

**CHAPTER 3**  
**AUTOMOBILE INSURANCE**

**Authority**

N.J.S.A. 17:1C-6(e) and 17:1-8.1.

**Source and Effective Date**

R.2001 d.44, effective January 4, 2001.  
See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 3, Automobile Insurance, expires on January 4, 2006.

**Chapter Historical Note**

Chapter 3, New Jersey Automobile Insurance Plan, was adopted as R.1972 d.20, effective January 31, 1972. See: 3 N.J.R. 223(d), 4 N.J.R. 49(d).

Subchapter 7, Automobile Reparation Reform Act, was adopted as R.1972 d.244, effective December 4, 1972. See: 4 N.J.R. 270(a), 5 N.J.R. 13(c).

Subchapter 10, Auto Physical Damage Claims, was adopted as R.1976 d.46 and R.1976 d.47, effective May 1, 1976. See: 8 N.J.R. 38(b), 8 N.J.R. 136(b).

Pursuant to Executive Order No. 66(1978), Subchapter 8, Nonrenewal of Automobile Insurance Policies, was readopted as R.1983 d.190, effective June 6, 1983. See: 15 N.J.R. 231(a), 15 N.J.R. 927(a).

Subchapter 12, Automobile Rate Filers: Flattening of Premium Taxes and Assessments Made for the Unsatisfied Claim and Judgment Fund, was adopted as R.1983 d.424, effective October 3, 1983. See: 15 N.J.R. 1170(a), 15 N.J.R. 1666(a).

Subchapter 13, Automobile Rate Filers: Deductibles for Private Passenger Automobile Collision and Comprehensive Coverage, was adopted as R.1983 d.467, effective October 17, 1983. See: 15 N.J.R. 1342(a), 15 N.J.R. 1769(b).

Pursuant to Executive Order No. 66(1978), Subchapter 6, Insurance Identification Card, was readopted as R.1983 d.648, effective December 29, 1983. See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Public Notice: Automobile Insurance Written Notice/Buyer's Guide Coverage Selection Form. See: 16 N.J.R. 254(d).

Subchapter 15, Standards for Written Notice: Buyer's Guide and Coverage Selection Form, was adopted as R.1984 d.114, effective April 2, 1984. See: 15 N.J.R. 2142(a), 16 N.J.R. 733(a).

Subchapter 14, Personal Injury Protection Options, was adopted as R.1984 d.116, effective April 2, 1984. See: 15 N.J.R. 2139(a), 16 N.J.R. 730(b).

The Executive Order No. 66(1978) expiration date of Subchapter 7, Automobile Reparation Reform Act, was extended by gubernatorial directive from August 17, 1984 to November 15, 1984, and was further extended by gubernatorial directive from November 15, 1984 to February 13, 1985. See: 17 N.J.R. 43(a).

Pursuant to Executive Order No. 66(1978), Subchapter 7, Automobile Reparation Reform Act, was readopted as R.1985 d., effective February 13, 1985. See: 17 N.J.R. 43(a), 17 N.J.R. 707(b).

Subchapter 17, Rating Organizations, was adopted as R.1985 d.609, effective October 6, 1985. See: 16 N.J.R. 2936(a), 17 N.J.R. 2905(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1985 d.654, effective January 6, 1986, operative May 6, 1986. See: 16 N.J.R. 3286(a), 17 N.J.R. 89(b).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as R.1986 d.111, effective April 7, 1986. See: 17 N.J.R. 2597(a), 18 N.J.R. 692(a).

Subchapter 17, Rating Organizations, was repealed and Subchapter 17, Rating Organizations, was adopted as new rules by R.1986 d.419, effective October 6, 1986. See: 18 N.J.R. 1171(b), 18 N.J.R. 2045(a).

Subchapter 22, Coverage Option Survey: Personal Injury Protection and Tort Threshold Options, was adopted as R.1986 d.463, effective November 17, 1986. See: 18 N.J.R. 1344(b), 18 N.J.R. 2329(a).

Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, was adopted as R.1987 d.527, effective December 21, 1987. See: 19 N.J.R. 1880(a), 19 N.J.R. 2403(b).

Public Notice: Rescission of Circular Letter #75. See: 19 N.J.R. 570(e).

Subchapter 26, Accident Claims, Subchapter 27, Unsatisfied Claim and Judgment Fund Board, and Subchapter 28, Unsatisfied Claim and Judgment Fund's Reimbursement of Excess Medical Expense Benefits Paid by Insurers, were adopted as R.1989 d.268, effective May 15, 1989. See: 21 N.J.R. 688(a), 21 N.J.R. 1363(a).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was repealed and Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as new rules by R.1989 d.277, effective May 15, 1989. See: 21 N.J.R. 667(b), 21 N.J.R. 1335(a), 21 N.J.R. 1517(b).

Subchapter 24, Policy Constants, and Subchapter 25, Residual Market Equalization Charges (RMECs), were adopted as R.1989 d.278, effective May 15, 1989. See: 20 N.J.R. 3104(a), 21 N.J.R. 1358(b).

Subchapter 20A, Standard Limiting Effect of Negative Excess Investment Income in the Computation of Excess Profits, was adopted as R.1989 d.306, effective June 5, 1989. See: 21 N.J.R. 842(a), 21 N.J.R. 1517(c).

Subchapter 17, Rating Organizations, was repealed by R.1989 d.328, effective June 19, 1989. See: 21 N.J.R. 973(a), 21 N.J.R. 1708(a).

Subchapter 30, Motor Vehicle Self-Insurance, was adopted as R.1989 d.584, effective November 20, 1989. See: 21 N.J.R. 2876(a), 21 N.J.R. 3666(b).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was adopted as R.1990 d.108, effective February 5, 1990. See: 21 N.J.R. 3726(a), 22 N.J.R. 425(a).

Subchapter 18, Private Passenger Automobile Insurance: Rate Filing Review Procedures, was adopted as R.1990 d.109, effective February 5, 1990. See: 21 N.J.R. 3422(b), 22 N.J.R. 421(a).

Subchapter 16, Rate Filing Requirements: Voluntary Market Private Passenger Automobile Insurance, was adopted as R.1990 d.116, effective February 5, 1990. See: 21 N.J.R. 2182(a), 22 N.J.R. 399(a).

Subchapter 1, Provisions and Operations, was repealed and Subchapter 1, Commercial Automobile Insurance Plan, was adopted as new rules by R.1990 d.118, effective February 5, 1990. See: 21 N.J.R. 3613(a), 22 N.J.R. 392(b).

Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, was adopted as R.1990 d.161, effective March 19, 1990. See: 21 N.J.R. 3719(a), 22 N.J.R. 963(a).

Subchapter 34, Eligible Persons Qualifications and Automobile Insurance Eligibility Points Schedule, was adopted as emergency new rules by R.1990 d.620, effective November 26, 1990, operative April 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3847(a). The provisions of R.1990 d.620 were readopted as R.1991 d.93, effective January 25,

1991, operative April 1, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3847(a), 23 N.J.R. 572(a)

Subchapter 36, Automobile Physical Damage Insurance Inspection Procedures, was adopted as emergency new rules by R.1990 d.622, effective November 26, 1990, operative March 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3861(a). The provisions of R.1990 d.622 were readopted as R.1991 d.95, effective January 25, 1991, operative October 1, 1992, with changes effective February 19, 1991. See: 22 N.J.R. 3861(a), 23 N.J.R. 579(a), 23 N.J.R. 1132(c).

Subchapter 38, Towing and Storage Fee Schedule, was adopted as emergency new rules by R.1990 d.623, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3874(a). The provisions of R.1990 d.623 were readopted as R.1991 d.97, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3874(a), 23 N.J.R. 592(a).

Subchapter 29, Medical Fee Schedules: Automobile Insurance Personal Injury Protection Coverage, was adopted as emergency new rules by R.1990 d.624, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3809(a). The provisions of R.1990 d.624 were readopted as R.1991 d.96, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3809(a), 23 N.J.R. 536(a).

Subchapter 37, Order of Benefit Determination Between Automobile Personal Injury Protection and Health Insurance, was adopted as emergency new rules by R.1990 d.625, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3777(a). The provisions of R.1990 d.625 were readopted as R.1991 d.90, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3777(a), 23 N.J.R. 597(a).

Subchapter 35, Private Passenger Automobile Insurance Underwriting Rules, was adopted as emergency new rules by R.1990 d.627, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3856(a). The provisions of R.1990 d.627 were readopted as R.1991 d.94, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3856(a), 23 N.J.R. 577(a).

Subchapter 19, Standard/Non-Standard Rating Plans, was adopted as emergency new rules by R.1990 d.628, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3804(a). The provisions of R.1990 d.628 were readopted as R.1991 d.92, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3804(a), 23 N.J.R. 532(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1991 d.45, effective January 4, 1991, and Subchapters 2 through 5, concerning the Automobile Insurance Plan (AIP), were repealed by R.1991 d.45, effective February 4, 1991. See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Subchapter 24, Policy Constants, was repealed by R.1991 d.216, effective April 15, 1991. See: 22 N.J.R. 3441(a), 23 N.J.R. 1132(a).

Subchapter 25, Residual Market Equalization Charges (RMECs), was repealed by R.1991 d.217, effective April 15, 1991. See: 22 N.J.R. 3442(a), 23 N.J.R. 1132(b).

Subchapter 39, Reductions in Premium Charges for Private Passenger Automobiles Equipped with Anti-Theft, Vehicle Recovery and Safety Features, was adopted as R.1991 d.363, effective July 15, 1991, operative September 1, 1991. See: 23 N.J.R. 384(a), 23 N.J.R. 2144(a).

Subchapter 33, Appeals from Denial of Automobile Insurance, was adopted as R.1992 d.192, effective April 30, 1992. See: 24 N.J.R. 546(a), 24 N.J.R. 1510(a).

Subchapter 40, Insurers Required to Provide Automobile Insurance Coverage to Eligible Persons, was adopted as R.1992 d.207, effective May 4, 1992. See: 23 N.J.R. 3736(a), 24 N.J.R. 336(a), 24 N.J.R. 1796(b).

Subchapter 2, New Jersey Personal Automobile Insurance Plan, was adopted as new rules by R.1992 d.370, effective September 21, 1992. See: 24 N.J.R. 331(a), 24 N.J.R. 3400(a).

Subchapter 3, Limited Assignment Distribution Servicing Carriers, was adopted as new rules by R.1992 d.371, effective September 21, 1992. See: 24 N.J.R. 519(a), 24 N.J.R. 3414(a).

Subchapter 42, Producer Assignment Program, was adopted as emergency new rules by R.1992 d.381, effective September 4, 1992, to expire November 3, 1992. See: 24 N.J.R. 3421(a). The provisions of R.1992 d.381 were readopted as R.1992 d.482, effective November 2, 1992, with changes effective December 7, 1992. See: 24 N.J.R. 3421(a), 24 N.J.R. 4397(a).

Subchapter 44, Special Rules for Effecting Coverage for Private Passenger Automobile Insurance, was adopted as emergency new rules by R.1993 d.135, effective March 1, 1993, operative March 8, 1993, to expire April 30, 1993. See: 25 N.J.R. 1290(a). The provisions of R.1993 d.135 were readopted as R.1993 d.238, effective April 30, 1993. See: 25 N.J.R. 1290(a), 25 N.J.R. 2479(a).

Subchapter 2B, Market Transition Facility of New Jersey Suspension of Claims, was adopted as emergency new rules by R.1994 d.164, effective March 1, 1994, to expire April 30, 1994. See: 26 N.J.R. 1393(a). The provisions of R.1994 d.164 were readopted as R.1994 d.261, effective April 29, 1994. See: 26 N.J.R. 1393(a), 26 N.J.R. 2288(a).

Subchapter 32, Certification of Compliance: Mandatory Liability Coverages, was adopted as R.1994 d.477, effective September 19, 1994. See: 26 N.J.R. 1939(a), 26 N.J.R. 3866(a).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was repealed by R.1995 d.171, effective March 20, 1995. See: 27 N.J.R. 41(a), 27 N.J.R. 1190(b).

Subchapter 45, Insurers Required to Provide Survey Information, was adopted as R.1995 d.235, effective May 1, 1995. See: 27 N.J.R. 289(a), 27 N.J.R. 1803(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1996 d.58, effective January 4, 1996, and Subchapter 2A, New Jersey Automobile Full Insurance Underwriting Association Claims Payment Deferral, Subchapter 3, Limited Assignment Distribution Servicing Carriers, and Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, were repealed by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Subchapter 20A, Standard Limited Effect of Negative Excess Investment Income in the Computation of Excess Profits, was repealed by R.1996 d.312, effective July 15, 1996. See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Subchapter 25, Private Passenger Automobile Insurance: Notification by Treating Health Care Providers, was adopted as new rules by R.1997 d.14, effective January 6, 1997. See: 28 N.J.R. 3876(a), 29 N.J.R. 132(a).

Subchapter 24, Defensive Driving Rate Reductions, was adopted as new rules by R.1997 d.522, effective December 15, 1997. See: 28 N.J.R. 4854(a), 29 N.J.R. 5305(a).

Subchapter 28A, Unsatisfied Claim and Judgment Fund Assessments, was adopted as R.1997 d.535, effective December 15, 1997. See: 29 N.J.R. 4246(a), 29 N.J.R. 5309(a).

Subchapter 19A, Tier Rating Plans and Underwriting Rules, was adopted as R.1998 d.129, effective March 2, 1998. See: 29 N.J.R. 5253(a), 30 N.J.R. 839(a).

Subchapter 46, Automobile Insurance Urban Enterprise Zone Program, was adopted as R.1998 d.290, effective June 1, 1998. See: 30 N.J.R. 773(a), 30 N.J.R. 2010(a).

Subchapter 3, Basic Automobile Insurance Policy, was adopted as new rules by R.1998 d.592, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3209(a), 30 N.J.R. 4398(a).

Subchapter 5, Personal Injury Protection Dispute Resolution, was adopted as new rules by R.1998 d.593, effective December 21, 1998. See: 30 N.J.R. 3359(a), 30 N.J.R. 4437(a).

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

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

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.2001 d.44, effective January 4, 2001, and Subchapter 2B, Market Transition Facility of New Jersey Payment Prioritization and Claims Payment Deferral, Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, Subchapter 19, Standard/Nonstandard Rating Plans, and Subchapter 42, Producer Assignment Program, were repealed by R.2001 d.44, effective February 5, 2001. See: Source and Effective Date. See, also, section annotations.

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#### APPENDIX

#### SUBCHAPTER 1. COMMERCIAL AUTOMOBILE INSURANCE PLAN

##### 11:3-1.1 Purpose and scope

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

1. To provide the coverages described herein, subject to the conditions stated, for motor vehicles other than those vehicles subject to the New Jersey Personal Automobile Insurance Plan and any private passenger vehicle that is owned by or driven by a person who meets the definition of an eligible person pursuant to N.J.S.A. 17:33B-13 and N.J.A.C. 11:3-34;

2. To provide for the apportionment of insurance coverage for eligible applicants who are in good faith entitled

to but are unable to procure the same, through the voluntary market; and

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

Amended by R.1996 d.58, effective February 5, 1996.  
 See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).  
 Amended by R.1996 d.502, effective October 21, 1996.  
 See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

##### 11:3-1.2 Definitions

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

“CAIP” means the Commercial Automobile Insurance Plan pursuant to this subchapter.

