	Hand chin control	\$102.59
E1391	RR	Oxygen concentrator, dual	\$200.41	E2320	UE	Hand chin control	\$769.45
E1405	RR	O2/water vapor enrich w/heat	\$235.48	E2321	NU	Hand interface joystick	\$1,589.10
E1406	RR	O2/water vapor enrich w/o he	\$216.51	E2321	RR	Hand interface joystick	\$158.92
E1700	NU	Jaw motion rehab system	\$293.11	E2321	UE	Hand interface joystick	\$1,191.84
E1700	RR	Jaw motion rehab system	\$28.75	E2322	NU	Mult mech switches	\$1,410.36
E1700	UE	Jaw motion rehab system	\$219.84	E2322	RR	Mult mech switches	\$141.03
E1701		Repl cushions for jaw motion	\$10.37	E2322	UE	Mult mech switches	\$1,057.78
E1702		Repl measr scales jaw motion	\$20.81	E2323	NU	Special joystick handle	\$69.16
E1800	RR	Adjust elbow ext/flex device	\$104.13	E2323	RR	Special joystick handle	\$6.92
E1801	RR	SPS elbow device	\$121.09	E2323	UE	Special joystick handle	\$51.87
E1802	RR	Adjust forearm pro/sup device	\$326.80	E2324	NU	Chin cup interface	\$43.82
E1805	RR	Adjust wrist ext/flex device	\$112.39	E2324	RR	Chin cup interface	\$4.37
E1806	RR	SPS wrist device	\$99.37	E2324	UE	Chin cup interface	\$32.87
E1810	RR	Adjust knee ext/flex device	\$112.39	E2325	NU	Sip and puff interface	\$1,346.83
E1811	RR	SPS knee device	\$125.87	E2325	RR	Sip and puff interface	\$134.70
E1815	RR	Adjust ankle ext/flex device	\$112.39	E2325	UE	Sip and puff interface	\$1,010.13
E1816	RR	SPS ankle device	\$127.85	E2326	NU	Breath tube kit	\$347.14
E1818	RR	SPS forearm device	\$130.52	E2326	RR	Breath tube kit	\$34.73
E1820	NU	Soft interface material	\$81.74	E2326	UE	Breath tube kit	\$260.34
E1820	RR	Soft interface material	\$8.17	E2327	NU	Head control interface mech	\$2,612.38
E1820	UE	Soft interface material	\$61.31	E2327	RR	Head control interface mech	\$261.24
E1821	NU	Replacement interface SPSD	\$105.25	E2327	UE	Head control interface mech	\$1,959.28
E1821	RR	Replacement interface SPSD	\$10.51	E2328	NU	Head/extremity control inter	\$4,955.32
E1821	UE	Replacement interface SPSD	\$78.95	E2328	RR	Head/extremity control inter	\$495.52
E1825	RR	Adjust finger ext/flex devc	\$112.39	E2328	UE	Head/extremity control inter	\$3,716.50
E1830	RR	Adjust toe ext/flex device	\$112.39	E2329	NU	Head control nonproportional	\$1,766.13
E1840	RR	Adj shoulder ext/flex device	\$371.82	E2329	RR	Head control nonproportional	\$176.61
E1841	RR	Static str shldr dev rom adj	\$453.00	E2329	UE	Head control nonproportional	\$1,324.60
E2000	RR	Gastric suction pump hme mdl	\$48.62	E2330	NU	Head control proximity switc	\$3,422.09
E2100	NU	Bld glucose monitor w voice	\$634.31	E2330	RR	Head control proximity switc	\$342.20
E2100	RR	Bld glucose monitor w voice	\$63.43	E2330	UE	Head control proximity switc	\$2,566.58
E2100	UE	Bld glucose monitor w voice	\$475.75	E2340	NU	W/c wdth 20-23 in seat frame	\$358.36
E2101	NU	Bld glucose monitor w lance	\$188.56	E2340	RR	W/c wdth 20-23 in seat frame	\$35.85

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
E2340	UE	W/c width 20-23 in seat frame	\$268.79	E2506	NU	SGD prerec msg > 40 min	\$2,312.96
E2341	NU	W/c width 24-27 in seat frame	\$537.58	E2506	RR	SGD prerec msg > 40 min	\$231.29
E2341	RR	W/c width 24-27 in seat frame	\$53.76	E2506	UE	SGD prerec msg > 40 min	\$1,734.69
E2341	UE	W/c width 24-27 in seat frame	\$403.19	E2508	NU	SGD spelling phys contact	\$3,576.61
E2342	NU	W/c dpth 20-21 in seat frame	\$447.98	E2508	RR	SGD spelling phys contact	\$357.67
E2342	RR	W/c dpth 20-21 in seat frame	\$44.80	E2508	UE	SGD spelling phys contact	\$2,682.47
E2342	UE	W/c dpth 20-21 in seat frame	\$335.99	E2510	NU	SGD w multi methods msg/accs	\$6,768.25
E2343	NU	W/c dpth 22-25 in seat frame	\$716.78	E2510	RR	SGD w multi methods msg/accs	\$676.82
E2343	RR	W/c dpth 22-25 in seat frame	\$71.67	E2510	UE	SGD w multi methods msg/accs	\$5,076.18
E2343	UE	W/c dpth 22-25 in seat frame	\$537.58	E2511	NU	SGD sftwre prgrm for PC/PDA	\$0.00
E2351	NU	Electronic SGD interface	\$698.63	E2511	RR	SGD sftwre prgrm for PC/PDA	\$0.00
E2351	RR	Electronic SGD interface	\$69.88	E2511	UE	SGD sftwre prgrm for PC/PDA	\$0.00
E2351	UE	Electronic SGD interface	\$523.96	E2512	NU	SGD accessory, mounting sys	\$0.00
E2360	NU	22nf nonsealed leadacid	\$112.34	E2512	RR	SGD accessory, mounting sys	\$0.00
E2360	RR	22nf nonsealed leadacid	\$11.29	E2512	UE	SGD accessory, mounting sys	\$0.00
E2360	UE	22nf nonsealed leadacid	\$84.26	E2601	NU	Gen w/c cushion width < 22 in	\$88.65
E2361	NU	22nf sealed leadacid battery	\$139.47	E2601	RR	Gen w/c cushion width < 22 in	\$8.86
E2361	RR	22nf sealed leadacid battery	\$13.95	E2601	UE	Gen w/c cushion width < 22 in	\$66.49
E2361	UE	22nf sealed leadacid battery	\$104.62	E2602	NU	Gen w/c cushion width >=22 in	\$161.88
E2362	NU	Gr24 nonsealed leadacid	\$91.98	E2602	RR	Gen w/c cushion width >=22 in	\$16.20
E2362	RR	Gr24 nonsealed leadacid	\$9.20	E2602	UE	Gen w/c cushion width >=22 in	\$121.43
E2362	UE	Gr24 nonsealed leadacid	\$68.98	E2603	NU	Skin protect wc cus wd <22in	\$223.04
E2363	NU	Gr24 sealed leadacid battery	\$186.00	E2603	RR	Skin protect wc cus wd <22in	\$22.31
E2363	RR	Gr24 sealed leadacid battery	\$18.61	E2603	UE	Skin protect wc cus wd <22in	\$167.28
E2363	UE	Gr24 sealed leadacid battery	\$139.50	E2604	NU	Skin protect wc cus wd >=22in	\$315.76
E2364	NU	U1nonsealed leadacid battery	\$112.34	E2604	RR	Skin protect wc cus wd >=22in	\$31.56
E2364	RR	U1nonsealed leadacid battery	\$11.29	E2604	UE	Skin protect wc cus wd >=22in	\$236.83
E2364	UE	U1nonsealed leadacid battery	\$84.26	E2605	NU	Position wc cush width <22 in	\$321.69
E2365	NU	U1 sealed leadacid battery	\$112.17	E2605	RR	Position wc cush width <22 in	\$32.19
E2365	RR	U1 sealed leadacid battery	\$11.22	E2605	UE	Position wc cush width <22 in	\$241.29
E2365	UE	U1 sealed leadacid battery	\$84.15	E2606	NU	Position wc cush width >=22 in	\$436.07
E2366	NU	Battery charger, single mode	\$263.62	E2606	RR	Position wc cush width >=22 in	\$43.61
E2366	RR	Battery charger, single mode	\$26.43	E2606	UE	Position wc cush width >=22 in	\$327.06
E2366	UE	Battery charger, single mode	\$197.72	E2607	NU	Skin pro/pos wc cus wd <22in	\$295.60
E2367	NU	Battery charger, dual mode	\$419.08	E2607	RR	Skin pro/pos wc cus wd <22in	\$29.56
E2367	RR	Battery charger, dual mode	\$41.91	E2607	UE	Skin pro/pos wc cus wd <22in	\$221.70
E2367	UE	Battery charger, dual mode	\$314.31	E2608	NU	Skin pro/pos wc cus wd >=22in	\$354.00
E2368	NU	Power wc motor replacement	\$516.57	E2608	RR	Skin pro/pos wc cus wd >=22in	\$35.42
E2368	RR	Power wc motor replacement	\$51.67	E2608	UE	Skin pro/pos wc cus wd >=22in	\$265.51
E2368	UE	Power wc motor replacement	\$387.44	E2611	NU	Gen use back cush width <22in	\$312.35
E2369	NU	Pwr wc gear box replacement	\$449.94	E2611	RR	Gen use back cush width <22in	\$31.23
E2369	RR	Pwr wc gear box replacement	\$45.00	E2611	UE	Gen use back cush width <22in	\$234.29
E2369	UE	Pwr wc gear box replacement	\$337.45	E2612	NU	Gen use back cush width >=22in	\$422.54
E2370	NU	Pwr wc motor/gear box combo	\$802.84	E2612	RR	Gen use back cush width >=22in	\$42.25
E2370	RR	Pwr wc motor/gear box combo	\$80.29	E2612	UE	Gen use back cush width >=22in	\$316.89
E2370	UE	Pwr wc motor/gear box combo	\$602.12	E2613	NU	Position back cush wd <22in	\$393.04
E2402	RR	Neg press wound therapy pump	\$1,716.46	E2613	RR	Position back cush wd <22in	\$39.31
E2500	NU	SGD digitized pre-rec <=8min	\$391.06	E2613	UE	Position back cush wd <22in	\$294.78
E2500	RR	SGD digitized pre-rec <=8min	\$39.11	E2614	NU	Position back cush wd >=22in	\$543.93
E2500	UE	SGD digitized pre-rec <=8min	\$293.29	E2614	RR	Position back cush wd >=22in	\$54.40
E2502	NU	SGD prerec msg >8min <=20min	\$1,195.80	E2614	UE	Position back cush wd >=22in	\$407.97
E2502	RR	SGD prerec msg >8min <=20min	\$119.59	E2615	NU	Pos back post/lat width <22in	\$452.32
E2502	UE	SGD prerec msg >8min <=20min	\$896.86	E2615	RR	Pos back post/lat width <22in	\$45.24
E2504	NU	SGD prerec msg >20min <=40min	\$1,577.42	E2615	UE	Pos back post/lat width <22in	\$339.23
E2504	RR	SGD prerec msg >20min <=40min	\$157.76	E2616	NU	Pos back post/lat width >=22in	\$608.58
E2504	UE	SGD prerec msg >20min <=40min	\$1,183.05	E2616	RR	Pos back post/lat width >=22in	\$60.86
				E2616	UE	Pos back post/lat width >=22in	\$456.45
				E2618	NU	Wc acc solid seat supp base	\$0.00
				E2618	RR	Wc acc solid seat supp base	\$0.00
				E2618	UE	Wc acc solid seat supp base	\$0.00
				E2619	NU	Replace cover w/c seat cush	\$51.32
				E2619	RR	Replace cover w/c seat cush	\$5.13

