



APPENDIX B  
ITEM 1

UNSATISFIED CLAIM AND JUDGMENT FUND

INSTRUCTION SHEET

UCJF FILE NUMBER: \_\_\_\_\_

\_\_\_\_\_ Enter appearance for \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ OBTAIN PROOF OF SERVICE ON ALL NAMED DEFENDANTS.

\_\_\_\_\_ Proceed with immediate discovery. Serve SPECIAL UCJF ELIGIBILITY INTERROGATORIES.

\_\_\_\_\_ Schedule depositions and/or  
IME if indicated. \_\_\_\_\_ Obtain conformed copy of  
cancellation notice.

\_\_\_\_\_ Move to dismiss improper defendants: \_\_\_\_\_ Commissioner of Insurance  
\_\_\_\_\_ Director of Motor Vehicles  
\_\_\_\_\_ UCJF

\_\_\_\_\_ PIP not payable: \_\_\_\_\_ LATE NOTICE  
\_\_\_\_\_ OUT OF STATE VEHICLE  
\_\_\_\_\_ COMMERCIAL VEHICLE  
\_\_\_\_\_ OTHER

\_\_\_\_\_ Claimant ineligible, not a resident of New Jersey.

\_\_\_\_\_ Determine if carrier notified Taxi Commission of cancellation of policy

\_\_\_\_\_ NOTICE OF INTENTION not sufficiently complete to qualify as a timely filing.

\_\_\_\_\_ File CIB. \_\_\_\_\_ Obtain Police Report \_\_\_\_\_ Obtain Medical Reports

\_\_\_\_\_ Obtain signed statement of uninsured.

\_\_\_\_\_ Obtain settlement agreement. \_\_\_\_\_ Contract witness(es)

\_\_\_\_\_ Contact claimant's employer for possible health insurance coverage and Temporary Disability Benefits.

\_\_\_\_\_ Rule out vehicle ownership in household.

\_\_\_\_\_ Obtain the names, dates of birth and driver's license numbers of all household residents.

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_

APPENDIX B  
ITEM 2

THIS FORM IS A FORMAT AND NOT TO BE USED  
IN SUBMITTING REPORTS TO THE FUND

60 DAY REPORT

UCJ # \_\_\_\_\_ DATE \_\_\_\_\_

CLAIMANT: \_\_\_\_\_ SS# \_\_\_\_\_ AGE \_\_\_\_\_

CLAIMANT'S ATTORNEY: \_\_\_\_\_

ELIGIBILITY OF CLAIMANT: \_\_\_\_\_

UNINSURED: \_\_\_\_\_

ASSIGNED ATTORNEY: \_\_\_\_\_

ASSIGNED ATTORNEY'S ACTIVITY:

DATE OF ACCIDENT: \_\_\_\_\_ PLACE OF ACCIDENT: \_\_\_\_\_

ACCIDENT DESCRIPTION: \_\_\_\_\_

LIABILITY: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

POLICE INVOLVEMENT: \_\_\_\_\_

INJURIES: \_\_\_\_\_

EXPENSES: \_\_\_\_\_

ADJUSTER'S RECOMMENDATION: \_\_\_\_\_

WORK TO BE DONE: \_\_\_\_\_

COMPANY/CARRIER \_\_\_\_\_

ADJUSTER \_\_\_\_\_  
 CLAIM # \_\_\_\_\_  
 PHONE # \_\_\_\_\_

**APPENDIX B  
 ITEM 3**

**THIS FORM IS A FORMAT AND NOT TO BE USED  
 IN SUBMITTING REPORTS TO THE FUND**

**6 MONTH SUMMARY REPORT**

UCJ # \_\_\_\_\_ DATE \_\_\_\_\_

SS# \_\_\_\_\_ AGE \_\_\_\_\_

CLAIMANT(S):

CLAIMANT(S) ATTORNEY:

UNINSURED:

ATTORNEY ASSIGNED:

COMPANY ASSIGNED: \_\_\_\_\_ CLAIM # \_\_\_\_\_  
 D/A: \_\_\_\_\_ TIME: \_\_\_\_\_ PLACE OF ACCIDENT: \_\_\_\_\_

SUIT: \_\_\_\_\_ COURT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ELIGIBILITY OF CLAIMANT(S):

DESCRIPTION OF ACCIDENT:

LIABILITY:

WITNESSES DESCRIPTION:

POLICE DESCRIPTION:

DESCRIPTION OF INJURIES:

UP TO DATE LIST OF MEDICAL EXPENSES:

CARRIER'S RECOMMENDATION:

ASSIGNED ATTORNEY'S RECOMMENDATION:

WORK TO BE DONE:

ADJUSTER \_\_\_\_\_

PHONE # \_\_\_\_\_

New Rule, R.1994 d.597, effective December 5, 1994.  
 See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).

**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 expenses benefits for which payment is required to be made by automobile insurers under PIP coverage and by motor bus insurers under medical expense benefits coverage.

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

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

1. Other coverages contained in an automobile or motor bus insurance policy such as coverage for bodily injury liability;

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

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

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

Added motor bus insurers under medical expense benefits coverage.

**11:3-29.2 Definitions**

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

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

“CPT-4” means Physicians Current Procedural Terminology, 4th Edition, coding system and the description of medical service provided.

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

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

“HCPCS” means the Federal Health Care Financing Administration’s (HCFA’s) Common Procedure Code System.

“Health 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, disablement, 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.

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

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

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

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

“Provider” includes all persons who furnish services or equipment for medical expense benefits for which payment is required to be made under PIP coverage in automobile insurance policies or medical expense benefits coverage pursuant to N.J.S.A. 17:28-1.6 including, but not limited to, medical doctors, osteopathic physicians, medical laboratories, chiropractors, physical therapists, dentists, nurses, home health aides, home health agencies, live-in attendants, speech therapists, occupational therapists, ambulance service providers, medical equipment suppliers, acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes.

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).

### 11:3-29.3 Regions

(a) Region I, as used in this subchapter, consists of the following counties in New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.

(b) Region II, as used in this subchapter, consists of the following counties in New Jersey: Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Sussex and Warren.

(c) Region III, as used in this subchapter, consists of the following counties in New Jersey: Bergen, Essex, Hudson, Morris, Passaic and Union.

### 11:3-29.4 Application of Medical Fee Schedules

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer’s limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer’s limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter. Nothing in this subchapter shall, however, compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the provider’s usual, customary and reasonable fee, even if such fee is well below the automobile insurer’s or motor bus insurer’s limit of liability as set forth in the fee schedules. N.J.A.C. 11:3-29.6 shall not apply to inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes, reimbursement of which shall be limited to the provider’s usual, customary and reasonable fees. Insurers will not be required to pay for services or equipment which 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 are retail prices which may include purchase prices for both new and used equipment, and/or monthly rentals.

1. The insurer’s limit of liability for monthly rental of durable medical equipment described in the schedule is 10 percent of the amount of the purchase price.

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

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

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

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

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

(f) The following shall apply to multiple treatment procedures:

1. When multiple procedures are performed on the same patient by the same provider at the same time or during the same visit, it is virtually never appropriate for the fee to be the sum of the fees for each procedure. The principle procedure at a single session shall be paid at 100 percent of the eligible charge, the second procedure at no more than 50 percent of the upper limit on the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits on the fee schedule for those particular procedures. If the total amount resulting from application of the multiple procedures reduction formula is in excess of the total amount of the billing, the billing may be submitted and paid without change assuming it is not in excess of usual, customary and reasonable charges for the services provided. If the total amount is less than the total amount of the billing, then the total amount of the billing must be reduced accordingly. When appropriate, providers may apply this multiple procedures reduction formula in the process of preparing their billings, clearly indicating that this has been done.

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

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

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

(g) Artificially separating or partitioning what is inherently one total procedure into subparts which are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing. For surgery and many other procedures, it is established practice to include follow-up care and visits as part of the basic procedure charge. Such charges shall not be subject to additional billings. The existence of a CPT-4 code, per se, does not imply the right to receive separate compensation for the procedure/sub-procedure so described. If a procedure is judged to be part of the major or principal procedure, only the charges for the principal procedure are eligible.

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

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

Amended by R.1992 d.170, effective April 6, 1992.  
See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).

Billing for multiple procedures clarified in (f).  
Amended by R.1993 d.25, effective January 4, 1993.  
See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Motor bus insurers added.  
Amended by R.1993 d.395, effective August 2, 1993.  
See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).  
Amended by R.1994 d.564, effective November 21, 1994 (operative January 1, 1995).  
See: 25 N.J.R. 4706(a), 26 N.J.R. 4616(b).  
Administrative Correction to (a).  
See: 26 N.J.R. 5041(a).

#### Case Notes

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

**11:3-29.6 Medical Fee Schedules**

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

STATE OF NEW JERSEY PERSONAL AUTO INJURY FEE SCHEDULE—PHYSICIANS' SERVICES					CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
					13131	COMPX REPAIR, CHEEKS ETC; 1.1-2.5 CM	547	547	567
					13132	COMPX REPAIR, CHEEKS ETC; 2.6-7.5 CM	846	846	809
					13150	COMPX REPAIR, NOSE ETC; TO 1.0 CM	438	438	438
					13151	COMPX REPAIR, NOSE ETC; 1.1-2.5 CM	639	639	648
					13152	COMPX REPAIR, NOSE ETC; 2.6-7.5 CM	1040	1040	1040
					13300	COMPLICATED REP; OVR 7.5 CM ANY AREA	1431	1431	1431
					14000	ADJ TISS TRANSFER, TRUNK; TO 10 SQ CM	513	513	542
					14001	ADJACENT TIS TRANS OR REARR, TRUNK	920	920	951
					14020	ADJ TISS TRANS, SCALP ETC; TO 10 SQ CM	1096	1096	1096
					14040	ADJ TISS TRANS, CHIN ETC; TO 10 SQ CM	1225	1225	1269
					14060	ADJ TISS TRANS, NOSE ETC; TO 10 SQ CM	1589	1589	1589
					15100	SPLIT GRAFT, TRUNK ETC; TO 100 SQ CM	1261	1261	1261
					16000	INITIAL TREATMENT, FIRST DEGREE BURN	75	75	75
					16020	DRESS/DEBRIDE SM BURN; NO ANESTHESIA	87	87	93
					16025	DRESS/DEBRIDE MED BURN; NO ANES	124	124	124
					17250	CHEMICAL CAUT OF GRANULATION TISS	57	57	54
					19000	PUNCTURE ASPIRATION CYST PAST	107	118	113
					20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPER	317	317	313
					20550	INJ, TEND SHEATH, LIGAMENT, TRIGGER P	96	96	91
					20600	ARTHROCENTESIS, ASP &/OR INJ; SM JNT	81	86	86
					20605	ARTHROCEN, ASP &/OR INJ; INTER JOINT	86	92	96
					20610	ARTHROCEN, ASP &/OR INJ; MAJOR JOINT	102	113	113
					20670	REMOVAL OF IMPLANT; SUPERFICIAL	187	187	187
					20680	REMOVAL OF IMPLANT; DEEP	806	809	864
					21320	MANIP TREATMNT, NOSE FX; STABILIZATION	719	719	719
					21455	CLOSE MANIP TREAT, FIXATN, MANDIB FX	2398	2398	2398
					21800	RIB, FRACTURE(S), CLOSED (SIMPLE)	86	86	86
					23350	INJECTION PROC, SHOULDER ARTHROGRAPH	132	132	132
					23420	REPAIR SHOULDER CUFF AVULSION, CHRON	3294	3294	3294
					23500	TREAT CLOSED CLAVICLE FX; NO MANIPUL	237	237	237
					23505	TREAT CLOSED CLAVICLE FX; W/MANIPUL	468	468	468
					23600	TREATMENT CLOSED HUMERAL FX; NO MANIP	430	430	430
					23605	TREATMENT CLOSED HUMERAL FX; W/MANIP	617	617	617
					23650	TREAT CLOSED SHOULDER DISLOC, W/MANIP	354	354	339
					23655	TREATMENT OF CLOSED SHOULDER DISLOC	450	450	450
					24640	RADIAL HEAD SUBLUXATION, CHILD, MANI	194	194	194
					24650	CLOSED RADIAL HEAD/NECK FX; NO MANIP	505	505	505
					25111	EXCISION GANGLION, WRIST; PRIMARY	1000	1000	1101
					25500	CLOSED RADIAL SHAFT FX; NO MANIP	452	452	452
CPT-4 Code	Description of Services	Region 1	Region 2	Region 3					
10060	I&D ABSCESS, SIMPLE OR SINGLE	\$91	\$86	\$81					
10061	I&D ABSCESS, COMPLICATED OR MULTIPLE	275	269	269					
10120	INCIS & REMOVAL OF FOREIGN BODY, SIMPLE	99	91	86					
10121	INCIS & REMOVAL, MULTIPLE OR COMPLICATED	301	301	301					
10140	I&D OF HEMATOMA, SIMPLE	80	75	84					
10141	I&D OF HEMATOMA, COMPLICATED	583	583	583					
10160	PUNCTURE ASPIRATION OF ABSCESS	92	102	112					
11000	DEBRIDEMENT OF SKIN; UP TO 10%	37	37	37					
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	52	43	48					
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	93	107	113					
11042	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISS	188	162	140					
11043	DEBRIDEMENT; SKIN, SUB-Q TISS, MUSCLE	454	454	486					
11044	DEBRIDEMENT; SKIN, SUB-Q, MUSCLE, BONE	648	648	648					
11730	NAIL AVULSION, SIMP, PARTIAL OR COM	61	61	50					
11750	EX NAIL/MATRIX, PART/COMP, PERMANENT	346	372	377					
11765	WEDGE EXC OF SKIN NAIL FOLD	146	146	146					
12001	SIMPLE REPAIR, SCALP ETC; TO 2.5 CM	107	124	120					
12002	SIMPLE REPAIR, SCALP ETC; 2.6-7.5 C	162	162	162					
12004	SIMPLE REPAIR, SCALP ETC; 7.6-12.5 C	233	233	233					
12011	SIMP REPAIR, FACE ETC; TO 2.5 CM	131	152	147					
12013	SIMP REPAIR, FACE ETC; 2.6-5.0 CM	190	190	189					
12031	INTER REPAIR, SCALP ETC; TO 2.5 CM	207	207	207					
12032	INTER REPAIR, SCALP ETC; 2.6-7.5 C	277	277	277					
12041	INTER REPAIR, NECK, ETC; TO 2.5 CM	218	218	218					
12042	INTER REPAIR, NECK ETC; 2.6-7.5 CM	286	286	286					
12051	INTER REPAIR, FACE ETC; TO 2.5 CM	438	394	482					
12052	INTER REPAIR, FACE ETC; 2.6-5.0 CM	540	540	594					
13101	COMPLEX REPAIR, TRUNK; 2.6-7.5 CM	491	491	491					
13120	COMPX REPAIR, SCALP ETC; 1.1-2.5 CM	405	405	405					
13121	COMPX REPAIR, SCALP ETC; 2.6-7.5 CM	637	637	637					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
25505	CLOSED RADIAL SHAFT FX; W/MANIP	559	559	559	28455	TRTM. OF CLOSED TAR-SAL BONE FRACTURE	347	347	366
25560	CLSD RADIAL & ULNAR SHAFT FX; NO MANIP	728	728	728	28470	METATARSAL FX CLSD; W/O MANIP, EA W M	384	384	384
25565	CLSD RADIAL & ULNAR SHAFT FX; W/MANIP	843	843	843	28475	METATARSAL FX CLSD; W/MANIP, EA	390	390	390
25600	C/S DIS RAD FX/EPIPHYS SEP; NO MANIP	498	486	513	28490	PHALANGES FX, CLSD; W/O MANIPULATION	148	148	148
25605	C/S DIS RAD FX/EPIPHYS SEP; W/MANIP	657	594	702	28510	PHAL NT GT TOE FX CLSD W/O MANIP, EA	132	132	132
25610	CLSD COMPLEX, DIST RAD FX/EPIPHY SEP	719	719	719	28515	PHAL NT GT TOE FX CLSD W/MANIP EA	219	219	219
25635	TREATMENT CLOSED CARPAL BONE FX W M	481	481	481	29065	CAST SHOULDER TO HAND (LONG ARM)	216	226	216
26600	TX CLOSED METACARP FX, SNG; W/O MANIP	323	323	346	29075	CAST ELBOW TO FINGER (SHORT ARM)	188	216	205
26605	TX CLOSED METACARP FX, SNG; W/MANIP	428	428	432	29085	CAST HAND & LOWER FOREARM-GAUNTLET	185	185	185
26720	TX CLOS PHALAN SHAFT FX; W/O MANIP	224	224	210	29105	SPLINT LONG ARM (SHOULDER TO HAND)	137	137	137
26725	TX CLOS PHALANG SHAFT FX, W/MANIP	344	344	344	29125	SPLINT SHORT ARM (FOREARM-HAND(STAT))	114	135	135
26750	TX CLOS DIST PHALANG FX; W/O MANIP	156	156	156	29130	SPLINT FINGER; STATIC	91	91	91
26755	TX CLOS DIST PHALANG FX; W/MANIP	194	194	194	29240	STRAPPING; SHOULDER	89	89	89
26770	TX CLOS INTERPHAL JNT DIS; W/O ANESTH	154	154	154	29260	STRAPPING; ELBOW OR WRIST	69	69	70
27125	PARTIAL HIP REPLACEMENT, PROSTHESIS	4429	4429	4429	29280	STRAPPING; HAND OR FINGER	58	58	62
27130	ARTHROPLAS; TOT HIP REPLAC W/WO GRF	4932	4618	5185	29345	CAST LONG LEG (THIGH TO TOES)	279	279	279
27236	OPEN TX CLOSE/OPEN FEM FX, INT FIX	3422	3422	3422	29365	CAST CYLINDER (THIGH TO ANKLE)	208	208	208
27244	OPEN TX CHANTERIC FEM FX; W INT FIX	2971	2971	2971	29405	CAST SHORT LEG (BELOW KNEE TO TOES)	243	269	243
27370	INJECT PROCEDURE KNEE ARTHROGRAPHY	139	139	165	29425	CAST SHORT LEG; WALKING/AMBULATORY	280	291	296
27447	ARTHRO, KNEE, TOT, CNDYL&PLAT; MED & LAT	5022	5022	5402	29505	SPLINT LONG LEG (THIGH-ANKLE/TOES)	67	67	67
27506	OPEN TX CLOS/OPEN FEM SHAFT FX	3955	3955	3955	29515	SPLINT SHORT LEG (CALF TO FOOT)	128	124	135
27520	PATELLA, FRACTURE, CLOSED (SIMPLE), WITHOUT RED	444	444	444	29530	STRAPPING; KNEE	93	93	91
27750	TX CLOSED TIBIAL SHAFT FX; W/O MAN	648	648	648	29540	STRAPPING; ANKLE	75	75	75
27752	TIBIA, SHAFT FRACTURE, CLOSED (SIMPLE)	817	817	817	29550	STRAPPING; TOES	59	59	65
27760	TX CLOSED DISTAL TIBIAL FX; W/O MAN	451	451	451	29580	STRAPPING; UNNA BOOT	90	107	102
27762	TX CLOS DIST TIBIAL FX; W/MANIP	544	544	544	29700	CAST REM/BIV; GAUNTLET/BOOT/BODY	90	90	90
27786	TX CLOSED DISTAL FIBULAR FX; W/O MAN	521	521	518	29705	CAST REM/BIV; FULL ARM/FULL LEG	83	83	86
27788	TX CLOSED DISTAL FIBULAR FX; W/MAN	602	602	602	29870	ARTHROSCOPY, KNEE, DIAG, W/WO SYNOV BX	1785	1785	1785
27802	TX CLOS TIB & FIB FX, SHAFT; W/MANIP	1046	1046	1046	29874	ARTHROSCOPY, KNEE, SURG; REMOVE F-BODY	2452	2452	2452
27808	TX CLOS BIMALLEOLAR ANKL FX, W/O MAN	648	648	648	29875	ARTHROSCOPY, KNEE, SURG; SYNOVECTMY, LTD	2594	2594	2594
27810	TX CLOS BIMALLEOLAR ANKLE FX, W/MAN	803	803	803	29876	ARTHROSCOPY, KNEE, SURG; SYNOVECT, COMP	2798	2798	2798
27814	OPEN TX CLOS/OPEN BI-MALL ANKLE FX	2522	2522	2522	29877	ARTHROSCOPY, KNEE, SURG; CHONDROPLASTY	2640	2640	2640
27818	TX CLOS TRIMALL ANKLE FX; W/MANIP	1107	1107	1107	29880	ARTHRO, KNEE SRG, W/MENISECTOMY	2998	2998	2998
27822	OPEN TX CL/OP TRIMALL ANKLE FX; ONLY	3155	3155	3155	29881	ARTHROSCOPY, W/MENISCTMY MED OR LAT	2627	2700	3106
28090	EXC LES TEN, SHEATH, CAP W/SYNOV; FOOT	844	844	844	29882	ARTHROSCOP, W/MEN-SCUS REP MED OR LAT	3189	3189	3189
28124	PART EX, PHALANXO FASCIAL REL	687	687	687	29888	ARTHRO, AID ANT CRUC LGMNT, RP/AG/RC	4567	4567	4567
28126	CONDYLECTOMY, PHALANX BASE SNG EA	648	648	648	30200	INJECTION TURBinate(S), THERAPEUTIC	76	76	75
28153	RESECTION, HEAD OF PHALANX	648	648	648	30300	REMOVAL FOR BODY, INTRANSAL; OFFICE	96	96	96
28160	HEMIPHALANGECTOMY/JOINT EX, SNG, EACH	917	917	917	30420	RHINOPLASTY; INCL MAJOR SEPTAL REP	4041	4041	4213
					30520	SEPTOPLASTY W/WO CARTILAGE IMPLANT	2479	2479	2700