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

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

“Eligible applicant” means the owner or registrant of a motor vehicle registered in New Jersey or to be registered within 60 days who is unable to obtain automobile insurance in New Jersey in the voluntary market and is not in good faith qualified for automobile insurance coverage in any residual market mechanism created by statute other than the CAIP. For multi-state operations, the applicant must have its operating headquarters in New Jersey but vehicles may be registered in other states. No applicant shall be deemed eligible if the principal operator of the vehicle to be insured does not hold a driver’s license which is valid in New Jersey, or if a regular operator of the vehicle other than the principal operator does not hold such a license.

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

“Gross participation” means a participant’s Voluntary All Other Automobile Direct Written Premiums derived from information contained in the annual statement times a fraction, the numerator of which is the sum of the plan’s total written premiums for that year and the Statewide total Voluntary All Other Automobile Direct Written Premiums which are eligible for depopulation credit for that policy year, and the denominator of which is the Statewide total Voluntary All Other Automobile Net Direct Written Premiums of all participants for that second prior year.

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

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

“Net participation” means a participant’s gross participation for that policy year less its business eligible for depopulation credit for that policy year.

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

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

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

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

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

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

“Private passenger type automobile” means a vehicle that meets the definition in N.J.S.A. 39:6A-2a and is owned by a corporation, partnership or any other entity except an individual or husband and wife.

“Voluntary All Other Automobile Direct Written Premiums” means automobile liability, personal injury protection, and physical damage premiums written by a participant on New Jersey risks, minus:

1. CAIP direct written premiums included in the figures which the participant wrote as a service carrier for CAIP;
2. Any direct written premiums included in the figures from insureds who are eligible applicants for any residual market mechanism created by statute other than the CAIP.
3. Any reinsurance premiums assumed from other insurers included in the figures; and
4. Any premiums for Death and Disability coverage included in the figures.

Amended by R.1991 d.45, effective February 4, 1991.  
See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Deleted definition of NJAFIUA and references to it; added text to definitions for “Private passenger automobile” and “Voluntary All Other Automobile Direct Written Premiums.”

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

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

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

Inserted “Personal injury protection”.

### 11:3-1.3 Creation of the plan

(a) There is created in the State of New Jersey a plan for the administration and apportionment of automobile insurance for qualified applicants to be known as the Commercial Automobile Insurance Plan hereafter referred to as “CAIP.”

(b) CAIP shall be administered by the governing committee pursuant to this subchapter and a plan of operation approved by the Commissioner.

(c) Every insurer admitted to transact and transacting motor vehicle insurance in the State of New Jersey shall participate in CAIP to the extent required by this subchapter and the plan of operation.

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

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

### 11:3-1.4 Governing committee

(a) CAIP shall be administered by a governing committee of 14 members.

1. Eight members shall be salaried employees of an insurer which is a participant of CAIP.

2. Three members shall be licensed producers.

3. One member shall be public representative who is knowledgeable about automobile insurance matters but who is not employed by, or otherwise affiliated with, insurance producers, or other entities of the insurance industry.

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

Definition for eligible charge added.

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

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

Definitions for motor bus, motor bus insurer added.

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

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

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

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

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

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

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

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

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

1. When multiple or bilateral procedures are performed on the same patient by the same provider at the same time or during the same visit, it is virtually never appropriate for the fee to be the sum of the fees for each procedure. The primary procedure at a single session shall be paid at 100 percent of the eligible charge, the second procedure at no more than 50 percent of the upper limit in the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits in the fee schedule for those particular procedures.

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

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

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

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

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

(i) When a covered injection is provided during an evaluation and management service, only the code for the substance shall be billed. The administration codes shall not be billed because the administration is included in the evaluation and management service.

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

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

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

(m) The daily maximum allowable fee shall be \$90.00 for Physical Medicine and Rehabilitation procedures (CPT 97001 through 98943) but not including Osteopathic Manipulative Treatment actually performed by the osteopathic physician or a medical doctor (CPT 98925 through 98929). The daily maximum applies when such services are performed for the same patient on the same date. However, an insurer is not prohibited from reimbursing providers in excess of the daily maximum where a patient has serious traumatic injuries to more than one area of the body.

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

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

1. There is a definite measurable change in the patient’s condition requiring significant change in the treatment plan;
2. The patient fails to respond to treatment, requiring a change in the treatment plan;

3. The patient's condition becomes permanent and stationary, or the patient is ready for discharge; or

4. It is medically necessary to provide evaluation services over and above those normally provided during the therapeutic services.

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

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

Billing for multiple procedures clarified in (f).

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

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

Motor bus insurers added.

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

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

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

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

Administrative Correction to (a).

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

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

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

Rewrote the section.

**Case Notes**

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

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

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

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

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

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

**11:3-29.5 Balance billing prohibited**

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

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

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

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

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

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

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

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
13150	COMPX REPAIR, NOSE ETC; TO 1.0 CM	438	438	438	25565	CLSD RADIAL & ULNAR SHAFT FX; W/MANIP	843	843	843
13151	COMPX REPAIR, NOSE ETC; 1.1-2.5 CM	639	639	648	25600	C/S DIS RAD FX/EPIPHYS SEP; NO MANIP	498	486	513
13152	COMPX REPAIR, NOSE ETC; 2.6-7.5 CM	1040	1040	1040	25605	C/S DIS RAD FX/EPIPHYS SEP; W/MANIP	657	594	702
13300	COMPLICATED REP; OVR 7.5 CM ANY AREA	1431	1431	1431	25610	CLSD COMPLEX, DIST RAD FX/EPIPHY SEP	719	719	719
14000	ADJ TISS TRANSFER, TRUNK; TO 10 SQ CM	513	513	542	25635	TREATMENT CLOSED CARPAL BONE FX W M	481	481	481
14001	ADJACENT TIS TRANS OR REARR, TRUNK	920	920	951	26600	TX CLOSED METACARP FX, SNG; W/O MANIP	323	323	346
14020	ADJ TISS TRANS, SCALP ETC; TO 10 SQ CM	1096	1096	1096	26605	TX CLOSED METACARP FX, SNG; W/MANIP	428	428	432
14040	ADJ TISS TRANS, CHIN ETC; TO 10 SQ CM	1225	1225	1269	26720	TX CLOS PHALAN SHAFT FX; W/O MANIP	224	224	210
14060	ADJ TISS TRANS, NOSE ETC; TO 10 SQ CM	1589	1589	1589	26725	TX CLOS PHALANG SHAFT FX, W/MANIP	344	344	344
15100	SPLIT GRAFT, TRUNK ETC; TO 100 SQ CM	1261	1261	1261	26750	TX CLOS DIST PHALANG FX; W/O MANIP	156	156	156
16000	INITIAL TREATMENT, FIRST DEGREE BURN	75	75	75	26755	TX CLOS DIST PHALANG FX; W/MANIP	194	194	194
16020	DRESS/DEBRIDE SM BURN; NO ANESTHESIA	87	87	93	26770	TX CLOS INTERPHAL JNT DIS; W/O ANESTH	154	154	154
16025	DRESS/DEBRIDE MED BURN; NO ANES	124	124	124	27125	PARTIAL HIP REPLACE- MENT, PROSTHESIS	4429	4429	4429
17250	CHEMICAL CAUT OF GRANULATION TISS	57	57	54	27130	ARTHROPLAS; TOT HIP REPLAC W/WO GRF	4932	4618	5185
19000	PUNCTURE ASPIRATION CYST PAST	107	118	113	27236	OPEN TX CLOSE/OPEN FEM FX, INT FIX	3422	3422	3422
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPER	317	317	313	27244	OPEN TX CHANTERIC FEM FX; W INT FIX	2971	2971	2971
20550	INJ, TEND SHEATH, LIG- AMENT, TRIGGER P	96	96	91	27370	INJECT PROCEDURE KNEE ARTHROGRAPHY	139	139	165
20600	ARTHROCENTESIS, ASP &/OR INJ; SM JNT	81	86	86	27447	ARTHRO, KNEE, TOT, CNDYL&PLAT; MED & LAT	5022	5022	5402
20605	ARTHROCEN, ASP &/OR INJ; INTER JOINT	86	92	96	27506	OPEN TX CLOS/OPEN FEM SHAFT FX	3955	3955	3955
20610	ARTHROCEN, ASP &/OR INJ; MAJOR JOINT	102	113	113	27520	PATELLA, FRACTURE, CLOSED (SIMPLE), WITH- OUT RED	444	444	444
20670	REMOVAL OF IMPLANT; SUPERFICIAL	187	187	187	27750	TX CLOSED TIBIAL SHAFT FX; W/O MAN	648	648	648
20680	REMOVAL OF IMPLANT; DEEP	806	809	864	27752	TIBIA, SHAFT FRAC- TURE, CLOSED (SIMPLE)	817	817	817
21320	MANIP TREATMNT, NOSE FX; STABILIZA- TION	719	719	719	27760	TX CLOSED DISTAL TIBI- AL FX; W/O MAN	451	451	451
21455	CLOSE MANIP TREAT, FIXATN, MANDIB FX	2398	2398	2398	27762	TX CLOS DIST TIBIAL FX; W/MANIP	544	544	544
21800	RIB, FRACTURE(S), CLOSED (SIMPLE)	86	86	86	27786	TX CLOSED DISTAL FI- BULAR FX; W/O MAN	521	521	518
23350	INJECTION PROC, SHOULDER ARTHRO- GRAPH	132	132	132	27788	TX CLOSED DISTAL FI- BULAR FX; W/MAN	602	602	602
23420	REPAIR SHOULDER CUFF AVULSION, CHRON	3294	3294	3294	27802	TX CLOS TIB & FIB FX, SHAFT; W/MANIP	1046	1046	1046
23500	TREAT CLOSED CLAVI- CLE FX; NO MANIPUL	237	237	237	27808	TX CLOS BIMALLEOLAR ANKL FX, W/O MAN	648	648	648
23505	TREAT CLOSED CLAVI- CLE FX; W/MANIPUL	468	468	468	27810	TX CLOS BIMALLEOLAR ANKLE FX, W/MAN	803	803	803
23600	TREATMENT CLOSED HUMERAL FX; NO MA- NIP	430	430	430	27814	OPEN TX CLOS/OPEN BI- MALL ANKLE FX	2522	2522	2522
23605	TREATMENT CLOSED HUMERAL FX; W/MANIP	617	617	617	27818	TX CLOS TRIMALL AN- KLE FX; W/MANIP	1107	1107	1107
23650	TREAT CLOSED SHOUL- DER DISLOC, W/MANIP	354	354	339	27822	OPEN TX CL/OP TRI- MALL ANKLE FX; ONLY	3155	3155	3155
23655	TREATMENT OF CLOSED SHOULDER DISLOC	450	450	450	28090	EXC LES TEN, SHEATH, CAP W/SYNOV; FOOT	844	844	844
24640	RADIAL HEAD SUBLUX- ATION, CHILD, MANI	194	194	194	28124	PART EX, PHALANXO FASCIAL REL	687	687	687
24650	CLOSED RADIAL HEAD/ NECK FX; NO MANIP	505	505	505	28126	CONDYLECTOMY, PHA- LANX BASE SNG EA	648	648	648
25111	EXCISION GANGLION, WRIST; PRIMARY	1000	1000	1101	28153	RESECTION, HEAD OF PHALANX	648	648	648
25500	CLOSED RADIAL SHAFT FX; NO MANIP	452	452	452	28160	HEMIPHALANGECTO- MY/JOINT EX, SNG, EACH	917	917	917
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