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
E2619	UE	Replace cover w/c seat cush	\$38.51	K0046	RR	Elevat legrst low extension	\$1.95
E2620	NU	WC planar back cush wd <22in	\$574.76	K0046	UE	Elevat legrst low extension	\$14.66
E2620	RR	WC planar back cush wd <22in	\$57.47	K0047	NU	Elevat legrst up hangr brack	\$76.48
E2620	UE	WC planar back cush wd <22in	\$431.08	K0047	RR	Elevat legrst up hangr brack	\$7.67
E2621	NU	WC planar back cush wd>=22in	\$547.70	K0047	UE	Elevat legrst up hangr brack	\$57.34
E2621	RR	WC planar back cush wd>=22in	\$54.77	K0050	NU	Ratchet assembly	\$32.50
E2621	UE	WC planar back cush wd>=22in	\$410.79	K0050	RR	Ratchet assembly	\$3.24
K0001	RR	Standard wheelchair	\$52.48	K0050	UE	Ratchet assembly	\$24.39
K0002	RR	Stnd hemi (low seat) whlchr	\$81.83	K0051	NU	Cam relese assem frst/lgrst	\$52.61
K0003	RR	Lightweight wheelchair	\$89.59	K0051	RR	Cam relese assem frst/lgrst	\$5.29
K0004	RR	High strength ltwt whlchr	\$114.12	K0051	UE	Cam relese assem frst/lgrst	\$39.44
K0005	NU	Ultralightweight wheelchair	\$1,848.76	K0052	NU	Swingaway detach footrest	\$92.44
K0005	RR	Ultralightweight wheelchair	\$184.86	K0052	RR	Swingaway detach footrest	\$9.24
K0005	UE	Ultralightweight wheelchair	\$1,386.55	K0052	UE	Swingaway detach footrest	\$69.32
K0006	RR	Heavy duty wheelchair	\$122.39	K0053	NU	Elevate footrest articulate	\$102.01
K0007	RR	Extra heavy duty wheelchair	\$169.81	K0053	RR	Elevate footrest articulate	\$10.19
K0010	RR	Stnd wt frame power whlchr	\$362.09	K0053	UE	Elevate footrest articulate	\$76.51
K0011	RR	Stnd wt pwr whlchr w control	\$497.02	K0056	NU	Seat ht <17 or >=21 ltwt wc	\$95.10
K0012	RR	Ltwt portbl power whlchr	\$304.88	K0056	RR	Seat ht <17 or >=21 ltwt wc	\$9.51
K0015	NU	Detach non-adjus hght armrst	\$181.70	K0056	UE	Seat ht <17 or >=21 ltwt wc	\$71.34
K0015	RR	Detach non-adjus hght armrst	\$18.18	K0064	NU	Zero pressure tube flat free	\$30.40
K0015	UE	Detach non-adjus hght armrst	\$136.27	K0064	RR	Zero pressure tube flat free	\$3.05
K0017	NU	Detach adjust armrest base	\$51.11	K0064	UE	Zero pressure tube flat free	\$22.78
K0017	RR	Detach adjust armrest base	\$5.11	K0065	NU	Spoke protectors	\$44.46
K0017	UE	Detach adjust armrest base	\$38.33	K0065	RR	Spoke protectors	\$4.45
K0018	NU	Detach adjust armrst upper	\$28.55	K0065	UE	Spoke protectors	\$33.34
K0018	RR	Detach adjust armrst upper	\$2.84	K0066	NU	Solid tire any size each	\$28.52
K0018	UE	Detach adjust armrst upper	\$21.43	K0066	RR	Solid tire any size each	\$2.75
K0019	NU	Arm pad each	\$16.35	K0066	UE	Solid tire any size each	\$21.71
K0019	RR	Arm pad each	\$1.64	K0067	NU	Pneumatic tire any size each	\$40.91
K0019	UE	Arm pad each	\$12.25	K0067	RR	Pneumatic tire any size each	\$4.01
K0020	NU	Fixed adjust armrest pair	\$46.46	K0067	UE	Pneumatic tire any size each	\$29.30
K0020	RR	Fixed adjust armrest pair	\$4.65	K0068	NU	Pneumatic tire tube each	\$5.88
K0020	UE	Fixed adjust armrest pair	\$34.83	K0068	RR	Pneumatic tire tube each	\$0.61
K0037	NU	High mount flip-up footrest	\$48.16	K0068	UE	Pneumatic tire tube each	\$4.42
K0037	RR	High mount flip-up footrest	\$4.30	K0069	NU	Rear whl complete solid tire	\$99.92
K0037	UE	High mount flip-up footrest	\$36.13	K0069	RR	Rear whl complete solid tire	\$9.99
K0038	NU	Leg strap each	\$24.26	K0069	UE	Rear whl complete solid tire	\$74.94
K0038	RR	Leg strap each	\$2.43	K0070	NU	Rear whl compl pneum tire	\$183.16
K0038	UE	Leg strap each	\$18.20	K0070	RR	Rear whl compl pneum tire	\$18.33
K0039	NU	Leg strap h style each	\$53.88	K0070	UE	Rear whl compl pneum tire	\$137.37
K0039	RR	Leg strap h style each	\$5.40	K0071	NU	Front castr compl pneum tire	\$109.25
K0039	UE	Leg strap h style each	\$40.41	K0071	RR	Front castr compl pneum tire	\$10.93
K0040	NU	Adjustable angle footplate	\$74.67	K0071	UE	Front castr compl pneum tire	\$81.92
K0040	RR	Adjustable angle footplate	\$7.45	K0072	NU	Frnt cstr cmpl sem-pneum tir	\$65.76
K0040	UE	Adjustable angle footplate	\$55.99	K0072	RR	Frnt cstr cmpl sem-pneum tir	\$6.57
K0041	NU	Large size footplate each	\$52.92	K0072	UE	Frnt cstr cmpl sem-pneum tir	\$49.32
K0041	RR	Large size footplate each	\$5.31	K0073	NU	Caster pin lock each	\$34.80
K0041	UE	Large size footplate each	\$39.69	K0073	RR	Caster pin lock each	\$3.48
K0042	NU	Standard size footplate each	\$36.43	K0073	UE	Caster pin lock each	\$26.10
K0042	RR	Standard size footplate each	\$3.63	K0074	NU	Pneumatic caster tire each	\$36.00
K0042	UE	Standard size footplate each	\$27.32	K0074	RR	Pneumatic caster tire each	\$3.96
K0043	NU	Ftrst lower extension tube	\$19.53	K0074	UE	Pneumatic caster tire each	\$26.99
K0043	RR	Ftrst lower extension tube	\$1.95	K0075	NU	Semi-pneumatic caster tire	\$41.85
K0043	UE	Ftrst lower extension tube	\$14.66	K0075	RR	Semi-pneumatic caster tire	\$4.72
K0044	NU	Ftrst upper hanger bracket	\$16.64	K0075	UE	Semi-pneumatic caster tire	\$31.39
K0044	RR	Ftrst upper hanger bracket	\$1.67	K0076	NU	Solid caster tire each	\$25.55
K0044	UE	Ftrst upper hanger bracket	\$12.48	K0076	RR	Solid caster tire each	\$2.58
K0045	NU	Footrest complete assembly	\$56.62	K0076	UE	Solid caster tire each	\$19.18
K0045	RR	Footrest complete assembly	\$5.67	K0077	NU	Front caster assem complete	\$58.85
K0045	UE	Footrest complete assembly	\$42.47	K0077	RR	Front caster assem complete	\$5.88
K0046	NU	Elevat legrst low extension	\$19.53	K0077	UE	Front caster assem complete	\$44.13