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30901	CONTROL NASAL HEM-ORRHAGE, ANT SMP; U	104	107	102	37609	LIGATION/BIOPSY, TEMPORAL ARTERY	584	584	584
30903	CONTROL NASAL HEM-ORRHAGE, ANT, COMP; U	159	143	162	37620	INTERRUPT, INFERIOR VENA CAVA BY SUT	2539	2539	2539
30905	CONTROL NASAL HEM-ORRHAGE POST; INIT	405	405	405	43220	ESOPHAGOSC, RIG/FIBEROPT; W/DIR DILAT	918	918	918
31000	LAVAGE CANNULATION; MAXIL SINUS, UNI	113	113	124	43235	ESOPHAGOGASTRO-DUODENOSCOPY;	594	541	648
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	2714	2714	2714	43245	DIAGNOST ESOPHAGOGASTRO-DUODENOSCOPY. DILATION	883	883	883
31250	NASAL ENDOSCOPY, DIAGNOSTIC	226	226	226	43246	ESOPHAGOGASTRO-DUODENOSCOPY, FOR TUBE	1093	1093	1093
31500	INTUBATION, ENDOTRACHEAL EMERGENCY	275	275	269	43247	ESOPHAGOGASTRO-DUODENOSCOPY;	988	988	988
31505	LARYNGOSCOPY INDIRECT; DIAGNOSTIC	121	121	129	43255	W/REM FB ESOPHAGOGASTRO-DUOD;	1053	1053	1053
31515	LARYNGOSCOPY, DIRECT; FOR ASPIRATION	346	346	346	43260	ERCP W/WO BX +/SPEC COLLECTION	1000	939	1026
31525	LARYNGOSCOPY, DIR; DIAG, EXCEPT NEWBORN	421	421	421	43450	ESOPHAG, INDIRECT DILATE SOUND, INIT	152	152	152
31575	LARYNGOSCOPY, FLEX FIBERSCOPIC; DIAG	351	377	351	43451	ESOPHAG, INDIRECT DILATE SOUND, SUBS	162	162	162
31600	TRACHEOSTOMY, PLANNED	1075	1075	1075	43830	GASTROSTOMY, TEMPORARY (SEP.PROC.)	1594	1594	1594
31622	BRONCHOSCOPY, DIAG; W/WO CELL WASHNG	737	702	778	44005	ENTEROLYSIS	2485	2485	2485
31645	BRONCHOSCOPY; W/ASP TRACH TREE INIT	756	756	756	44120	ENTERECTOMY, RES SM INTES; W/ANASTOMO	2994	2994	2994
32000	THORACENTESIS, INITIAL/SUBSEQUENT	305	249	291	44140	COLECTOMY, PARTIAL; W/ANASTOMOSIS	3102	3102	3284
32020	TUBE THORACOSTOMY W/WO WATER SEAL	806	853	804	44143	COLECTOMY, PART;	3461	3461	3461
32405	BX LUNG/MEDASTINUM; PERCUTAN NDLE	408	408	408	44145	END COLOST/CLS DIST COLECTOMY, PARTIAL;	3501	3501	3501
32480	LOBECTOMY, TOTAL OR SEGMENTAL	5660	5660	5660	44160	W/COLOPROCTOSTOMY COLECTMY W/REM TERM ILEUM & ILEO-COL	3354	3354	3354
33210	INS TEMP CARD ELECT/PACEMAKER CATH	831	831	831	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEP)	129	129	124
33212	INSERT/REPLC PULSE GENERATOR/AICD	1262	1262	1262	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	269	254	259
35301	THROMBOENDARDECTOMY; CAROTID, ETC; NCK	4215	4215	4215	45355	COLONOSCOPY W/SIGMOID, TRANSAB/COLOT	354	377	335
35656	BYPASS GFT; FEMORAL-POPLITEAL	3937	3937	3937	45378	COLONOSCOPY, FIBER BEYOND SPLEN FLEX	809	702	783
36000	INTRO NEEDLE/INTRACATHETER, VEIN; UN	118	103	124	46040	I & D ISCHIORECTAL/PERIRECTAL AB-CESS	466	466	466
36010	INTRO CATH; SUP/INF VENA CAVA, RT HRT	470	470	446	46050	I & D PERIANAL AB-CESS, SUPERFICIAL	155	155	155
36200	CATHETER; AORTANA CAVA, RT HRT	462	462	464	46600	ANOSCOPY, DIAGNOSTIC (SEPARATE PROC)	93	114	93
36400	VENIPUNCTURE, < 3 YR; FEM JUGULAR/SAGI	50	50	50	46604	ANOSCOPY, DX W/DILATE, DIRECT, INSTRUM	124	124	124
36410	VENIPUNCTURE, > 3 YR, DIAG/THER, COMPL	41	41	43	46700	ANOPLASTY FOR STRICTURE, ADULT	1296	1296	1296
36415	ROUTINE VENIPUNCTURE 4 SPECMEN COLL	10	10	10	47000	BIOPSY LIVER, NEEDLE, PERCUTANEOUS	396	396	396
36425	VENIPUNCTURE, CUT-DOWN; AGE 1 OR OVER	59	59	59	47600	CHOLECYSTECTOMY	1991	1991	2433
36430	TRANSFUSION, BLOOD/COMPONENTS; INDIR	153	153	162	47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2183	2106	2296
36488	PLACE CENT VEN CATH; PERCUT; AGE 2 & <	156	156	156	47610	CHOLECYSTECTOMY W/EXPL COMMON DUCT	2686	2686	2686
36489	PLACE CENT VENOUS CAT; PERCUT, > 2	324	273	316	49000	EXPLOR LAPAR/CELIO-TOMY W/WO BX(S)	2114	2114	2204
36491	PLCMT CENT VEN CATH HYPERAL, > 2 YR	444	442	437	49080	PERITONEOCENTESIS, ABD PARACEN; INIT	202	216	247
36600	ART PUNCTURE, WITHDRAW BLD FOR DIAG	105	102	107	49421	INS INTRAPERI CANN/CATH DRAIN, PERM	1012	1012	1012
36620	ART CATH/CANNULAT FOR SAMP; PERCUTAN	216	216	216	50230	NEPHRECTOMY, RAD, W/RGNL LYMPHADEC	3916	3916	3916
36800	INS CANNULA HEMODIALYSIS; VEIN-VEIN	571	571	571	50392	INTRO OF INTRACATHETER RENAL PELVIS	666	666	666
36830	ARTERIOVEN FIST, NON-AUTOGENOUS GRAFT	2833	2833	2833	50394	INJECT PROC FOR PYELOGRAPHY (SEPARA	122	122	122
36860	CANNULA DECLEOTTING; WO BALLOON CATH	73	73	73	51600	INJ PROC CYSTOGRAPHY/VOID URCYSTOG	80	80	80

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51700	BLAD IRRIG, SIMP, LAVAGE & INSTILLA	70	65	78	65205	REM FB, EXTERN EYE; CONJUNC SUPERFI	53	53	53
51725	SIMPLE CYSTOMETROGRAMIC AGNT	166	166	166	65210	REM FB, EXTERN EYE; CONJUNC EMBEDDE	80	80	80
51736	SIMPLE UROFLOWMETRY	86	86	86	65220	REM FB, EXTERN EYE; CORN, W/O SLIT L	103	103	103
51741	ELECTRONIC UROFLOWMETRY	178	178	178	65222	REM FB, EXTERN EYE; CORN W/SLIT LM	112	112	113
52000	CYSTOURETHROSCOPY ETHROPX, SIMP	249	249	304	65420	EX OR TRANSPOS PIERYGIUM; W/O GRAFT	1296	1296	1296
52005	CYSTOURETHROSC, W/URETERAL CATH	543	489	594	65435	REM CORNEA EPITHELIUM W/WO CHEMOCAU	156	156	156
52204	CYSTOURETHROSC, W/BIOPSY	512	512	512	67101	REP RET DETACH, CRYOTHERAPY/DIATHERM	1646	1646	1646
52276	CYSTOURETHROSC; DIR VIS INT URTHROT	964	964	964	67105	REP RET DETACH; PHOTCOAG, W/WO DRAIN	1635	1635	1635
52281	CYSTOURETHROSC W/DILAT URETH STR	464	432	486	67107	REP RETINAL DETACH; SCLERAL BUCKLIN	3713	3713	3713
52310	CYSTOURETHROSC; W/REM FB UR/BLAD, SIM	582	582	631	67145	PROPHY RET DETACH; PHOTOCOAGULATION	1508	1508	1508
52332	CYSTOURETHROSC; W/INS INDWELL STENT	866	866	945	67500	RETROBULBAR INJECTION; MEDICATION	126	126	126
52335	CYSTOURETHROSC; W/URETEROSC & PYELOS	934	934	934	69420	MYRING W ASPIRE &/EUST TUBE INFLA	167	167	183
52500	TRNSURETH RESECT OF BLADDER NECK	1620	1620	1620	69433	MYRNG/TYMPNOSTMY, LOC/TOP ANES, TUBE	306	306	324
53600	DILAT URET STRICT, W/SOUND, MALE, IN	77	78	81	69436	MYRING/TYMPANOSTMY, GEN ANES; W TUBE	704	704	704
53601	DILAT URET STRICT, W/SOUND, MALE SU	64	64	63	70110	X-RAY MANDIBLE, COMP, MIN 4 VIEWS	65	65	65
53620	DIL UR STRIC, FILLIFRM/FOLL, MALE, IN	132	132	132	70150	X-RAY FACIAL BONES, COMP, MIN 3 VIEWS	69	69	69
53621	DIL UR STRIC, FILLIFRM/FOLL, MALE, SU	124	124	124	70160	X-RAY NASAL BONES, COMP, MIN 3 VIEWS	60	60	66
53660	DIL FEM UR W/SUPPOS & INSTILL, INIT	80	75	70	70200	X-RAY ORBITS, COMP, MIN 4 VIEWS	72	72	65
53661	DIL FEM UR W/SUPPOS & INSTILL, SU	69	65	59	70210	X-RAY SINUSES, PARTIAL, < 3 VIEWS	82	82	86
53670	CATHETERIZATION; SIMPLE	81	81	91	70220	X-RAY SINUSES, COMP, MIN 3 VIEWS	95	89	102
53675	CATHETERIZATION; COMPLICATED	155	155	155	70250	X-RAY SKULL, < 4 VIEWS, W/WO STEREO	67	67	67
54235	INJ CORPORA CAVERNOSA W/PHARM AGNTS	105	105	104	70260	X-RAY SKULL, COMP, MIN 4 VIEWS, W/WO	81	74	70
58980	LAPAROSCOPY; SURGICAL	1747	1620	1922	70330	X-RAY TMJ, OPEN/CLOSED, BILATERAL	166	166	166
59160	CURETTAGE, POSTPARTUM	848	848	848	70336	MRI, TEMPOROMANDIBULAR JOINT	875	875	875
59515	CESAREAN DELIV INC POSTPARTUM CARE	2968	2968	3187	70355	ORTHOPANTOGRAMAR JOINT	70	70	70
59812	SPONT ABORT, TRIMEST, COMPLETE SURG	773	773	809	70360	X-RAY NECK, SOFT TISSUE	45	45	43
59820	TREAT MISS ABORT, COMP SURG, 1ST TRIM	756	809	809	70450	CAT SCAN, HEAD OR BRAIN, W/O CONTRAST	453	371	432
62270	SPINAL PUNCTURE LUMBAR; DIAGNOSTIC	216	216	216	70460	CAT SCAN, HEAD OR BRAIN W/CONTRAST	517	428	458
62278	INJ ANESTH SUB; EPIDURAL/CAUDAL, SIM	388	354	388	70470	CAT SCAN, HEAD/BRN, WO CONT, FOL CONTR	612	535	535
62279	INJ ANESTH SUB; EPIDURAL/CAUDAL, CON	378	378	378	70480	CAT SCAN, ORBIT/SEL-LA/FOSSA, WO CONTR	536	536	539
62282	INJ NEUROLYTIC SUB; EPIDURAL/CAUDAL	486	486	486	70481	CAT SCAN, ORBIT/SEL-LA/FOSSA, W/CONTR	505	505	505
62284	INJ PROC MYELOGRAPHY, SPINAL/POST	535	535	589	70486	CAT SCAN, MAXILLOFACIAL, W/O CONTRAST	539	536	539
62289	INJ SUB OT THAN ANES/NEUROLYT; EP/C	420	420	432	70487	CAT SCAN, MAXILLOFACIAL, W/CONTRAST	357	357	357
63030	LAMINOTOMY; 1 INTRSP, LMBR, UNILAT	4650	4650	4861	70490	CAT SCAN, NECK, SOFT TISSUE, W/O CONTR	539	539	539
64440	INJ, ANESTH AGNT; PARAVERTEBR, NRV, SN	92	92	83	70491	CAT SCAN, NECK, SOFT TISSUE, W/CONTR	501	501	481
64445	INJ, ANESTH AGNT; SCIATIC NERV	113	113	113	70540	MRI, ORBIT, FACE AND NECK	918	918	918
64450	INJ, ANESTH AGNT; OT PERIPH NRV/BRAN	84	84	86	70551	MRI, BRAIN, W/O CONTRAST	891	891	918
64505	INJ, ANESTH AGNT; SPHENOPALATINE GAN	432	432	432	70552	MRI, BRAIN, W/CONTRAST	1096	1096	1096
64640	DESTR BY NEUROLYTIC AGNT; OT PER NRV	118	118	118	71010	X-RAY CHEST, SINGLE, FRONTAL	43	41	48
64721	NEUR & TP; MEDIAN NRV @ CARPAL TUN	1380	1620	1620	71020	X-RAY CHEST, 2 VIEWS, FRONTAL/LATERAL	66	57	65