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
28475	METATARSAL FX CLSD; W/MANIP, EA	390	390	390	30905	CONTROL NASAL HEM-ORRHAGE POST; INIT	405	405	405
28490	PHALANGES FX, CLSD; W/O MANIPULATION	148	148	148	31000	LAVAGE CANNULATION; MAXIL SINUS, UNI	113	113	124
28510	PHAL NT GT TOE FX CLSD W/O MANIP, EA	132	132	132	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	2714	2714	2714
28515	PHAL NT GT TOE FX CLSD W/MANIP EA	219	219	219	31250	NASAL ENDOSCOPY, DIAGNOSTIC	226	226	226
29065	CAST SHOULDER TO HAND (LONG ARM)	216	226	216	31500	INTUBATION, ENDOTRACHEAL EMERGENCY	275	275	269
29075	CAST ELBOW TO FINGER (SHORT ARM)	188	216	205	31505	LARYNGOSCOPY INDIRECT; DIAGNOSTIC	121	121	129
29085	CAST HAND & LOWER FOREARM-GAUNTLET	185	185	185	31515	LARYNGOSCOPY, DIRECT; FOR ASPIRATION	346	346	346
29105	SPLINT LONG ARM (SHOULDER TO HAND)	137	137	137	31525	LARYNGOSCOPY, DIR; DIAG, EXCEPT NEWBORN	421	421	421
29125	SPLINT SHORT ARM (FOREARM-HAND(STAT))	114	135	135	31575	LARYNGOSCOPY, FLEX FIBERSCOPIC; DIAG	351	377	351
29130	SPLINT FINGER; STATIC STRAPPING; SHOULDER	91	91	91	31600	TRACHEOSTOMY, PLANNED	1075	1075	1075
29240	STRAPPING; SHOULDER	89	89	89	31622	BRONCHOSCOPY, DIAG; W/WO CELL WASHNG	737	702	778
29260	STRAPPING; ELBOW OR WRIST	69	69	70	31645	BRONCHOSCOPY; W/ASP TRACH TREE INIT	756	756	756
29280	STRAPPING; HAND OR FINGER	58	58	62	32000	THORACENTESIS, INITIAL/SUBSEQUENT	305	249	291
29345	CAST LONG LEG (THIGH TO TOES)	279	279	279	32020	TUBE THORACOSTOMY W/WO WATER SEAL	806	853	804
29365	CAST CYLINDER (THIGH TO ANKLE)	208	208	208	32405	BX LUNG/MEDASTINUM; PERCUTAN NDLE	408	408	408
29405	CAST SHORT LEG (BELOW KNEE TO TOES)	243	269	243	32480	LOBECTOMY, TOTAL OR SEGMENTAL	5660	5660	5660
29425	CAST SHORT LEG; WALKING/AMBULATORY	280	291	296	33210	INS TEMP CARD ELECT/PACEMAKER CATH	831	831	831
29505	SPLINT LONG LEG (THIGH-ANKLE/TOES)	67	67	67	33212	INSERT/REPLC PULSE GENERATOR/AICD	1262	1262	1262
29515	SPLINT SHORT LEG (CALF TO FOOT)	128	124	135	35301	THROMBOENDARDEC-TOMY; CAROTID, ETC; NCK	4215	4215	4215
29530	STRAPPING; KNEE	93	93	91	35656	BYPASS GFT; FEMORAL-POPLITEAL	3937	3937	3937
29540	STRAPPING; ANKLE	75	75	75	36000	INTRO NEEDLE/INTRACATHETER, VEIN; UN	118	103	124
29550	STRAPPING; TOES	59	59	65	36010	INTRO CATH; SUP/INF VENA CAVA, RT HRT	470	470	446
29580	STRAPPING; UNNA BOOT	90	107	102	36200	CATHETER; AORTANA CAVA, RT HRT	462	462	464
29700	CAST REM/BIV; GAUNTLET/BOOT/BODY	90	90	90	36400	VENIPUNCTURE, < 3 YR; FEM JUGULAR/SAGI	50	50	50
29705	CAST REM/BIV; FULL ARM/FULL LEG	83	83	86	36410	VENIPUNCTURE, > 3 YR, DIAG/THER, COMPL	41	41	43
29870	ARTHROSCPY, KNEE, DIAG, W/WO SYNOV BX	1785	1785	1785	36415	ROUTINE VENIPUNCTURE 4 SPECMEN COLL	10	10	10
29874	ARTHROSCPY, KNEE, SURG; REMOVE F-BODY	2452	2452	2452	36425	VENIPUNCTURE, CUT-DOWN; AGE 1 OR OVER	59	59	59
29875	ARTHROSCPY, KNEE, SURG; SYNOVECTMY, LTD	2594	2594	2594	36430	TRANSFUSION, BLOOD/COMPONENTS; INDIR	153	153	162
29876	ARTHROSCPY, KNEE, SURG; SYNOVECT, COMP	2798	2798	2798	36488	PLACE CENT VEN CATH; PERCUT; AGE 2 & <	156	156	156
29877	ARTHROSCPY, KNEE, SURG; CHONDROPLASTY	2640	2640	2640	36489	PLACE CENT VENOUS CAT; PERCUT, > 2	324	273	316
29880	ARTHRO, KNEE SRG, W/MENISECTOMY	2998	2998	2998	36491	PLCMT CENT VEN CATH HYPERAL, > 2 YR	444	442	437
29881	ARTHROSCOPY, W/MENISCTMY MED OR LAT	2627	2700	3106	36600	ART PUNCTURE, WITHDRAW BLD FOR DIAG	105	102	107
29882	ARTHROSCOP, W/MENISCUS REP MED OR LAT	3189	3189	3189	36620	ART CATH/CANNULAT FOR SAMP; PERCUTAN	216	216	216
29888	ARTHRO, AID ANT CRUC LGMNT, RP/AG/RC	4567	4567	4567	36800	INS CANNULA HEMODIALYSIS; VEIN-VEIN	571	571	571
30200	INJECTION TURBIDINATE(S), THERAPEUTIC	76	76	75	36830	ARTERIOVEN FIST, NON-AUTOGENOUS GRAFT	2833	2833	2833
30300	REMOVAL FOR BODY, INTRANSAL; OFFICE	96	96	96	36860	CANNULA DECLOTTING; WO BALLOON CATH	73	73	73
30420	RHINOPLASTY; INCL MAJOR SEPTAL REP	4041	4041	4213	37609	LIGATION/BIOPSY, TEMPORAL ARTERY	584	584	584
30520	SEPTOPLASTY W/WO CARTILAGE IMPLANT	2479	2479	2700	37620	INTERRUPT, INFERIOR VENA CAVA BY SUT	2539	2539	2539
30901	CONTROL NASAL HEM-ORRHAGE, ANT SMP; U	104	107	102					
30903	CONTROL NASAL HEM-ORRHAGE, ANT, COMP; U	159	143	162					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
43220	ESOPHAGOSC, RIG/FIBEROPT; W/DIR DILAT	918	918	918	51736	SIMPLE UROFLOWMETRY	86	86	86
43235	ESOPHAGOGASTRODUODENOSCOPY; DIAGNOST	594	541	648	51741	ELECTRONIC UROFLOWMETRY	178	178	178
43245	ESOPHAGOGASTRODUODENOSCOPY, DILATION	883	883	883	52000	CYSTOURETHROSCOPY	249	249	304
43246	ESOPHAGOGASTRODUODENOSCOPY, FOR TUBE	1093	1093	1093	52005	ETHROPX, SIMP	543	489	594
43247	ESOPHAGOGASTRODUODENOSCOPY; W/REM FB	988	988	988	52204	CYSTOURETHROSC, W/URETERAL CATH	512	512	512
43255	ESOPHAGOGASTRODUOD; FOR HEMORRHAGE	1053	1053	1053	52276	CYSTOURETHROSC; DIR	964	964	964
43260	ERCP W/WO BX +/SPEC COLLECTION	1000	939	1026	52281	VIS INT URTHROT	464	432	486
43450	ESOPHAG, INDIRECT DILATE SOUND, INIT	152	152	152	52310	CYSTOURETHROSC; W/REM FB UR/BLAD, SIM	582	582	631
43451	ESOPHAG, INDIRECT DILATE SOUND, SUBS	162	162	162	52332	CYSTOURETHROSC; W/INS INDWELL STENT	866	866	945
43830	GASTROSTOMY, TEMPORARY (SEP.PROC.)	1594	1594	1594	52335	CYSTOURETHROSC; W/URETEROSC & PYELOS	934	934	934
44005	ENTEROLYSIS	2485	2485	2485	52500	TRNSURETH RESECT OF BLADDER NECK	1620	1620	1620
44120	ENTERECTOMY, RES SM INTES; W/ANASTOMO	2994	2994	2994	53600	DILAT URET STRICT, W/SOUND, MALE, IN	77	78	81
44140	COLECTOMY, PARTIAL; W/ANASTOMOSIS	3102	3102	3284	53601	DILAT URET STRICT, W/SOUND, MALE SU	64	64	63
44143	COLECTOMY, PART; END COLOST/CLS DIST	3461	3461	3461	53620	DIL UR STRIC, FILL-IFRM/FOLL, MALE, IN	132	132	132
44145	COLECTOMY, PARTIAL; W/COLOPROCTOSTOMY	3501	3501	3501	53621	DIL UR STRIC, FILL-IFRM/FOLL, MALE, SU	124	124	124
44160	COLECTMY W/REM TERM ILEUM & ILEO-COL	3354	3354	3354	53660	DIL FEM UR W/SUPPOS &/INSTILL, INIT	80	75	70
45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEP)	129	129	124	53661	DIL FEM UR W/SUPPOS &/INSTILL, SU	69	65	59
45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	269	254	259	53670	CATHETERIZATION; SIMPLE	81	81	91
45355	COLONOSCOPY W/SIGMOID, TRANSAB/COLOT	354	377	335	53675	CATHETERIZATION; COMPLICATED	155	155	155
45378	COLONOSCOPY, FIBER BEYOND SPLEN FLEX	809	702	783	54235	INJ CORPORA CAVERNOSA W/PHARM AGNTS	105	105	104
46040	I & D ISCHIORECTAL/PERIRECTAL ABSCESS	466	466	466	58980	LAPAROSCOPY; SURGICAL	1747	1620	1922
46050	I & D PERIANAL ABSCESS, SUPERFICIAL	155	155	155	59160	CURETTAGE, POSTPARTUM	848	848	848
46600	ANOSCOPY, DIAGNOSTIC (SEPARATE PROC)	93	114	93	59515	CESAREAN DELIV INC POSTPARTUM CARE	2968	2968	3187
46604	ANOSCOPY, DX W/DILATE, DIRECT, INSTRUM	124	124	124	59812	SPONT ABORT, TRIMEST, COMPLETE SURG	773	773	809
46700	ANOPLASTY FOR STRICTURE, ADULT	1296	1296	1296	59820	TREAT MISS ABORT, COMP SURG, 1ST TRIM	756	809	809
47000	BIOPSY LIVER, NEEDLE, PERCUTANEOUS	396	396	396	62270	SPINAL PUNCTURE LUMBAR; DIAGNOSTIC	216	216	216
47600	CHOLECYSTECTOMY	1991	1991	2433	62278	INJ ANESTH SUB; EPIDURAL/CAUDAL, SIM	388	354	388
47605	CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	2183	2106	2296	62279	INJ ANESTH SUB; EPIDURAL/CAUDAL, CON	378	378	378
47610	CHOLECYSTECTOMY W/EXPL COMMON DUCT	2686	2686	2686	62282	INJ NEUROLYTIC SUB;	486	486	486
49000	EXPLOR LAPAR/CELIOTOMY W/WO BX(S)	2114	2114	2204	62284	EPIDURAL/CAUDAL INJ PROC MYELOGRAPHY, SPINAL/POST	535	535	589
49080	PERITONEOCENTESIS, ABD PARACEN; INIT	202	216	247	62289	INJ SUB OT THAN ANES/NEUROLYT; EP/C	420	420	432
49421	INS INTRAPERI CANN/ CATH DRAIN, PERM	1012	1012	1012	63030	LAMINOTOMY; 1 INTRSP, LMBR, UNILAT	4650	4650	4861
50230	NEPHRECTOMY, RAD, W/RGNL LYMPHADEC	3916	3916	3916	64440	INJ, ANESTH AGNT; PARRAVERTEBR, NRV, SN	92	92	83
50392	INTRO OF INTRACATHETER RENAL PELVIS	666	666	666	64445	INJ, ANESTH AGNT; SCIATIC NERV	113	113	113
50394	INJECT PROC FOR PYELOGRAPHY (SEPARA)	122	122	122	64450	INJ, ANESTH AGNT; OT PERIPH NRV/BRAN	84	84	86
51600	INJ PROC CYSTOGRAPHY/VOID URCYSTOG	80	80	80	64505	INJ, ANESTH AGNT; SPHENOPALATINE GAN	432	432	432
51700	BLAD IRRIG, SIMP, LAVAGE &/INSTILLA	70	65	78	64640	DESTR BY NEUROLYTIC AGNT; OT PER NRV	118	118	118
51725	SIMPLE CYSTOMETROGRAMIC AGNT	166	166	166	64721	NEUR &/ TP; MEDIAN NRV @ CARPAL TUN	1380	1620	1620
					65205	REM FB, EXTERN EYE; CONJUNC SUPERFI	53	53	53
					65210	REM FB, EXTERN EYE; CONJUNC EMBEDDE	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
65220	REM FB, EXTERN EYE; CORN, W/O SLIT L	103	103	103	71030	X-RAY CHEST, COMPLETE, MIN 4 VIEWS	73	77	77
65222	REM FB, EXTERN EYE; CORN W/SLIT LM	112	112	113	71035	X-RAY CHEST, SPECIAL VIEWS	15	15	15
65420	EX OR TRANSPOS PIER-YGIUM; W/O GRAFT	1296	1296	1296	71100	X-RAY RIBS, UNILAT, 2 VIEWS	80	68	75
65435	REM CORNEA EPITHELUM W/O CHEMOCAU	156	156	156	71101	X-RAY RIBS, UNI, INCL CHEST, 3 VIEWS	81	89	91
67101	REP RET DETACH, CRYOTHERAPY/DIATHERM	1646	1646	1646	71110	X-RAY RIBS, BILAT, 3 VIEWS	80	80	80
67105	REP RET DETACH; PHOTCOAG, W/WO DRAIN	1635	1635	1635	71111	X-RAY RIBS, BI. INCL CHEST, 4+ VIEWS	96	96	96
67107	REP RETINAL DETACH; SCLERAL BUCKLIN	3713	3713	3713	71120	X-RAY STERNUM, MIN 2 VIEWS	70	70	70
67145	PROPHY RET DETACH; PHOTOCOAGULATION	1508	1508	1508	71250	CAT SCAN, CHEST, W/O CONTRAST	513	467	475
67500	RETROBULBAR INJECTION; MEDICATION	126	126	126	71260	CAT SCAN, CHEST, W/CONTRAST	580	527	507
69420	MYRING W ASPIRE &EUST TUBE INFLA	167	167	183	71270	CAT SCAN, CHEST, WO CONTR, FOL BY CONTR	476	476	476
69433	MYRNG/TYMPNOSTMY, LOC/TOP ANES, TUBE	306	306	324	72010	X-RAY SPINE, ENTIRE, SURVEY, A/P & LAT	135	129	145
69436	MYRING/TYMPANOSTMY, GEN ANES; W TUBE	704	704	704	72020	X-RAY SPINE, SINGLE VIEW	53	53	43
70110	X-RAY MANDIBLE, COMP, MIN 4 VIEWS	65	65	65	72040	X-RAY CERVICAL SPINE, A/P & LATERAL	65	65	65
70150	X-RAY FACIAL BONES, COMP, MIN 3 VIEWS	69	69	69	72050	X-RAY CERV SPINE, A/P LAT, MN 4 VIEWS	107	96	107
70160	X-RAY NASAL BONES, COMP, MIN 3 VIEWS	60	60	66	72052	X-RAY CERV SPINE, COMP, OBLIQ/FLEX/EX	117	105	113
70200	X-RAY ORBITS, COMP, MIN 4 VIEWS	72	72	65	72070	X-RAY THORACIC SPINE, A/P & LATERAL	73	71	75
70210	X-RAY SINUSES, PARTIAL, < 3 VIEWS	82	82	86	72072	X-RAY THOR SPINE, AP LAT, CERVICOTHOR	61	61	61
70220	X-RAY SINUSES, COMP, MIN 3 VIEWS	95	89	102	72074	X-RAY THOR SPINE, COMP, INCL OBLIQUES	83	83	83
70250	X-RAY SKULL, < 4 VIEWS, W/WO STEREO	67	67	67	72080	X-RAY THORACOLUMBAR SPINE, A/P & LAT	75	72	70
70260	X-RAY SKULL, COMP, MIN 4 VIEWS, W/WO	81	74	70	72090	X-RAY SPINE, SCOLIOSIS STUDY	79	79	75
70330	X-RAY TMJ, OPEN/CLOSED, BILATERAL	166	166	166	72100	X-RAY LUMBOSACRAL SPINE, A/P & LAT	75	75	75
70336	MRI, TEMPOROMANDIBULAR JOINT	875	875	875	72110	X-RAY LUMBOSACRAL SPINE, COMPLETE	129	108	118
70355	ORTHOPANTOGRAMAR JOINT	70	70	70	72114	X-RAY LUMB/SAC SPINE, INCL BENDING	140	133	131
70360	X-RAY NECK, SOFT TISSUE	45	45	43	72120	X-RAY LUMB/SAC SPINE, BENDING ONLY	81	81	89
70450	CAT SCAN, HEAD OR BRAIN, W/O CONTRAST	453	371	432	72125	CAT SCAN CERVICAL SPINE WO CONTRAST	453	453	498
70460	CAT SCAN, HEAD OR BRAIN W/CONTRAST	517	428	458	72128	CAT SCAN THORACIC SPINE WO CONTRAST	572	572	572
70470	CAT SCAN, HEAD/BRN, WO CONTR, FOL CONTR	612	535	535	72131	CAT SCAN LUMBOSACRAL SPINE WO CONTR	550	513	577
70480	CAT SCAN, ORBIT/SELLA/FOSSA, WO CONTR	536	536	539	72141	MRI, CERVICAL SPINE, W/O CONTRAST	918	864	891
70481	CAT SCAN, ORBIT/SELLA/FOSSA, W/CONTR	505	505	505	72148	MRI, LUMBOSACRAL SPINE, W/O CONTRAST	914	914	918
70486	CAT SCAN, MAXILLOFACIAL, W/O CONTRAST	539	536	539	72170	X-RAY PELVIS, ANTERO-POSTERIOR ONLY	66	59	63
70487	CAT SCAN, MAXILLOFACIAL, W/CONTRAST	357	357	357	72190	X-RAY PELVIS, COMP, 3 OR MORE VIEWS	67	67	67
70490	CAT SCAN, NECK, SOFT TISSUE, W/O CONTR	539	539	539	72192	CAT SCAN PELVIS, W/O CONTRAST	413	413	372
70491	CAT SCAN, NECK, SOFT TISSUE, W/CONTR	501	501	481	72193	CAT SCAN PELVIS, W/O CONTRAST	432	392	353
70540	MRI, ORBIT, FACE AND NECK	918	918	918	72194	CAT SCAN PELVIS, W/O CONTR FOL BY CONTR	550	550	550
70551	MRI, BRAIN, W/O CONTRAST	891	891	918	72196	MRI, PELVIS	938	938	938
70552	MRI, BRAIN, W/CONTRAST	1096	1096	1096	72200	X-RAY SACROILIAC JOINTS, < 3 VIEWS	77	77	77
71010	X-RAY CHEST, SINGLE, FRONTAL	43	41	48	72202	X-RAY SACROILIAC JOINTS, 3 OR MORE	93	93	93
71020	X-RAY CHEST, 2 VIEWS, FRONTAL/LATERAL	66	57	65	72220	X-RAY SACRUM & COCCYX, MIN 2 VIEWS	73	73	75
71021	X-RAY CHEST, 2 VIEWS, APICAL LORDOTIC	70	70	70	73000	X-RAY CLAVICLE, COMPLETE	61	60	65
71022	X-RAY CHEST, 2 VIEWS, OBLIQUE PROJECT	80	80	80	73010	X-RAY SCAPULA, COMPLETE	62	62	62
					73020	X-RAY SHOULDER, 1 VIEW	62	62	65