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
K0078	NU	Pneumatic caster tire tube	\$9.60	K0607	UE	Repl batt for AED	\$145.67
K0078	RR	Pneumatic caster tire tube	\$0.95	K0608	NU	Repl garment for AED	\$121.21
K0078	UE	Pneumatic caster tire tube	\$7.18	K0608	RR	Repl garment for AED	\$12.14
K0090	NU	Rear tire power wheelchair	\$76.18	K0608	UE	Repl garment for AED	\$90.91
K0090	RR	Rear tire power wheelchair	\$7.63	K0609		Repl electrode for AED	\$806.09
K0090	UE	Rear tire power wheelchair	\$57.14	K0618		TLSO 2 piece rigid shell	\$603.48
K0091	NU	Rear tire tube power whlchr	\$20.77	K0619		TLSO 3 piece rigid shell	\$396.43
K0091	RR	Rear tire tube power whlchr	\$2.07	K0620		Tubular elastic dressing	\$1.14
K0091	UE	Rear tire tube power whlchr	\$15.57	K0628		Multi den insert direct form	\$24.22
K0092	NU	Rear assem cmplt powr whlchr	\$243.13	K0629		Multi den insert custom mold	\$36.14
K0092	RR	Rear assem cmplt powr whlchr	\$24.30	K0630		SIO flex pelvisacral prefab	\$72.82
K0092	UE	Rear assem cmplt powr whlchr	\$182.35	K0631		SIO flex pelvisacral custom	\$194.47
K0093	NU	Rear zero pressure tire tube	\$151.88	K0632		SIO panel prefab	\$0.00
K0093	RR	Rear zero pressure tire tube	\$15.19	K0634		LO flexibl L1-below L5 pre	\$43.27
K0093	UE	Rear zero pressure tire tube	\$113.91	K0635		LO sag stays/panels pre-fab	\$61.25
K0094	NU	Wheel tire for power base	\$49.50	K0636		LO sagitt rigid panel prefab	\$322.98
K0094	RR	Wheel tire for power base	\$4.96	K0637		LO flex w/o rigid stays pre	\$65.92
K0094	UE	Wheel tire for power base	\$37.11	K0639		LSO post rigid panel pre	\$127.26
K0095	NU	Wheel tire tube each base	\$49.50	K0640		LSO sag-coro rigid frame pre	\$806.64
K0095	RR	Wheel tire tube each base	\$4.96	K0642		LSO flexion control prefab	\$225.31
K0095	UE	Wheel tire tube each base	\$37.11	K0644		LSO sagitt rigid panel prefab	\$765.98
K0096	NU	Wheel assem powr base complt	\$274.29	K0645		LSO sagittal rigid panel cus	\$1,136.01
K0096	RR	Wheel assem powr base complt	\$27.42	K0646		LSO sag-coronal panel prefab	\$844.13
K0096	UE	Wheel assem powr base complt	\$205.72	K0647		LSO sag-coronal panel custom	\$1,036.35
K0097	NU	Wheel zero presure tire tube	\$63.09	K0648		LSO s/c shell/panel prefab	\$844.13
K0097	RR	Wheel zero presure tire tube	\$6.31	K0649		LSO s/c shell/panel custom	\$822.21
K0097	UE	Wheel zero presure tire tube	\$47.31	K0670			\$9,447.23
K0098	NU	Drive belt power wheelchair	\$27.21	K0671	RR		\$32.07
K0098	RR	Drive belt power wheelchair	\$2.72	L0100		Cranial orthosis/helmet mold	\$508.32
K0098	UE	Drive belt power wheelchair	\$20.39	L0110		Cranial orthosis/helmet nonm	\$108.14
K0099	NU	Pwr wheelchair front caster	\$80.91	L0112		Cranial cervical orthosis	\$1,099.77
K0099	RR	Pwr wheelchair front caster	\$8.11	L0120		Cerv flexible non-adjustable	\$19.97
K0099	UE	Pwr wheelchair front caster	\$60.68	L0130		Flex thermoplastic collar mo	\$163.75
K0102	NU	Crutch and cane holder	\$43.35	L0140		Cervical semi-rigid adjustab	\$48.19
K0102	RR	Crutch and cane holder	\$4.34	L0150		Cerv semi-rig adj molded chn	\$93.08
K0102	UE	Crutch and cane holder	\$32.51	L0160		Cerv semi-rig wire occ/mand	\$126.15
K0104	NU	Cylinder tank carrier	\$118.78	L0170		Cervical collar molded to pt	\$485.46
K0104	RR	Cylinder tank carrier	\$11.87	L0172		Cerv col thermplas foam 2 pi	\$110.16
K0104	UE	Cylinder tank carrier	\$89.09	L0174		Cerv col foam 2 piece w thor	\$206.79
K0105	NU	Iv hanger	\$99.43	L0180		Cer post col occ/man sup adj	\$305.29
K0105	RR	Iv hanger	\$9.93	L0190		Cerv collar supp adj cerv ba	\$408.91
K0105	UE	Iv hanger	\$74.57	L0200		Cerv col supp adj bar & thor	\$393.76
K0106	NU	Arm trough each	\$107.16	L0210		Thoracic rib belt	\$42.35
K0106	RR	Arm trough each	\$10.74	L0220		Thor rib belt custom fabrica	\$116.20
K0106	UE	Arm trough each	\$80.38	L0430		Dewall posture protector	\$1,118.91
K0195	RR	Elevating whlchair leg rests	\$17.91	L0450		TLSO flex prefab thoracic	\$153.23
K0452	NU	Wheelchair bearings	\$6.55	L0452		tlso flex custom fab thoraci	\$0.00
K0452	RR	Wheelchair bearings	\$0.56	L0454		TLSO flex prefab sacrococ-T9	\$272.52
K0452	UE	Wheelchair bearings	\$4.92	L0456		TLSO flex prefab	\$781.51
K0455	RR	Pump uninterrupted infusion	\$225.14	L0458		TLSO 2Mod symphis-xipho pre	\$700.77
K0552		Supply/ext inf pump syr type	\$2.65	L0460		TLSO2Mod symphysis-stern pre	\$788.75
K0600	NU	Functional neuromuscularstim	\$10,513.04	L0462		TLSO 3Mod sacro-scap pre	\$981.08
K0600	RR	Functional neuromuscularstim	\$1,051.30	L0464		TLSO 4Mod sacro-scap pre	\$1,167.97
K0600	UE	Functional neuromuscularstim	\$7,884.79	L0466		TLSO rigid frame pre soft ap	\$281.24
K0601	NU	Repl batt silver oxide 1.5 v	\$1.10	L0468		TLSO rigid frame prefab pelv	\$345.05
K0602	NU	Repl batt silver oxide 3 v	\$6.36	L0470		TLSO rigid frame pre subclav	\$559.55
K0603	NU	Repl batt alkaline 1.5 v	\$0.57	L0472		TLSO rigid frame hyperex pre	\$364.51
K0604	NU	Repl batt lithium 3.6 v	\$6.09	L0480		TLSO rigid plastic custom fa	\$1,294.16
K0605	NU	Repl batt lithium 4.5 v	\$14.60	L0482		TLSO rigid lined custom fab	\$1,442.24
K0606	RR	AED garment w elec analysis	\$0.00	L0484		TLSO rigid plastic cust fab	\$1,432.83
K0607	NU	Repl batt for AED	\$194.23	L0486		TLSO rigidlined cust fab two	\$1,523.40
K0607	RR	Repl batt for AED	\$19.43	L0488		TLSO rigid lined pre one pie	\$788.75