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71021	X-RAY CHEST, 2 VIEWS, APICAL LORDOTIC	70	70	70	73010	X-RAY SCAPULA, COMPLETE	62	62	62
71022	X-RAY CHEST, 2 VIEWS, OBLIQUE PROJECT	80	80	80	73020	X-RAY SHOULDER, 1 VIEW	62	62	65
71030	X-RAY CHEST, COMPLETE, MIN 4 VIEWS	73	77	77	73030	X-RAY SHOULDER, COMPLETE, MIN 2 VIEWS	70	70	70
71035	X-RAY CHEST, SPECIAL VIEWS	15	15	15	73050	RADIOL EXAM, ACROMIOCLAVICULAR, BILAT	81	81	81
71100	X-RAY RIBS, UNILAT, 2 VIEWS	80	68	75	73060	RADIOLOGIC EXAMS, HUMERUS, 2+ VIEWS	73	66	66
71101	X-RAY RIBS, UNI, INCL CHEST, 3 VIEWS	81	89	91	73070	X-RAY ELBOW, A/P & LATERAL	65	59	65
71110	X-RAY RIBS, BILAT, 3 VIEWS	80	80	80	73080	X-RAY ELBOW, COMPLETE, MIN 3 VIEWS	67	65	70
71111	X-RAY RIBS, BI, INCL CHEST, 4+ VIEWS	96	96	96	73090	X-RAY FOREARM, A/P & LATERAL VIEWS	63	59	59
71120	X-RAY STERNUM, MIN 2 VIEWS	70	70	70	73100	X-RAY WRIST, A/P & LATERAL VIEWS	62	62	59
71250	CAT SCAN, CHEST, W/O CONTRAST	513	467	475	73110	X-RAY WRIST, COMPLETE, MIN 3 VIEWS	70	65	70
71260	CAT SCAN, CHEST, W/CONTRAST	580	527	507	73120	X-RAY HAND, 2 VIEWS	59	54	59
71270	CAT SCAN, CHEST, WO CONT, FOL BY CONTR	476	476	476	73130	X-RAY HAND, MINIMUM 3 VIEWS	65	65	65
72010	X-RAY SPINE, ENTIRE, SURVEY, A/P & LAT	135	129	145	73140	X-RAY FINGER(S), MINIMUM 2 VIEWS	56	51	59
72020	X-RAY SPINE, SINGLE VIEW	53	53	43	73220	MRI UPPER EXTREMITY, NOT JOINT	929	929	929
72040	X-RAY CERVICAL SPINE, A/P & LATERAL	65	65	65	73221	MRI UPPER EXTREMITY JOINT	902	902	902
72050	X-RAY CERV SPINE, A/P LAT, MN 4 VIEWS	107	96	107	73500	X-RAY HIP, UNIL, 1 VIEW	63	63	65
72052	X-RAY CERV SPINE, COMP, OBLIQ/FLEX/EX	117	105	113	73510	X-RAY HIP, UNIL, COMP, MIN 2 VIEWS	81	70	75
72070	X-RAY THORACIC SPINE, A/P & LATERAL	73	71	75	73520	X-RAY HIPS, BIL, MIN 2 VIEWS EA SIDE	96	100	102
72072	X-RAY THOR SPINE, AP LAT, CERVICOTHOR	61	61	61	73540	X-RAY PELVIS & HIPS, INFNT/CHILD, MIN 2	73	73	73
72074	X-RAY THOR SPINE, COMP, INCL OBLIQUES	83	83	83	73550	X-RAY FEMUR, A/P & LATERAL VIEWS	75	70	70
72080	X-RAY THORACOLUMBAR SPINE, A/P & LAT	75	72	70	73560	X-RAY KNEE, A/P & LATERAL VIEWS	70	70	70
72090	X-RAY SPINE, SCOLIOSIS STUDY	79	79	75	73562	X-RAY KNEE, A/P & LAT, OBLIQ, MIN 3 VIEWS	75	80	80
72100	X-RAY LUMBOSACRAL SPINE, A/P & LAT	75	75	75	73564	X-RAY KNEE, COMPLETE	91	91	91
72110	X-RAY LUMBOSACRAL SPINE, COMPLETE	129	108	118	73590	X-RAY TIBIA, & FIBULA, A/P & LATERAL	65	65	75
72114	X-RAY LUMB/SAC SPINE, INCL BENDING	140	133	131	73600	X-RAY ANKLE, A/P & LATERAL	57	57	70
72120	X-RAY LUMB/SAC SPINE, BENDING ONLY	81	81	89	73610	X-RAY ANKLE, COMPLETE PROCEDURE	75	65	70
72125	CAT SCAN CERVICAL SPINE WO CONTRAST	453	453	498	73620	X-RAY FOOT, A/P & LATERAL	54	57	55
72128	CAT SCAN THORACIC SPINE WO CONTRAST	572	572	572	73630	X-RAY FOOT, COMPLETE, MIN 3 VIEWS	70	70	70
72131	CAT SCAN LUMBOSACRAL SPINE WO CONTR	550	513	577	73650	X-RAY CALCANEUS, MINIMUM 2 VIEWS	59	64	65
72141	MRI, CERVICAL SPINE, W/O CONTRAST	918	864	891	73660	X-RAY TOE(S), MINIMUM 2 VIEWS	59	56	57
72148	MRI, LUMBOSACRAL SPINE, W/O CONTRAST	914	914	918	73700	CAT SCAN LEG, W/O CONTRAST	486	486	486
72170	X-RAY PELVIS, ANTERO-POSTERIOR ONLY	66	59	63	73720	MRI LOWER EXTREMITY, NOT JOINT	891	908	918
72190	X-RAY PELVIS, COMP, 3 OR MORE VIEWS	67	67	67	73721	MRI LOWER EXTREMITY JOINT	907	896	891
72192	CAT SCAN PELVIS, W/O CONTRAST	413	413	372	74000	X-RAY ABDOMEN, SINGLE A/P VIEW	54	53	59
72193	CAT SCAN PELVIS, W/O CONTRAST	432	392	353	74010	X-RAY ABDOMEN, AP, OBLIQUE, CONE VIEWS	48	44	39
72194	CAT SCAN PELVIS, W/O CONT FOL BY CONT	550	550	550	74020	X-RAY ABDOMEN, COMP, DECUB/ERECT	46	54	54
72196	MRI, PELVIS	938	938	938	74022	X-RAY ABDOMEN, ACUTE SERIES	61	60	60
72200	X-RAY SACROILIAC JOINTS, < 3 VIEWS	77	77	77	74150	CAT SCAN ABDOMEN, W/O CONTRAST	465	423	443
72202	X-RAY SACROILIAC JOINTS, 3 OR MORE	93	93	93	74160	CAT SCAN ABDOMEN, W/CONTRAST	575	471	513
72220	X-RAY SACRUM & COCCYX, MIN 2 VIEWS	73	73	75	74170	CAT SCAN ABD WO CONT FOLL BY CONT	624	578	583
73000	X-RAY CLAVICLE, COMPLETE	61	60	65	74181	MRI, ABDOMEN FOLL BY CONT	958	958	958

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74210	X-RAY PHARYNX &/OR CERV ESOPHAGUS	108	108	108	76870	ECHOGRAM, SCROTUM AND CONTENTS	291	291	269
74220	X-RAY ESOPHAGUS	114	112	113	76872	ECHOGRAM, PROSTATE, TRANSRECTAL	311	311	311
74240	X-RAY UPPER GI, W/O KUB/VIDEO	159	173	178	76880	ECHOGRAM, EXTREMITY, NON-VASCULAR	246	246	246
74241	X-RAY UPPER GI, W/KUB	182	187	221	78006	THYROID IMAGING W/UPTAKE, SINGLE	233	233	243
74245	X-RAY UPPER GI, W/SM BOWEL, MULT FILM	221	220	259	78007	THYROID IMAGING W/UPTAKE, MULTIPLE	171	171	171
74246	UPPER GI SERIES/BARIUM, W/O KUB	174	190	209	78215	LIVER & SPLEEN IMAGING, STATIC ONLY	164	164	164
74247	UPPER GI SERIES, BARIUM, W/KUB	216	223	226	78223	HEPATOBIILIARY DUCT IMAGE, INCL GALL	145	145	145
74249	UPPER GI, BARIUM, W/SM BOWEL FOLLOW	284	284	300	78300	BONE IMAGING, LIMITED AREA	193	193	193
74250	X-RAY SMALL BOWEL, INCL MULT FILMS	153	153	162	78305	BONE IMAGING, MULTIPLE AREAS	324	319	313
74270	CONTRAST X-RAY COLON, BARIUM ENEMA	167	166	199	78306	BONE IMAGING, WHOLE SKELETON	296	269	269
74280	CONTRAST X-RAY COLON, BARIUM, AIR CONT	232	222	229	78315	BONE SCAN, 3-PHASE TECHNIQUE	269	269	269
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST	104	116	127	78351	BONE DENSITY, DUAL PHOTON ABSORPT	199	199	199
74400	UROGRAPHY/PYELOGRAPHY, IV. W WO KUB	168	168	173	78460	MYOCARDIAL IMAGING, RESTING	258	258	254
74405	UROGRAPHY, IV. W/HYPERTENSIVE CONTR	210	210	210	78461	MYOCARDIAL IMAGING, EXERCISE	513	568	469
74410	UROGRAPHY, INFUSION, DRIP/BOLUS TECH	188	188	188	78464	MYOCARDIAL IMAGING, TOMOGRAM, REST	628	628	628
74415	UROGRAPHY, INF. W/NEPHROMATOGRAPHY	198	216	226	78465	MYOCARDIAL IMAGING, TOMOGR, EXERCISE	697	697	848
74420	UROGRAPHY, RETROGRADE, W WO KUB	55	55	55	78472	CARD BLD POOL, WALL MOTION, REG EJ FR	339	339	339
75754	COR ANGIO, BI. LFT VENT/SUPVALV, S/I	178	178	178	78481	CARD BLD POOL, 1ST PASS, EJ FRACTION	205	205	205
76000	FLUOROSCOPY, UP TO ONE HOUR	67	67	65	78580	PULM PERFUSION IMAGING, PARTICULATE	115	115	113
76140	CONSULT, X/RAY MADE ELSEWHERE, WRITTEN	54	53	54	78707	KIDNEY IMAGING, VASC & FUNCT STUDIES	310	310	310
76150	XERORADIOGRAPHY	24	23	26	78990	PROVISION OF DIAG RADIONUCLIDES	89	89	107
76375	CAT SCANS, OTHER PLANES	243	232	216	80002	1-2 CLINICAL CHEM TESTS	35	35	35
76506	ECHOENCEPHALOGRAPHY	101	101	101	80003	3 CLINICAL CHEMISTRY TESTS	25	25	25
76511	OPHTHALMIC ULTRASOUND, A-MODE	216	216	216	80004	4 CLINICAL CHEMISTRY TESTS	24	24	24
76512	OPHTHALMIC ULTRA, CONTACT B-SCAN	298	298	296	80006	6 CLINICAL CHEMISTRY TESTS	51	51	51
76516	OPHTHAL BIOMETRY, ULTRASOUND, A-MODE	188	196	216	80007	7 CLINICAL CHEMISTRY TESTS	26	26	26
76519	OPHTHAL BIOMETRY, W IOL POWER CALC	188	202	216	80010	10 CLINICAL CHEMISTRY TESTS	29	29	29
76536	ECHOGRAM, HEAD/NECK, B-SCAN/REAL TIME	182	182	191	80012	12 CLINICAL CHEMISTRY TESTS	37	37	37
76700	ECHOGRAM, ABDOMEN, W IMAGE DOCUMENT	226	213	221	80016	13-16 BLOOD/URINE TESTS	46	51	43
76705	ECHOGRAM, ABDOMEN, LIMITED	203	168	173	80018	17-18 BLOOD/URINE TESTS	41	37	43
76770	ECHOGRAM, RETROPERITONEAL, COMPLETE	232	221	226	80019	19 OR MORE BLOOD/URINE TESTS	37	42	37
76775	ECHOGRAM, RETROPERITONEAL, LIMITED	198	198	198	80031	DRUG MONITORING, ONE DRUG	80	80	80
76805	ECHOGRAM, PREGNANT UTERUS, COMPLETE	243	216	216	80058	HEPATIC FUNCTION PANEL	45	45	45
76815	ECHOGRAM, PREGNANT UTERUS, LIMITED	177	146	162	80059	HEPATITIS PANEL	77	77	77
76816	ECHOGRAM, PREG UTERUS, REPEAT/FOLLOWUP	132	132	119	80062	CARDIAC EVALUATION PANEL	51	51	51
76818	FETAL BIOPHYSICAL PROFILE	223	223	216	80073	RENAL PANEL	43	43	43
76830	ECHOGRAM, TRANSVAGINAL	269	269	269	81000	URINALYSIS WITH MICROSCOPY	12	12	13
76856	ECHOGRAM, PELVIC, NON-OB, COMPLETE	226	185	194	81002	URINALYSIS W/O MICROSCOPY	12	12	10
76857	ECHOGRAM, PELVIC, NON-OB, LTD/FOLLOW	147	164	180	81005	URINALYSIS, ANY # OF CONSTITUENTS	11	11	11
					81015	MICROSCOPIC EXAM OF URINE	8	8	8
					82150	ASSAY OF SERUM AMYLASE	18	18	16
					82172	APOLIPOPROTEIN IMMUNOASSAY	18	18	18