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73030	X-RAY SHOULDER, COMPLETE, MIN 2 VIEWS	70	70	70	74240	X-RAY UPPER GI, W/O KUB/VIDEO	159	173	178
73050	RADIOL EXAM, ACROMIOLAVICULAR, BILAT	81	81	81	74241	X-RAY UPPER GI, W/ KUB	182	187	221
73060	RADIOLOGIC EXAMS, HUMERUS, 2+ VIEWS	73	66	66	74245	X-RAY UPPER GI, W/SM BOWEL, MULT FILM	221	220	259
73070	X-RAY ELBOW, A/P & LATERAL	65	59	65	74246	UPPER GI SERIES/BARIUM, W/O KUB	174	190	209
73080	X-RAY ELBOW, COMPLETE, MIN 3 VIEWS	67	65	70	74247	UPPER GI SERIES, BARIUM, W/KUB	216	223	226
73090	X-RAY FOREARM, A/P & LATERAL VIEWS	63	59	59	74249	UPPER GI, BARIUM, W/SM BOWEL FOLLOW	284	284	300
73100	X-RAY WRIST, A/P & LATERAL VIEWS	62	62	59	74250	X-RAY SMALL BOWEL, INCL MULT FILMS	153	153	162
73110	X-RAY WRIST, COMPLETE, MIN 3 VIEWS	70	65	70	74270	CONTRAST X-RAY COLON, BARIUM ENEMA	167	166	199
73120	X-RAY HAND, 2 VIEWS	59	54	59	74280	CONTRAST X-RAY COLON, BARIUM, AIR CONT	232	222	229
73130	X-RAY HAND, MINIMUM 3 VIEWS	65	65	65	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST	104	116	127
73140	X-RAY FINGER(S), MINIMUM 2 VIEWS	56	51	59	74400	UROGRAPHY/PYELOGRAPHY, IV, W WO KUB	168	168	173
73220	MRI UPPER EXTREMITY, NOT JOINT	929	929	929	74405	UROGRAPHY, IV, W/HYPERTENSIVE CONTR	210	210	210
73221	MRI UPPER EXTREMITY JOINT	902	902	902	74410	UROGRAPHY, INFUSION, DRIP/BOLUS TECH	188	188	188
73500	X-RAY HIP, UNIL, 1 VIEW	63	63	65	74415	UROGRAPHY, INF, W/NEPHROMATOGRAPHY	198	216	226
73510	X-RAY HIP, UNIL, COMP, MIN 2 VIEWS	81	70	75	74420	UROGRAPHY, RETROGRADE, W WO KUB	55	55	55
73520	X-RAY HIPS, BIL, MIN 2 VIEWS EA SIDE	96	100	102	75754	COR ANGIO, BI, LFT VENT/SUPVALV, S/I	178	178	178
73540	X-RAY PELVIS & HIPS, INFNT/CHILD, MIN 2	73	73	73	76000	FLUOROSCOPY, UP TO ONE HOUR	67	67	65
73550	X-RAY FEMUR, A/P & LATERAL VIEWS	75	70	70	76140	CONSULT, X/RAY MADE ELSEWHERE, WRITTEN	54	53	54
73560	X-RAY KNEE, A/P & LATERAL VIEWS	70	70	70	76150	XERORADIOGRAPHY	24	23	26
73562	X-RAY KNEE, A/P & LAT, OBLIQ, MIN 3 VIEWS	75	80	80	76375	CAT SCANS, OTHER PLANES	243	232	216
73564	X-RAY KNEE, COMPLETE	91	91	91	76506	ECHOENCEPHALOGRAPHY	101	101	101
73590	X-RAY TIBIA, & FIBULA, A/P & LATERAL	65	65	75	76511	OPHTHALMIC ULTRASOUND, A-MODE	216	216	216
73600	X-RAY ANKLE, A/P & LATERAL	57	57	70	76512	OPHTHALMIC ULTRA, CONTACT B-SCAN	298	298	296
73610	X-RAY ANKLE, COMPLETE PROCEDURE	75	65	70	76516	OPHTHAL BIOMETRY, ULTRASOUND, A-MODE	188	196	216
73620	X-RAY FOOT, A/P & LATERAL	54	57	55	76519	OPHTHAL BIOMETRY, W IOL POWER CALC	188	202	216
73630	X-RAY FOOT, COMPLETE, MIN 3 VIEWS	70	70	70	76536	ECHOGRAM, HEAD/NECK, B-SCAN/REAL TIME	182	182	191
73650	X-RAY CALCANEUS, MINIMUM 2 VIEWS	59	64	65	76700	ECHOGRAM, ABDOMEN, W IMAGE DOCUMENT	226	213	221
73660	X-RAY TOE(S), MINIMUM 2 VIEWS	59	56	57	76705	ECHOGRAM, ABDOMEN, LIMITED	203	168	173
73700	CAT SCAN LEG, W/O CONTRAST	486	486	486	76770	ECHOGRAM, RETROPERITONEAL, COMPLETE	232	221	226
73720	MRI LOWER EXTREMITY, NOT JOINT	891	908	918	76775	ECHOGRAM, RETROPERITONEAL, LIMITED	198	198	198
73721	MRI LOWER EXTREMITY JOINT	907	896	891	76805	ECHOGRAM, PREGNANT UTERUS, COMPLETE	243	216	216
74000	X-RAY ABDOMEN, SINGLE A/P VIEW	54	53	59	76815	ECHOGRAM, PREGNANT UTERUS, LIMITED	177	146	162
74010	X-RAY ABDOMEN, AP, OBLIQUE, CONE VIEWS	48	44	39	76816	ECHOGRAM, PREG UTERUS, REPEAT/FOLLOWUP	132	132	119
74020	X-RAY ABDOMEN, COMP, DECUB/ERECT	46	54	54	76818	FETAL BIOPHYSICAL PROFILE	223	223	216
74022	X-RAY ABDOMEN, ACUTE SERIES	61	60	60	76830	ECHOGRAM, TRANSVAGINAL	269	269	269
74150	CAT SCAN ABDOMEN, W/O CONTRAST	465	423	443	76856	ECHOGRAM, PELVIC, NON-OB, COMPLETE	226	185	194
74160	CAT SCAN ABDOMEN, W/ CONTRAST	575	471	513	76857	ECHOGRAM, PELVIC, NON-OB, LTD/FOLLOW	147	164	180
74170	CAT SCAN ABD WO CONT FOLL BY CONT	624	578	583	76870	ECHOGRAM, SCROTUM AND CONTENTS	291	291	269
74181	MRI, ABDOMEN FOLL BY CONT	958	958	958	76872	ECHOGRAM, PROSTATE, TRANSRECTAL	311	311	311
74210	X-RAY PHARYNX & /OR CERV ESOPHAGUS	108	108	108					
74220	X-RAY ESOPHAGUS	114	112	113					

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76880	ECHOGRAM, EXTREMITY, NON-VASCULAR	246	246	246	82310	ASSAY CALCIUM IN BLOOD, CHEMICAL	16	16	16
78006	THYROID IMAGING W/UPTAKE, SINGLE	233	233	243	82372	ASSAY SERUM CARBAMAZEPINE	57	57	57
78007	THYROID IMAGING W/UPTAKE, MULTIPLE	171	171	171	82374	ASSAY BLOOD CARBON DIOXIDE	11	11	11
78215	LIVER & SPLEEN IMAGING, STATIC ONLY	164	164	164	82643	RIA ASSAY FOR DIGOXIN	49	49	49
78223	HEPATOBIILIARY DUCT IMAGE, INCL GALL.	145	145	145	82660	TEST FOR DRUGS	67	67	67
78300	BONE IMAGING, LIMITED AREA	193	193	193	82947	ASSAY BLOOD FLUID GLUCOSE	12	12	12
78305	BONE IMAGING, MULTIPLE AREAS	324	319	313	82948	STICK ASSAY OF BLOOD GLUCOSE	12	12	12
78306	BONE IMAGING, WHOLE SKELETON	296	269	269	82950	GLUCOSE TEST	14	14	13
78315	BONE SCAN, 3-PHASE TECHNIQUE	269	269	269	82951	GLUCOSE TOLERANCE TEST (GTT)	42	42	42
78351	BONE DENSITY, DUAL PHOTON ABSORPT	199	199	199	82952	GTT-ADDED SAMPLES	45	45	45
78460	MYOCARDIAL IMAGING, RESTING	258	258	254	82977	ASSAY OF GGT ENZYME	15	15	15
78461	MYOCARDIAL IMAGING, EXERCISE	513	568	469	83001	PITUITARY GONADOTROPIN RIA	66	66	66
78464	MYOCARDIAL IMAGING, TOMOGRAM, REST	628	628	628	83002	PITUITARY GONADOTROPINS RIA	59	59	59
78465	MYOCARDIAL IMAGING, TOMOGR, EXERCISE	697	697	848	83020	ASSAY HEMOGLOBINS RIA	13	13	12
78472	CARD BLD POOL, WALL MOTION, REG EJ FR	339	339	339	83036	GLYCOSYLATED HEMOGLOBIN TEST	38	38	39
78481	CARD BLD POOL, 1ST PASS, EJ FRACTION	205	205	205	83540	ASSAY SERUM IRON	15	15	15
78580	PULM PERFUSION IMAGING, PARTICULATE	115	115	113	83545	AUTO-ASSAY SERUM IRON	24	24	24
78707	KIDNEY IMAGING, VASC & FUNCT STUDIES	310	310	310	83550	SERUM IRON BONDING TEST	31	31	31
78990	PROVISION OF DIAG RADIONUCLIDES	89	89	107	83555	SERUM IRON BINDING, AUTO-TEST	12	12	12
80002	1-2 CLINICAL CHEM TESTS	35	35	35	83705	ASSAY BLOOD LIPID GROUPS	29	29	29
80003	3 CLINICAL CHEMISTRY TESTS	25	25	25	83718	ASSAY BLOOD LIPOPROTEIN, PRECIP	17	18	15
80004	4 CLINICAL CHEMISTRY TESTS	24	24	24	83719	BLOOD LIPOPROTEIN ASSAY, ULTRACENT	33	33	33
80006	6 CLINICAL CHEMISTRY TESTS	51	51	51	83720	BLOOD LIPOPROTEIN ASSAY, FRACT CALC	16	16	16
80007	7 CLINICAL CHEMISTRY TESTS	26	26	26	83725	ASSAY BLOOD LITHIUM-RACT CALC	27	27	26
80010	10 CLINICAL CHEMISTRY TESTS	29	29	29	83735	ASSAY BLOOD MAGNESIUM, CHEMICAL	25	25	25
80012	12 CLINICAL CHEMISTRY TESTS	37	37	37	84045	ASSAY PHENYTOIN	57	57	57
80016	13-16 BLOOD/URINE TESTS	46	51	43	84065	ASSAY PROSTATE PHOSPHATASE, FRACTION	41	41	41
80018	17-18 BLOOD/URINE TESTS	41	37	43	84075	ASSAY ALKALINE PHOSPHATASE, BLOOD	15	15	15
80019	19 OR MORE BLOOD/URINE TESTS	37	42	37	84132	ASSAY BLOOD POTASSIUM	13	13	12
80031	DRUG MONITORING, ONE DRUG	80	80	80	84144	ASSAY PROGESTERONE	62	62	68
80058	HEPATIC FUNCTION PANEL	45	45	45	84146	RIA ASSAY FOR PROLACTIN	79	79	80
80059	HEPATITIS PANEL	77	77	77	84165	ASSAY SERUM PROTEINS, ELEC FRAC, QUAN	42	42	42
80062	CARDIAC EVALUATION PANEL	51	51	51	84180	ASSAY URINE PROTEIN FRAC, QUAN	30	30	30
80073	RENAL PANEL	43	43	43	84231	RADIOIMMUNOASSAY	94	94	94
81000	URINALYSIS WITH MICROCOSCOPY	12	12	13	84233	ASSAY ESTROGEN	43	43	43
81002	URINALYSIS W/O MICROCOSCOPY	12	12	10	84295	ASSAY BLOOD SODIUM	19	19	19
81005	URINALYSIS, ANY # OF CONSTITUENTS	11	11	11	84403	RIA ASSAY BLOOD TESTOSTERONE	95	95	95
81015	MICROSCOPIC EXAM OF URINE	8	8	8	84420	ASSAY THEOPHYLLINERONE	54	54	54
82150	ASSAY OF SERUM AMYLASE	18	18	16	84435	ASSAY THYROXINE (T-4)	25	25	25
82172	APOLIPOPROTEIN IMMUNOASSAY	18	18	18	84436	RIA ASSAY, TRUE THYROXINE	22	24	21
82250	ASSAY BLOOD BILIRUBIN	19	19	19	84439	RIA ASSAY, FREE THYROXINE	53	53	50
82270	TEST FECES FOR BLOOD DIRECT	12	12	15	84443	ASSAY THYROID STIM HORMONE	60	59	66
					84450	UV-ASSAY TRANSDAMINASE (SGOT)	14	14	14
					84460	UV-ASSAY TRANSAMINASE (SGPT)	14	14	14
					84478	ASSAY BLOOD TRIGLYCERIDES	18	18	16
					84479	ASSAY TRIIODOTHYRONINE (T-3)	16	16	15