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
L0490		TLSO rigid plastic pre one	\$222.28	L1720		Legg perthes orthosis trilat	\$991.92
L0700		Ctlso a-p-l control molded	\$1,521.85	L1730		Legg perthes orth scottish r	\$874.78
L0710		Ctlso a-p-l control w/ inter	\$1,579.78	L1750		Legg perthes sling	\$197.47
L0810		Halo cervical into jckt vest	\$1,971.80	L1755		Legg perthes patten bottom t	\$1,226.70
L0820		Halo cervical into body jack	\$1,626.01	L1800		Knee orthoses elas w stays	\$50.07
L0830		Halo cerv into milwaukee typ	\$2,360.48	L1810		Ko elastic with joints	\$80.86
L0860		Magnetic resonanc image comp	\$917.03	L1815		Elastic with condylar pads	\$72.92
L0861		Halo repl liner/interface	\$169.36	L1820		Ko elas w/ condyle pads & jo	\$110.80
L0960		Post surgical support pads	\$52.00	L1825		Ko elastic knee cap	\$41.39
L0970		Tlso corset front	\$89.04	L1830		Ko immobilizer canvas longit	\$78.06
L0972		Lso corset front	\$85.83	L1831		Knee orth pos locking joint	\$231.26
L0974		Tlso full corset	\$134.77	L1832		KO adj jnt pos rigid support	\$610.20
L0976		Lso full corset	\$120.36	L1834		Ko w/o joint rigid molded to	\$661.57
L0978		Axillary crutch extension	\$144.90	L1836		Rigid KO wo joints	\$104.84
L0980		Peroneal straps pair	\$13.14	L1840		Ko derot ant cruciate custom	\$778.96
L0982		Stocking supp grips set of f	\$12.25	L1843		KO single upright custom fit	\$705.03
L0984		Protective body sock each	\$49.28	L1844		Ko w/adj jt rot cntrl molded	\$1,230.78
L1000		Ctlso milwauke initial model	\$1,528.27	L1845		Ko w/ adj flex/ext rotat cus	\$773.31
L1005		Tension based scoliosis orth	\$2,514.93	L1846		Ko w adj flex/ext rotat mold	\$1,027.16
L1010		Ctlso axilla sling	\$50.52	L1847		KO adjustable w air chambers	\$451.94
L1020		Kyphosis pad	\$65.06	L1850		Ko swedish type	\$237.93
L1025		Kyphosis pad floating	\$125.16	L1855		Ko plas doub upright jnt mol	\$1,102.92
L1030		Lumbar bolster pad	\$47.89	L1858		Ko polycentric pneumatic pad	\$987.35
L1040		Lumbar or lumbar rib pad	\$58.73	L1860		Ko supracondylar socket mold	\$983.84
L1050		Sternal pad	\$62.67	L1870		Ko doub upright lacers molde	\$970.86
L1060		Thoracic pad	\$71.99	L1880		Ko doub upright cuffs/lacers	\$628.50
L1070		Trapezius sling	\$67.73	L1900		Afo sprng wir drsflx calf bd	\$203.07
L1080		Outrigger	\$41.66	L1901		Prefab ankle orthosis	\$13.91
L1085		Outrigger bil w/ vert extens	\$115.87	L1902		Afo ankle gauntlet	\$78.65
L1090		Lumbar sling	\$75.72	L1904		Afo molded ankle gauntlet	\$366.07
L1100		Ring flange plastic/leather	\$122.90	L1906		Afo multiligamentus ankle su	\$91.42
L1110		Ring flange plas/leather mol	\$192.25	L1907		AFO supramalleolar custom	\$442.14
L1120		Covers for upright each	\$29.90	L1910		Afo sing bar clasp attach sh	\$250.43
L1200		Furnsh initial orthosis only	\$1,179.44	L1920		Afo sing upright w/ adjust s	\$281.52
L1210		Lateral thoracic extension	\$262.62	L1930		Afo plastic	\$178.08
L1220		Anterior thoracic extension	\$222.35	L1932		Afo rig ant tib prefab TCF/=	\$701.18
L1230		Milwaukee type superstructur	\$570.54	L1940		Afo molded to patient plasti	\$472.54
L1240		Lumbar derotation pad	\$58.99	L1945		Afo molded plas rig ant tib	\$696.82
L1250		Anterior asis pad	\$54.38	L1950		Afo spiral molded to pt plas	\$747.58
L1260		Anterior thoracic derotation	\$56.95	L1951		AFO spiral prefabricated	\$659.91
L1270		Abdominal pad	\$58.32	L1960		Afo pos solid ank plastic mo	\$556.33
L1280		Rib gusset (elastic) each	\$69.76	L1970		Afo plastic molded w/ankle j	\$710.42
L1290		Lateral trochanteric pad	\$59.17	L1971		AFO w/ankle joint, prefab	\$368.30
L1300		Body jacket mold to patient	\$1,676.57	L1980		Afo sing solid stirrup calf	\$310.10
L1310		Post-operative body jacket	\$1,669.85	L1990		Afo doub solid stirrup calf	\$400.15
L1500		Thkao mobility frame	\$1,429.84	L2000		Kafo sing fre stirr thi/calf	\$860.95
L1510		Thkao standing frame	\$1,206.10	L2005		KAFO sng/dbl mechanical act	\$2,828.47
L1520		Thkao swivel walker	\$2,237.57	L2010		Kafo sng solid stirrup w/o j	\$928.01
L1600		Abduct hip flex frejka w cvr	\$97.00	L2020		Kafo dbl solid stirrup band/	\$954.92
L1610		Abduct hip flex frejka covr	\$36.11	L2030		Kafo dbl solid stirrup w/o j	\$979.11
L1620		Abduct hip flex pavlik harne	\$111.61	L2035		KAFO plastic pediatric size	\$138.45
L1630		Abduct control hip semi-flex	\$127.56	L2036		Kafo plas doub free knee mol	\$1,862.14
L1640		Pelv band/spread bar thigh c	\$405.85	L2037		Kafo plas sing free knee mol	\$1,647.69
L1650		HO abduction hip adjustable	\$174.28	L2038		Kafo w/o joint multi-axis an	\$1,413.85
L1652		HO bi thighcuffs w sprdr bar	\$280.10	L2039		KAFO,plstic,medlat rotat con	\$1,746.25
L1660		HO abduction static plastic	\$128.82	L2040		Hkafo torsion bil rot straps	\$133.65
L1680		Pelvic & hip control thigh c	\$917.18	L2050		Hkafo torsion cable hip pelv	\$367.62
L1685		Post-op hip abduct custom fa	\$895.39	L2060		Hkafo torsion ball bearing j	\$462.71
L1686		HO post-op hip abduction	\$915.55	L2070		Hkafo torsion unilat rot str	\$101.88
L1690		Combination bilateral HO	\$1,519.45	L2080		Hkafo unilat torsion cable	\$287.28
L1700		Leg perthes orth toronto typ	\$1,149.54	L2090		Hkafo unilat torsion ball br	\$330.08
L1710		Legg perthes orth newington	\$1,345.66	L2106		Afo tib fx cast plaster mold	\$656.67

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
L2108		Afo tib fx cast molded to pt	\$976.12	L2624		Hip adj flex ext abduct cont	\$266.91
L2112		Afo tibial fracture soft	\$446.08	L2627		Plastic mold recipro hip & c	\$1,569.99
L2114		Afo tib fx semi-rigid	\$582.10	L2628		Metal frame recipro hip & ca	\$1,621.05
L2116		Afo tibial fracture rigid	\$640.42	L2630		Pelvic control band & belt u	\$227.02
L2126		Kafo fem fx cast thermoplas	\$1,201.86	L2640		Pelvic control band & belt b	\$337.29
L2128		Kafo fem fx cast molded to p	\$1,555.07	L2650		Pelv & thor control gluteal	\$92.75
L2132		Kafo femoral fx cast soft	\$809.64	L2660		Thoracic control thoracic ba	\$140.30
L2134		Kafo fem fx cast semi-rigid	\$970.73	L2670		Thorac cont paraspinal uprig	\$158.59
L2136		Kafo femoral fx cast rigid	\$1,186.95	L2680		Thorac cont lat support upri	\$147.41
L2180		Plas shoe insert w ank joint	\$88.15	L2750		Plating chrome/nickel pr bar	\$74.06
L2182		Drop lock knee	\$68.99	L2755		Carbon graphite lamination	\$102.64
L2184		Limited motion knee joint	\$93.25	L2760		Extension per extension per	\$56.26
L2186		Adj motion knee jnt lerman t	\$124.61	L2768		Ortho sidebar disconnect	\$102.38
L2188		Quadrilateral brim	\$300.59	L2770		Low ext orthosis per bar/jnt	\$54.78
L2190		Waist belt	\$70.79	L2780		Non-corrosive finish	\$61.33
L2192		Pelvic band & belt thigh fla	\$342.53	L2785		Drop lock retainer each	\$28.09
L2200		Limited ankle motion ea jnt	\$37.08	L2795		Knee control full kneecap	\$71.87
L2210		Dorsiflexion assist each joi	\$55.29	L2800		Knee cap medial or lateral p	\$80.29
L2220		Dorsi & plantar flex ass/res	\$69.92	L2810		Knee control condylar pad	\$58.79
L2230		Split flat caliper stirr & p	\$57.76	L2820		Soft interface below knee se	\$75.09
L2232		Rocker bottom, contact AFO	\$0.00	L2830		Soft interface above knee se	\$87.09
L2240		Round caliper and plate atta	\$62.95	L2840		Tibial length sock fx or equ	\$38.91
L2250		Foot plate molded stirrup at	\$267.48	L2850		Femoral lgth sock fx or equa	\$50.04
L2260		Reinforced solid stirrup	\$201.20	L3031		Foot lamin/prepreg composite	\$0.00
L2265		Long tongue stirrup	\$88.65	L3224		Woman's shoe oxford brace	\$48.75
L2270		Varus/valgus strap padded/li	\$41.33	L3225		Man's shoe oxford brace	\$54.76
L2275		Plastic mod low ext pad/line	\$94.89	L3650		Shlder fig 8 abduct restrain	\$50.18
L2280		Molded inner boot	\$393.00	L3651		Prefab shoulder orthosis	\$47.09
L2300		Abduction bar jointed adjust	\$270.23	L3652		Prefab dbl shoulder orthosis	\$141.90
L2310		Abduction bar-straight	\$92.60	L3660		Abduct restrainer canvas&web	\$77.49
L2320		Non-molded lacer	\$185.37	L3670		Acromio/clavicular canvas&we	\$98.75
L2330		Lacer molded to patient mode	\$394.10	L3675		Canvas vest SO	\$125.49
L2335		Anterior swing band	\$171.01	L3700		Elbow orthoses elas w stays	\$59.52
L2340		Pre-tibial shell molded to p	\$365.67	L3701		Prefab elbow orthosis	\$14.56
L2350		Prosthetic type socket molde	\$891.45	L3710		Elbow elastic with metal joi	\$95.04
L2360		Extended steel shank	\$51.93	L3720		Forearm/arm cuffs free motio	\$642.40
L2370		Patten bottom	\$257.65	L3730		Forearm/arm cuffs ext/flex a	\$865.99
L2375		Torsion ank & half solid sti	\$85.05	L3740		Cuffs adj lock w/ active con	\$971.20
L2380		Torsion straight knee joint	\$92.67	L3760		EO withjoint, Prefabricated	\$357.62
L2385		Straight knee joint heavy du	\$100.83	L3762		Rigid EO wo joints	\$76.89
L2390		Offset knee joint each	\$87.84	L3800		Whfo short opponen no attach	\$147.29
L2395		Offset knee joint heavy duty	\$117.78	L3805		Whfo long opponens no attach	\$312.74
L2397		Suspension sleeve lower ext	\$88.85	L3807		WHFO,no joint, prefabricated	\$178.81
L2405		Knee joint drop lock ea jnt	\$68.50	L3810		Whfo thumb abduction bar	\$47.74
L2415		Knee joint cam lock each joi	\$95.43	L3815		Whfo second m.p. abduction a	\$45.77
L2425		Knee disc/dial lock/adj flex	\$112.64	L3820		Whfo ip ext asst w/ mp ext s	\$76.12
L2430		Knee jnt ratchet lock ea jnt	\$112.64	L3825		Whfo m.p. extension stop	\$49.39
L2492		Knee lift loop drop lock rin	\$87.46	L3830		Whfo m.p. extension assist	\$62.36
L2500		Thi/glut/ischia wgt bearing	\$237.47	L3835		Whfo m.p. spring extension a	\$67.60
L2510		Th/wght bear quad-lat brim m	\$636.43	L3840		Whfo spring swivel thumb	\$46.30
L2520		Th/wght bear quad-lat brim c	\$427.28	L3845		Whfo thumb ip ext ass w/ mp	\$59.80
L2525		Th/wght bear nar m-l brim mo	\$1,056.13	L3850		Action wrist w/ dorsiflex as	\$113.89
L2526		Th/wght bear nar m-l brim cu	\$515.60	L3855		Whfo adj m.p. flexion contro	\$86.10
L2530		Thigh/wght bear lacer non-mo	\$230.48	L3860		Whfo adj m.p. flex ctrl & i.	\$117.86
L2540		Thigh/wght bear lacer molded	\$325.12	L3900		Hinge extension/flex wrist/f	\$953.14
L2550		Thigh/wght bear high roll cu	\$262.73	L3901		Hinge ext/flex wrist finger	\$1,309.63
L2570		Hip clevis type 2 posit jnt	\$358.55	L3904		Whfo electric custom fitted	\$2,157.12
L2580		Pelvic control pelvic sling	\$400.84	L3906		Wrist gauntlet molded to pt	\$300.77
L2600		Hip clevis/thrust bearing fr	\$154.60	L3907		Whfo wrst gauntlt thmb spica	\$439.26
L2610		Hip clevis/thrust bearing lo	\$213.33	L3908		Wrist cock-up non-molded	\$58.85
L2620		Pelvic control hip heavy dut	\$268.36	L3909		Prefab wrist orthosis	\$10.09
L2622		Hip joint adjustable flexion	\$230.84	L3910		Whfo swanson design	\$300.53