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
82250	ASSAY BLOOD BILIRUBIN	19	19	19	84478	ASSAY BLOOD TRIGLYCERIDES	18	18	16
82270	TEST FECES FOR BLOOD DIRECT	12	12	15	84479	ASSAY TRIIODOTHYRONINE (T-3)	16	16	15
82310	ASSAY CALCIUM IN BLOOD, CHEMICAL	16	16	16	84480	RIA ASSAY, TT-3E (T-3)	58	58	64
82372	ASSAY SERUM CARBAMAZEPINE	57	57	57	84520	ASSAY BLOOD, UREA, NITROGEN	12	12	13
82374	ASSAY BLOOD CARBON DIOXIDE	11	11	11	84550	ASSAY BLOOD URIC ACID	19	19	19
82643	RIA ASSAY FOR DIGOXIN	49	49	49	84702	CHORIONIC GONADOTROPIN TEST	58	58	60
82660	TEST FOR DRUGS	67	67	67	84703	CHORIONIC GONADOTROPIN ASSAY	29	29	30
82947	ASSAY BLOOD FLUID GLUCOSE	12	12	12	84999	CLINICAL CHEMISTRY TEST	90	90	90
82948	STICK ASSAY OF BLOOD GLUCOSE	12	12	12	85005	BASOPHIL BLOOD CELL COUNT	15	15	15
82950	GLUCOSE TEST	14	14	13	85007	DIFFERENTIAL WBC COUNT, W/MORPH + PLT	12	12	11
82951	GLUCOSE TOLERANCE TEST (GTT)	42	42	42	85009	DIFFERENTIAL WBC COUNT, BUFFY COAT	9	9	9
82952	GTT-ADDED SAMPLES	45	45	45	85014	HEMATOCRIT COUNT, BUFFY COAT	12	10	12
82977	ASSAY OF GGT ENZYME	15	15	15	85018	HEMOGLOBIN, COLORIMETRIC	12	10	10
83001	PITUITARY GONADOTROPIN RIA	66	66	66	85021	AUTOMATED HEMOGRAM, R/WBC, HGB, HCT, IN	17	15	16
83002	PITUITARY GONADOTROPINS RIA	59	59	59	85022	AUTOMATED HEMOGRAM, MAN DIFF, WBC	19	21	21
83020	ASSAY HEMOGLOBINS RIA	13	13	12	85023	AUTOMATED HEMOGRAM, PLAT, AUT + MAN, CBC	31	31	25
83036	GLYCOSYLATED HEMOGLOBIN TEST	38	38	39	85024	AUTOMATED HEMOGRAM, PLT, AUT + AUT PART	27	30	26
83540	ASSAY SERUM IRON	15	15	15	85025	AUTO HEMOGRAM, PLATELET, AUT + AUT COMP	18	18	18
83545	AUTO-ASSAY SERUM IRON	24	24	24	85027	AUTOMATED HEMOGRAM, HEM + PLAT COUNT	23	22	23
83550	SERUM IRON BONDING TEST	31	31	31	85029	AUTOMATED HEMOGRAM, RDW + MPV 1-3 IND	4	4	4
83555	SERUM IRON BINDING, AUTO-TEST	12	12	12	85031	MANUAL HEMOGRAM, COMPLETE CBC	21	20	21
83705	ASSAY BLOOD LIPID GROUPS	29	29	29	85044	RETICULOCYTE COUNT	15	15	15
83718	ASSAY BLOOD LIPOPROTEIN, PRECIP	17	18	15	85060	BLOOD SMEAR INTERPRETATION	37	37	37
83719	BLOOD LIPOPROTEIN ASSAY, ULTRACENT	33	33	33	85100	BONE MARROW EXAMINATION	269	269	269
83720	BLOOD LIPOPROTEIN ASSAY, FRACT CALC	16	16	16	85580	BLOOD PLATELET COUNT	15	15	15
83725	ASSAY BLOOD LITHIUM-RACT CALC	27	27	26	85595	ELECTRONIC PLATELET COUNT	14	15	14
83735	ASSAY BLOOD MAGNESIUM, CHEMICAL	25	25	25	85610	PROTHROMBIN TIME	16	15	14
84045	ASSAY PHENYTOIN	57	57	57	85650	RBC SEDIMENTATION RATE, WINTROBE	16	15	16
84065	ASSAY PROSTATE PHOSPHATASE, FRACTION	41	41	41	85651	RBC SEDIMENTATION RATE, WESTERGREN	15	15	14
84075	ASSAY ALKALINE PHOSPHATASE, BLOOD	15	15	15	85730	THROMBOPLASTIN TIME, PART, PLAS/WHOLE	23	23	22
84132	ASSAY BLOOD POTASSIUM	13	13	12	86006	ANTIBODY, QUALITATIVE, FIRST	26	26	26
84144	ASSAY PROGESTERONE	62	62	68	86008	ANTIBODY, QUANT., FIRST	54	54	54
84146	RIA ASSAY FOR PROLACTIN	79	79	80	86016	RBC SALINE ANTIBODIES, HP + ANTIHUMAN	18	18	18
84165	ASSAY SERUM PROTEINS, ELEC FRAC, QUAN	42	42	42	86038	ANTINUCLEAR ANTIBODIES, RIA	42	42	42
84180	ASSAY URINE PROTEIN FRAC, QUAN	30	30	30	86060	ANTISTREPTOLYSIN O TITER	32	32	32
84231	RADIOIMMUNOASSAY	94	94	94	86082	BLOOD TYPING, ABO & RHO(D)	23	23	20
84233	ASSAY ESTROGEN	43	43	43	86100	BLOOD TYPING, RHO(D) ONLY	6	6	6
84295	ASSAY BLOOD SODIUM	19	19	19	86128	COLLECTION, PROCESS & STORAGE BLOOD	432	432	432
84403	RIA ASSAY BLOOD TESTOSTERONE	95	95	95	86140	C-REACTIVE PROTEIN	25	25	25
84420	ASSAY THEOPHYLLINERONE	54	54	54					
84435	ASSAY THYROXINE (T-4)	25	25	25					
84436	RIA ASSAY, TRUE THYROXINE	22	24	21					
84439	RIA ASSAY, FREE THYROXINE	53	53	50					
84443	ASSAY THYROID STIM HORMONE	60	59	66					
84450	UV-ASSAY TRANSDAMINASE (SGOT)	14	14	14					
84460	UV-ASSAY TRANSAMINASE (SGPT)	14	14	14					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
86244	ASSAY ALPHA-1 FETRO-PROTEIN	65	65	65	87177	OVA AND PARASITES SMEARS	63	63	63
86255	FLUORESCENT ANTI-BODY; SCREEN	78	78	83	87184	ANTIBIOTIC SENSITIVITY, EACH, DISC	25	25	22
86256	FLUORESCENT ANTI-BODY; TITER	68	68	68	87186	ANTIBIOTIC SENSITIVITY, MIC	16	16	16
86280	HEMAGGLUTINATION INHIBITION	30	30	30	87205	SMEAR, STAIN & INTERPRET, ROUTINE	17	17	17
86287	HEPATITIS HAA, RIA, OR EIA	32	32	31	87210	SMEAR, STAIN & INTERPRET, WET + SIMPLE	16	16	15
86289	HEPATITIS BC ANTI-BODY TEST, HBCAB	49	49	49	87253	VIRUS INOCULATION FOR TEST, ADDL STD	70	70	70
86291	HEPATITIS BS ANTI-BODY TEST, HBSAB	37	37	37	87999	MICROBIOLOGY PROCEDURE	26	26	26
86296	HEPATITIS A ANTIBODY TEST, HAAB	51	51	51	88104	CYTOPATHOLOGY, W/CENTRIF, WO/CRV + VAG	73	73	71
86300	HETEROPHILE ANTI-BODY SCREEN	20	20	20	88108	CYTOPATHOLOGY, CONCENTRATION	102	102	102
86310	HETEROPHILE ANTIBODIES	35	35	35	88150	CYTOPATHOLOGY PAP SMEAR, TECH	19	21	21
86312	HIV ANTIBODY DETECTION	51	51	51	88151	CYTOPATHOLOGY INTERPRETATION, PHYS	21	21	21
86316	IMMUNOASSAY, TUMOR ANTIGEN	61	61	63	88155	CYTOPATHOLOGY, PAP SMEAR, WHORMONAL	25	23	21
86317	IMMUNOASSAY, INFECTIOUS AGENT	67	74	60	88160	CYTOPATHOLOGY, ANY OTHER SOURCE	46	46	46
86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	54	54	54	88161	CYTOPATHOLOGY, PREP, SCRIN + INTERPET	9	9	9
86329	IMMUNODIFFUSION, EACH	67	67	67	88170	FINE NEEDLE ASPIRATION, W/WO PREP	136	136	136
86357	LYMPHOCYTES, T & B DISTINCTION	178	178	178	88173	INTERPRETATION OF SMEAR	118	118	118
86403	RAPID TEST, INFECTIOUS AGENT	20	20	19	88300	SURGICAL PATHOLOGY, GROSS	28	28	26
86421	RADIOALLERGOSORBENT TESTS, 5/<	34	34	34	88302	SURGICAL PATHOLOGY, COMP, NORM TISS	48	50	48
86422	RADIOALLERGOSORBENT TESTS, 6/>	346	346	346	88304	SURGICAL PATHOLOGY, COMP, ABNORM TSS	73	80	75
86423	RADIOIMMUNOSORBENT TEST IGE, QUANT	58	58	58	88305	SURGICAL PATHOLOGY, COMP, WO/COMPLEX	124	124	129
86430	RHEUMATOID FACTOR TEST	18	18	16	88307	SURGICAL PATHOLOGY, COMP, COMPLEX	192	192	194
86580	TB INTRADERMAL TEST	15	15	15	88309	SURGICAL PATHOLOGY, COMP, COMPLX, DIS	269	269	269
86585	TB TINE TEST	14	13	15	88311	DECALCIFY TISSUE, COMPLX, DIS	21	21	21
86592	BLOOD SEROLOGY, QUALITATIVE	15	15	14	88312	SPECIAL STAINS, GROUP 1	65	65	65
86999	IMMUNOLOGY PROCEDURE	82	82	82	88313	SPECIAL STAINS, GROUP 2 + OTHERS	21	21	21
87015	SPECIMEN CONCENTRATION	32	32	32	88346	IMMUNOFLUORESCENT STUDY	42	42	42
87040	BLOOD CULTURE FOR BACTERIA	51	51	54	88399	SURGICAL PATHOLOGY PROCEDURE	43	43	43
87045	STOOL CULTURE FOR BACTERIA	45	45	45	90292	HOSPITAL DISCHARGE DAY	81	81	91
87060	NOSE/THROAT CULTURE, BACTERIA	15	15	16	90782	INJECTION SUBCU/(IM)T	27	29	26
87070	CULTURE SPECIMEN, BACTERIA	35	32	36	90801	DIAGNOSTIC INTERVIEW, PSYCH	197	197	237
87072	CULTURE OF SPECIMEN BY KIT	20	18	21	90843	INDIVIDUAL PSYCHOTHERAPY, 20-30 MIN	78	78	78
87081	BACTERIA CULTURE SCREEN	18	16	19	90844	INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN	128	129	129
87082	CULTURE OF SPECIMEN BY KIT, SINGLE	19	19	19	90900	BIOFEEDBACK TRNG BY ELECTROMYOGRAM	108	110	110
87084	CULTURE OF SPECIMEN BY KIT, COL EST	19	19	19	90935	HEMODIALYSIS, SINGLE EVAL	1868	1868	1868
87085	CULTURE OF SPECIMEN BY KIT, COL CNT	15	15	15	92004	EYE EXAM & TREATMENT, NEW PT, COMP	75	75	75
87086	URINE CULTURE, COLONY COUNT	30	26	31	92012	EYE EXAM & TREATMENT, COMP	57	57	59
87087	URINE BACTERIA CULTURE, COMMERC KIT	22	22	24	92014	EYE EXAM & TREATMENT	75	75	75
87088	URINE BACTERIA CULTURE, ID + COM KIT	26	26	26	92020	GONIOSCOPY W/EVALUATION	59	59	59
87101	SKIN FUNGUS CULTURE	25	25	25	92081	VISUAL FIELD EXAM, LIMITED	57	57	57
87102	FUNGUS ISOLATION CULTURE	38	38	38	92082	VISUAL FIELD EXAM, INTERMEDIATE	65	65	65
87106	FUNGUS IDENTIFICATION	26	26	26					
87109	MYCOPLASMA CULTURE	74	74	74					
87110	CULTURE, CHLAMYDIA	80	80	80					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
92083	VISUAL FIELD EXAM, EXTENDED	89	89	89	94240	RESIDUAL LUNG CAPACITY	81	81	81
92100	SERIAL TONOMOMETRY, 1 OR MORE SESSIONS	42	42	42	94375	RESPIRATORY FLOW VOLUME LOOP	88	88	84
92225	OPHTHALMOSCOPY, EXTENDED, INITIAL	126	126	126	94700	BLOOD GAS ANALYSIS, REST ONLY	60	60	60
92226	OPHTHALMOSCOPY, EXTENDED, SUBSEQUENT	65	65	65	94720	CARBON MONOXIDE DIFFUSING CAPACITY	107	107	107
92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	287	287	287	95020	INTRCUT TSTS, EXTRACTS, 15-20 MIN: <11	76	76	76
92250	OPHTHALMOSCOPY W/FUNDUS PHOTOGRAPHY	74	74	74	95021	INTRCUT TSTS, EXTRACTS, 15-20 MN:11-20	107	107	107
92551	PURE TONE AUDIOMETRY, AIR ONLY	24	24	24	95117	IMMUNOTHERAPY INJECTIONS, PROF SERV	23	23	26
92552	PURE TONE AUDIOMETRY, AIR & BONE	33	33	33	95155	SUPRV/PRV SNG/MLT ANTS, >1 MULT DOSE	133	133	133
92553	AUDIOMETRY, AIR & BONE	47	47	47	95819	EEG, STANDARD/PORTABLE, SAME FACILITY	166	162	162
92557	COMPREHENSIVE AUDIOMETRY	80	80	72	95860	ELECTROMYOGRAPHY, 1 LIMB	265	265	265
92566	IMPEDANCE HEARING TEST	30	30	32	95861	ELECTROMYOGRAPHY, 2 LIMBS	314	314	314
92567	TYMPANOMETRY	24	22	26	95869	ELECTROMYOGRAPHY, SPECIFIC MUSCLES	179	179	179
92982	PERCUT TRNSLUMINL CORN ANGIO; 1 VESL	3207	3207	3241	95900	MOTOR NERVE CONDUCTION TESTING, EACH NERVE	122	116	122
93000	ELECTROCARDIOGRAM, COMPLETE	54	54	59	95904	SENSORY NERVE CONDUCTION TESTING, EACH NERVE	116	110	122
93010	ELECTROCARDIOGRAM REPORT	38	37	43	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	21	21	21
93014	REPORT ON TRANSMITTED ECG	40	40	40	96912	PHOTOCHEMOTHERAPY: PSORALENS & PUVA	32	32	32
93015	CARDIOVASC STRESS TEST, TRAC/INTERP	291	269	296	97010	PHYS MED TRI 1 AREA HOT/COLD PACKS	31	38	34
93018	CARDIOVASC STRESS TEST, INTERP ONLY	182	182	188	97012	PHYS MED TRI 1 AREA, TRACTION MECH	35	35	35
93040	RHYTHM ECG WITH REPORT ONLY	47	47	47	97014	PHY MED TR TO ONE AREA; ELEC STIM	27	27	33
93042	RHYTHM ECG, REPORT	27	27	27	97018	PMT TO ONE AREA; PARAFFIN BATH	37	37	37
93224	24 HR ECG, SCANNER, RECORD/INTERP	322	322	322	97022	PMT TO ONE AREA; WHIRLPOOL	30	30	30
93227	24 HR ECG, SCANNER, REV/INTERP ONLY	162	162	162	97024	PMT TO ONE AREA; DIATHERMY	21	21	21
93307	ECHOCARDIOGRAPHY, REALTIME, COMPLETE	342	308	376	97110	PHYSIOTHERAPY: THERAPEUTIC EXERCISE	55	60	55
93320	DOPPLER ECHOCARDIOGRAPHY, COMPLETE	257	257	232	97118	PMT ONE AREA; INIT 30 MIN; ELEC STIM	46	46	46
93325	DOPPLER COLOR FLOW VELOCITY MAPPING	162	162	162	97124	PMT ONE AREA; INIT 30 MIN; MASSAGE	32	32	34
93501	HEART CATHETERIZATION RIGHT, ONLY	1117	1117	1117	97128	PHYSIOTHERAPY: ULTRASOUND	33	37	37
93503	HEART CATH RT; W/SWAN-GANZ CATH	774	756	809	97145	PHYS MED TRT TO ONE AREA EA ADD'L	17	17	17
93545	INJ FOR SELECT CORONARY ANGIOGRAPHY	1242	1242	1242	97240	POOL THERAPY/HUBBARD TANK W THERAPEUTIC	37	37	37
93547	HRT CATH LFT COR ANG & VENT ANG	1583	1620	1566	97260	MANIPULATION, PERFORMED BY PHYSICIAN	45	45	45
93548	HRT CAT LFT COR ANG VENT AORT RT AO	1539	1539	1539	97530	KINETIC ACTIV INCREASE COORD, STRENGTH	65	65	72
93549	HRT CAT RT & LFT COR ANG VENT ANG	1674	1755	1993	97700	VISIT WITH ORTHOT/PROSTH/ADL CHECK, 30 MIN	60	60	56
93552	LT HRT CAT COR ANG VEN CIN; VIS BYPS	2183	2183	2183	97720	EXTREMITY TEST/STRENGTH, DEXTERITY	60	60	60
93553	LT CT COR ANG/VEN CIN; VISL; AORTGPHY	2106	2106	2106	99000	SPECIMEN HANDLING, DOC TO LAB	11	10	12
93762	PERIPHERAL THERMOGRAM, INCLUDING ANY SERIES	432	432	432	99050	AFTER HOURS, ADD TO BASIC SERVICE	54	54	54
93870	CAROTID ARTERY IMAGING	397	397	432	99054	SERV SUNDAY/HOLIDAY, ADD TO BASIC	50	54	57
93910	LOWER LIMB ARTERY STUDY	257	257	256	99058	OFFICE EMERGENCY CARE	52	52	52
93950	NONINVASIVE EXTREMITY VEIN STUDIES	171	171	171	99172	CRITICAL CARE, FOLLOW-UP, LIMITED	140	140	140
93960	QUANTITATIVE VENOUS FLOW STUDIES	269	269	269	99173	CRITICAL CARE, FOLLOW-UP, INTERMED	220	220	220
94010	SPIROMETRY	64	57	65					
94060	BRONCHOSPASM EVALUATION	127	127	135					
94160	VITAL CAPACITY SCREENING	25	25	25					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	ADA Code	Description of services	Region 1	Region 2	Region 3
99201	OFF OR O/P VST NP; PROB FOCUSED	66	66	69	0110	INITIAL ORAL EXAMINATION	\$ 34	\$ 36	\$ 41
99202	OFF OR O/P VST NP; EXP PROB FOCUSED	62	62	74	0120	PERIODIC ORAL EVALUATION	25	28	31
99203	OFF OR O/P VST NP; DETAILED LOW	89	89	84	0130	EMERGENCY ORAL EXAMINATION	37	37	45
99204	OFF OR O/P VST NP; COMPREHENS MOD	114	102	122	0140	LIMITED ORAL EVALUATION	41	41	49
99205	OFF OR O/P VST NP; COMPREHENS HIGH	144	147	147	0210	INTRAORAL—COMPL SER INCLUDE BITEWINGS	78	78	78
99211	OFF OR O/P VST EST PT; MINIMAL	34	30	34	0220	INTRAORAL—PERIAPICAL—FIRST FILM	11	12	13
99212	OFF OR O/P VST EST PT; PROBLM FOCUSED	39	42	44	0230	INTRAORAL—PERIAPICAL—EACH ADD FILM	9	10	10
99213	OFF OR O/P VT EST PT; EXP PRB FOCUSED	47	45	49	0240	INTRAORAL—OCCLUSAL FILM	20	25	25
99214	OFF OR O/P VST EST PT; DETAILED MOD	64	64	64	0270	BITEWING—SINGLE FILM	10	12	12
99215	OFF OR O/P VST EST PT; COMPREH HIGH	99	86	99	0272	BITEWINGS—TWO FILMS	20	20	20
99221	INT HOSP CARE PER DAY; COMPREH LOW	148	148	148	0274	BITEWINGS—FOUR FILMS	31	32	36
99222	INT HOSP CARE PER DAY; COMPREH MOD	143	143	147	0330	PANORAMIC FILM	63	67	77
99223	INT HOSP CARE PER DAY; COMPREH HIGH	184	166	196	0340	CEPHALOMETRIC FILM	61	69	67
99231	SUB HOSP CARE PER DAY; PROBLM FOCUSED	61	61	64	0460	PULP VITALITY TESTS	29	29	35
99232	SUB HOSP CARE PER DAY; EXP PRB FOCUSED	74	64	74	0470	DIAGNOSTIC CASTS	57	57	67
99233	SUB HOSP CARE PER DAY; DETAILED HIGH	96	96	94	0471	DIAGNOSTIC PHOTOGRAPHS	27	27	33
99241	OFF CONSULT; PROBLEM FOCUSED	78	78	78	1510	SPACE MAINTAINER—FIXED-DUNILATERAL	208	234	234
99242	OFF CONSULT; EXP PROBLEM FOCUSED	98	98	102	1515	SPACE MAINTAINER—FIXED-BILATERAL	338	390	364
99243	OFF CONSULT; DETAILED LOW	133	133	137	2110	AMALGAM—ONE SURFACE PRIMARY	60	62	62
99244	OFF CONSULT; COMPREHENSIVE MOD	171	171	171	2120	AMALGAM—TWO SURFACES PRIMARY	75	88	84
99245	OFF CONSULT; COMPREHENSIVE HIGH	195	195	196	2130	AMALGAM—THREE SURFACES PRIMARY	93	109	104
99252	INT IP CONSULT; EXP PROBLEM FOCUSED	126	126	126	2131	AMALGAM—4 OR MORE SURFACES, PRIMARY	125	123	130
99253	INT IP CONSULT; DETAILED LOW	164	164	171	2140	AMALGAM—ONE SURFACE PERMANENT	61	67	72
99254	INT IP CONSULT; COMPREHENSIVE MOD	203	182	221	2150	AMALGAM—TWO SURFACES PERMANENT	79	88	93
99255	INT IP CONSULT; COMPREHENSIVE HIGH	214	214	221	2160	AMALGAM—THREE SURFACES PERMANENT	98	109	114
99261	FU IP CONSULT EST PT; PROBLEM FOCUSED	53	53	53	2161	AMALGAM—FOUR OR MORE SURFACES PERM	119	133	140
99262	FU IP CONSULT EST PT; EXP PROB FOCUS	64	64	64	2330	RESIN—ONE SURFACE ANTERIOR	75	84	88
99282	ER VISIT; EXP PROBLEM FOCUSED LOW	74	74	74	2331	RESIN—TWO SURFACES ANTERIOR	96	104	114
99283	ER VISIT; EXP PROBL FOC LOW-MODERATE	101	99	102	2332	RESIN—THREE SURFACES ANTERIOR	124	138	145
99284	ER VISIT; DETAILED MODERATE	160	160	167	2335	RES—) 3 SUR OR INV INCISAL ANGLE ANT	152	166	182
99285	ER VISIT; COMPREHENSIVE HIGH	212	212	221	2336	COMPOSITE RESIN CROWN—ANTERIOR—PRIM	173	174	164
99291	CRITICAL CARE PROLONGED; FIRST HOUR	207	207	207	2380	RESIN—ONE SURFACE POSTERIOR—PRIMARY	76	78	81
					2381	RESIN—TWO SURFACES POSTERIOR—PRIMARY	108	97	104
					2382	RESIN—) 2 SURFACES POSTERIOR—PRIMARY	123	119	135
					2385	RESIN—1 SURFACE POSTERIOR—PERMANENT	78	87	89
					2386	RESIN—2 SURFACES POSTERIOR—PERM	108	119	130
					2387	RESIN—) 2 SURFACES POSTERIOR PERM	141	156	166
					2520	INLAY—METALLIC—TWO SURFACES	579	572	598
					2530	INLAY—METALLIC—3 OR MORE SURFACES	552	603	674
					2540	ONLAY—MTLIC—PER T IN ADD TO INLAY	359	439	350
					2620	INLAY—PORCELAIN/CERAMIC—2 SURFACES	550	514	550
					2630	INLAY—PORCE/CERAMIC— 3 OR MORE SURF	521	556	608
					2640	ONLAY—PORC/CERAMIC— PER TOOTH + INLAY	184	151	184
					2652	INLAY—COMP—RESIN—3 OR MORE SURF LAB	484	468	484
					2660	ONLAY—COMP/RES EA TH + INLAY LAB PROC	387	348	387