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84480	RIA ASSAY, TT-3E (T-3)	58	58	64	86256	FLUORESCENT ANTI-BODY; TITER	68	68	68
84520	ASSAY BLOOD, UREA, NITROGEN	12	12	13	86280	HEMAGGLUTINATION INHIBITION	30	30	30
84550	ASSAY BLOOD URIC ACID	19	19	19	86287	HEPATITIS HAA, RIA, OR EIA	32	32	31
84702	CHORIONIC GONADOTROPIN TEST	58	58	60	86289	HEPATITIS BC ANTI-BODY TEST, HBCAB	49	49	49
84703	CHORIONIC GONADOTROPIN ASSAY	29	29	30	86291	HEPATITIS BS ANTI-BODY TEST, HBSAB	37	37	37
84999	CLINICAL CHEMISTRY TEST	90	90	90	86296	HEPATITIS A ANTIBODY TEST, HAAB	51	51	51
85005	BASOPHIL BLOOD CELL COUNT	15	15	15	86300	HETEROPHILE ANTI-BODY SCREEN	20	20	20
85007	DIFFERENTIAL WBC COUNT, WMORPH + PLT	12	12	11	86310	HETEROPHILE ANTI-BODIES	35	35	35
85009	DIFFERENTIAL WBC COUNT, BUFFY COAT	9	9	9	86312	HIV ANTIBODY DETECTION	51	51	51
85014	HEMATOCRIT COUNT, BUFFY COAT	12	10	12	86316	IMMUNOASSAY, TUMOR ANTIGEN	61	61	63
85018	HEMOGLOBIN, COLORIMETRIC	12	10	10	86317	IMMUNOASSAY, INFECTIOUS AGENT	67	74	60
85021	AUTOMATED HEMOGRAM, R/WBC, HGB, HCT, IN	17	15	16	86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	54	54	54
85022	AUTOMATED HEMOGRAM, MAN DIFF, WBC	19	21	21	86329	IMMUNODIFFUSION, EACH	67	67	67
85023	AUTOMATED HEMOGRAM, PLAT, AUT + MAN, CBC	31	31	25	86357	LYMPHOCYTES, T & B DISTINCTION	178	178	178
85024	AUTOMATED HEMOGRAM, PLT, AUT + AUT PART	27	30	26	86403	RAPID TEST, INFECTIOUS AGENT	20	20	19
85025	AUTO HEMOGRAM, PLATELET, AUT + AUT COMP	18	18	18	86421	RADIOALLERGOSORBENT TESTS, 5/<	34	34	34
85027	AUTOMATED HEMOGRAM, HEM + PLAT COUNT	23	22	23	86422	RADIOALLERGOSORBENT TESTS, 6/>	346	346	346
85029	AUTOMATED HEMOGRAM, RDW + MPV 1-3 IND	4	4	4	86423	RADIOIMMUNOSORBENT TEST IGE, QUANT	58	58	58
85031	MANUAL HEMOGRAM, COMPLETE CBC	21	20	21	86430	RHEUMATOID FACTOR TEST	18	18	16
85044	RETICULOCYTE COUNT	15	15	15	86580	TB INTRADERMAL TEST	15	15	15
85060	BLOOD SMEAR INTERPRETATION	37	37	37	86585	TB TINE TEST	14	13	15
85100	BONE MARROW EXAMINATION	269	269	269	86592	BLOOD SEROLOGY, QUALITATIVE	15	15	14
85580	BLOOD PLATELET COUNT	15	15	15	86999	IMMUNOLOGY PROCEDURE	82	82	82
85595	ELECTRONIC PLATELET COUNT	14	15	14	87015	SPECIMEN CONCENTRATION	32	32	32
85610	PROTHROMBIN TIME	16	15	14	87040	BLOOD CULTURE FOR BACTERIA	51	51	54
85650	RBC SEDIMENTATION RATE, WINTROBE	16	15	16	87045	STOOL CULTURE FOR BACTERIA	45	45	45
85651	RBC SEDIMENTATION RATE, WESTERGREEN	15	15	14	87060	NOSE/THROAT CULTURE, BACTERIA	15	15	16
85730	THROMBOPLASTIN TIME, PART, PLAS/WHOLE	23	23	22	87070	CULTURE SPECIMEN, BACTERIA	35	32	36
86006	ANTIBODY, QUALITATIVE, FIRST	26	26	26	87072	CULTURE OF SPECIMEN BY KIT	20	18	21
86008	ANTIBODY, QUANT., FIRST	54	54	54	87081	BACTERIA CULTURE SCREEN	18	16	19
86016	RBC SALINE ANTIBODIES, HP + ANTIHUMAN	18	18	18	87082	CULTURE OF SPECIMEN BY KIT, SINGLE	19	19	19
86038	ANTINUCLEAR ANTIBODIES, RIA	42	42	42	87084	CULTURE OF SPECIMEN BY KIT, COL EST	19	19	19
86060	ANTISTREPTOLYSIN O TITER	32	32	32	87085	CULTURE OF SPECIMEN BY KIT, COL CNT	15	15	15
86082	BLOOD TYPING, ABO & RHO(D)	23	23	20	87086	URINE CULTURE, COLONY COUNT	30	26	31
86100	BLOOD TYPING, RHO(D) ONLY	6	6	6	87087	URINE BACTERIA CULTURE, COMMERC KIT	22	22	24
86128	COLLECTION, PROCESS & STORAGE BLOOD	432	432	432	87088	URINE BACTERIA CULTURE, ID + COM KIT	26	26	26
86140	C-REACTIVE PROTEIN ASSAY ALPHA-1 FETROPROTEIN	25	25	25	87101	SKIN FUNGUS CULTURE	25	25	25
86244	ASSAY ALPHA-1 FETROPROTEIN	65	65	65	87102	FUNGUS ISOLATION CULTURE	38	38	38
86255	FLUORESCENT ANTI-BODY; SCREEN	78	78	83	87106	FUNGUS IDENTIFICATION	26	26	26
					87109	MYCOPLASMA CULTURE	74	74	74
					87110	CULTURE, CHLAMYDIA	80	80	80
					87177	OVA AND PARASITES SMEARS	63	63	63
					87184	ANTIBIOTIC SENSITIVITY, EACH, DISC	25	25	22

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87186	ANTIBIOTIC SENSITIVITY, MIC	16	16	16	92226	OPHTHALMOSCOPY, EXTENDED, SUBSEQUENT	65	65	65
87205	SMEAR, STAIN & INTERPRET, ROUTINE	17	17	17	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	287	287	287
87210	SMEAR, STAIN & INTERPRET, WET + SIMPLE	16	16	15	92250	OPHTHALMOSCOPY W/FUNDUS PHOTOGRAPHY	74	74	74
87253	VIRUS INOCULATION FOR TEST, ADDL STD	70	70	70	92551	PURE TONE AUDIOMETRY, AIR ONLY	24	24	24
87999	MICROBIOLOGY PROCEDURE	26	26	26	92552	PURE TONE AUDIOMETRY, AIR & BONE	33	33	33
88104	CYTOPATHOLOGY, W/CENTRIF, WO/CRV + VAG	73	73	71	92553	AUDIOMETRY, AIR & BONE	47	47	47
88108	CYTOPATHOLOGY, CONCENTRATION	102	102	102	92557	COMPREHENSIVE AUDIOMETRY	80	80	72
88150	CYTOPATHOLOGY PAP SMEAR, TECH	19	21	21	92566	IMPEDANCE HEARING TEST	30	30	32
88151	CYTOPATHOLOGY INTERPRETATION, PHYS	21	21	21	92567	TYMPANOMETRY	24	22	26
88155	CYTOPATHOLOGY, PAP SMEAR, W/HORMONAL	25	23	21	92982	PERCUT TRNSLUMINL CORN ANGIO; 1 VESL	3207	3207	3241
88160	CYTOPATHOLOGY, ANY OTHER SOURCE	46	46	46	93000	ELECTROCARDIOGRAM, COMPLETE	54	54	59
88161	CYTOPATHOLOGY, PREP, SCRN + INTERPET	9	9	9	93010	ELECTROCARDIOGRAM REPORT	38	37	43
88170	FINE NEEDLE ASPIRATION, W/WO PREP	136	136	136	93014	REPORT ON TRANSMITTED ECG	40	40	40
88173	INTERPRETATION OF SMEAR	118	118	118	93015	CARDIOVASC STRESS TEST, TRAC/INTERP	291	269	296
88300	SURGICAL PATHOLOGY, GROSS	28	28	26	93018	CARDIOVASC STRESS TEST; INTERP ONLY	182	182	188
88302	SURGICAL PATHOLOGY, COMP, NORM TISS	48	50	48	93040	RHYTHM ECG WITH REPORT ONLY	47	47	47
88304	SURGICAL PATHOLOGY, COMP, ABNORM TSS	73	80	75	93042	RHYTHM ECG, REPORT	27	27	27
88305	SURGICAL PATHOLOGY, COMP, WO/COMPLEX	124	124	129	93224	24 HR ECG, SCANNER, RECORD/INTERP	322	322	322
88307	SURGICAL PATHOLOGY, COMP, COMPLEX	192	192	194	93227	24 HR ECG, SCANNER, REV/INTERP ONLY	162	162	162
88309	SURGICAL PATHOLOGY, COMP, COMPLX, DIS	269	269	269	93307	ECHOCARDIOGRAPHY, REALTIME, COMPLETE	342	308	376
88311	DECALCIFY TISSUE, COMPLX, DIS	21	21	21	93320	DOPPLER ECHOCARDIOGRAPHY, COMPLETE	257	257	232
88312	SPECIAL STAINS, GROUP 1	65	65	65	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	162	162	162
88313	SPECIAL STAINS, GROUP 2 + OTHERS	21	21	21	93501	HEART CATHETERIZATION RIGHT, ONLY	1117	1117	1117
88346	IMMUNOFLUORESCENT STUDY	42	42	42	93503	HEART CATH RT; W/SWAN-GANZ CATH	774	756	809
88399	SURGICAL PATHOLOGY PROCEDURE	43	43	43	93545	INJ FOR SELECT CORONARY ANGIOGRAPHY	1242	1242	1242
90292	HOSPITAL DISCHARGE DAY	81	81	91	93547	HRT CATH LFT COR ANG & VENT ANG	1583	1620	1566
90782	INJECTION SUBCU/(IM)T	27	29	26	93548	HRT CAT LFT COR ANG VENT AORT RT AO	1539	1539	1539
90801	DIAGNOSTIC INTERVIEW, PSYCH	197	197	237	93549	HRT CAT RT & LFT COR ANG VENT ANG	1674	1755	1993
90843	INDIVIDUAL PSYCHOTHERAPY, 20-30 MIN	78	78	78	93552	LT HRT CAT COR ANG VEN CIN; VIS BYPS	2183	2183	2183
90844	INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN	128	129	129	93553	LT CT COR ANG/VEN CIN; VISL; AORTGPHY	2106	2106	2106
90900	BIOFEEDBACK TRNG BY ELECTROMYOGRAM	108	110	110	93762	PERIPHERAL THERMOGRAM, INCLUDING ANY SERIES	432	432	432
90935	HEMODIALYSIS, SINGLE EVAL	1868	1868	1868	93870	CAROTID ARTERY IMAGING	397	397	432
92004	EYE EXAM & TREATMENT, NEW PT. COMP	75	75	75	93910	LOWER LIMB ARTERY STUDY	257	257	256
92012	EYE EXAM & TREATMENT, COMP	57	57	59	93950	NONINVASIVE EXTREMITY VEIN STUDIES	171	171	171
92014	EYE EXAM & TREATMENT	75	75	75	93960	QUANTITATIVE VENOUS FLOW STUDIES	269	269	269
92020	GONIOSCOPY W/EVALUATION	59	59	59	94010	SPIROMETRY	64	57	65
92081	VISUAL FIELD EXAM, LIMITED	57	57	57	94060	BRONCHOSPASM EVALUATION	127	127	135
92082	VISUAL FIELD EXAM, INTERMEDIATE	65	65	65	94160	VITAL CAPACITY SCREENING	25	25	25
92083	VISUAL FIELD EXAM, EXTENDED	89	89	89	94240	RESIDUAL LUNG CAPACITY	81	81	81
92100	SERIAL TONOMETRY, 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

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
94720	CARBON MONOXIDE DIFFUSING CAPACITY	107	107	107	99201	OFF OR O/P VST NP; PROB FOCUSED	66	66	69
95020	INTRCUT TSTS, EXTRACTS, 15-20 MIN: <11	76	76	76	99202	OFF OR O/P VST NP; EXP PROB FOCUSED	62	62	74
95021	INTRCUT TSTS, EXTRCTS, 15-20 MN:11-20	107	107	107	99203	OFF OR O/P VST NP; DE-TAILED LOW	89	89	84
95117	IMMUNOTHERAPY INJECTIONS, PROF SERV	23	23	26	99204	OFF OR O/P VST NP; COMPREHENS MOD	114	102	122
95155	SUPRV/PRV SNG/MLT ANTS, >1 MULT DOSE	133	133	133	99205	OFF OR O/P VST NP; COMPREHENS HIGH	144	147	147
95819	EEG, STANDARD/PORTABLE, SAME FACILITY	166	162	162	99211	OFF OR O/P VST EST PT; MINIMAL	34	30	34
95860	ELECTROMYOGRAPHY, 1 LIMB	265	265	265	99212	OFF OR O/P VST EST PT; PROBLM FOCUSED	39	42	44
95861	ELECTROMYOGRAPHY, 2 LIMBS	314	314	314	99213	OFF OR O/P VT EST PT; EXP PRB FOCUSED	47	45	49
95869	ELECTROMYOGRAPHY, SPECIFIC MUSCLES	179	179	179	99214	OFF OR O/P VST EST PT; DETAILED MOD	64	64	64
95900	MOTOR NERVE CONDUCTION TESTING, EACH NERVE	122	116	122	99215	OFF OR O/P VST EST PT; COMPREH HIGH	99	86	99
95904	SENSORY NERVE CONDUCTION TESTING, EACH NERVE	116	110	122	99221	INT HOSP CARE PER DAY; COMPREH LOW	148	148	148
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	21	21	21	99222	INT HOSP CARE PER DAY; COMPREH MOD	143	143	147
96912	PHOTOCHEMOTHERAPY: PSORALENS & PUVA	32	32	32	99223	INT HOSP CARE PER DAY; COMPREH HIGH	184	166	196
97010	PHYS MED TRI 1 AREA HOT/COLD PACKS	31	38	34	99231	SUB HOSP CARE PER DAY; PROBLM FOCUSED	61	61	64
97012	PHYS MED TRI 1 AREA, TRACTION MECH	35	35	35	99232	SUB HOSP CARE PER DAY; EXP PRB FOCUSED	74	64	74
97014	PHY MED TR TO ONE AREA; ELEC STIM	27	27	33	99233	SUB HOSP CARE PER DAY; DETAILED HIGH	96	96	94
97018	PMT TO ONE AREA; PARAFFIN BATH	37	37	37	99241	OFF CONSULT; PROBLEM FOCUSED	78	78	78
97022	PMT TO ONE AREA; WHIRLPOOL	30	30	30	99242	OFF CONSULT; EXP PROBLEM FOCUSED	98	98	102
97024	PMT TO ONE AREA; DIATHERMY	21	21	21	99243	OFF CONSULT; DETAILED LOW	133	133	137
97110	PHYSIOTHERAPY: THERAPEUTIC EXERCISE	55	60	55	99244	OFF CONSULT; COMPREHENSIVE MOD	171	171	171
97118	PMT ONE AREA; INIT 30 MIN; ELEC STIM	46	46	46	99245	OFF CONSULT; COMPREHENSIVE HIGH	195	195	196
97124	PMT ONE AREA; INIT 30 MIN; MASSAGE	32	32	34	99252	INT IP CONSULT; EXP PROBLEM FOCUSED	126	126	126
97128	PHYSIOTHERAPY: ULTRASOUND	33	37	37	99253	INT IP CONSULT; DETAILED LOW	164	164	171
97145	PHYS MED TRT TO ONE AREA EA ADD'L	17	17	17	99254	INT IP CONSULT; COMPREHENSIVE MOD	203	182	221
97240	POOL THERAPY/HUBBARD TANK W THERAPEUTIC	37	37	37	99255	INT IP CONSULT; COMPREHENSIVE HIGH	214	214	221
97260	MANIPULATION, PERFORMED BY PHYSICIAN	45	45	45	99261	FU IP CONSULT EST PT; PROBLEM FOCUSED	53	53	53
97530	KINETIC ACTIV INCREASE COORD, STRENGTH	65	65	72	99262	FU IP CONSULT EST PT; EXP PROB FOCUS	64	64	64
97700	VISIT WITH ORTHOT/PROSTH/ADL CHECK, 30 MIN	60	60	56	99282	ER VISIT; EXP PROBLEM FOCUSED LOW	74	74	74
97720	EXTREMITY TEST/STRENGTH, DEXTERITY	60	60	60	99283	ER VISIT; EXP PROBL FOC LOW-MODERATE	101	99	102
99000	SPECIMEN HANDLING, DOC TO LAB	11	10	12	99284	ER VISIT; DETAILED MODERATE	160	160	167
99050	AFTER HOURS, ADD TO BASIC SERVICE	54	54	54	99285	ER VISIT; COMPREHENSIVE HIGH	212	212	221
99054	SERV SUNDAY/HOLIDAY, ADD TO BASIC	50	54	57	99291	CRITICAL CARE PROLONGED; FIRST HOUR	207	207	207
99058	OFFICE EMERGENCY CARE	52	52	52					
99172	CRITICAL CARE, FOLLOW-UP, LIMITED	140	140	140					
99173	CRITICAL CARE, FOLLOW-UP, INTERMED	220	220	220					