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
L3911		Prefab hand finger orthosis	\$17.71	L4020		Replace quadlat socket brim	\$826.89
L3912		Flex glove w/elastic finger	\$69.86	L4030		Replace socket brim cust fit	\$506.74
L3914		WHO wrist extension cock-up	\$83.92	L4040		Replace molded thigh lacer	\$363.33
L3916		Whfo wrist extens w/ outrigg	\$93.55	L4045		Replace non-molded thigh lac	\$246.93
L3917		Prefab metacarpl fx orthosis	\$75.54	L4050		Replace molded calf lacer	\$414.36
L3918		HFO knuckle bender	\$57.73	L4055		Replace non-molded calf lace	\$201.23
L3920		Knuckle bender with outrigge	\$83.34	L4060		Replace high roll cuff	\$239.23
L3922		Knuckle bend 2 seg to flex j	\$72.03	L4070		Replace prox & dist upright	\$211.85
L3923		HFO, no joint, prefabricated	\$27.82	L4080		Repl met band kafo-af0 prox	\$77.81
L3924		Oppenheimer	\$78.54	L4090		Repl met band kafo-af0 calf/	\$80.91
L3926		Thomas suspension	\$76.57	L4100		Repl leath cuff kafo prox th	\$97.55
L3928		Finger extension w/ clock sp	\$51.38	L4110		Repl leath cuff kafo-af0 cal	\$84.15
L3930		Finger extension with wrist	\$47.34	L4130		Replace pretibial shell	\$373.47
L3932		Safety pin spring wire	\$34.62	L4350		Ankle control orthosi prefab	\$67.29
L3934		Safety pin modified	\$35.49	L4360		Pneumati walking boot prefab	\$216.23
L3936		Palmer	\$66.51	L4370		Pneumatic full leg splint	\$142.11
L3938		Dorsal wrist	\$68.71	L4380		Pneumatic knee splint	\$99.98
L3940		Dorsal wrist w/ outrigger at	\$79.19	L4386		Non-pneum walk boot prefab	\$124.58
L3942		Reverse knuckle bender	\$54.77	L4392		Replace AFO soft interface	\$18.49
L3944		Reverse knuckle bend w/ outr	\$72.34	L4394		Replace foot drop spint	\$13.49
L3946		HFO composite elastic	\$65.28	L4396		Static AFO	\$131.85
L3948		Finger knuckle bender	\$47.46	L4398		Foot drop splint recumbent	\$60.71
L3950		Oppenheimer w/ knuckle bend	\$110.46	L5000		Sho insert w arch toe filler	\$405.20
L3952		Oppenheimer w/ rev knuckle 2	\$122.60	L5010		Mold socket ank hgt w/ toe f	\$1,239.41
L3954		Spreading hand	\$81.35	L5020		Tibial tubercle hgt w/ toe f	\$1,589.30
L3956		Add joint upper ext orthosis	\$0.00	L5050		Ank symes mold sckt sach ft	\$1,961.81
L3960		Sewho airplan desig abdu pos	\$555.28	L5060		Symes met fr leath socket ar	\$2,953.39
L3962		Sewho erbs palsey design abd	\$528.51	L5100		Molded socket shin sach foot	\$2,032.52
L3963		Molded w/ articulating elbow	\$1,341.36	L5105		Plast socket jts/thgh lacer	\$3,395.34
L3964	NU	Seo mobile arm sup att to wc	\$621.11	L5150		Mold sckt ext knee shin sach	\$3,128.03
L3964	RR	Seo mobile arm sup att to wc	\$62.10	L5160		Mold socket bent knee shin s	\$3,063.19
L3964	UE	Seo mobile arm sup att to wc	\$465.80	L5200		Kne sing axis fric shin sach	\$2,650.45
L3965	NU	Arm supp att to wc rancho ty	\$991.11	L5210		No knee/ankle joints w/ ft b	\$2,594.72
L3965	RR	Arm supp att to wc rancho ty	\$99.13	L5220		No knee joint with artic ali	\$2,368.33
L3965	UE	Arm supp att to wc rancho ty	\$743.33	L5230		Fem focal defic constant fri	\$3,050.83
L3966	NU	Mobile arm supports reclinin	\$746.64	L5250		Hip canad sing axi cons fric	\$4,444.57
L3966	RR	Mobile arm supports reclinin	\$74.67	L5270		Tilt table locking hip sing	\$4,124.60
L3966	UE	Mobile arm supports reclinin	\$559.98	L5280		Hemipelvect canad sing axis	\$4,083.36
L3968	NU	Friction dampening arm supp	\$944.86	L5301		BK mold socket SACH ft endo	\$1,841.35
L3968	RR	Friction dampening arm supp	\$94.48	L5311		Knee disart, SACH ft, endo	\$2,691.11
L3968	UE	Friction dampening arm supp	\$708.65	L5321		AK open end SACH	\$2,635.83
L3969	NU	Monosuspension arm/hand supp	\$642.89	L5331		Hip disart canadian SACH ft	\$3,729.80
L3969	RR	Monosuspension arm/hand supp	\$64.30	L5341		Hemipelvectomy canadian	\$4,083.49
L3969	UE	Monosuspension arm/hand supp	\$482.18			SACH	
L3970	NU	Elevat proximal arm support	\$264.31	L5400		Postop dress & 1 cast chg bk	\$965.20
L3970	RR	Elevat proximal arm support	\$26.43	L5410		Postop dsg bk ea add cast ch	\$335.08
L3970	UE	Elevat proximal arm support	\$198.23	L5420		Postop dsg & 1 cast chg ak/d	\$1,219.01
L3972	NU	Offset/lat rocker arm w/ ela	\$168.07	L5430		Postop dsg ak ea add cast ch	\$538.08
L3972	RR	Offset/lat rocker arm w/ ela	\$16.81	L5450		Postop app non-wgt bear dsg	\$363.45
L3972	UE	Offset/lat rocker arm w/ ela	\$126.05	L5460		Postop app non-wgt bear dsg	\$437.30
L3974	NU	Mobile arm support supinator	\$142.55	L5500		Init bk ptb plaster direct	\$1,029.99
L3974	RR	Mobile arm support supinator	\$14.27	L5505		Init ak ischal plstr direct	\$1,394.88
L3974	UE	Mobile arm support supinator	\$106.91	L5510		Prep BK ptb plaster molded	\$1,167.56
L3980		Upp ext fx orthosis humeral	\$260.37	L5520		Perp BK ptb thermopls direct	\$1,408.99
L3982		Upper ext fx orthosis rad/ul	\$366.65	L5530		Prep BK ptb thermopls molded	\$1,385.19
L3984		Upper ext fx orthosis wrist	\$271.21	L5535		Prep BK ptb open end socket	\$1,521.17
L3985		Forearm hand fx orth w/ wr h	\$574.04	L5540		Prep BK ptb laminated socket	\$1,451.53
L3986		Humeral rad/ulna wrist fx or	\$480.44	L5560		Prep AK ischial plast molded	\$1,821.32
L3995		Sock fracture or equal each	\$32.12	L5570		Prep AK ischial direct form	\$1,834.51
L4000		Repl girdle milwaukee orth	\$959.80	L5580		Prep AK ischial thermo mold	\$2,079.33
L4002		Replace strap, any orthosis	\$0.00	L5585		Prep AK ischial open end	\$2,051.89
L4010		Replace trilateral socket br	\$595.72	L5590		Prep AK ischial laminated	\$2,139.43