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

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

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

ADA Code	Description of services	Region 1	Region 2	Region 3	ADA Code	Description of services	Region 1	Region 2	Region 3
2710	CROWN—RESIN—LABORATORY	269	260	267	5110	COMPLETE DENTURE—UPPER	782	884	928
2720	CROWN—RESIN WITH HIGH NOBLE METAL	717	691	722	5120	COMPLETE DENTURE—LOWER	771	867	910
2740	CROWN—PORCELAIN/CERAMIC SUBSTRATE	676	728	780	5130	IMMEDIATE DENTURE—UPPER	872	988	1014
2750	CROWN—PORC FUSED TO HI NOBLE METAL	653	722	754	5140	IMMEDIATE DENTURE—LOWER	815	910	962
2751	CROWN—PORCE FUSED TO PREDOM BASE METAL	624	676	702	5211	U PAR—RESIN BS W/CONV CLSPS—RSTS & TH	669	733	795
2752	CROWN—PORC FUSED TO NOBLE METAL	624	676	722	5212	L PAR—RESIN BS W/CONV CLSPS—RSTS & TH	723	832	826
2790	CROWN—FULL CAST HIGH NOBLE METAL	667	738	764	5213	U PAR—CST MTL RESIN BS W/CONV CLSPS	830	933	956
2791	CROWN—FULL CAST PREDOM BASE METAL	651	780	705	5214	L PAR—CST MTL RESIN BS W/CONV CLSPS	816	936	936
2792	CROWN—FULL CAST NOBLE METAL	624	676	702	5410	ADJUST COMPLETE DENTURE—UPPER	42	38	46
2810	CROWN— $\frac{3}{4}$ CAST METALLIC RECEMENT INLAY	786	728	849	5411	ADJUST COMPLETE DENTURE—LOWER	46	46	46
2910	RECEMENT CROWN	52	52	57	5421	ADJUST PARTIAL DENTURE—UPPER	42	41	46
2920	RECEMENT CROWN	52	54	57	5422	ADJUST PARTIAL DENTURE—LOWER	41	40	49
2930	PREFAB STAINL STL CRWN—PRIM TOOTH	160	171	196	5510	REPAIR BROKEN COMPLETE DENTURE BASE	90	104	104
2931	PREFAB STAINL STL CRWN—PERM TOOTH	197	187	208	5520	REPL MISS/BRKN T—COMPLETE—EA T	83	78	93
2932	PREFABRICATED RESIN CROWN	191	182	204	5610	REPAIR RESIN DENTURE BASE	85	98	98
2940	SEDATIVE FILLINGS	57	62	67	5620	REPAIR CAST FRAMEWORK	98	98	120
2950	BUILDUP INCLUDING ANY PINS	159	182	182	5630	REPAIR OR REPLACE BROKEN CLASP	105	109	128
2951	PIN RETEN—PER TOOTH IN ADD TO REST	28	33	33	5640	REPLACE BROKEN TEETH—PER TOOTH	78	88	88
2952	CAST POST & CORE IN ADD TO CROWN	235	260	270	5650	ADD TOOTH TO EXISTING PART DENTURE	94	98	114
2954	PREFAB POST & CORE IN ADD TO CROWN	198	214	234	5660	ADD CLASP TO EXISTING PART DENTURE	119	124	130
2970	TEMPORARY CROWN (FRACTURED TOOTH)	156	140	167	5730	RELINE COMPLETE UPPER DENT—CHAIRSIDE	165	177	202
2980	CROWN REPAIR—BY REPORT	132	140	156	5731	RELINE COMPLETE LOW DENT—CHAIRSIDE	193	193	208
3110	PULP CAP—DIRECT EXCL FINAL REST	41	44	46	5740	RELINE UP PART DENTURE—CHAIRSIDE	158	156	156
3120	PULP CAP—INDIRECT EXCL FINAL REST	41	36	42	5741	RELINE LOW PART DENTURE—CHAIRSIDE	152	156	156
3220	THERAPEUTIC PULPOTOMY EXC FIN REST	106	104	109	5750	RELINE COMPLETE UPPER DENTURE (LAB)	233	268	270
3310	RC THER—ANT EXC FINAL RESTORATION	442	468	468	5751	RELINE COMPLETE LOWER DENTURE (LAB)	231	260	270
3320	RC THER—BICUSPID EXC FINAL RESTORATION	525	531	540	5760	RELINE UPPER PARTIAL DENTURE (LAB)	283	260	312
3330	RC THER—MOLAR EXC FINAL RESTORATION	650	676	712	5761	RELINE LOWER PARTIAL DENTURE (LAB)	249	275	286
3410	APICOECTOMY/PERIRADICULAR SURG—ANT	457	468	452	5820	INTERIM PARTIAL DENTURE (UPPER)	380	364	390
3421	APICO/PERIRAD SURG—BICUS FIRST ROOT	521	546	494	5821	INTERIM PARTIAL DENTURE (LOWER)	407	407	416
3425	APICO/PERIRAD SURG—MOLAR FIRST ROOT	544	520	556	5862	PRECISION ATTACHMENT BY REPORT	312	312	312
3426	APICO/PERIRAD SURG—EA ADD ROOT	244	260	234	6030	ENDOSSEOUS IMPLANT—IN THE BONE	1319	1300	1352
3430	RETROGRADE FILLING—PER ROOT	130	114	130	6210	PONTIC—CAST HIGH NOBLE METAL	730	722	738
3450	ROOT AMPUTATION—PER ROOT	313	281	338	6212	PONTIC—CAST NOBLE METAL	701	701	728
3920	HEMISECT W RT REM—WO RT CANAL THER	257	260	260	6240	PONTIC—PORC FUSED TO HI NOBLE METAL	651	722	736
3950	CANAL PREP & FIT—PREFORMED DOWEL/POST	83	83	88	6241	PONTIC—PORC FUSED TO PREDOM BS MTL	619	676	676
3960	BLEACHING OF DISCOLORED TOOTH	200	208	244	6242	PONTIC—PORC FUSED TO NOBLE METAL	617	676	712
4211	GINGIVECTOMY/GINGIVOPLASTY—PER T	110	119	130	6250	PONTIC—RESIN WITH HIGH NOBLE METAL	672	682	676
4249	CROWN LENGTHENING—HARD TISSUE	476	436	468	6545	RTAIN—CAST MTL RES BOND FIX PROSTH	290	312	354
4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	601	601	650	6750	CROWN—PORC FUSED TO HI NOBLE METAL	661	724	754
4271	FREE SOFT TISSUE GFT & DONOR SITE	566	608	624	6751	CROWN—PORC FUSED TO PREDOM BASE MTL	624	676	676
4320	PROVISIONAL SPLINTING—INTRACORONAL	113	130	130					
4321	PROVISIONAL SPLINTING—EXTRACORONAL	153	187	156					

ADA Code	Description of services	Region 1	Region 2	Region 3
6752	CROWN—PORC FUSED TO NOBLE METAL	618	676	712
6790	CROWN—FULL CAST HIGH NOBLE METAL	702	686	728
6792	CROWN—FULL CAST NOBLE METAL	685	676	707
6930	RECEMENT BRIDGE	78	78	83
6950	PRECISION ATTACHMENT	294	324	265
6970	CAST POST & CORE IN ADD TO BRDG RET	260	260	260
6972	PREFAB PST & CORE IN ADD TO BRDG RET	219	213	234
6980	BRIDGE REPAIR, BY REPORT	156	156	171
7110	ORAL SURG EXTRACT—SINGLE TOOTH	85	95	98
7120	SURG EXTRACT—EACH ADD TOOTH	82	93	98
7130	ROOT REMOVAL—EXPOSED ROOTS	114	130	130
7210	SURGICAL REMOVAL OF ERUPTED TOOTH	156	171	182
7220	REM IMPACTED TOOTH—SOFT TISSUE	227	260	260
7230	REM IMPACTED TOOTH—PART BONY	312	322	338
7240	REM IMPACTED TOOTH—COMPL BONY	390	364	390
7241	REM IMPACTED T—COMPL COMPLIC	390	416	416
7250	SURG REM RESID T ROOTS—CUTTING PROC	165	202	188
7280	SURG EXPOS IMP/UNERUP T—ORTHO	416	390	459
7281	SURG EXPOS IMP/UNERUP T—AID ERUP	390	390	379
7310	ALVEOLOPL IN CONJ W EXTRACT—PER QUAD	159	182	182
7320	ALVEOLOPL NO EXTRACT—PER QUAD	277	304	260
7510	I&D ABSCESS—INTRAORAL SOFT TISSUE	105	105	128
7880	OCCUSAL ORTHOTIC DEVICE—BY REPORT	548	520	572
7970	EXC OF HYPERPLASTIC TISSUE—PER ARCH	238	260	234
7971	EXCISION OF PERICORONAL GINGIVA	164	180	156
9110	PALL—EMER TREAT DENT PAIN—MINOR P	52	52	63
9210	LOCAL ANESTHESIA FOR NONSURG PROC	25	25	28
9215	LOCAL ANESTHESIA	18	17	17
9220	GENERAL ANESTHESIA—FIRST 30 MINUTES	208	208	208
9221	GEN'L ANESTHESIA—EACH ADD'L 15 MIN	93	78	78
9230	ANALGESIA	36	41	44
9240	INTRAVENOUS SEDATION	191	234	208
9310	CONSULT DIAG SVC BY NON-TREAT PRAC T	57	62	67
9430	OFF VST OBS—SCHED HRS—NO OTHER SVCS	37	41	45
9440	OFF VST—AFTER REG SCHED HOURS	70	67	77
9610	THERAPEUTIC DRUG INJ BY REPORT	38	41	34
9630	OTHER DRUGS AND/OR MED BY REPORT	23	26	28
9940	OCCUSAL GUARD, BY REPORT	320	364	364
9950	OCCUSION ANALYSIS—MOUNTED CASE	141	141	142
9951	OCCUSAL ADJUSTMENT—LIMITED	56	58	67
9952	OCCUSAL ADJUSTMENT—COMPLETE	312	291	312

The dollar amounts appearing on this schedule are the upper limits of the insurance company's liability for reimbursement and will not be exceeded in any case. These

amounts do not represent a provider's usual, customary and reasonable fee which is the principal standard for establishing reimbursement levels and which in most instances will be below the upper limit amounts shown on the schedule.

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

STATE OF NEW JERSEY  
PERSONAL AUTO INJURY FEE SCHEDULE

NURSING AND ALLIED PROFESSIONAL HEALTH SERVICES

Service	Fee
PRIVATE NURSING CARE (PER HOUR)	
Registered nurse	40.00
Licensed practical nurse	35.00
Home health aide	15.50
Live-in attendant (per 24-hour shift)	136.00
HOME HEALTH VISITS (PER VISIT)	
Registered nurse	82.00
Licensed practical nurse	58.00
Physical therapist	77.00
Speech therapist	77.00
Occupational therapist	77.00

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

STATE OF NEW JERSEY  
PERSONAL AUTO INJURY FEE SCHEDULE

AMBULANCE SERVICES

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

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

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

HCPCS Code	Description	Fee For New Equipment
A4214	Sterile saline or water, 30 cc vial	\$1.37
A4310	Insertion tray without drainage bag and without catheter (accessories only)	5.56
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastometer, or hydrophilic, etc.)	10.68
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	12.49
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	12.91
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastometer, or hydrophilic, etc.)	16.19
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	17.27
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	19.57
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.02
A4322	Irrigation syringe, bulb or piston	2.60
A4323	Sterile saline irrigation solution, 1000 ml	7.19
A4326	Male external catheter specialty type, c.g., inflatable, faceplate, etc., each	11.02

HCPCS Code	Description	Fee For New Equipment	HCPCS Code	Description	Fee If New	Fee If Used	Monthly Rental		
A4327	Female external urinary collection device, metal cup, each	25.38	A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	49.50	37.12	4.95		
A4328	Female external urinary collection device; pouch, each	10.17	A5051	Pouch, closed; with barrier attached (1 piece)	2.62	—	—		
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply	30.36	A5052	Pouch, closed; without barrier attached (1 piece)	1.84	—	—		
A4330	Perianal fecal collection pouch with adhesive	6.12	A5053	Pouch, closed; for use on faceplate	2.88	—	—		
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastometer or hydrophilic, etc.)	8.77	A5054	Pouch, closed; for use on barrier with flange (2 piece)	2.39	—	—		
A4340	Indwelling catheter; specialty type, (e.g., Coude, Mushroom, Wing, etc.)	14.25	A5055	Stoma cap	1.69	—	—		
A4344	Indwelling catheter, Foley type, two-way, all silicone	12.86	A5061	Pouch, drainable; with barrier attached (1 piece)	3.78	—	—		
A4346	Indwelling catheter, Foley type, three-way, for continuous irrigation	18.74	A5062	Pouch, drainable; without barrier attached (1 piece)	3.19	—	—		
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	16.90	A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	2.92	—	—		
A4351	Intermittent urinary catheter; straight tip	1.72	A5064	Pouch, drainable; with faceplate attached; plastic or rubber	7.35	—	—		
A4352	Intermittent urinary catheter; Coude (curved) tip	5.36	A5065	Pouch, drainable; for use on faceplate; plastic or rubber	5.37	—	—		
A4354	Insertion tray with drainage bag but without catheter	8.68	A5071	Pouch, urinary; with barrier attached (1 piece)	4.18	—	—		
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter	8.69	A5072	Pouch, urinary; without barrier attached (1 piece)	4.03	—	—		
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	36.53	A5073	Pouch, urinary; for use on barrier with flange (2 piece)	3.65	—	—		
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	6.95	A5074	Pouch, urinary; with faceplate attached; plastic or rubber	7.75	—	—		
A4358	Urinary leg bag; vinyl, with or without tube	6.94	A5075	Pouch, urinary; for use on faceplate; plastic or rubber	3.79	—	—		
A4359	Urinary suspensory; without leg bag	27.63	A5081	Continent device; plug for continent stoma	3.18	—	—		
A4361	Ostomy faceplate	13.88	A5082	Continent device; catheter for continent stoma	10.57	—	—		
A4362	Skin barrier; solid, 4x4 or equivalent; each	4.19	A5093	Ostomy accessory; convex insert	1.68	—	—		
A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.05	A5102	Bedside drainage bottle, rigid or expandable	26.39	—	—		
A4364	Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, powder or paste; any composition (e.g., silicone, latex, etc.); per oz.	3.83	A5105	Urinary suspensory; with leg bag, with or without tube	35.03	—	—		
A4367	Ostomy belt	6.99	A5112	Urinary leg bag; latex	17.84	—	—		
A4397	Irrigation supply; sleeve	4.43	A5113	Leg strap; latex, per set	4.26	—	—		
A4398	Irrigation supply, bags	9.43	A5114	Leg strap; foam or fabric, per set	9.16	—	—		
A4399	Irrigation supply, conc/catheter	11.78	A5119	Skin barrier; wipes, box per 50	9.73	—	—		
A4400	Ostomy irrigation set	42.60	A5121	Skin barrier; solid, 6x6 or equivalent, each	5.09	—	—		
A4402	Lubricant	1.78	A5122	Skin barrier; solid, 8x8 or equivalent, each	7.86	—	—		
A4404	Ostomy rings	1.31	A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	5.84	—	—		
A4454	Tape, all types, all sizes	2.03	A5126	Adhesive; disc or foam pad	1.21	—	—		
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	2.41	A5131	Appliance cleaner, incontinence and ostomy appliances, per 16-oz.	15.77	—	—		
A4560	Pessary	22.66	CODES BEGINNING WITH "E"						
HCPCS Code	Description	Fee If New	Fee If Used	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
A4611	Battery, heavy duty; replacement for patient-owned ventilator	140.08	121.48	14.01	E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	16.37	12.02	1.64
A4612	Battery cables; replacement for patient-owned ventilator	39.17	38.51	3.92	E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	40.94	29.99	4.09
A4613	Battery charger; replacement for patient-owned ventilator	131.80	98.08	13.18	E0110	Crutches forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tip	60.06	45.04	6.01
A4618	Breathing circuits	7.97	8.78	.80	E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip	55.60	36.08	5.56
A4622	Tracheostomy or laryngectomy tube	64.29	—	—	E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	36.96	28.66	3.70
A4623	Tracheostomy, inner cannula (replacement only)	7.93	—	—	E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	24.69	12.67	2.47
A4624	Tracheal suction catheter, any type, each	2.02	—	—	E0114	Crutches underarm, aluminum, adjustable or fixed, pair with pads, tips and handgrips	51.53	36.28	5.15
A4625	Tracheostomy care or cleaning starter kit	6.75	—	—					
A4626	Tracheostomy cleaning brush, each	3.05	—	—					
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	18.38	13.77	1.84					
A4630	Replacement batteries. Medically necessary T.E.N.S. owned by patient	8.44	—	—					
A4631	Replacement batteries for medically necessary electronic wheelchair owned by patient	78.87	59.15	7.89					
A4635	Underarm pad, crutch, replacement, each	6.64	4.96	.66					
A4636	Replacement, handgrip, cane, crutch, or walker, each	2.93	2.19	.29					
A4637	Replacement, tip, cane, crutch, walker, each	1.88	1.41	.19					

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
E0116	Crutch underarm, aluminum, adjustable or fixed, each, with pad, tip and handgrip	22.72	14.46	2.27	E0210	Electric heat pad, standard	29.16	30.28	2.92
E0130	Walker, rigid (pickup), adjustable or fixed height	56.05	43.47	5.61	E0215	Electric heat pad, moist	46.64	37.18	4.66
E0135	Walker, folding (pickup), adjustable or fixed height	61.63	45.51	6.16	E0220	Hot water bottle	5.51	4.16	.55
E0141	Walker, wheeled, without seat	99.41	71.02	9.94	E0225	Hydrocollator unit, includes pads	177.95	172.29	16.73
E0142	Rigid walker, wheeled, with seat	231.50	154.39	23.15	E0230	Ice cap or collar	6.94	5.20	.69
E0143	Folding walker, wheeled, without seat	105.43	74.38	10.54	E0235	Paraffin bath unit, portable	161.20	120.90	16.12
E0145	Walker, wheeled, with seat and crutch attachments	180.70	135.53	18.07	E0236	Pump for water circulating pad	316.90	237.68	31.69
E0146	Walker, wheeled, with seat	116.60	87.45	11.66	E0237	Water circulating heat pad with pump	339.91	216.43	30.82
E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	255.83	221.57	25.58	E0238	Non-electric heat pad moist	29.56	13.99	2.96
E0153	Platform attachment, forcarm crutch, each	57.41	49.15	5.74	E0239	Hydrocollator unit, portable	372.28	303.77	37.23
E0154	Platform attachment, walker, each	64.20	53.32	6.42	E0249	Pad for water circulating heat unit	73.69	96.78	7.37
E0155	Wheel attachment, rigid pick-up walker attachments	25.64	22.16	2.56	E0250	Hospital bed, fixed height, with any type side rails, with mattress	764.50	573.38	76.45
E0156	Seat attachment, walker	21.87	14.06	2.19	E0251	Hospital bed, fixed height, with any type side rails, without mattress	624.40	468.30	62.44
E0157	Crutch attachment, walker, each	57.41	44.26	5.74	E0255	Hospital bed, variable height, Hi-lo, with any type side rails, with mattress	835.60	626.70	83.56
E0158	Leg extensions for a walker	26.36	21.56	2.64	E0256	Hospital bed, variable height, Hi-lo, with any type side rails, without mattress	608.80	456.60	60.88
E0160	Sitz type bath, portable, fits over commode seat	22.17	12.22	2.22	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	1276.60	957.45	127.66
E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	44.57	17.94	4.21	E0261	Hospital bed, semi-electric (head and foot adjustment), any type side rails, without mattress	927.10	695.33	92.71
E0163	Commode chair, stationary, with fixed arms	92.37	63.68	9.24	E0265	Hospital bed, total electric (head, foot and height adjustments), any type side rails, with mattress	1580.40	1185.30	158.04
E0164	Commode chair, mobile, with fixed arms	167.00	86.97	16.70	E0266	Hospital bed, total electric (head, foot and height adjustments), any type side rails, without mattress	1606.30	1204.73	160.63
E0165	Commode chair, stationary with detachable arms	149.90	112.43	14.99	E0271	Mattress, innerspring	171.14	131.08	17.11
E0166	Commode chair, mobile with detachable arms	220.50	165.38	22.05	E0272	Mattress, foam rubber	150.75	101.91	15.08
E0167	Pail or pan for use with commode chair	10.30	7.93	1.03	E0275	Bed pan, standard, metal or plastic	14.46	11.30	1.45
E0175	Foot rest, for use with commode chair, each	53.65	35.23	4.74	E0276	Bed pan, fracture, metal or plastic	13.07	14.14	1.31
E0176	Air pressure pad or cushion, non-positioning	91.90	68.93	9.19	E0277	Alternating pressure mattress	44.18	33.14	4.42
E0177	Water pressure pad or cushion, nonpositioning	91.90	68.93	9.19	E0280	Bed, cradle, any type	30.63	20.82	3.06
E0178	Gel pressure pad or cushion, non-positioning	101.48	75.38	10.15	E0290	Hospital bed, fixed height, without side rails, with mattress	508.20	381.15	50.82
E0179	Dry pressure pad or cushion, non-positioning (e.g., Eggerate)	55.54	40.26	5.55	E0291	Hospital bed, fixed height, without side rails, without mattress	363.50	272.63	36.35
E0180	Pressure pad, alternating with pump, light duty	237.90	178.43	23.79	E0292	Hospital bed, variable height, Hi-lo, without side rails, with mattress	595.30	446.47	59.53
E0181	Pressure pad, alternating with pump, heavy duty	253.90	190.43	25.39	E0293	Hospital bed, variable height, Hi-lo, without side rails, without mattress	565.00	423.75	56.50
E0182	Pump for alternating pressure pad	288.50	216.38	28.85	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	922.60	691.95	92.26
E0184	Dry pressure mattress (e.g., Eggerate)	244.03	74.85	24.40	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	917.00	687.75	91.70
E0185	Gel pressure pad for mattress	184.83	153.18	18.48	E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	1159.50	869.63	115.95
E0186	Air pressure mattress	196.20	147.15	19.62	E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	1168.50	876.38	116.85
E0187	Water pressure mattress	198.20	148.65	19.82	E0305	Bed side rails, half length	124.20	93.15	12.42
E0188	Synthetic sheepskin pad	23.85	14.04	2.39	E0310	Bed side rails, full length	145.92	128.13	14.59
E0189	Lambswool sheepskin pad, any size	36.30	23.31	3.63	E0325	Urinal; male, jug type, any material	6.95	6.92	.70
E0191	Heel or elbow protector, each	10.42	6.73	1.04	E0326	Urinal; female, jug type, any material	9.14	7.22	.91
E0192	Low pressure and positioning pad for wheelchair	317.96	237.79	31.80	E0430	Portable gaseous oxygen system, includes regulator with flow gauge, humidifier, cannula or mask and tubing	—	—	54.99
E0193	Powered air flotation bed (low air loss therapy)	9798.00	7348.50	979.80	E0435	Oxygen system, liquid, portable, includes portable container, supply reservoir, flow humidifier, cannula or masks, tubing and refill adaptor	—	—	54.99
E0194	Air fluidized bed	25429.40	19072.05	2542.94	E0450	Volume ventilator; stationary	—	—	767.32
E0196	Gel pressure mattress	221.50	166.13	22.15	E0452	Intermittent assist device with continuous positive airway pressure device (CPAP)	—	—	159.65
E0197	Air pressure pad for mattress	119.99	102.13	12.00					
E0198	Water pressure pad for mattress	126.16	106.76	12.62					
E0199	Dry pressure pad for mattress (e.g., Eggerate)	54.52	53.76	5.45					
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	70.04	54.44	7.00					
E0202	Phototherapy (bilirubin) light with photometer	906.50	679.88	90.65					
E0205	Heat lamp, with stand, includes bulb, or infrared element	110.92	63.69	11.09					