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) (Reserved)

(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
A0302	Ambulance service basic life support (BLS), base rate, emergency transport, one way	142.00
A0380	Ambulance service (BLS) per mile, transport, one way	5.50
A0422	Ambulance service, oxygen administration and supplies, life sustaining situation	35.00
Z0224	Cardiac monitoring during an ambulance trip	59.00
A0999	Ambulance service transport patient return trip	142.00

(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, e.g., inflatable, faceplate, etc., each	11.02
A4327	Female external urinary collection device, metal cup, each	25.38
A4328	Female external urinary collection device; pouch, each	10.17
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply	30.36
A4330	Perianal fecal collection pouch with adhesive	6.12
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastometer or hydrophilic, etc.)	8.77
A4340	Indwelling catheter; specialty type, (e.g., Coude, Mushroom, Wing, etc.)	14.25
A4344	Indwelling catheter, Foley type, two-way, all silicone	12.86

HCPCS Code	Description	Fee For New Equipment
A4346	Indwelling catheter, Foley type, three-way, for continuous irrigation	18.74
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	16.90
A4351	Intermittent urinary catheter; straight tip	1.72
A4352	Intermittent urinary catheter; Coude (curved) tip	5.36
A4354	Insertion tray with drainage bag but without catheter	8.68
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter	8.69
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	36.53
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	6.95
A4358	Urinary leg bag; vinyl, with or without tube	6.94
A4359	Urinary suspensory; without leg bag	27.63
A4361	Ostomy faceplate	13.88
A4362	Skin barrier; solid, 4x4 or equivalent; each	4.19
A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.05
A4364	Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, powder or paste; any composition (e.g., silicone, latex, etc.); per oz.	3.83
A4367	Ostomy belt	6.99
A4397	Irrigation supply; sleeve	4.43
A4398	Irrigation supply, bags	9.43
A4399	Irrigation supply, cone/catheter	11.78
A4400	Ostomy irrigation set	42.60
A4402	Lubricant	1.78
A4404	Ostomy rings	1.31
A4454	Tape, all types, all sizes	2.03
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	2.41
A4560	Pessary	22.66

HCPCS Code	Description	Fee If New	Fee If Used	Monthly Rental
A4611	Battery, heavy duty; replacement for patient-owned ventilator	140.08	121.48	14.01
A4612	Battery cables; replacement for patient-owned ventilator	39.17	38.51	3.92
A4613	Battery charger; replacement for patient-owned ventilator	131.80	98.08	13.18
A4618	Breathing circuits	7.97	8.78	.80
A4622	Tracheostomy or laryngectomy tube	64.29	—	—
A4623	Tracheostomy, inner cannula (replacement only)	7.93	—	—
A4624	Tracheal suction catheter, any type, each	2.02	—	—
A4625	Tracheostomy care or cleaning starter kit	6.75	—	—
A4626	Tracheostomy cleaning brush, each	3.05	—	—
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	18.38	13.77	1.84
A4630	Replacement batteries. Medically necessary T.E.N.S. owned by patient	8.44	—	—
A4631	Replacement batteries for medically necessary electronic wheelchair owned by patient	78.87	59.15	7.89
A4635	Underarm pad, crutch, replacement, each	6.64	4.96	.66
A4636	Replacement, handgrip, cane, crutch, or walker, each	2.93	2.19	.29
A4637	Replacement, tip, cane, crutch, walker, each	1.88	1.41	.19
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	49.50	37.12	4.95
A5051	Pouch, closed; with barrier attached (1 piece)	2.62	—	—
A5052	Pouch, closed; without barrier attached (1 piece)	1.84	—	—
A5053	Pouch, closed; for use on faceplate	2.88	—	—
A5054	Pouch, closed; for use on barrier with flange (2 piece)	2.39	—	—
A5055	Stoma cap	1.69	—	—
A5061	Pouch, drainable; with barrier attached (1 piece)	3.78	—	—

HCPCS Code	Description	Fee If New	Fee If Used	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
A5062	Pouch, drainable; without barrier attached (1 piece)	3.19	—	—	E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	255.83	221.57	25.58
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	2.92	—	—	E0153	Platform attachment, forearm crutch, each	57.41	49.15	5.74
A5064	Pouch, drainable; with faceplate attached; plastic or rubber	7.35	—	—	E0154	Platform attachment, walker, each	64.20	53.32	6.42
A5065	Pouch, drainable; for use on faceplate; plastic or rubber	5.37	—	—	E0155	Wheel attachment, rigid pick-up walker attachments	25.64	22.16	2.56
A5071	Pouch, urinary; with barrier attached (1 piece)	4.18	—	—	E0156	Seat attachment, walker	21.87	14.06	2.19
A5072	Pouch, urinary; without barrier attached (1 piece)	4.03	—	—	E0157	Crutch attachment, walker, each	57.41	44.26	5.74
A5073	Pouch, urinary; for use on barrier with flange (2 piece)	3.65	—	—	E0158	Leg extensions for a walker	26.36	21.56	2.64
A5074	Pouch, urinary; with faceplate attached; plastic or rubber	7.75	—	—	E0160	Sitz type bath, portable, fits over commode seat	22.17	12.22	2.22
A5075	Pouch, urinary; for use on faceplate; plastic or rubber	3.79	—	—	E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	44.57	17.94	4.21
A5081	Continent device; plug for continent stoma	3.18	—	—	E0163	Commode chair, stationary, with fixed arms	92.37	63.68	9.24
A5082	Continent device; catheter for continent stoma	10.57	—	—	E0164	Commode chair, mobile, with fixed arms	167.00	86.97	16.70
A5093	Ostomy accessory; convex insert	1.68	—	—	E0165	Commode chair, stationary with detachable arms	149.90	112.43	14.99
A5102	Bedside drainage bottle, rigid or expandable	26.39	—	—	E0166	Commode chair, mobile with detachable arms	220.50	165.38	22.05
A5105	Urinary suspensory; with leg bag, with or without tube	35.03	—	—	E0167	Pail or pan for use with commode chair	10.30	7.93	1.03
A5112	Urinary leg bag; latex	17.84	—	—	E0175	Foot rest, for use with commode chair, each	53.65	35.23	4.74
A5113	Leg strap; latex, per set	4.26	—	—	E0176	Air pressure pad or cushion, non-positioning	91.90	68.93	9.19
A5114	Leg strap; foam or fabric, per set	9.16	—	—	E0177	Water pressure pad or cushion, nonpositioning	91.90	68.93	9.19
A5119	Skin barrier; wipes, box per 50	9.73	—	—	E0178	Gel pressure pad or cushion, non-positioning	101.48	75.38	10.15
A5121	Skin barrier; solid, 6x6 or equivalent, each	5.09	—	—	E0179	Dry pressure pad or cushion, non-positioning (e.g., Eggcrate)	55.54	40.26	5.55
A5122	Skin barrier; solid, 8x8 or equivalent, each	7.86	—	—	E0180	Pressure pad, alternating with pump, light duty	237.90	178.43	23.79
A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	5.84	—	—	E0181	Pressure pad, alternating with pump, heavy duty	253.90	190.43	25.39
A5126	Adhesive; disc or foam pad	1.21	—	—	E0182	Pump for alternating pressure pad	288.50	216.38	28.85
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	15.77	—	—	E0184	Dry pressure mattress (e.g., Eggcrate)	244.03	74.85	24.40
	CODES BEGINNING WITH "E"				E0185	Gel pressure pad for mattress	184.83	153.18	18.48
					E0186	Air pressure mattress	196.20	147.15	19.62
					E0187	Water pressure mattress	198.20	148.65	19.82
					E0188	Synthetic sheepskin pad	23.85	14.04	2.39
					E0189	Lambswool sheepskin pad, any size	36.30	23.31	3.63
					E0191	Heel or elbow protector, each	10.42	6.73	1.04
					E0192	Low pressure and positioning pad for wheelchair	317.96	237.79	31.80
					E0193	Powered air flotation bed (low air loss therapy)	9798.00	7348.50	979.80
					E0194	Air fluidized bed	25429.40	19072.05	2542.94
					E0196	Gel pressure mattress	221.50	166.13	22.15
					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., Eggcrate)	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
					E0210	Electric heat pad, standard	29.16	30.28	2.92
					E0215	Electric heat pad, moist	46.64	37.18	4.66
					E0220	Hot water bottle	5.51	4.16	.55
					E0225	Hydrocollator unit, includes pads	177.95	172.29	16.73
					E0230	Ice cap or collar	6.94	5.20	.69
					E0235	Paraffin bath unit, portable	161.20	120.90	16.12
					E0236	Pump for water circulating pad	316.90	237.68	31.69
					E0237	Water circulating heat pad with pump	339.91	216.43	30.82
					E0238	Non-electric heat pad moist	29.56	13.99	2.96
					E0239	Hydrocollator unit, portable	372.28	303.77	37.23
					E0249	Pad for water circulating heat unit	73.69	96.78	7.37
					E0250	Hospital bed, fixed height, with any type side rails, with mattress	764.50	573.38	76.45

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
E0251	Hospital bed, fixed height, with any type side rails, without mattress	624.40	468.30	62.44	E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	498.00	373.50	49.80
E0255	Hospital bed, variable height, Hi-lo, with any type side rails, with mattress	835.60	626.70	83.56	E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	132.10	68.74	13.21
E0256	Hospital bed, variable height, Hi-lo, with any type side rails, without mattress	608.80	456.60	60.88	E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	435.30	326.48	43.53
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	1276.60	957.45	127.66	E0570	Nebulizer, with compressor (e.g., DeVilbiss Pulmo-Aid)	—	—	54.62
E0261	Hospital bed, semi-electric (head and foot adjustment), any type side rails, without mattress	927.10	695.33	92.71	E0575	Nebulizer, self-contained, ultrasonic	—	—	95.53
E0265	Hospital bed, total electric (head, foot and height adjustments), any type side rails, with mattress	1580.40	1185.30	158.04	E0585	Nebulizer, with compressor and heater	—	—	73.03
E0266	Hospital bed, total electric (head, foot and height adjustments), any type side rails, without mattress	1606.30	1204.73	160.63	E0600	Suction pump, home model, portable	—	—	66.65
E0271	Mattress, innerspring	171.14	131.08	17.11	E0601	Nasal continuous airway pressure (CPAP) device	—	—	93.23
E0272	Mattress, foam rubber	150.75	101.91	15.08	E0605	Vaporizer, room type	28.60	23.79	2.86
E0275	Bed pan, standard, metal or plastic	14.46	11.30	1.45	E0606	Postural drainage board	148.00	111.00	14.80
E0276	Bed pan, fracture, metal or plastic	13.07	14.14	1.31	E0607	Home blood glucose monitor	162.28	131.82	16.23
E0277	Alternating pressure mattress	44.18	33.14	4.42	E0608	Apnea monitor	1455.70	1091.78	145.57
E0280	Bed, cradle, any type	30.63	20.82	3.06	E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	435.50	339.64	43.55
E0290	Hospital bed, fixed height, without side rails, with mattress	508.20	381.15	50.82	E0610	Pacemaker monitor self-contained (checks battery depletion, includes audible and visible check systems)	323.85	261.66	32.39
E0291	Hospital bed, fixed height, without side rails, without mattress	363.50	272.63	36.35	E0615	Pacemaker monitor self-contained (checks battery depletion and other pacemaker components, includes digital/visible check systems)	357.53	170.77	35.75
E0292	Hospital bed, variable height, Hi-lo, without side rails, with mattress	595.30	446.47	59.53	E0621	Sling or seat, patient lift, canvas or nylon	65.71	65.88	6.57
E0293	Hospital bed, variable height, Hi-lo, without side rails, without mattress	565.00	423.75	56.50	E0627	Seat lift mechanism incorporated into a combination liftchair mechanism	273.68	205.27	27.37
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	922.60	691.95	92.26	E0628	Separate seat lift mechanism for use with patient-owned furniture; electric	273.68	205.27	27.37
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	917.00	687.75	91.70	E0629	non-electric	273.68	205.27	27.37
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	1159.50	869.63	115.95	E0630	Patient lift, hydraulic, with seat or sling	796.40	597.30	79.64
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	1168.50	876.38	116.85	E0635	Patient lift, electric with seat or sling	914.30	685.73	91.43
E0305	Bed side rails, half length	124.20	93.15	12.42	E0650	Pneumatic compressor, non-segmental home model (lymphedema pump)	541.36	406.03	54.14
E0310	Bed side rails, full length	145.92	128.13	14.59	E0651	Pneumatic compressor, segmental home model (lymphedema pump) without calibrated gradient pressure	992.94	570.07	99.29
E0325	Urinal; male, jug type, any material	6.95	6.92	.70	E0652	Pneumatic compressor, segmental home model (lymphedema pump) with calibrated gradient pressure	3732.98	3235.90	355.79
E0326	Urinal; female, jug type, any material	9.14	7.22	.91	E0655	Pneumatic appliance for use with pneumatic compressor, half arm	86.50	93.74	8.65
E0430	Portable gaseous oxygen system, includes regulator with flow gauge, humidifier, cannula or mask and tubing	—	—	54.99	E0660	Pneumatic appliance for use with pneumatic compressor, full leg	133.96	93.85	13.40
E0435	Oxygen system, liquid, portable, includes portable container, supply reservoir, flow humidifier, cannula or masks, tubing and refill adaptor	—	—	54.99	E0665	Pneumatic appliance for use with pneumatic compressor, full arm	94.13	69.80	9.41
E0450	Volume ventilator; stationary	—	—	767.32	E0666	Pneumatic appliance for use with pneumatic compressor, half leg	113.82	96.28	11.38
E0452	Intermittent assist device with continuous positive airway pressure device (CPAP)	—	—	159.65	E0667	Pneumatic appliance for use with segmental pneumatic compressor, leg	299.32	246.51	29.31
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	—	—	319.30	E0668	Pneumatic appliance for use with segmental pneumatic compressor, arm	309.67	260.20	29.51
E0457	Chest shell (cuirass)	—	—	61.36	E0690	Ultraviolet cabinet, appropriate for home use	654.39	867.44	65.44
E0459	Chest wrap	437.40	328.05	43.74	E0720	TENS, two lead, localized stimulation	447.80	—	44.78
E0460	Negative pressure ventilator; portable (e.g., Porta-lung)	—	—	672.75	E0730	TENS, four lead, larger area/multiple nerve stimulation	453.50	—	45.35
E0462	Rocking bed with or without side rails	2454.70	1841.02	245.47	E0731	Form fitting conductive garment for delivery of TENS	249.32	—	24.93
E0480	Percussor, electric or pneumatic, home model	385.60	289.20	38.56					
E0500	IPPB machines with manual valves, external power source, includes cylinder regulator, built-in nebulization	—	—	99.23					