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
L5595		Hip disartic sac thermopls	\$3,564.77	L5694		Ak pelvic control belt pad/l	\$145.49
L5600		Hip disartic sac laminat mold	\$3,943.61	L5695		Ak sleeve susp neoprene/equa	\$152.12
L5610		Above knee hydracadence	\$1,660.39	L5696		Ak/knee disartic pelvic join	\$161.18
L5611		Ak 4 bar link w/fric swing	\$1,292.11	L5697		Ak/knee disartic pelvic band	\$64.38
L5613		Ak 4 bar ling w/hydraul swig	\$1,965.38	L5698		Ak/knee disartic silesian ba	\$105.02
L5614		4-bar link above knee w/swng	\$1,328.51	L5699		Shoulder harness	\$152.54
L5616		Ak univ multiplex sys frict	\$1,089.20	L5700		Replace socket below knee	\$2,237.14
L5617		AK/BK self-aligning unit ea	\$449.35	L5701		Replace socket above knee	\$2,775.37
L5618		Test socket symes	\$237.70	L5702		Replace socket hip	\$3,497.93
L5620		Test socket below knee	\$263.79	L5704		Custom shape cover BK	\$456.15
L5622		Test socket knee disarticula	\$387.64	L5705		Custom shape cover AK	\$836.27
L5624		Test socket above knee	\$336.86	L5706		Custom shape cvr knee disart	\$815.67
L5626		Test socket hip disarticulat	\$382.37	L5707		Custom shape cvr hip disart	\$1,095.86
L5628		Test socket hemipelvectomy	\$399.80	L5710		Knee-shin exo sng axi mnl loc	\$303.53
L5629		Below knee acrylic socket	\$339.82	L5711		Knee-shin exo mnl lock ultra	\$455.74
L5630		Syme typ expandabl wall sckt	\$363.58	L5712		Knee-shin exo frict swg & st	\$394.97
L5631		Ak/knee disartic acrylic soc	\$469.82	L5714		Knee-shin exo variable frict	\$347.96
L5632		Symes type ptb brim design s	\$193.97	L5716		Knee-shin exo mech stance ph	\$584.51
L5634		Symes type poster opening so	\$285.98	L5718		Knee-shin exo frct swg & sta	\$730.57
L5636		Symes type medial opening so	\$272.46	L5722		Knee-shin pneum swg frct exo	\$724.08
L5637		Below knee total contact	\$295.59	L5724		Knee-shin exo fluid swing ph	\$1,507.63
L5638		Below knee leather socket	\$469.56	L5726		Knee-shin ext jnts fld swg e	\$1,395.08
L5639		Below knee wood socket	\$1,145.47	L5728		Knee-shin fluid swg & stance	\$2,123.25
L5640		Knee disarticulat leather so	\$683.74	L5780		Knee-shin pneum/hydra pneum	\$918.18
L5642		Above knee leather socket	\$592.95	L5781		Lower limb pros vacuum pump	\$3,150.08
L5643		Hip flex inner socket ext fr	\$1,248.22	L5782		HD low limb pros vacuum pump	\$3,320.90
L5644		Above knee wood socket	\$473.68	L5785		Exoskeletal bk ultralt mater	\$416.66
L5645		Bk flex inner socket ext fra	\$639.88	L5790		Exoskeletal ak ultra-light m	\$576.63
L5646		Below knee cushion socket	\$465.28	L5795		Exoskel hip ultra-light mate	\$861.07
L5647		Below knee suction socket	\$667.75	L5810		Endoskel knee-shin mnl lock	\$403.43
L5648		Above knee cushion socket	\$586.80	L5811		Endo knee-shin mnl lck ultra	\$584.89
L5649		Isch containmt/narrow m-l so	\$1,526.90	L5812		Endo knee-shin frct swg & st	\$453.35
L5650		Tot contact ak/knee disartic s	\$522.01	L5814		Endo knee-shin hydral swg ph	\$2,923.87
L5651		Ak flex inner socket ext fra	\$963.10	L5816		Endo knee-shin polyc mch sta	\$682.03
L5652		Suction susp ak/knee disartic	\$349.64	L5818		Endo knee-shin frct swg & st	\$825.39
L5653		Knee disartic expand wall sock	\$466.74	L5822		Endo knee-shin pneum swg frc	\$1,693.33
L5654		Socket insert symes	\$281.67	L5824		Endo knee-shin fluid swing p	\$1,522.73
L5655		Socket insert below knee	\$273.66	L5826		Miniature knee joint	\$2,500.45
L5656		Socket insert knee articulat	\$388.80	L5828		Endo knee-shin fluid swg/sta	\$2,767.41
L5658		Socket insert above knee	\$313.92	L5830		Endo knee-shin pneum/swg pha	\$1,633.09
L5661		Multi-durometer symes	\$489.46	L5840		Multi-axial knee/shin system	\$2,844.25
L5665		Multi-durometer below knee	\$410.63	L5845		Knee-shin sys stance flexion	\$1,411.11
L5666		Below knee cuff suspension	\$63.06	L5848		Knee-shin sys hydraul stance	\$846.60
L5668		Socket insert w/o lock lower	\$84.40	L5850		Endo ak/hip knee extens assi	\$107.50
L5670		Bk molded supracondylar susp	\$225.14	L5855		Mech hip extension assist	\$247.67
L5671		BK/AK locking mechanism	\$398.91	L5856		Elec knee-shin swing/stance	\$18,985.27
L5672		Bk removable medial brim sus	\$239.14	L5857		Elec knee-shin swing only	\$6,791.97
L5673		Socket insert w lock mech	\$535.88	L5910		Endo below knee alignable sy	\$317.74
L5676		Bk knee joints single axis p	\$290.61	L5920		Endo ak/hip alignable system	\$425.51
L5677		Bk knee joints polycentric p	\$395.42	L5925		Above knee manual lock	\$269.47
L5678		Bk joint covers pair	\$31.84	L5930		High activity knee frame	\$2,703.14
L5679		Socket insert w/o lock mech	\$446.56	L5940		Endo bk ultra-light material	\$437.01
L5680		Bk thigh lacer non-molded	\$312.59	L5950		Endo ak ultra-light material	\$708.48
L5681		Intl custm cong/latyp insert	\$1,035.59	L5960		Endo hip ultra-light materia	\$1,026.32
L5682		Bk thigh lacer glut/ischia m	\$522.84	L5962		Below knee flex cover system	\$471.39
L5683		Initial custom socket insert	\$1,035.59	L5964		Above knee flex cover system	\$817.58
L5684		Bk fork strap	\$39.63	L5966		Hip flexible cover system	\$1,053.17
L5685		Below knee sus/seal sleeve	\$0.00	L5968		Multiaxial ankle w dorsiflex	\$2,860.96
L5686		Bk back check	\$54.62	L5970		Foot external keel sach foot	\$162.88
L5688		Bk waist belt webbing	\$65.31	L5972		Flexible keel foot	\$282.64
L5690		Bk waist belt padded and lin	\$83.02	L5974		Foot single axis ankle/foot	\$186.88
L5692		Ak pelvic control belt light	\$106.56	L5975		Combo ankle/foot prosthesis	\$364.98

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
L5976		Energy storing foot	\$566.72	L6638		Elec lock on manual pw elbow	\$1,968.81
L5978		Ft prosth multiaxial ankl/ft	\$234.04	L6640		Shoulder abduction joint pai	\$299.52
L5979		Multi-axial ankle/ft prosth	\$1,829.90	L6641		Excursion amplifier pulley t	\$171.54
L5980		Flex foot system	\$3,904.64	L6642		Excursion amplifier lever ty	\$232.51
L5981		Flex-walk sys low ext prosth	\$2,488.65	L6645		Shoulder flexion-abduction j	\$258.81
L5982		Exoskeletal axial rotation u	\$463.63	L6646		Multiplo locking shoulder jnt	\$2,483.11
L5984		Endoskeletal axial rotation	\$456.86	L6647		Shoulder lock actuator	\$408.79
L5985		Lwr ext dynamic prosth pylon	\$226.77	L6648		Ext pwrld shlder lock/unlock	\$2,560.98
L5986		Multi-axial rotation unit	\$508.19	L6650		Shoulder universal joint	\$310.89
L5987		Shank ft w vert load pylon	\$5,663.55	L6655		Standard control cable extra	\$64.10
L5988		Vertical shock reducing pylo	\$1,572.78	L6660		Heavy duty control cable	\$73.61
L5990		User adjustable heel height	\$1,428.31	L6665		Teflon or equal cable lining	\$42.78
L5995		Lower ext pros heavyduty fea	\$0.00	L6670		Hook to hand cable adapter	\$47.40
L6000		Par hand robin-aids thum rem	\$1,089.82	L6672		Harness chest/shlder saddle	\$164.38
L6010		Hand robin-aids little/ring	\$1,245.07	L6675		Harness figure of 8 sing con	\$109.01
L6020		Part hand robin-aids no fing	\$1,105.57	L6676		Harness figure of 8 dual con	\$117.00
L6025		Part hand disart myoelectric	\$6,300.21	L6680		Test sock wrist disart/bel e	\$234.49
L6050		Wrst MLd sck flx hng tri pad	\$1,777.31	L6682		Test sock elbw disart/above	\$251.48
L6055		Wrst mold sock w/exp interfa	\$2,316.11	L6684		Test socket shldr disart/tho	\$356.97
L6100		Elb mold sock flex hinge pad	\$2,057.97	L6686		Suction socket	\$480.38
L6110		Elbow mold sock suspension t	\$2,182.82	L6687		Frame typ socket bel elbow/w	\$470.78
L6120		Elbow mold doub splt soc ste	\$2,371.31	L6688		Frame typ sock above elb/dis	\$437.16
L6130		Elbow stump activated lock h	\$2,566.33	L6689		Frame typ socket shoulder di	\$720.49
L6200		Elbow mold outsid lock hinge	\$2,187.84	L6690		Frame typ sock interscap-tho	\$619.71
L6205		Elbow molded w/ expand inter	\$3,283.39	L6691		Removable insert each	\$295.57
L6250		Elbow inter loc elbow forarm	\$2,269.54	L6692		Silicone gel insert or equal	\$454.88
L6300		Shldr disart int lock elbow	\$3,626.48	L6693		Lockingelbow forearm cntrbal	\$2,235.13
L6310		Shoulder passive restor comp	\$2,589.43	L6694		Elbow socket ins use w/lock	\$0.00
L6320		Shoulder passive restor cap	\$1,370.51	L6695		Elbow socket ins use w/o lck	\$0.00
L6350		Thoracic intern lock elbow	\$4,188.33	L6696		Cus elbo skt in for con/atyp	\$0.00
L6360		Thoracic passive restor comp	\$2,554.41	L6697		Cus elbo skt in not con/atyp	\$0.00
L6370		Thoracic passive restor cap	\$2,171.81	L6698		Below/above elbow lock mech	\$0.00
L6380		Postop dsg cast chg wrst/elb	\$1,110.39	L6700		Terminal device model #3	\$416.01
L6382		Postop dsg cast chg elb dis/	\$1,583.27	L6705		Terminal device model #5	\$244.23
L6384		Postop dsg cast chg shlder/t	\$2,038.72	L6710		Terminal device model #5x	\$276.79
L6386		Postop ea cast chg & realign	\$429.41	L6715		Terminal device model #5xa	\$274.93
L6388		Postop applicat rigid dsg on	\$352.56	L6720		Terminal device model #6	\$684.17
L6400		Below elbow prosth tiss shap	\$2,165.88	L6725		Terminal device model #7	\$331.23
L6450		Elb disart prosth tiss shap	\$2,488.26	L6730		Terminal device model #7lo	\$592.46
L6500		Above elbow prosth tiss shap	\$2,564.06	L6735		Terminal device model #8	\$238.97
L6550		Shldr disar prosth tiss shap	\$3,058.11	L6740		Terminal device model #8x	\$311.55
L6570		Scap thorac prosth tiss shap	\$3,737.87	L6745		Terminal device model #88x	\$285.06
L6580		Wrist/elbow bowden cable mol	\$1,256.69	L6750		Terminal device model #10p	\$281.77
L6582		Wrist/elbow bowden cbl dir f	\$1,110.39	L6755		Terminal device model #10x	\$280.97
L6584		Elbow fair lead cable molded	\$1,685.32	L6765		Terminal device model #12p	\$293.54
L6586		Elbow fair lead cable dir fo	\$1,510.45	L6770		Terminal device model #99x	\$282.98
L6588		Shdr fair lead cable molded	\$2,313.88	L6775		Terminal device model#555	\$335.29
L6590		Shdr fair lead cable direct	\$2,155.19	L6780		Terminal device model #ss555	\$358.40
L6600		Polycentric hinge pair	\$200.57	L6790		Hooks-accu hook or equal	\$371.86
L6605		Single pivot hinge pair	\$198.05	L6795		Hooks-2 load or equal	\$992.53
L6610		Flexible metal hinge pair	\$133.52	L6800		Hooks-aprl vc or equal	\$812.57
L6615		Disconnect locking wrist uni	\$147.39	L6805		Modifier wrist flexion unit	\$320.29
L6616		Disconnect insert locking wr	\$60.65	L6806		Trs grip vc or equal	\$1,273.30
L6620		Flexion/extension wrist unit	\$243.16	L6807		Term device grip1/2 or equal	\$1,225.78
L6623		Spring-ass rot wrst w/ latch	\$514.43	L6808		Term device infant or child	\$930.84
L6625		Rotation wrst w/ cable lock	\$426.53	L6809		Trs super sport passive	\$396.76
L6628		Quick disconn hook adapter o	\$384.18	L6810		Pincher tool otto bock or eq	\$149.59
L6629		Lamination collar w/ couplin	\$140.54	L6825		Hands dorrance vo	\$882.75
L6630		Stainless steel any wrist	\$172.84	L6830		Hand aprl vc	\$1,086.02
L6632		Latex suspension sleeve each	\$52.10	L6835		Hand sierra vo	\$946.03
L6635		Lift assist for elbow	\$162.06	L6840		Hand becker imperial	\$657.23
L6637		Nudge control elbow lock	\$294.47	L6845		Hand becker lock grip	\$759.82