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	—	—	319.30	E0667	Pneumatic appliance for use with segmental pneumatic compressor, leg	299.32	246.51	29.31
E0457	Chest shell (cuirass)	—	—	61.36	E0668	Pneumatic appliance for use with segmental pneumatic compressor, arm	309.67	260.20	29.51
E0459	Chest wrap	437.40	328.05	43.74	E0690	Ultraviolet cabinet, appropriate for home use	654.39	867.44	65.44
E0460	Negative pressure ventilator; portable (e.g., Porta-lung)	—	—	672.75	E0720	TENS, two lead, localized stimulation	447.80	—	44.78
E0462	Rocking bed with or without side rails	2454.70	1841.02	245.47	E0730	TENS, four lead, larger area/multiple nerve stimulation	453.50	—	45.35
E0480	Percussor, electric or pneumatic, home model	385.60	289.20	38.56	E0731	Form fitting conductive garment for delivery of TENS	249.32	—	24.93
E0500	IPPB machines with manual valves, external power source, includes cylinder regulator, built-in nebulization	—	—	99.23	E0744	Neuromuscular stimulator for scoliosis	854.10	640.58	85.41
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	498.00	373.50	49.80	E0745	Neuromuscular stimulator, electronic shock unit, non-clinical model	780.50	585.38	78.05
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	132.10	68.74	13.21	E0747	Osteogenesis stimulator (non-invasive)	2813.76	2058.18	281.38
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	435.30	326.48	43.53	E0749	Osteogenesis stimulator (surgically implanted)	2035.20	1526.40	203.52
E0570	Nebulizer, with compressor (e.g., DeVilbiss Pulmo-Aid)	—	—	54.62	E0776	IV pole	94.41	72.32	9.44
E0575	Nebulizer, self-contained, ultrasonic	—	—	95.53	E0781	Ambulatory infusion pump with administrative equipment, worn by patient	1877.90	1408.43	187.79
E0585	Nebulizer, with compressor and heater	—	—	73.03	E0782	Infusion pump, implantable	3616.95	2778.64	361.70
E0600	Suction pump, home model, portable	—	—	66.65	E0791	Parenteral infusion pump, stationary, single or multi-channel	1862.80	1397.10	186.28
E0601	Nasal continuous airway pressure (CPAP) device	—	—	93.23	E0840	Traction frame, attached to headboard, simple cervical traction	50.31	33.21	5.03
E0605	Vaporizer, room type	28.60	23.79	2.86	E0850	Traction stand, free standing, simple cervical traction	58.36	39.68	5.84
E0606	Postural drainage board	148.00	111.00	14.80	E0860	Traction equipment, overdoor, cervical	28.17	22.15	2.82
E0607	Home blood glucose monitor	162.28	131.82	16.23	E0870	Traction frame, attached to footboard, simple extremity traction (e.g., Buck's)	86.94	52.94	8.69
E0608	Apnea monitor	1455.70	1091.78	145.57	E0880	Traction stand, free standing, simple extremity traction (e.g., Buck's)	90.73	53.32	9.07
E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	435.50	339.64	43.55	E0890	Traction frame, attached to footboard, simple pelvic traction	93.73	70.17	9.37
E0610	Pacemaker monitor self-contained (checks battery depletion, includes audible and visible check systems)	323.85	261.66	32.39	E0900	Traction stand, free standing, simple pelvic traction (e.g., Buck's)	93.64	75.79	9.36
E0615	Pacemaker monitor self-contained (checks battery depletion and other pacemaker components, includes digital/visible check systems)	357.53	170.77	35.75	E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	160.90	120.68	16.09
E0621	Sling or seat, patient lift, canvas or nylon	65.71	65.88	6.57	E0920	Fracture frame, attached to bed, includes weights	326.50	244.88	32.65
E0627	Seat lift mechanism incorporated into a combination liftchair mechanism	273.68	205.27	27.37	E0930	Fracture frame, free standing, includes weights	340.60	255.45	34.06
E0628	Separate seat lift mechanism for use with patient-owned furniture; electric	273.68	205.27	27.37	E0935	Passive motion exercise device	—	—	534.50
E0629	non-electric	273.68	205.27	27.37	E0940	Trapeze bar, free standing, complete with grab bar	260.60	195.45	26.06
E0630	Patient lift, hydraulic, with seat or sling	796.40	597.30	79.64	E0941	Gravity assisted traction device, any type	372.50	279.38	37.25
E0635	Patient lift, electric with seat or sling	914.30	685.73	91.43	E0942	Cervical head harness/halter	16.41	12.31	1.64
E0650	Pneumatic compressor, non-segmental home model (lymphedema pump)	541.36	406.03	54.14	E0943	Cervical pillow	29.95	26.52	3.00
E0651	Pneumatic compressor, segmental home model (lymphedema pump) without calibrated gradient pressure	992.94	570.07	99.29	E0944	Pelvic belt/harness/boot	33.95	23.16	3.40
E0652	Pneumatic compressor, segmental home model (lymphedema pump) with calibrated gradient pressure	3732.98	3235.90	355.79	E0945	Extremity belt/harness	35.83	28.45	3.58
E0655	Pneumatic appliance for use with pneumatic compressor, half arm	86.50	93.74	8.65	E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	547.20	410.40	54.72
E0660	Pneumatic appliance for use with pneumatic compressor, full leg	133.96	93.85	13.40	E0947	Fracture frame, attachments for complex pelvic traction	440.23	319.92	44.02
E0665	Pneumatic appliance for use with pneumatic compressor, full arm	94.13	69.80	9.41	E0948	Fracture frame, attachments for complex cervical traction	429.31	316.24	42.93
E0666	Pneumatic appliance for use with pneumatic compressor, half leg	113.82	96.28	11.38	E0950	Tray	85.65	60.78	8.57
					E0951	Loop heel, each	13.99	11.70	1.40
					E0952	Loop toe, each	13.44	11.70	1.34
					E0953	Pneumatic tire, each	56.79	42.59	5.68
					E0954	Semi-pneumatic caster, each	42.53	31.18	4.25
					E0958	Wheelchair attachment to convert any wheelchair to one arm drive	348.70	261.53	34.87
					E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	70.88	57.41	7.09
					E0961	Brake extension, for wheelchair	13.84	12.56	1.33
					E0962	1" cushion, for wheelchair	49.22	36.92	4.92

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E0963	2" cushion, for wheelchair	58.25	37.36	5.83					
E0964	3" cushion, for wheelchair	60.41	43.54	6.04					
E0965	4" cushion, for wheelchair	67.55	57.15	6.76	E1091	Youth wheelchair, any type	854.40	640.80	85.44
E0966	Hook on head rest extension	53.59	41.97	5.36	E1092	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	1120.10	840.07	112.01
E0967	Wheelchair hand rims with 8 vertical rubber tipped projection, pair	109.37	82.03	10.53					
E0968	Commode seat, wheelchair	150.10	112.58	15.01	E1093	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable footrests	946.20	709.65	94.62
E0969	Narrowing device, wheelchair	118.04	90.74	11.80	E1100	Semi-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	840.30	630.23	84.03
E0970	No. 2 footplates, except for elevating legrest	61.98	60.08	5.80	E1110	Semi-reclining wheelchair, detachable arms (desk or full length), elevating legrests	909.10	681.83	90.91
E0971	Anti-tipping device wheelchairs	52.14	37.95	5.21	E1130	Standard wheelchair, fixed full length arms, fixed or swing-away detachable footrests	374.20	280.65	37.42
E0972	Transfer board, wheelchair	39.09	28.72	3.91	E1140	Wheelchair, detachable arms, desk or full length, swing-away detachable footrests	577.20	432.90	57.72
E0973	Adjustable height detachable arms, desk or full length, wheelchair	73.49	78.81	7.31	E1150	Wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	642.70	482.03	64.27
E0974	"Grade-Aid" (device to prevent rolling back on an incline) for wheelchair	66.90	50.68	5.08	E1160	Wheelchair, fixed full length arms, swing-away detachable elevating legrests	505.50	379.13	50.55
E0975	Reinforced seat upholstery, wheelchair	47.27	33.99	4.73	E1170	Amputee wheelchair, fixed full length arms, swing-away detachable elevating legrests	706.60	529.95	70.66
E0976	Reinforced back, wheelchair, upholstery or other material	56.29	33.99	4.81	E1171	Amputee wheelchair, fixed full length arms, without footrests or legrests	642.50	481.88	64.25
E0977	Wedge cushion, wheelchair	57.03	38.55	2.91	E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrests	726.30	544.73	72.63
E0978	Belt, safety with airplane buckle, wheelchair	37.08	26.99	3.39	E1180	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable footrests	776.40	582.30	77.64
E0979	Belt, safety with velcro closure, wheelchair	26.88	22.84	2.69	E1190	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	897.00	672.75	89.70
E0980	Safety vest, wheelchair	25.79	20.10	2.58	E1195	Heavy duty wheelchair, fixed full length arms, swing-away detachable elevating legrests	814.10	610.58	81.41
E0990	Elevating legrest, each	80.00	71.93	8.00	E1200	Amputee wheelchair, fixed full length arms, swing-away detachable footrests	668.00	501.00	66.80
E0991	Upholstery seat	36.93	28.71	3.20	E1210	Motorized wheelchair w/micro switch fixed full length arms, swing-away detachable elevating legrests	3122.40	2341.80	312.24
E0992	Solid seat insert	65.01	44.90	6.50	E1211	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	3359.90	2519.93	335.99
E0993	Back, upholstery	31.70	34.21	2.98	E1212	Motorized wheelchair, fixed full length arms, swing-away detachable footrests	2512.30	1884.23	251.23
E0994	Arm rest, each	14.51	10.44	1.39	E1213	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable footrests	2863.30	2147.48	286.33
E0995	Calf rest, each	23.05	20.49	2.31	E1221	Wheelchair with fixed arm, footrests	344.80	258.60	34.48
E0996	Tire, solid, each	26.58	18.11	2.61	E1222	Wheelchair with fixed arm, elevating legrests	680.10	510.08	68.01
E0997	Caster with a fork	58.02	44.29	5.80	E1223	Wheelchair with detachable arms, footrests	639.10	479.33	63.91
E0998	Caster without fork	33.42	25.50	3.34	E1224	Wheelchair with detachable arms, elevating legrests	1054.40	790.80	105.44
E0999	Pneumatic tire with wheel	91.15	79.60	9.12	E1225	Semi-reclining back for customized wheelchair	302.50	226.88	30.25
E1000	Tire, pneumatic caster	46.48	24.32	4.65	E1226	Full-reclining back for customized wheelchair	499.29	328.84	32.54
E1001	Wheel, single	79.93	89.39	7.41	E1227	Special height arms for wheelchair	229.67	172.25	22.58
E1001	Wheel, single	79.93	89.39	7.41	E1228	Special back height for wheelchair	167.30	125.48	16.73
E1001	Wheel, single	79.93	89.39	7.41	E1230	Power-operated vehicle (3 or 4 wheel non-highway), specify brand name & model number	1684.22	1066.31	168.42
E1031	Rollabout chair, any and all types with castors 5" or greater	472.20	354.15	47.22					
E1050	Fully-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	1062.10	796.57	106.21					
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	931.90	698.93	93.19					
E1065	Power attachment (to convert any wheelchair to motorized wheelchair; e.g., Solo)	2400.62	1728.00	211.01					
E1066	Battery charger	205.17	188.65	20.52					
E1069	Deep cycle battery	96.43	68.18	8.59					
E1070	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable footrests	976.90	732.68	97.69					
E1083	Hemi-wheelchair, fixed full length arms, swing-away detachable elevating legrests	593.60	445.20	59.36					
E1084	Hemi-wheelchair, detachable arms, desk or full length arms, swing-away detachable elevating legrests	827.80	620.85	82.78					
E1085	Hemi-wheelchair, fixed full length arms, swing-away detachable footrests	587.40	440.55	58.74					
E1086	Hemi-wheelchair, detachable arms, desk or full length, swing-away detachable footrests	786.30	589.73	78.63					
E1087	High strength lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	954.20	715.65	95.42					
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing-away detachable elevating legrests	1272.10	954.07	127.21					
E1089	High strength lightweight wheelchair, fixed length arms, swing-away detachable footrest	805.00	603.75	80.50					
E1090	High strength lightweight wheelchair, detachable arms desk or full								

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt
E1240	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	848.60	636.45	84.86	L0317	TLSO, flexible dorso-lumbar surgical support, hyperextension, elastic type, with rigid posterior panel	215.10
E1250	Lightweight wheelchair, fixed full length arms, swing-away detachable footrests	573.70	430.28	57.37	L0320	TLSO, anterior-posterior control (Taylor type), with apron front	328.29
E1260	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable footrests	809.10	606.83	80.91	L0330	TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front	350.22
E1270	Lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	631.90	473.93	63.19	L0340	TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front	395.88
E1280	Heavy duty wheelchair, detachable arms (desk or full length), elevating legrests	1010.20	757.65	101.02	L0350	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted	576.00
E1285	Heavy duty wheelchair, fixed full length arms, swing-away detachable footrests	800.20	600.15	80.02	L0360	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient	1,035.62
E1290	Heavy duty wheelchair, detachable arms (desk or full length), swing-away detachable footrests	993.00	744.75	99.30	L0370	TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)	322.39
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrests	950.70	713.03	95.07	L0380	TLSO, anterior-posterior-lateral-rotary control, with extensions	406.53
E1296	Special wheelchair seat height from floor	293.10	246.86	29.31	L0390	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model	1,109.97
E1297	Special wheelchair seat depth, by upholstery	63.84	68.92	6.38	L0400	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material	1,253.02
E1298	Special wheelchair seat depth and/or width, by construction	298.89	256.55	29.89	L0410	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model	1,048.73
E1310	Whirlpool, non-portable (built-in type)	3390.32	1782.23	193.11	L0420	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model, with interface material	1,128.02
E1372	Immersion external heater for nebulizer	147.81	83.09	14.78	L0430	TLSO, anterior-posterior-lateral control (body jacket), with interface material, custom fitted	914.86
E1375	Nebulizer portable with small compressor, with limited flow	—	—	296.10	L0440	TLSO, anterior-posterior-lateral control (body jacket), with overlapping front section, spring steel front, custom fitted	817.28
E1400	Oxygen concentrator, mfr spec max flow < = rate ≤ 2 liters/min at 85% or greater concentration	—	—	296.10	L0500	Lumbar-sacral-orthoses, (LSO), flexible, (lumbo-sacral surgical support), custom fitted	87.07
E1401	Oxygen concentrator, max flow rate 2-3 liters/min	—	—	296.10	L0510	LSO, flexible (lumbo-sacral surgical support), custom fabricated	163.16
E1402	Oxygen concentrator, max flow rate 3-4 liters/min	—	—	296.10	L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	110.30
E1403	Oxygen concentrator, max flow rate 4-5 liters/min	—	—	296.10	L0520	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	323.18
E1404	Oxygen concentrator, max flow rate > 5 liters/min at > = 85% concentration	—	—	296.10	L0530	LSO, anterior-posterior control (Macausland type), with apron front	243.05
CODES BEGINNING WITH "L"					L0540	LSO, lumbar flexion, (Williams flexion type)	309.87
					L0550	LSO, anterior-posterior-lateral control (body jacket), molded to patient model	989.91
					L0560	LSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material	1,135.90
					L0565	LSO, anterior-posterior-lateral control (body jacket), custom fitted	667.17
					L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	58.06
					L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	172.90
					L0620	Sacroiliac, semi-rigid, (Goldthwaite, Osgood types), with apron front	360.05
					L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	1,452.84
					L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	1,604.90
					L0810	Halo procedure, cervical halo incorporated into jacket vest	1,611.09
					L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1,510.92
					L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis model	1,969.94
					L0860	Addition to halo procedures, magnetic resonance image compatible system	774.08
					L0900	Torso support, ptosis support, custom fitted	92.81
					L0910	Torso support, ptosis support, custom fabricated	202.24
					L0920	Torso support, pendulous abdomen support, custom fitted	125.38
					L0930	Torso support, pendulous abdomen support, custom fabricated	236.90
					L0940	Torso support, post surgical support, custom fitted	118.26
					L0950	Torso support, post surgical support, custom fabricated	229.10
					L0960	Torso support, post surgical support, pads for post surgical support	50.08
					L0970	TLSO, corset front	84.49
					L0972	LSO, corset front	72.12
					L0974	TLSO, full corset	110.68
					L0976	LSO, full corset	94.41
HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt
L0100	Cervical, craniostenosis, helmet molded to patient model	351.53					
L0110	Cervical, craniostenosis, helmet, non-molded	88.13					
L0120	Cervical, flexible, non-adjustable (foam collar)	16.38					
L0130	Cervical, flexible, thermoplastic collar, molded to patient	143.00					
L0140	Cervical, semi-rigid, adjustable (plastic collar)	38.82					
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	72.34					
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support	126.09					
L0170	Cervical, collar, molded to patient model	378.20					
L0172	Cervical, collar, semi-rigid, thermoplastic foam, two-piece	90.40					
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two-piece with thoracic extension	156.71					
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	228.01					
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	325.67					
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	316.70					
L0210	Thoracic, rib belt, custom fitted	26.15					
L0220	Thoracic, rib belt, custom fabricated	92.33					
L0300	Thoracic-lumbar-sacral-orthoses, (TLSO), flexible dorso-lumbar surgical support, custom fitted	115.80					
L0310	TLSO, flexible dorso-lumbar surgical support, custom fabricated	282.69					
L0315	TLSO, flexible dorso-lumbar surgical support, elastic type, with rigid posterior panel	172.38					