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
E0744	Neuromuscular stimulator for scoliosis	854.10	640.58	85.41	E0974	"Grade-Aid" (device to prevent rolling back on an incline) for wheelchair	66.90	50.68	5.08
E0745	Neuromuscular stimulator, electronic shock unit, non-clinical model	780.50	585.38	78.05	E0975	Reinforced seat upholstery, wheelchair	47.27	33.99	4.73
E0747	Osteogenesis stimulator (non-invasive)	2813.76	2058.18	281.38	E0976	Reinforced back, wheelchair, upholstery or other material	56.29	33.99	4.81
E0749	Osteogenesis stimulator (surgically implanted)	2035.20	1526.40	203.52	E0977	Wedge cushion, wheelchair	57.03	38.55	2.91
E0776	IV pole	94.41	72.32	9.44	E0978	Belt, safety with airplane buckle, wheelchair	37.08	26.99	3.39
E0781	Ambulatory infusion pump with administrative equipment, worn by patient	1877.90	1408.43	187.79	E0979	Belt, safety with velcro closure, wheelchair	26.88	22.84	2.69
E0782	Infusion pump, implantable	3616.95	2778.64	361.70	E0980	Safety vest, wheelchair	25.79	20.10	2.58
E0791	Parenteral infusion pump, stationary, single or multi-channel	1862.80	1397.10	186.28	E0990	Elevating legrest, each	80.00	71.93	8.00
E0840	Traction frame, attached to headboard, simple cervical traction	50.31	33.21	5.03	E0991	Upholstery seat	36.93	28.71	3.20
E0850	Traction stand, free standing, simple cervical traction	58.36	39.68	5.84	E0992	Solid seat insert	65.01	44.90	6.50
E0860	Traction equipment, overdoor, cervical	28.17	22.15	2.82	E0993	Back, upholstery	31.70	34.21	2.98
E0870	Traction frame, attached to footboard, simple extremity traction (e.g., Buck's)	86.94	52.94	8.69	E0994	Arm rest, each	14.51	10.44	1.39
E0880	Traction stand, free standing, simple extremity traction (e.g., Buck's)	90.73	53.32	9.07	E0995	Calf rest, each	23.05	20.49	2.31
E0890	Traction frame, attached to footboard, simple pelvic traction	93.73	70.17	9.37	E0996	Tire, solid, each	26.58	18.11	2.61
E0900	Traction stand, free standing, simple pelvic traction (e.g., Buck's)	93.64	75.79	9.36	E0997	Caster with a fork	58.02	44.29	5.80
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	160.90	120.68	16.09	E0998	Caster without fork	33.42	25.50	3.34
E0920	Fracture frame, attached to bed, includes weights	326.50	244.88	32.65	E0999	Pneumatic tire with wheel	91.15	79.60	9.12
E0930	Fracture frame, free standing, includes weights	340.60	255.45	34.06	E1000	Tire, pneumatic caster	46.48	24.32	4.65
E0935	Passive motion exercise device	—	—	534.50	E1001	Wheel, single	79.93	89.39	7.41
E0940	Trapeze bar, free standing, complete with grab bar	260.60	195.45	26.06	E1031	Rollabout chair, any and all types with castors 5" or greater	472.20	354.15	47.22
E0941	Gravity assisted traction device, any type	372.50	279.38	37.25	E1050	Fully-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	1062.10	796.57	106.21
E0942	Cervical head harness/halter	16.41	12.31	1.64	E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	931.90	698.93	93.19
E0943	Cervical pillow	29.95	26.52	3.00	E1065	Power attachment (to convert any wheelchair to motorized wheelchair; e.g., Solo)	2400.62	1728.00	211.01
E0944	Pelvic belt/harness/boot	33.95	23.16	3.40	E1066	Battery charger	205.17	188.65	20.52
E0945	Extremity belt/harness	35.83	28.45	3.58	E1069	Deep cycle battery	96.43	68.18	8.59
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	547.20	410.40	54.72	E1070	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable footrests	976.90	732.68	97.69
E0947	Fracture frame, attachments for complex pelvic traction	440.23	319.92	44.02	E1083	Hemi-wheelchair, fixed full length arms, swing-away detachable elevating legrests	593.60	445.20	59.36
E0948	Fracture frame, attachments for complex cervical traction	429.31	316.24	42.93	E1084	Hemi-wheelchair, detachable arms, desk or full length arms, swing-away detachable elevating legrests	827.80	620.85	82.78
E0950	Tray	85.65	60.78	8.57	E1085	Hemi-wheelchair, fixed full length arms, swing-away detachable footrests	587.40	440.55	58.74
E0951	Loop heel, each	13.99	11.70	1.40	E1086	Hemi-wheelchair, detachable arms, desk or full length, swing-away detachable footrests	786.30	589.73	78.63
E0952	Loop toe, each	13.44	11.70	1.34	E1087	High strength lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	954.20	715.65	95.42
E0953	Pneumatic tire, each	56.79	42.59	5.68	E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing-away detachable elevating legrests	1272.10	954.07	127.21
E0954	Semi-pneumatic caster, each	42.53	31.18	4.25	E1089	High strength lightweight wheelchair, fixed length arms, swing-away detachable footrest	805.00	603.75	80.50
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	348.70	261.53	34.87	E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing-away detachable footrests	967.80	725.85	96.78
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	70.88	57.41	7.09	E1091	Youth wheelchair, any type	854.40	640.80	85.44
E0961	Brake extension, for wheelchair	13.84	12.56	1.33	E1092	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	1120.10	840.07	112.01
E0962	1" cushion, for wheelchair	49.22	36.92	4.92	E1093	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable footrests	946.20	709.65	94.62
E0963	2" cushion, for wheelchair	58.25	37.36	5.83	E1100	Semi-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	840.30	630.23	84.03
E0964	3" cushion, for wheelchair	60.41	43.54	6.04					
E0965	4" cushion, for wheelchair	67.55	57.15	6.76					
E0966	Hook on head rest extension	53.59	41.97	5.36					
E0967	Wheelchair hand rims with 8 vertical rubber tipped projection, pair	109.37	82.03	10.53					
E0968	Commode seat, wheelchair	150.10	112.58	15.01					
E0969	Narrowing device, wheelchair	118.04	90.74	11.80					
E0970	No. 2 footplates, except for elevating legrest	61.98	60.08	5.80					
E0971	Anti-tipping device wheelchairs	52.14	37.95	5.21					
E0972	Transfer board, wheelchair	39.09	28.72	3.91					
E0973	Adjustable height detachable arms, desk or full length, wheelchair	73.49	78.81	7.31					

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
E1110	Semi-reclining wheelchair, detachable arms (desk or full length), elevating legrests	909.10	681.83	90.91	E1280	Heavy duty wheelchair, detachable arms (desk or full length), elevating legrests	1010.20	757.65	101.02
E1130	Standard wheelchair, fixed full length arms, fixed or swing-away detachable footrests	374.20	280.65	37.42	E1285	Heavy duty wheelchair, fixed full length arms, swing-away detachable footrests	800.20	600.15	80.02
E1140	Wheelchair, detachable arms, desk or full length, swing-away detachable footrests	577.20	432.90	57.72	E1290	Heavy duty wheelchair, detachable arms (desk or full length), swing-away detachable footrests	993.00	744.75	99.30
E1150	Wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	642.70	482.03	64.27	E1295	Heavy duty wheelchair, fixed full length arms, elevating legrests	950.70	713.03	95.07
E1160	Wheelchair, fixed full length arms, swing-away detachable elevating legrests	505.50	379.13	50.55	E1296	Special wheelchair seat height from floor	293.10	246.86	29.31
E1170	Amputee wheelchair, fixed full length arms, swing-away detachable elevating legrests	706.60	529.95	70.66	E1297	Special wheelchair seat depth, by upholstery	63.84	68.92	6.38
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrests	642.50	481.88	64.25	E1298	Special wheelchair seat depth and/or width, by construction	298.89	256.55	29.89
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrests	726.30	544.73	72.63	E1310	Whirlpool, non-portable (built-in type)	3390.32	1782.23	193.11
E1180	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable footrests	776.40	582.30	77.64	E1372	Immersion external heater for nebulizer	147.81	83.09	14.78
E1190	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	897.00	672.75	89.70	E1375	Nebulizer portable with small compressor, with limited flow	—	—	296.10
E1195	Heavy duty wheelchair, fixed full length arms, swing-away detachable elevating legrests	814.10	610.58	81.41	E1400	Oxygen concentrator, mfr spec max flow < = rate ≤ 2 liters/min at 85% or greater concentration	—	—	296.10
E1200	Amputee wheelchair, fixed full length arms, swing-away detachable footrests	668.00	501.00	66.80	E1401	Oxygen concentrator, max flow rate 2-3 liters/min	—	—	296.10
E1210	Motorized wheelchair w/micro switch fixed full length arms, swing-away detachable elevating legrests	3122.40	2341.80	312.24	E1402	Oxygen concentrator, max flow rate 3-4 liters/min	—	—	296.10
E1211	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	3359.90	2519.93	335.99	E1403	Oxygen concentrator, max flow rate 4-5 liters/min	—	—	296.10
E1212	Motorized wheelchair, fixed full length arms, swing-away detachable footrests	2512.30	1884.23	251.23	E1404	Oxygen concentrator, max flow rate > 5 liters/min at > = 85% concentration	—	—	296.10
E1213	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable footrests	2863.30	2147.48	286.33	CODES BEGINNING WITH "L"				
E1221	Wheelchair with fixed arm, footrests	344.80	258.60	34.48	<b>HCPCS Code</b>	<b>Description</b>			<b>Fee For New Eqpt</b>
E1222	Wheelchair with fixed arm, elevating legrests	680.10	510.08	68.01	L0100	Cervical, craniostenosis, helmet molded to patient model			351.53
E1223	Wheelchair with detachable arms, footrests	639.10	479.33	63.91	L0110	Cervical, craniostenosis, helmet, non-molded			88.13
E1224	Wheelchair with detachable arms, elevating legrests	1054.40	790.80	105.44	L0120	Cervical, flexible, non-adjustable (foam collar)			16.38
E1225	Semi-reclining back for customized wheelchair	302.50	226.88	30.25	L0130	Cervical, flexible, thermoplastic collar, molded to patient			143.00
E1226	Full-reclining back for customized wheelchair	499.29	328.84	32.54	L0140	Cervical, semi-rigid, adjustable (plastic collar)			38.82
E1227	Special height arms for wheelchair	229.67	172.25	22.58	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)			72.34
E1228	Special back height for wheelchair	167.30	125.48	16.73	L0160	Cervical, semi-rigid, wire frame occipital/mandibular support			126.09
E1230	Power-operated vehicle (3 or 4 wheel non-highway), specify brand name & model number	1684.22	1066.31	168.42	L0170	Cervical, collar, molded to patient model			378.20
E1240	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	848.60	636.45	84.86	L0172	Cervical, collar, semi-rigid, thermoplastic foam, two-piece			90.40
E1250	Lightweight wheelchair, fixed full length arms, swing-away detachable footrests	573.70	430.28	57.37	L0174	Cervical, collar, semi-rigid, thermoplastic foam, two-piece with thoracic extension			156.71
E1260	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable footrests	809.10	606.83	80.91	L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable			228.01
E1270	Lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	631.90	473.93	63.19	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
					L0317	TLSO, flexible dorso-lumbar surgical support, hyperextension, elastic type, with rigid posterior panel			215.10
					L0320	TLSO, anterior-posterior control (Taylor type), with apron front			328.29
					L0330	TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front			350.22
					L0340	TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front			395.88
					L0350	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted			576.00
					L0360	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient			1,035.62

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L0370	TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)	322.39	L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	37.53
L0380	TLSO, anterior-posterior-lateral-rotary control, with extensions	406.53	L1040	Addition to CTLSO or scoliosis, lumbar of lumbar rib pad	45.12
L0390	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model	1,109.97	L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	57.21
L0400	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material	1,253.02	L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	73.37
L0410	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model	1,048.73	L1070	Addition to CTLSO or scoliosis orthosis, trapeze sling	66.11
L0420	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model, with interface material	1,128.02	L1080	Addition to CTLSO or scoliosis orthosis, outrigger	37.12
L0430	TLSO, anterior-posterior-lateral control (body jacket), with interface material, custom fitted	914.86	L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	110.01
L0440	TLSO, anterior-posterior-lateral control (body jacket), with overlapping front section, spring steel front, custom fitted	817.28	L1090	Addition to CTLSO or scoliosis or orthosis, lumbar sling	71.58
L0500	Lumbar-sacral-orthoses, (LSO), flexible, (lumbo-sacral surgical support), custom fitted	87.07	L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	113.66
L0510	LSO, flexible (lumbo-sacral surgical support), custom fabricated	163.16	L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	154.66
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	110.30	L1120	Addition to CTLSO or scoliosis orthosis, cover for upright, each	23.76
L0520	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	323.18	L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	971.24
L0530	LSO, anterior-posterior control (Macausland type), with apron front	243.05	L1210	Addition to TLSO (low profile), lateral thoracic extension	205.11
L0540	LSO, lumbar flexion, (Williams flexion type)	309.87	L1220	Addition to TLSO (low profile), anterior thoracic extension	207.78
L0550	LSO, anterior-posterior-lateral control (body jacket), molded to patient model	989.91	L1230	Addition to TLSO (low profile), Milwaukee type superstructure	476.65
L0560	LSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material	1,135.90	L1240	Addition to TLSO (low profile), lumbar derotation pad	56.37
L0565	LSO, anterior-posterior-lateral control (body jacket), custom fitted	667.17	L1250	Addition to TLSO (low profile), anterior asis pad	54.54
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	58.06	L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	54.54
L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	172.90	L1270	Addition to TLSO (low profile), abdominal pad	55.46
L0620	Sacroiliac, semi-rigid, (Goldthwaite, Osgood types), with apron front	360.05	L1280	Addition to TLSO (low profile), rib gusset (elastic), each	61.72
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	1,452.84	L1290	Addition to TLSO (low profile), lateral trochanteric pad	51.23
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	1,604.90	L1300	Other scoliosis procedure, body jacket molded to patient model	1,307.02
L0810	Halo procedure, cervical halo incorporated into jacket vest	1,611.09	L1310	Other scoliosis procedure, post-operative body jacket	1,298.69
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1,510.92	L1500	Thoracic-hip-knee-ankle orthoses (THKAO), mobility frame, (Newington, Parapodium types)	1,138.24
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis model	1,969.94	L1510	THKAO, standing frame	747.52
L0860	Addition to halo procedures, magnetic resonance image compatible system	774.08	L1520	THKAO, swivel walker	1,443.95
L0900	Torso support, ptosis support, custom fitted	92.81	L1600	Hip orthosis (HO), abduction control of hip joints, flexible, freika type with cover	73.52
L0910	Torso support, ptosis support, custom fabricated	202.24	L1610	HO, abduction control of hip joints, flexible, frejka cover only	35.79
L0920	Torso support, pendulous abdomen support, custom fitted	125.38	L1620	HO, abduction control of hip joints, flexible, Pavlik harness	103.18
L0930	Torso support, pendulous abdomen support, custom fabricated	236.90	L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type)	103.02
L0940	Torso support, post surgical support, custom fitted	118.26	L1640	HO, abduction control of hip joints, static pelvic band or spreader bar, thigh cuffs	286.38
L0950	Torso support, post surgical support, custom fabricated	229.10	L1650	HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfed type)	159.01
L0960	Torso support, post surgical support, pads for post surgical support	50.08	L1660	HO, abduction control of hip joints, static, plastic, custom fitted	98.58
L0970	TLSO, corset front	84.49	L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type)	740.43
L0972	LSO, corset front	72.12	L1685	HO, abduction control of hip joints post-operative hip abduction type, custom fabricated	786.30
L0974	TLSO, full corset	110.68	L1686	HO, abduction control of hip joints post-operative hip abduction type, custom fitted	785.25
L0976	LSO, full corset	94.41	L1700	Legg Perthes orthosis, Toronto type	917.50
L0978	Axillary crutch extension	116.92	L1710	Legg Perthes orthosis, Newington type	1,066.91
L0980	Peroneal straps, pair	10.31	L1720	Legg Perthes orthosis, trilateral, Tachdijan type	792.45
L0982	Stocking supporter grips, set of four (4)	9.78	L1730	Legg Perthes orthosis, Scottish Rite type	687.24
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	1,445.62	L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type)	157.98
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) of scoliosis, axilla sling	41.21	L1755	Legg Perthes orthosis, pattern bottom type	1,097.88
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	51.55	L1800	Knee orthosis, KO, elastic with stays	38.86
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	103.57	L1810	KO, elastic with joints	61.52
			L1815	KO, elastic with condylar pads	59.34
			L1820	KO, elastic with condylar pads and joints	94.31
			L1825	KO, elastic knee cap	34.34
			L1830	KO, immobilizer, canvas longitudinal	62.17
			L1832	KO, adjustable knee joints, positional orthosis, rigid support, custom fitted	476.27
			L1834	KO, without knee joint, rigid, molded to patient model	521.71
			L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	682.12