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>	<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
L6850		Term dvc-hand becker plylite	\$552.56	L8020		Mastectomy form	\$192.33
L6855		Hand robin-aids vo	\$702.88	L8030		Breast prosthesis silicone/e	\$259.38
L6860		Hand robin-aids vo soft	\$551.29	L8035		Custom breast prosthesis	\$2,884.34
L6865		Hand passive hand	\$348.19	L8040		Nasal prosthesis	\$2,188.43
L6867		Hand detroit infant hand	\$859.46	L8041		Midfacial prosthesis	\$2,637.77
L6868		Passive inf hand steeper/hos	\$203.84	L8042		Orbital prosthesis	\$2,963.80
L6870		Hand child mitt	\$213.68	L8043		Upper facial prosthesis	\$3,319.45
L6872		Hand nyu child hand	\$913.46	L8044		Hemi-facial prosthesis	\$3,675.11
L6873		Hand mech inf steeper or equ	\$396.87	L8045		Auricular prosthesis	\$2,310.21
L6875		Hand bock vc	\$794.99	L8046		Partial facial prosthesis	\$2,371.03
L6880		Hand bock vo	\$539.19	L8047		Nasal septal prosthesis	\$1,215.16
L6881		Autograsp feature ul term dv	\$3,218.65	L8110		Compression stocking BK30-40	\$43.27
L6882		Microprocessor control uplmb	\$2,441.49	L8120		Compression stocking BK40-50	\$60.96
L6890		Prefab glove for term device	\$181.87	L8300		Truss single w/ standard pad	\$67.65
L6895		Custom glove for term device	\$447.81	L8310		Truss double w/ standard pad	\$141.62
L6900		Hand restorat thumb/1 finger	\$1,423.47	L8320		Truss addition to std pad wa	\$42.87
L6905		Hand restoration multiple fi	\$1,406.49	L8330		Truss add to std pad scrotal	\$39.59
L6910		Hand restoration no fingers	\$1,462.41	L8400		Sheath below knee	\$16.83
L6915		Hand restoration replacmnt g	\$502.05	L8410		Sheath above knee	\$20.38
L6920		Wrist disarticul switch ctrl	\$5,352.12	L8415		Sheath upper limb	\$19.28
L6925		Wrist disart myoelectronic c	\$6,178.94	L8417		Pros sheath/sock w gel cushn	\$59.12
L6930		Below elbow switch control	\$5,385.31	L8420		Prosthetic sock multi ply BK	\$18.07
L6935		Below elbow myoelectronic ct	\$6,294.62	L8430		Prosthetic sock multi ply AK	\$20.89
L6940		Elbow disarticulation switch	\$7,459.47	L8435		Pros sock multi ply upper lm	\$17.62
L6945		Elbow disart myoelectronic c	\$8,363.32	L8440		Shrinker below knee	\$43.40
L6950		Above elbow switch control	\$7,997.69	L8460		Shrinker above knee	\$53.45
L6955		Above elbow myoelectronic ct	\$9,578.33	L8465		Shrinker upper limb	\$39.12
L6960		Shldr disartic switch contro	\$9,660.47	L8470		Pros sock single ply BK	\$5.35
L6965		Shldr disartic myoelectronic	\$11,365.99	L8480		Pros sock single ply AK	\$7.38
L6970		Interscapular-thor switch ct	\$11,696.65	L8485		Pros sock single ply upper l	\$8.96
L6975		Interscap-thor myoelectronic	\$12,815.82	L8500		Artificial larynx	\$609.48
L7010		Hand otto back steeper/eq sw	\$2,929.07	L8501		Tracheostomy speaking valve	\$96.88
L7015		Hand sys teknik village swit	\$4,738.25	L8507		Trach-esoph voice pros pt in	\$32.98
L7020		Electronic greifer switch ct	\$3,022.01	L8509		Trach-esoph voice pros md in	\$85.98
L7025		Electron hand myoelectronic	\$3,158.35	L8510		Voice amplifier	\$198.94
L7030		Hand sys teknik vill myoelec	\$5,009.08	L8511		Indwelling trach insert	\$57.26
L7035		Electron greifer myoelectro	\$2,980.70	L8512		Gel cap for trach voice pros	\$1.70
L7040		Prehensile actuator hosmer s	\$2,446.88	L8513		Trach pros cleaning device	\$4.08
L7045		Electron hook child michigan	\$1,296.25	L8514		Repl trach puncture dilator	\$74.24
L7170		Electronic elbow hosmer swit	\$4,702.35	L8515		Gel cap app device for trach	\$49.69
L7180		Electronic elbow sequential	\$28,828.94	L8600		Implant breast silicone/eq	\$500.79
L7181		Electronic elbo simultaneous	\$0.00	L8603		Collagen imp urinary 2.5 ml	\$350.22
L7185		Electron elbow adolescent sw	\$5,750.67	L8606		Synthetic implnt urinary 1ml	\$172.47
L7186		Electron elbow child switch	\$8,760.90	L8610		Ocular implant	\$555.95
L7190		Elbow adolescent myoelectron	\$8,077.91	L8612		Aqueous shunt prosthesis	\$531.01
L7191		Elbow child myoelectronic ct	\$9,057.94	L8613		Ossicular implant	\$268.79
L7260		Electron wrist rotator otto	\$1,578.30	L8614		Cochlear device/system	\$15,368.04
L7261		Electron wrist rotator utah	\$2,873.10	L8615		Coch implant headset replace	\$355.07
L7266		Servo control steeper or equ	\$794.01	L8616		Coch implant microphone repl	\$82.70
L7272		Analogue control unb or equa	\$1,784.90	L8617		Coch implant trans coil repl	\$72.23
L7274		Proportional ctl 12 volt uta	\$5,034.85	L8618		Coch implant tran cable repl	\$20.64
L7360		Six volt bat otto bock/eq ea	\$243.16	L8619		Replace cochlear processor	\$6,597.40
L7362		Battery chrgr six volt otto	\$224.09	L8620		Repl lithium ion battery	\$50.93
L7364		Twelve volt battery utah/equ	\$426.09	L8621		Repl zinc air battery	\$0.49
L7366		Battery chrgr 12 volt utah/e	\$573.95	L8622		Repl alkaline battery	\$0.26
L7367		Replacemnt lithium ionbatter	\$306.51	L8630		Metacarpophalangeal implant	\$270.19
L7368		Lithium ion battery charger	\$397.34	L8631		MCP joint repl 2 pc or more	\$1,740.67
L7900		Male vacuum erection system	\$413.66	L8641		Metatarsal joint implant	\$280.72
L8000		Mastectomy bra	\$29.55	L8642		Hallux implant	\$246.10
L8001		Breast prosthesis bra & form	\$98.74	L8658		Interphalangeal joint spacer	\$244.76
L8002		Brst prsth bra & bilat form	\$129.88	L8659		Interphalangeal joint repl	\$1,519.23
L8015		Ext breastprosthesis garment	\$47.19	L8670		Vascular graft, synthetic	\$446.41