<b>HCPCS Code</b>	<b>Description</b>	<b>Fee For New Eqpt</b>	<b>HCPCS Code</b>	<b>Description</b>	<b>Fee For New Eqpt</b>
L0978	Axillary crutch extension	116.92	L1815	KO, elastic with condylar pads	59.34
L0980	Peroneal straps, pair	10.31	L1820	KO, elastic with condylar pads and joints	94.31
L0982	Stocking supporter grips, set of four (4)	9.78	L1825	KO, elastic knee cap	34.34
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	1,445.62	L1830	KO, immobilizer, canvas longitudinal	62.17
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSSO) of scoliosis, axilla sling	41.21	L1832	KO, adjustable knee joints, positional orthosis, rigid support, custom fitted	476.27
L1020	Addition to CTLSSO or scoliosis orthosis, kyphosis pad	51.55	L1834	KO, without knee joint, rigid, molded to patient model	521.71
L1025	Addition to CTLSSO or scoliosis orthosis, kyphosis pad, floating	103.57	L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	682.12
L1030	Addition to CTLSSO or scoliosis orthosis, lumbar bolster pad	37.53	L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	623.14
L1040	Addition to CTLSSO or scoliosis, lumbar of lumbar rib pad	45.12	L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	737.98
L1050	Addition to CTLSSO or scoliosis orthosis, sternal pad	57.21	L1850	KO, Swedish type	197.66
L1060	Addition to CTLSSO or scoliosis orthosis, thoracic pad	73.37	L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model	834.87
L1070	Addition to CTLSSO or scoliosis orthosis, trapeze sling	66.11	L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTL)	808.65
L1080	Addition to CTLSSO or scoliosis orthosis, outrigger	37.12	L1860	KO, modification of supracondylar prosthetic socket, molded to patient model (SK)	752.94
L1085	Addition to CTLSSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	110.01	L1870	KO, double upright, thigh and calf lacers, molded to patient model with knee joints	684.44
L1090	Addition to CTLSSO or scoliosis or orthosis, lumbar sling	71.58	L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints	491.55
L1100	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather	113.66	L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist, calf band	161.65
L1110	Addition to CTLSSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	154.66	L1902	AFO, ankle gauntlet, custom fitted	64.64
L1120	Addition to CTLSSO or scoliosis orthosis, cover for upright, each	23.76	L1904	AFO, molded ankle gauntlet, molded to patient model	356.61
L1200	Thoracic-lumbar-sacral-orthosis (TLSSO), inclusive of furnishing initial orthosis only	971.24	L1906	AFO, multiligamentous ankle support	72.94
L1210	Addition to TLSSO (low profile), lateral thoracic extension	205.11	L1910	AFO, posterior, single bar, clasp attachment to shoe counter	234.93
L1220	Addition to TLSSO (low profile), anterior thoracic extension	207.78	L1920	AFO, single upright with static or adjustable stop, (Phelps or Perlstein type)	215.09
L1230	Addition to TLSSO (low profile), Milwaukee type superstructure	476.65	L1930	AFO, custom fitted, plastic	143.47
L1240	Addition to TLSSO (low profile), lumbar derotation pad	56.37	L1940	AFO, molded to patient model, plastic	435.59
L1250	Addition to TLSSO (low profile), anterior asis pad	54.54	L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	671.58
L1260	Addition to TLSSO (low profile), anterior thoracic derotation pad	54.54	L1950	AFO, spiral, molded to patient model, (IRM type), plastic	546.81
L1270	Addition to TLSSO (low profile), abdominal pad	55.46	L1960	AFO, posterior, solid ankle, molded to patient model, plastic	494.86
L1280	Addition to TLSSO (low profile), rib gusset (elastic), each	61.72	L1970	AFO, plastic molded to patient model, with ankle joint	450.40
L1290	Addition to TLSSO (low profile), lateral trochanteric pad	51.23	L1980	AFO, single upright, free dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis)	293.83
L1300	Other scoliosis procedure, body jacket molded to patient model	1,307.02	L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis)	373.71
L1310	Other scoliosis procedure, post-operative body jacket	1,298.69	L2000	Knee-ankle-foot-orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis)	747.92
L1500	Thoracic-hip-knee-ankle orthoses (THKAO), mobility frame, (Newington, Parapodium types)	1,138.24	L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint	676.31
L1510	THKAO, standing frame	747.52	L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)	743.31
L1520	THKAO, swivel walker	1,443.95	L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint	919.05
L1600	Hip orthosis (HO), abduction control of hip joints, flexible, freika type with cover	73.52	L2036	KAFO, full plastic, double upright, free knee, molded to patient model	1,399.25
L1610	HO, abduction control of hip joints, flexible, frejka cover only	35.79	L2037	KAFO, full plastic, single upright, free, molded to patient model	1,236.66
L1620	HO, abduction control of hip joints, flexible, Pavlik harness	103.18	L2038	KAFO, full plastic, without knee joint, multi-axis, molded to patient model (lively orthosis or equal)	1,282.70
L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type)	103.02	L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt	137.71
L1640	HO, abduction control of hip joints, static pelvic band or sprcader bar, thigh cuffs	286.38	L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt	290.62
L1650	HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type)	159.01	L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt	349.52
L1660	HO, abduction control of hip joints, static, plastic, custom fitted	98.58	L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt	89.24
L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type)	740.43	L2080	HKAFO, torsion control, unilateral, torsion cables, hip joint, pelvic band/belt	282.87
L1685	HO, abduction control of hip joints post-operative hip abduction type, custom fabricated	786.30	L2090	HKAFO, torsion control, unilateral torsion cables, ball bearing hip joint, pelvic band/belt	270.88
L1686	HO, abduction control of hip joints post-operative hip abduction type, custom fitted	785.25	L2102	Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient	280.90
L1700	Legg Perthes orthosis, Toronto type	917.50			
L1710	Legg Perthes orthosis, Newington type	1,066.91			
L1720	Legg Perthes orthosis, trilateral, Tachdijan type	792.45			
L1730	Legg Perthes orthosis, Scottish Rite type	687.24			
L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type)	157.98			
L1755	Legg Perthes orthosis, pattern bottom type	1,097.88			
L1800	Knee orthosis, KO, elastic with stays	38.86			
L1810	KO, elastic with joints	61.52			

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L2104	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, molded to patient	300.98	L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	92.90
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient	420.32	L2405	Addition to knee joint, drop lock, each joint	32.97
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model	765.61	L2415	Addition to knee joint, cam lock (Swiss, French, Bail types), each joint	122.01
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft custom fitted	334.57	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	146.57
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid custom fitted	439.58	L2435	Addition to knee joint, polycentric joint, each joint	118.41
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid custom fitted	495.75	L2492	Addition to knee joint, lift loop for drop lock ring	86.12
L2122	Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, plaster type casting material, molded to patient	656.03	L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	186.08
L2124	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient	734.37	L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	473.01
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	902.15	L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	309.95
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, molded to patient model	1,209.09	L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, molded to patient model	872.97
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft custom fitted	663.70	L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	458.59
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	739.97	L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	192.13
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid custom fitted	880.56	L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	262.44
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	73.22	L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	173.11
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	62.13	L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each	352.15
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	85.93	L2580	Addition to lower extremity, pelvic control, pelvic sling	323.83
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Ierman type	125.95	L2600	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, free, each	158.91
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	249.24	L2610	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, lock, each	152.57
L2190	Addition to lower extremity fracture orthosis, waist belt	62.86	L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	219.37
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	272.37	L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	210.12
L2200	Addition to lower extremity, limited ankle motion, each joint	42.96	L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	197.31
L2210	Addition to lower extremity, dorsiflexion assist, (plantar flexion resist), each joint	53.95	L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1,158.68
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	71.09	L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1,169.36
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	68.56	L2630	Addition to lower extremity, pelvic control, band and belt unilateral	152.53
L2240	Addition to lower extremity, round caliper and plate attachment	55.90	L2640	Addition to lower extremity, pelvic control, band and belt bilateral	280.63
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	253.37	L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	87.36
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	164.08	L2660	Addition to lower extremity, thoracic control, thoracic band	105.59
L2265	Addition to lower extremity, long tongue stirrup	74.03	L2670	Addition to lower extremity, thoracic control, paraspinal uprights	125.23
L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	47.36	L2680	Addition to lower extremity, thoracic control, lateral support uprights	112.35
L2280	Addition to lower extremity, molded inner boot	282.70	L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	54.80
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	222.95	L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	43.74
L2310	Addition to lower extremity, abduction bar, straight	80.56	L2770	Addition to lower extremity orthosis, stainless steel, per bar or joint	43.46
L2320	Addition to lower extremity, non-molded lacer	134.72	L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	39.55
L2330	Addition to lower extremity, lacer, molded to patient model	253.59	L2785	Addition to lower extremity orthosis, drop lock retainer, each	21.95
L2335	Addition to lower extremity, anterior swing band	155.45	L2795	Addition to lower extremity orthosis, knee control, full knee cap	66.92
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	351.01	L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull	80.00
L2350	Addition to lower extremity, prosthetic type "BK" socket, molded to patient model (used for "PTB" "AFO" orthosis)	627.52	L2810	Addition to lower extremity orthosis, knee control, condylar pad	57.66
L2360	Addition to lower extremity, extended steel shank	46.52	L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	55.81
L2370	Addition to lower extremity, patten bottom	222.30	L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	58.53
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	80.97	L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	35.78
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	70.17	L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal each	43.65
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	79.30	L3215	Orthopedic footwear, ladies shoes, oxford	79.32
L2390	Addition to lower extremity, offset knee joint, each joint	70.52	L3219	Orthopedic footwear, mens shoes, oxford	82.12

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L3650	Shoulder orthosis (SO), figure of "8" design abduction restrainer	42.46	L3964	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable	517.74
L3660	SO, figure of "8" design abduction restrainer, canvas and webbing	76.06	L3965	SEWHO, radial arm support attached to wheelchair, balanced and fitted to patient, adjustable Rancho type	710.17
L3670	SO, acromio/clavicular (canvas and webbing type)	87.42	L3966	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, reclining	697.49
L3700	Elbow orthosis (EO), elastic with stays	48.44	L3968	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support, (friction dampening to proximal and distal joints)	846.68
L3710	EO, elastic with metal joints	79.85	L3969	SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support	523.46
L3720	EO, double upright with forearm/arm cuffs, free motion	510.77	L3970	SEWHO, addition to mobile arm support, elevating proximal arm	253.02
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist	544.70	L3972	SEWHO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	170.60
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control	652.96	L3974	SEWHO, addition to mobile arm support, supinator	139.07
L3800	Wrist-hand-finger-orthosis (WHFO) short opponens, no attachments	112.58	L3980	Upper extremity fracture orthosis, humeral	272.10
L3805	WHFO, long opponens, no attachment	265.19	L3982	Upper extremity fracture orthosis, radius/ulnar	255.57
L3810	WHFO, addition to short and long opponens, thumb abduction "C" bar	38.30	L3984	Upper extremity fracture orthosis, wrist	201.68
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	37.53	L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge	486.86
L3820	WHFO, addition to short and long opponens, I.P. extension assist with M.P. extension stop	74.42	L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example—Colles fracture)	368.78
L3825	WHFO, addition to short and long opponens, M.P. extension stop	38.39	L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	21.47
L3830	WHFO, addition to short and long opponens, M.P. extension assist	56.63	L4000	Replace girdle for Milwaukee orthosis	891.37
L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	60.95	L4010	Replace trilateral socket brim	413.32
L3840	WHFO, addition to short and long opponens, spring swivel thumb	41.41	L4020	Replace quadrilateral socket brim, molded to patient model	618.99
L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	47.75	L4030	Replace quadrilateral socket brim, custom fitted	310.53
L3850	WHFO, addition to short and long opponens, action wrist with dorsiflexion assist	99.93	L4040	Replace molded thigh lacer	252.65
L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	70.27	L4045	Replace non-molded thigh lacer	193.44
L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	97.11	L4050	Replace molded calf lacer	274.16
L3900	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven	984.26	L4055	Replace non-molded calf lacer	157.66
L3901	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, cable driven	1,156.39	L4060	Replace high roll cuff	195.37
L3902	WHFO, external powered, compressed gas	1,423.90	L4070	Replace proximal and distal upright for "AKO"	162.83
L3904	WHFO, external powered, electric	1,713.93	L4080	Replace metal bands "KAFO", proximal thigh	75.31
L3906	WHFO, wrist gauntlet, molded to patient model	345.54	L4090	Replace metal bands "KAFO-AFO", calf or distal thigh	59.44
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model	372.72	L4100	Replace leather cuff "KAFO", proximal thigh	80.40
L3908	WHFO, wrist extension control cock-up, canvas or leather design, non-molded	47.88	L4110	Replace leather cuff "KAFO-AFO", calf or distal thigh	69.59
L3910	WHFO, Swanson design	278.37	L4130	Replace pretibial shell	302.79
L3912	WHFO, flexion glove with elastic finger control	69.72	L4310	Multi-Podus or equal orthotic preparatory management system for lower extremities	275.13
L3914	WHFO, wrist extension cock-up	57.04	L4320	Addition to AFO, Multi-Podus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner w/soft interface for AFO, with velcro closure, custom fitted	94.23
L3916	WHFO, wrist extension cock-up, with outrigger	89.91	L4350	Pneumatic ankle control splint (aircast or equal)	64.30
L3918	WHFO, knuckle bender	47.31	L4360	Pneumatic walking splint (aircast or equal)	203.25
L3920	WHFO, knuckle bender, with outrigger	77.23	L4370	Pneumatic full leg splint (aircast or equal)	115.96
L3922	WHFO, knuckle bender, two segment to flex joints	58.67	L4380	Pneumatic knee splint (aircast or equal)	76.28
L3924	WHFO, Oppenheimer	75.78	L5000	Partial foot, shoe insert with longitudinal arch, toe filler	310.43
L3926	WHFO, Thomas suspension	71.89	L5010	Partial foot, molded socket, ankle height, with toe filler	939.85
L3928	WHFO, finger extension with clock spring	50.57	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1,336.23
L3930	WHFO, finger extension, with wrist support	45.22	L5050	Ankle Symes, molded sock, Sach foot	1,767.70
L3932	WHFO, safety pin, spring wire	27.49	L5060	Ankle Symes, metal frame, molded leather socket, articulated ankle/foot	1,966.12
L3934	WHFO, safety pin, modified	29.05	L5100	Below knee, molded socket, shin, Sach foot	1,425.79
L3936	WHFO, Palmer	61.81	L5105	Below knee, plastic socket, joints and thigh lacer, Sach foot	2,688.46
L3938	WHFO, dorsal wrist	61.81	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot	3,294.44
L3940	WHFO, dorsal wrist, with outrigger attachment	74.80	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, Sach foot	2,461.44
L3942	WHFO, reverse knuckle bender	46.28	L5200	Above knee, molded socket, single axis constant friction knee, shin, Sach foot	2,010.07
L3944	WHFO, reverse knuckle bender, with outrigger	73.51	L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	1,938.78
L3946	WHFO, composite elastic	58.39	L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	2,168.99
L3948	WHFO, finger knuckle bender	45.82	L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, Sach foot	2,429.79
L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments	118.44	L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, Sach foot	3,964.65
L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	119.21	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, Sach foot	3,329.66
L3954	WHFO, spreading hand	65.20			
L3960	Shoulder-elbow-wrist-hand orthosis SEWHO, abduction positioning, airplane design	566.85			
L3962	SEWHO, abduction positioning, Erbs Palsey design	526.63			
L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint	965.08			

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L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, Sach foot	3,313.07	L5611	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with friction swing phase control	1,037.38
L5300	Below knee, molded socket, Sach foot, endoskeletal system including soft cover and finishing	1,800.81	L5613	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with hydraulic swing phase control	1,618.35
L5310	Knee disarticulation (or through knee), molded socket, Sach foot endoskeletal system, including soft cover and finishing	3,522.65	L5616	Addition to lower extremity, above knee, universal multiplex system, friction swing phase control	925.39
L5320	Above knee, molded socket, open end, Sach foot, endoskeletal system, single axis knee, including soft cover and finishing	2,611.90	L5618	Addition to lower extremity, test socket, Symes	209.39
L5330	Hip disarticulation, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	3,729.91	L5620	Addition to lower extremity, test socket, below knee	193.07
L5340	Hemipelvectomy, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	5,070.18	L5622	Addition to lower extremity, test socket, knee disarticulation	324.49
L5400	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment, suspension, and one cast change, below knee	875.51	L5624	Addition to lower extremity, test socket, above knee	304.51
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	344.27	L5626	Addition to lower extremity, test socket, hip disarticulation	371.26
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	986.87	L5628	Addition to lower extremity, test socket, hemipelvectomy	381.54
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each cast change and realignment	472.21	L5629	Addition to lower extremity, below knee, acrylic socket	297.65
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	276.28	L5630	Addition to lower extremity, Symes type, expandable wall socket	355.27
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	326.14	L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	404.25
L5500	Initial, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	922.17	L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	180.23
L5505	Initial, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	1,224.84	L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	217.05
L5510	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster cover, molded to model	969.62	L5636	Addition to lower extremity, Symes type, medial opening socket	166.63
L5520	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,252.59	L5637	Addition to lower extremity, below knee, total contact	219.90
L5530	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,256.38	L5638	Addition to lower extremity, below knee, leather socket	338.09
L5535	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated, adjustable open end socket	1,306.05	L5639	Addition to lower extremity, below knee, wood socket	831.38
L5540	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,269.86	L5640	Addition to lower extremity, knee disarticulation, leather socket	572.60
L5560	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, molded to model	1,500.31	L5642	Addition to lower extremity, above knee, leather socket	443.84
L5570	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,581.76	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1,011.85
L5580	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,753.04	L5644	Addition to lower extremity, above knee, wood socket	378.79
L5585	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated adjustable open end socket	1,638.70	L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	490.59
L5590	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,608.83	L5646	Addition to lower extremity, below knee, air cushion socket	357.30
L5595	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, thermoplastic or equal, molded to patient model	2,844.43	L5647	Addition to lower extremity, below knee, suction socket	523.36
L5600	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, laminated socket, molded to patient model	3,045.18	L5648	Addition to lower extremity, above knee, air cushion socket	422.90
L5610	Addition to lower extremity, above knee, hydracade system	1,361.24	L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1,413.30
			L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	477.00
			L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	760.91
			L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket	279.79
			L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	372.39
			L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	218.93
			L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	228.29
			L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	281.78
			L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	245.52
			L5660	Addition to lower extremity, socket insert, Symes, silicone gel or equal	407.19
			L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	442.77
			L5662	Addition to lower extremity, socket insert, below knee, silicone gel or equal	384.40
			L5663	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	497.21
			L5664	Addition to lower extremity, socket insert, above knee, silicone gel or equal	497.21
			L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	330.99
			L5666	Addition to lower extremity, below knee, cuff suspension	51.44
			L5668	Addition to lower extremity, below knee, molded distal cushion	77.28
			L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	194.85
			L5672	Addition to lower extremity, below knee, removable medial brim suspension	241.93

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L5674	Addition to lower extremity, below knee, latex sleeve suspension, each	43.05	L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	86.19
L5675	Addition to lower extremity, below knee, latex sleeve suspension or equal, heavy duty, each	54.04	L5910	Addition, endoskeletal system, below knee, alignable system	331.16
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	219.04	L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	326.39
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	309.38	L5940	Addition, endoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	319.24
L5678	Addition to lower extremity, below knee, joint covers, pair	24.23	L5950	Addition, endoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	607.51
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	229.02	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	678.32
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	488.16	L5970	All lower extremity prosthesis, foot, external keel, Sach foot	124.87
L5684	Addition to lower extremity, below knee, fork strap	39.59	L5972	All lower extremity prosthesis, flexible keel foot (Safe, Sten, Bock, Dynamic or equal)	225.20
L5686	Addition to lower extremity, below knee, back check (extension control)	44.11	L5974	All lower extremity prosthesis, foot, single axis ankle/foot	149.30
L5688	Addition to lower extremity, below knee, waist belt, webbing	55.16	L5976	All lower extremity prosthesis, energy storing foot (Seattle Carbon Copy II or equal)	400.31
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	69.30	L5978	All lower extremity prosthesis, foot, multi-axial ankle/foot (Greisinger or equal)	187.15
L5692	Addition to lower extremity, above knee, pelvic control belt, light	90.91	L5980	All lower extremity prosthesis, flex foot system	2,828.85
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	118.09	L5982	All exoskeletal lower extremity prosthesis, axial rotation unit	478.23
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	130.45	L5984	All endoskeletal lower extremity prosthesis, axial rotation unit	377.66
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	147.87	L5986	All lower extremity prosthesis, multi-axial rotation unit ("MCP" or equal)	414.95
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	50.65	L6000	Partial hand, Robin-Aids, thumb remaining (or equal)	881.85
L5698	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	87.99	L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	968.62
L5699	All lower extremity prosthesis, shoulder harness	117.93	L6020	Partial hand, Robin-Aids, no finger remaining (or equal)	890.81
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	229.69	L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,491.49
L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	376.27	L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	2,047.43
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	304.92	L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1,558.79
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	351.58	L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	1,928.42
L5716	Addition, exoskeletal knee-shin system, polycentric mechanical stance phase lock	514.95	L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1,589.40
L5718	Addition, exoskeletal knee-shin system, polycentric friction swing and stance phase control	595.55	L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1,801.47
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	601.20	L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1,871.18
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1,195.58	L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	3,168.40
L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1,268.89	L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	2,050.61
L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,980.69	L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	2,879.35
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic hydropneumatic swing phase control	767.47	L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	2,377.99
L5785	Addition, exoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	320.90	L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1,474.39
L5790	Addition, exoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	451.75	L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section internal locking elbow, forearm	3,344.81
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	642.84	L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1,958.57
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	344.91	L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1,876.84
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	457.76	L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension of components and one cast change, wrist disarticulation or below elbow	914.24
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	370.46	L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components and one cast change, elbow disarticulation or above elbow	1,154.60
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	535.54	L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components and one cast change, shoulder disarticulation	1,406.05
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	715.25	L6386	Immediate post surgical or early fitting, each additional cast change and realignment	313.90
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1,358.75	L6388	Immediate post surgical or early fitting, application of rigid dressing only	273.65
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1,006.78	L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,638.59
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,996.04			
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic swing phase control	1,397.62			

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue	1,993.94	L6689	Upper extremity addition, frame type socket, shoulder disarticulation	482.14
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,047.91	L6690	Upper extremity addition, frame type socket, interscapular thoracic	490.33
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,487.09	L6691	Upper extremity addition, removable insert, each	301.77
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,942.19	L6692	Upper extremity addition, silicone gel insert or equal, each	364.95
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	1,064.80	L6700	Terminal device, hook, dorrance, or equal Model # 3	325.28
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	914.24	L6705	Terminal device, hook, dorrance, or equal Model # 5	196.82
L6584	Preparatory, elbow disarticulation or below elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1,494.44	L6710	Terminal device, hook, dorrance, or equal Model # 5X	263.89
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	1,297.97	L6715	Terminal device, hook, dorrance, or equal Model # 5Xa	221.37
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	2,189.21	L6720	Terminal device, hook, dorrance, or equal Model # 6	556.04
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	2,012.22	L6725	Terminal device, hook, dorrance, or equal Model # 7	265.84
L6600	Upper extremity additions, polycentric hinge, pair	140.17	L6730	Terminal device, hook, dorrance, or equal Model # 7L0	431.23
L6605	Upper extremity additions, single pivot hinge, pair	159.25	L6735	Terminal device, hook, dorrance, or equal Model # 8	195.72
L6610	Upper extremity additions, flexible metal hinge, pair	103.86	L6740	Terminal device, hook, dorrance, or equal Model # 8X	247.97
L6615	Upper extremity addition, disconnect locking wrist unit	138.56	L6745	Terminal device, hook, dorrance, or equal Model # 88X	226.63
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	59.40	L6750	Terminal device, hook, dorrance, or equal Model # 10P	223.39
L6620	Upper extremity addition, flexible-friction wrist unit	288.58	L6755	Terminal device, hook, dorrance, or equal Model # 10X	224.49
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	467.97	L6765	Terminal device, hook, dorrance, or equal Model # 12P	233.05
L6625	Upper extremity addition, rotation wrist unit with cable lock	321.96	L6770	Terminal device, hook, dorrance, or equal Model # 99X	225.85
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	321.81	L6775	Terminal device, hook, dorrance, or equal Model # 555	273.03
L6629	Upper extremity addition, quick disc lamin collar w/coupling piece, Otto Bock or equal	101.79	L6780	Terminal device, hook, dorrance, or equal Model # SS555	308.63
L6630	Upper extremity addition, stainless steel, any wrist	142.36	L6790	Terminal device, hook, "ACCU" hook or equal	372.54
L6632	Upper extremity addition, latex suspension sleeve, each	41.94	L6795	Terminal device, hook "2" load or equal	875.24
L6635	Upper extremity addition, lift assist for elbow	153.57	L6800	Terminal device, hook—APRL VC or equal	707.35
L6637	Upper extremity addition, nudge control elbow lock	253.99	L6805	Terminal device, modifier, wrist flexion unit	252.08
L6640	Upper extremity additions, shoulder abduction joint, pair	195.19	L6806	Terminal device, hook, TRS grip, VC	1,176.87
L6641	Upper extremity addition, excursion amplifier, pulley type	132.56	L6807	Terminal device, hook, TRS adept, child, VC	895.05
L6642	Upper extremity addition, excursion amplifier, lever type	190.09	L6808	Terminal device, hook, TRS adept, infant, VC	744.49
L6645	Upper extremity addition, shoulder flexion-abduction joint, each	206.87	L6809	Terminal device, hook, TRS Super Sport, passive	284.88
L6650	Upper extremity addition, shoulder universal joint, each	214.36	L6810	Terminal device, hook, pincher tool, Otto Bock or equal	130.35
L6655	Upper extremity addition, standard control cable, extra	47.80	L6825	Terminal device, hand, dorrance, VO	859.12
L6660	Upper extremity addition, heavy duty control cable	59.15	L6830	Terminal device, hand, APRL, VC	993.53
L6665	Upper extremity addition, teflon or equal, cable lining	32.96	L6835	Terminal device, hand, Sierra, VO	869.14
L6670	Upper extremity addition, hook to hand, cable adapter	43.80	L6840	Terminal device, hand, Becker Imperial	562.76
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	142.05	L6845	Terminal device, hand, Becker Lock Grip	585.60
L6675	Upper extremity addition, harness, figure of "8" type, for single control	71.86	L6850	Terminal device, hand, Becker Plylite	536.26
L6676	Upper extremity addition, harness, figure of "8" type, for dual control	78.27	L6855	Terminal device, hand, Robin-Aids, VO	553.52
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	157.50	L6860	Terminal device, hand, Robin-Aids, VO soft	514.41
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	192.76	L6865	Terminal device, hand, passive hand	247.26
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	223.60	L6867	Terminal device, hand, Detroit infant hand, (mechanical)	780.11
L6686	Upper extremity addition, suction socket	452.96	L6868	Terminal device, hand, Passive infant hand, (Steeper, Hosmer or equal)	162.92
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	356.55	L6870	Terminal device, hand, child mitt	221.05
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	371.44	L6872	Terminal device, hand, NYU child hand	752.69
			L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	295.27
			L6875	Terminal device, hand, Bock, VC	705.53
			L6880	Terminal device, hand, Bock, VO	435.00
			L6890	Terminal device, glove for above hands, production glove	125.56
			L6895	Terminal device, glove for above hands, custom glove	379.27
			L6900	Hand restoration (cast, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,295.70
			L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1,292.16
			L6910	Hand restoration (cast, shading and measurements included), partial hand, with glove no fingers remaining	1,122.97
			L6915	Hand restoration (shading, and measurements included), replacement glove for above	407.73
			L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	4,877.49
			L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	5,479.18
			L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	4,499.94
			L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5,371.69

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt	Fee For Monthly Rental Fee
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch	6,343.68	L8420	Prosthetic sock, wool, below knee, each	17.40	
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger	7,000.80	L8430	Prosthetic sock, wool, above knee, each	18.76	
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of	6,592.75	L8435	Prosthetic sock, wool, upper limb, each	13.73	
L6955	Above elbow, external power, molded inner socket removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic	7,861.37	L8440	Prosthetic shrinker, below knee, each	37.82	
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, should bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two	8,585.21	L8460	Prosthetic shrinker, above knee, each	47.66	
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal	9,850.27	L8465	Prosthetic shrinker, upper limb, each	40.26	
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two	10,616.81	L8470	Stump sock, single ply, fitting, below knee, each	4.64	
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two	11,783.36	L8480	Stump sock, single ply, fitting, above knee, each	5.86	
L7010	Electronic hand, Otto Bock, Steeper or equal switch controlled	2,225.07	L8500	Artificial larynx, any type	596.58	
L7015	Electronic hand, Systemteknik, Variety Village or equal switch controlled	4,117.35	L8501	Tracheostomy speaking valve	72.92	
L7020	Electronic Greifer, Otto Bock or equal switch controlled	2,556.81	L8600	Implantable breast prosthesis, silicone or equal	245.90	
L7025	Electronic hand, Otto Bock or equal, myoelectronically controlled	2,507.23	L8605	Other prosthetic procedures-devices: tissue expander	305.06	
L7030	Electronic hand, Systemteknik, Variety Village or equal, myoelectronically controlled	4,255.34	L8610	OPPD: ocular	426.64	
L7035	Electronic Greifer, Otto Bock or equal, myoelectronically controlled	2,468.65	L8613	OPPD: ossicula	222.38	
L7040	Prehensile actuator, Hosmer or equal, switch controlled	1,956.78	L8615	OPPD: temporomandibular joint	188.17	
L7045	Electronic hook, child, Michigan or equal, switch controlled	947.19	L8620	OPPD: radial head	179.61	
L7160	Electronic elbow, Boston or equal, switch controlled	10,781.93	L8622	OPPD: proximal ulna/radius	192.44	
L7165	Electronic elbow, Boston or equal, myoelectronically controlled	12,233.01	L8623	OPPD: distal ulna	192.44	
L7170	Electronic elbow, Hosmer or equal, switch controlled	3,893.67	L8624	OPPD: distal radius	205.27	
L7180	Electronic elbow, Utah or equal, myoelectronically controlled	23,158.53	L8625	OPPD: trapezium	179.61	
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	4,178.52	L8626	OPPD: wrist	491.80	
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	6,585.92	L8627	OPPD: lunate	325.02	
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	5,747.84	L8628	OPPD: carpus	179.61	
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	6,915.81	L8629	OPPD: scaphoid	179.61	
L7260	Electronic wrist rotator, Otto Bock or equal	1,625.89	L8630	OPPD: metacarpophalangeal joint	192.44	
L7261	Electronic wrist rotator, for Utah arm	2,826.48	L8640	OPPD: patella	102.00	
L7266	Servo control, Steeper or equal	618.60	L8641	OPPD: metatarsal joint	179.61	
L7272	Analogue control, UNB or equal	1,496.06	L8642	OPPD: haliux implant	179.61	
L7274	Proportional control, 12 volt, Utah or equal	4,656.89	L8655	OPPD: flexor tendon in hand or finger	102.64	
L7360	Six volt battery, Otto Bock or equal, each	215.51	L8656	OPPD: extensor tendon in hand or finger	102.64	
L7362	Battery charger, six volt, Otto Bock or equal	183.20	L8657	OPPD: tendon other than hand or finger	102.64	
L7364	Twelve volt battery, Utah or equal, each	370.97	L8658	OPPD: interphalangeal joint	188.17	
L7366	Battery charger, 12 volt, Utah or equal	472.71	L8690	OPPD: testicle	149.68	
L8000	Breast prosthesis, mastectomy bra	23.24	CODES BEGINNING WITH "Q" THRU "V"			
L8010	Breast prosthesis, mastectomy sleeve	59.82				
L8020	Breast prosthesis, mastectomy form	169.82				
L8030	Breast prosthesis, silicone or equal	200.15				
L8300	Truss, single with standard pad	58.20				
L8310	Truss, double with standard pads	119.68				
L8320	Truss, addition to standard pad, water pad	36.38				
L8330	Truss, addition to standard pad, scrotal pad	32.71				
L8400	Prosthetic sheath, below knee, each	15.37				
L8410	Prosthetic sheath, above knee, each	15.52				
L8415	Prosthetic sheath, upper limb, each	15.28				
			<b>HCPCS Code</b>	<b>Description</b>	<b>Fee For New Eqpt</b>	<b>Monthly Rental Fee</b>
			Q0036	Oxygen concentrator high humidity	—	296.10
			Q0038	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic feet)	204.80	—
			Q0039	Oxygen contents, liquid, per unit (for use with owned stationary liquid systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	204.80	—
			Q0040	Portable oxygen contents, gaseous per unit (for use only with portable gaseous systems when no stationary gas system is used; 1 unit = 5 cubic ft.)	30.81	—
			Q0041	Portable oxygen contents, liquid, per unit (for use with portable liquid systems when no stationary liquid system is used; 1 unit = 1 lb.)	30.81	—
			Q0042	Stationary compressed gas system rental, includes contents (per unit), regulator with flow gauge, humidifier, nebulizer, cannula or mask and tubing, 1 unit = 50 cubic ft.	—	296.10
			Q0043	Stationary liquid oxygen system rental, includes content (per unit), use of reservoir, contents indicator, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit of contents = 10 lbs.	—	296.10
			Q0046	Portable liquid oxygen system rental, includes flowmeter, refill adapter, contents gauge, cannula and tubing	—	54.99
			V2620	Prosthetic, eye, glass, stock	304.96	—
			V2621	Prosthetic, eye, plastic, stock	293.40	—
			V2622	Prosthetic, eye, glass, custom	671.89	—
			V2623	Prosthetic, eye, plastic, custom	671.89	—
			Administrative Correction. See: 23 N.J.R. 125(a).			
			Administrative Correction. See: 23 N.J.R. 861(a).			
			Amended by R.1992 d.170, effective April 6, 1992.			
			See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).			
			Amended by R.1993 d.395, effective August 2, 1993.			

See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).  
 Petition for Rulemaking.  
 See: 27 N.J.R. 2015(a), 27 N.J.R. 2492(a), 27 N.J.R. 3637(a).  
 Petition for Rulemaking.  
 See: 28 N.J.R. 1078(b).  
 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).

#### Case Notes

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

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

### SUBCHAPTER 30. MOTOR VEHICLE SELF-INSURANCE

#### 11:3-30.1 Purpose

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

#### 11:3-30.2 Scope

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

#### 11:3-30.3 Definitions

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

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

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

“Certificate” means certificate of self-insurance.

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

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

“Commissioner” means the Commissioner of Insurance.

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

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

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

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

#### 11:3-30.4 General requirements

(a) Any person in whose name more than 25 motor vehicles are registered or in whose name more than 25 motor vehicles are leased may qualify as a self-insurer by obtaining a certificate of self-insurance issued at the discretion of the Commissioner as provided in this subchapter.

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

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

#### 11:3-30.5 Certificate of self-insurance

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

1. A completed application form on forms to be provided by the Commissioner;
2. The most current financial statement and financial statements for the two years immediately preceding the date of such current financial statement:
  - i. All financial statements shall be certified by a Certified Public Accountant;
  - ii. If the applicant is a subsidiary of a corporation, the applicant shall also submit the financial statements of the subsidiary's ultimate parent corporation;
  - iii. If the applicant is a corporation, the Commissioner may also include the name of any subsidiary corporation under the control of that corporation in the certificate of self-insurance if the ultimate parent corporation guarantees that it will discharge the subsidiary's liability as evidenced by the filing of an indemnity agreement. If the ultimate parent corporation does not provide such a guarantee, the subsidiary shall make a separate application and receive independent qualification as a self-insurer. If the name of the subsidiary is included in the certificate of self-insurance of the ultimate parent corporation and ownership of the ultimate parent or subsidiary corporation changes, the ultimate parent or subsidiary shall reapply for a certificate of self-insurance within 30 days of the ownership change; and

3. A \$1,000 filing fee.

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

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

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

#### 11:3-30.6 Renewals

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

1. An accident and claim activity report on forms to be provided by the Commissioner;
2. A financial statement for the calendar year immediately preceding the expiration date of the certificate of self-insurance certified by a Certified Public Accountant;
3. An updated vehicle listing which shall include a listing of the vehicles subject to any applicable policy

constant or RMEC pursuant to N.J.S.A. 17:29A-37.1 and 17:30E-1 et seq., respectively;

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

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

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

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

#### 11:3-30.7 Surety bond requirement

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

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