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
V2020		Vision svcs frames purchases	\$50.28	V2310		Lens sphc trifocal 4.25-7/>6	\$74.40
V2100		Lens sphr single plano 4.00	\$41.88	V2311		Lens sphc trifo 7.25-12/.25-	\$71.72
V2101		Single visn sphere 4.12-7.00	\$44.13	V2312		Lens sphc trifo 7.25-12/2.25	\$72.17
V2102		Singl visn sphere 7.12-20.00	\$51.11	V2313		Lens sphc trifo 7.25-12/4.25	\$81.29
V2103		Spherocylindr 4.00d/12-2.00d	\$36.37	V2314		Lens sphcyl trifocal over 12	\$92.68
V2104		Spherocylindr 4.00d/2.12-4d	\$40.28	V2315		Lens lenticular trifocal	\$115.47
V2105		Spherocylinder 4.00d/4.25-6d	\$43.85	V2318		Lens aniseikonic trifocal	\$156.85
V2106		Spherocylinder 4.00d/>6.00d	\$48.43	V2319		Lens trifocal seg width > 28	\$45.64
V2107		Spherocylinder 4.25d/12-2d	\$46.28	V2320		Lens trifocal add over 3.25d	\$56.02
V2108		Spherocylinder 4.25d/2.12-4d	\$46.07	V2321		Lenticular lens, trifocal	\$114.07
V2109		Spherocylinder 4.25d/4.25-6d	\$51.24	V2410		Lens variab asphericity sing	\$88.67
V2110		Spherocylinder 4.25d/over 6d	\$52.32	V2430		Lens variable asphericity bi	\$115.55
V2111		Spherocylindr 7.25d/.25-2.25	\$54.54	V2500		Contact lens pmma spherical	\$86.91
V2112		Spherocylindr 7.25d/2.25-4d	\$59.53	V2501		Cntct lens pmma-toric/prism	\$132.39
V2113		Spherocylindr 7.25d/4.25-6d	\$65.43	V2502		Contact lens pmma bifocal	\$163.08
V2114		Spherocylinder over 12.00d	\$72.68	V2503		Cntct lens pmma color vision	\$150.20
V2115		Lens lenticular bifocal	\$61.26	V2510		Cntct gas permeable sphericl	\$101.31
V2118		Lens aniseikonic single	\$67.21	V2511		Cntct toric prism ballast	\$170.47
V2121		Lenticular lens, single	\$67.62	V2512		Cntct lens gas permbl bifocl	\$201.43
V2200		Lens sphr bifoc plano 4.00d	\$54.82	V2513		Contact lens extended wear	\$169.12
V2201		Lens sphere bifocal 4.12-7.0	\$59.36	V2520		Contact lens hydrophilic	\$111.52
V2202		Lens sphere bifocal 7.12-20.	\$67.34	V2521		Cntct lens hydrophilic toric	\$194.15
V2203		Lens sphcyl bifocal 4.00d/.1	\$55.30	V2522		Cntct lens hydrophil bifocl	\$188.95
V2204		Lens sphcy bifocal 4.00d/2.1	\$56.78	V2523		Cntct lens hydrophil extend	\$150.53
V2205		Lens sphcy bifocal 4.00d/4.2	\$61.90	V2530		Contact lens gas impermeable	\$178.86
V2206		Lens sphcy bifocal 4.00d/ove	\$62.52	V2531		Contact lens gas permeable	\$434.85
V2207		Lens sphcy bifocal 4.25-7d/.	\$57.56	V2623		Plastic eye prosth custom	\$929.46
V2208		Lens sphcy bifocal 4.25-7/2.	\$59.44	V2624		Polishing artificial eye	\$48.82
V2209		Lens sphcy bifocal 4.25-7/4.	\$60.43	V2625		Enlargemnt of eye prosthesis	\$296.82
V2210		Lens sphcy bifocal 4.25-7/ov	\$64.55	V2626		Reduction of eye prosthesis	\$160.00
V2211		Lens sphcy bifo 7.25-12/.25-	\$67.05	V2627		Scleral cover shell	\$1,267.88
V2212		Lens sphcyl bifo 7.25-12/2.2	\$68.11	V2628		Fabrication & fitting	\$247.85
V2213		Lens sphcyl bifo 7.25-12/4.2	\$70.66	V2700		Balance lens	\$40.49
V2214		Lens sphcyl bifocal over 12.	\$86.10	V2710		Glass/plastic slab off prism	\$68.56
V2215		Lens lenticular bifocal	\$80.02	V2715		Prism lens/es	\$12.43
V2218		Lens aniseikonic bifocal	\$104.08	V2718		Fresnell prism press-on lens	\$28.35
V2219		Lens bifocal seg width over	\$44.80	V2730		Special base curve	\$16.91
V2220		Lens bifocal add over 3.25d	\$38.61	V2744		Tint photochromatic lens/es	\$13.32
V2221		Lenticular lens, bifocal	\$77.56	V2745		Tint, any color/solid/grad	\$10.69
V2300		Lens sphere trifocal 4.00d	\$67.63	V2750		Anti-reflective coating	\$16.42
V2301		Lens sphere trifocal 4.12-7.	\$65.30	V2755		UV lens/es	\$13.32
V2302		Lens sphere trifocal 7.12-20	\$66.23	V2760		Scratch resistant coating	\$13.61
V2303		Lens sphcy trifocal 4.0/.12-	\$64.55	V2762		Polarization, any lens	\$46.92
V2304		Lens sphcy trifocal 4.0/2.25	\$69.61	V2770		Occluder lens/es	\$20.08
V2305		Lens sphcy trifocal 4.0/4.25	\$71.81	V2780		Oversize lens/es	\$10.05
V2306		Lens sphcyl trifocal 4.00/>6	\$73.70	V2782		Lens, 1.54-1.65 p/1.60-1.79g	\$50.68
V2307		Lens sphcy trifocal 4.25-7/.	\$71.04	V2783		Lens, >= 1.66 p/>=1.80 g	\$57.14
V2308		Lens sphc trifocal 4.25-7/2.	\$71.14	V2784		Lens polycarb or equal	\$37.16
V2309		Lens sphc trifocal 4.25-7/4.	\$73.18	V2786		Occupational multifocal lens	\$0.00

Exhibit 6

CPT Codes Subject to Daily Maximum

CPT*	Description		includes treatment with VAX-D, DRX and similar machines
97012	APPLIC MODAL 1/> AREAS; TRACTION-MECH	SUPERVISED MODALITY	
G0283	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS		
97016	APPLIC MODAL 1/> AREAS; VASOPNEUMATIC DEVICES	SUPERVISED MODALITY	
97018	APPLIC MODAL 1/> AREAS; PARAFFIN BATH	SUPERVISED MODALITY	

<u>CPT*</u>	<u>Description</u>	
97020	APPLIC MODAL 1/> AREAS; MICROWAVE	SUPERVISED MODALITY
97022	APPLIC MODAL 1/> AREAS; WHIRLPOOL	SUPERVISED MODALITY
97024	APPLIC MODAL 1/> AREAS; DIATHERMY	SUPERVISED MODALITY
		includes cold laser or low-power laser treatment
97026	APPLIC MODAL 1/> AREAS; INFRARED	SUPERVISED MODALITY
97028	APPLIC MODAL 1/> AREAS; ULTRAVIOLET	SUPERVISED MODALITY
97032	APPLIC MODAL 1/> AREAS; ELEC STIM EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97033	APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97034	APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97035	APPLIC MODAL 1/> AREAS; ULTRASOUND EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97036	APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97110	THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97112	NEUROMUSCULAR REEDUCATION	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97140	MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97150	THERAP PROC GROUP	CONSTANT ATTENDANCE OF PROVIDER REQUIRED
97530	THERAPEUTIC ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
98925	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED	
98926	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED	
98927	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED	
98928	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED	
98929	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED	
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS	
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS	
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS	
98943	CHIROPRACTIC MANIP TX; EXTRA SPINAL 1 OR MORE REGIONS	

NOTE: FOR CHIROPRACTIC MANIPULATIVE TREATMENT, THE 5 SPINAL REGIONS REFERRED TO ARE: CERVICAL REGION (INCLUDES ATLANTO-OCCIPITAL JOINT); THORACIC REGION (INCLUDES COSTOVERTEBRAL AND COSTOTRANSVERSE JOINTS); LUMBAR REGION; SACRAL REGION; AND PELVIC (SACRO-ILIAC JOINT) REGION. THE FIVE EXTRA-SPINAL REGIONS REFERRED TO ARE: HEAD (INCLUDING TEMPOROMANDIBULAR JOINT, EXCLUDING ATLANTO-OCCIPITAL) (EXCLUDING COSTOTRANSVERSE AND COSTOVERTEBRAL JOINTS AND ABDOMEN)

NOTE: FOR OSTEOMANIPULATIVE TREATMENT, THE BODY REGIONS REFERRED TO ARE: HEAD REGION; CERVICAL REGION; THORACIC REGION; LUMBAR REGION; SACRAL REGION; PELVIC REGION; LOWER EXTREMITIES; UPPER EXTREMITIES; RIB CAGE REGION; ABDOMEN AND VISCERA REGION

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Exhibit 7

Ambulatory Surgical Center Facility Fee Schedule

ASC Group	Facility Fee <u>North</u>	Facility Fee <u>South</u>
Group 1	1,265.10	1,171.93
Group 2	1,694.39	1,569.61
Group 3	1,937.53	1,794.84
Group 4	2,393.42	2,217.16
Group 5	2,723.94	2,523.34
Group 6	3,138.04	2,906.94
Group 7	3,780.09	3,501.70
Group 8	3,696.51	3,424.28
Group 9	5,086.97	4,712.34

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

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

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

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

Inserted Exhibit 2, Dental Fee Schedule.

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

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

Amended Exhibit 3 and inserted Exhibit 6.

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

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

Repealed former Exhibit 2 and inserted a new Exhibit 2.

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

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

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

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

Amended by R.2007 d.305, effective October 1, 2007.

See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).

Former Exhibits 1, 4, 5 and 6 repealed; added new Exhibits 1, 4, 5 and 6; and added Exhibit 7.

Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).

By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Bank-*

ing and Insurance, Docket No. A33-07 T3, now pending before the Appellate Division.

Amended by R.2009 d.194, effective June 15, 2009.

See: 40 N.J.R. 6375(a), 41 N.J.R. 2489(a).

Repealed former Exhibit 3; and added new Exhibit 3.

Amended by R.2009 d.209, effective July 6, 2009.

See: 40 N.J.R. 2653(a), 41 N.J.R. 2660(b).

Repealed former Exhibit 2; and added new Exhibit 2.

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.