<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>
L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	623.14	L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid custom fitted	439.58
L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	737.98	L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid custom fitted	495.75
L1850	KO, Swedish type	197.66	L2122	Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, plaster type casting material, molded to patient	656.03
L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model	834.87	L2124	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient	734.37
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTL)	808.65	L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	902.15
L1860	KO, modification of supracondylar prosthetic socket, molded to patient model (SK)	752.94	L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, molded to patient model	1,209.09
L1870	KO, double upright, thigh and calf lacers, molded to patient model with knee joints	684.44	L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft custom fitted	663.70
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints	491.55	L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	739.97
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist, calf band	161.65	L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid custom fitted	880.56
L1902	AFO, ankle gauntlet, custom fitted	64.64	L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	73.22
L1904	AFO, molded ankle gauntlet, molded to patient model	356.61	L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	62.13
L1906	AFO, multiligamentous ankle support	72.94	L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	85.93
L1910	AFO, posterior, single bar, clasp attachment to shoe counter	234.93	L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Ierman type	125.95
L1920	AFO, single upright with static or adjustable stop, (Phelps or Perlstein type)	215.09	L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	249.24
L1930	AFO, custom fitted, plastic	143.47	L2190	Addition to lower extremity fracture orthosis, waist belt	62.86
L1940	AFO, molded to patient model, plastic	435.59	L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	272.37
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	671.58	L2200	Addition to lower extremity, limited ankle motion, each joint	42.96
L1950	AFO, spiral, molded to patient model, (IRM type), plastic	546.81	L2210	Addition to lower extremity, dorsiflexion assist, (plantar flexion resist), each joint	53.95
L1960	AFO, posterior, solid ankle, molded to patient model, plastic	494.86	L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	71.09
L1970	AFO, plastic molded to patient model, with ankle joint	450.40	L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	68.56
L1980	AFO, single upright, free dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis)	293.83	L2240	Addition to lower extremity, round caliper and plate attachment	55.90
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis)	373.71	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	253.37
L2000	Knee-ankle-foot-orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis)	747.92	L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	164.08
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint	676.31	L2265	Addition to lower extremity, long tongue stirrup	74.03
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)	743.31	L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	47.36
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint	919.05	L2280	Addition to lower extremity, molded inner boot	282.70
L2036	KAFO, full plastic, double upright, free knee, molded to patient model	1,399.25	L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	222.95
L2037	KAFO, full plastic, single upright, free, molded to patient model	1,236.66	L2310	Addition to lower extremity, abduction bar, straight	80.56
L2038	KAFO, full plastic, without knee joint, multi-axis, molded to patient model (lively orthosis or equal)	1,282.70	L2320	Addition to lower extremity, non-molded lacer	134.72
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt	137.71	L2330	Addition to lower extremity, lacer, molded to patient model	253.59
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt	290.62	L2335	Addition to lower extremity, anterior swing band	155.45
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt	349.52	L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	351.01
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt	89.24	L2350	Addition to lower extremity, prosthetic type "BK" socket, molded to patient model (used for "PTB" "AFO" orthosis)	627.52
L2080	HKAFO, torsion control, unilateral, torsion cables, hip joint, pelvic band/belt	282.87	L2360	Addition to lower extremity, extended steel shank	46.52
L2090	HKAFO, torsion control, unilateral torsion cables, ball bearing hip joint, pelvic band/belt	270.88	L2370	Addition to lower extremity, patten bottom	222.30
L2102	Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient	280.90	L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	80.97
L2104	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, molded to patient	300.98	L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	70.17
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient	420.32	L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	79.30
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model	765.61	L2390	Addition to lower extremity, offset knee joint, each joint	70.52
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft custom fitted	334.57	L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	92.90
			L2405	Addition to knee joint, drop lock, each joint	32.97
			L2415	Addition to knee joint, cam lock (Swiss, French, Bail types), each joint	122.01
			L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	146.57
			L2435	Addition to knee joint, polycentric joint, each joint	118.41
			L2492	Addition to knee joint, lift loop for drop lock ring	86.12

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	186.08	L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist	544.70
L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	473.01	L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control	652.96
L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	309.95	L3800	Wrist-hand-finger-orthosis (WHFO) short opponens, no attachments	112.58
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, molded to patient model	872.97	L3805	WHFO, long opponens, no attachment	265.19
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/ narrow M-L brim, custom fitted	458.59	L3810	WHFO, addition to short and long opponens, thumb abduction "C" bar	38.30
L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	192.13	L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	37.53
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	262.44	L3820	WHFO, addition to short and long opponens, I.P. extension assist with M.P. extension stop	74.42
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	173.11	L3825	WHFO, addition to short and long opponens, M.P. extension stop	38.39
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each	352.15	L3830	WHFO, addition to short and long opponens, M.P. extension assist	56.63
L2580	Addition to lower extremity, pelvic control, pelvic sling	323.83	L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	60.95
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, free, each	158.91	L3840	WHFO, addition to short and long opponens, spring swivel thumb	41.41
L2610	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, lock, each	152.57	L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	47.75
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	219.37	L3850	WHFO, addition to short and long opponens, action wrist with dorsiflexion assist	99.93
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	210.12	L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	70.27
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	197.31	L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	97.11
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1,158.68	L3900	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven	984.26
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1,169.36	L3901	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, cable driven	1,156.39
L2630	Addition to lower extremity, pelvic control, band and belt unilateral	152.53	L3902	WHFO, external powered, compressed gas	1,423.90
L2640	Addition to lower extremity, pelvic control, band and belt bilateral	280.63	L3904	WHFO, external powered, electric	1,713.93
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	87.36	L3906	WHFO, wrist gauntlet, molded to patient model	345.54
L2660	Addition to lower extremity, thoracic control, thoracic band	105.59	L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model	372.72
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	125.23	L3908	WHFO, wrist extension control cock-up, canvas or leather design, non-molded	47.88
L2680	Addition to lower extremity, thoracic control, lateral support uprights	112.35	L3910	WHFO, Swanson design	278.37
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	54.80	L3912	WHFO, flexion glove with elastic finger control	69.72
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	43.74	L3914	WHFO, wrist extension cock-up	57.04
L2770	Addition to lower extremity orthosis, stainless steel, per bar or joint	43.46	L3916	WHFO, wrist extension cock-up, with outrigger	89.91
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	39.55	L3918	WHFO, knuckle bender	47.31
L2785	Addition to lower extremity orthosis, drop lock retainer, each	21.95	L3920	WHFO, knuckle bender, with outrigger	77.23
L2795	Addition to lower extremity orthosis, knee control, full knee cap	66.92	L3922	WHFO, knuckle bender, two segment to flex joints	58.67
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull	80.00	L3924	WHFO, Oppenheimer	75.78
L2810	Addition to lower extremity orthosis, knee control, condylar pad	57.66	L3926	WHFO, Thomas suspension	71.89
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	55.81	L3928	WHFO, finger extension with clock spring	50.57
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	58.53	L3930	WHFO, finger extension, with wrist support	45.22
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	35.78	L3932	WHFO, safety pin, spring wire	27.49
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal each	43.65	L3934	WHFO, safety pin, modified	29.05
L3215	Orthopedic footwear, ladies shoes, oxford	79.32	L3936	WHFO, Palmer	61.81
L3219	Orthopedic footwear, mens shoes, oxford	82.12	L3938	WHFO, dorsal wrist	61.81
L3650	Shoulder orthosis (SO), figure of "8" design abduction restrainer	42.46	L3940	WHFO, dorsal wrist, with outrigger attachment	74.80
L3660	SO, figure of "8" design abduction restrainer, canvas and webbing	76.06	L3942	WHFO, reverse knuckle bender	46.28
L3670	SO, acromio/clavicular (canvas and webbing type)	87.42	L3944	WHFO, reverse knuckle bender, with outrigger	73.51
L3700	Elbow orthosis (EO), elastic with stays	48.44	L3946	WHFO, composite elastic	58.39
L3710	EO, elastic with metal joints	79.85	L3948	WHFO, finger knuckle bender	45.82
L3720	EO, double upright with forearm/arm cuffs, free motion	510.77	L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments	118.44
			L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	119.21
			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
			L3964	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable	517.74
			L3965	SEWHO, radial arm support attached to wheelchair, balanced and fitted to patient, adjustable Rancho type	710.17
			L3966	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, reclining	697.49
			L3968	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support, (friction dampening to proximal and distal joints)	846.68

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L3969	SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support	523.46	L5320	Above knee, molded socket, open end, Sach foot, endoskeletal system, single axis knee, including soft cover and finishing	2,611.90
L3970	SEWHO, addition to mobile arm support, elevating proximal arm	253.02	L5330	Hip disarticulation, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	3,729.91
L3972	SEWHO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	170.60	L5340	Hemipelvectomy, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	5,070.18
L3974	SEWHO, addition to mobile arm support, supinator	139.07	L5400	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment, suspension, and one cast change, below knee	875.51
L3980	Upper extremity fracture orthosis, humeral	272.10	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
L3982	Upper extremity fracture orthosis, radius/ulnar	255.57	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
L3984	Upper extremity fracture orthosis, wrist	201.68	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
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge	486.86	L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	276.28
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example—Colles fracture)	368.78	L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	326.14
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	21.47	L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	276.28
L4000	Replace girdle for Milwaukee orthosis	891.37	L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	326.14
L4010	Replace trilateral socket brim	413.32	L5500	Initial, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	922.17
L4020	Replace quadrilateral socket brim, molded to patient model	618.99	L5505	Initial, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	1,224.84
L4030	Replace quadrilateral socket brim, custom fitted	310.53	L5510	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster cover, molded to model	969.62
L4040	Replace molded thigh lacer	252.65	L5520	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,252.59
L4045	Replace non-molded thigh lacer	193.44	L5530	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,256.38
L4050	Replace molded calf lacer	274.16	L5535	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated, adjustable open end socket	1,306.05
L4055	Replace non-molded calf lacer	157.66	L5540	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,269.86
L4060	Replace high roll cuff	195.37	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
L4070	Replace proximal and distal upright for "AKO"	162.83	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
L4080	Replace metal bands "KAFO", proximal thigh	75.31	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
L4090	Replace metal bands "KAFO-AFO", calf or distal thigh	59.44	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
L4100	Replace leather cuff "KAFO", proximal thigh	80.40	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
L4110	Replace leather cuff "KAFO-AFO", calf or distal thigh	69.59	L5595	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, thermoplastic or equal, molded to patient model	2,844.43
L4130	Replace pretibial shell	302.79	L5600	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, laminated socket, molded to patient model	3,045.18
L4310	Multi-Podus or equal orthotic preparatory management system for lower extremities	275.13	L5610	Addition to lower extremity, above knee, hydracadece system	1,361.24
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	L5611	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with friction swing phase control	1,037.38
L4350	Pneumatic ankle control splint (aircast or equal)	64.30	L5613	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with hydraulic swing phase control	1,618.35
L4360	Pneumatic walking splint (aircast or equal)	203.25	L5616	Addition to lower extremity, above knee, universal multiplex system, friction swing phase control	925.39
L4370	Pneumatic full leg splint (aircast or equal)	115.96	L5618	Addition to lower extremity, test socket, Symes	209.39
L4380	Pneumatic knee splint (aircast or equal)	76.28			
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	310.43			
L5010	Partial foot, molded socket, ankle height, with toe filler	939.85			
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1,336.23			
L5050	Ankle Symes, molded sock, Sach foot	1,767.70			
L5060	Ankle Symes, metal frame, molded leather socket, articulated ankle/foot	1,966.12			
L5100	Below knee, molded socket, shin, Sach foot	1,425.79			
L5105	Below knee, plastic socket, joints and thigh lacer, Sach foot	2,688.46			
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot	3,294.44			
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, Sach foot	2,461.44			
L5200	Above knee, molded socket, single axis constant friction knee, shin, Sach foot	2,010.07			
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	1,938.78			
L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	2,168.99			
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, Sach foot	2,429.79			
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, Sach foot	3,964.65			
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, Sach foot	3,329.66			
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, Sach foot	3,313.07			
L5300	Below knee, molded socket, Sach foot, endoskeletal system including soft cover and finishing	1,800.81			
L5310	Knee disarticulation (or through knee), molded socket, Sach foot endoskeletal system, including soft cover and finishing	3,522.65			

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L5620	Addition to lower extremity, test socket, below knee	193.07	L5678	Addition to lower extremity, below knee, joint covers, pair	24.23
L5622	Addition to lower extremity, test socket, knee disarticulation	324.49	L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	229.02
L5624	Addition to lower extremity, test socket, above knee	304.51	L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	488.16
L5626	Addition to lower extremity, test socket, hip disarticulation	371.26	L5684	Addition to lower extremity, below knee, fork strap	39.59
L5628	Addition to lower extremity, test socket, hemipelvectomy	381.54	L5686	Addition to lower extremity, below knee, back check (extension control)	44.11
L5629	Addition to lower extremity, below knee, acrylic socket	297.65	L5688	Addition to lower extremity, below knee, waist belt, webbing	55.16
L5630	Addition to lower extremity, Symes type, expandable wall socket	355.27	L5690	Addition to lower extremity, below knee, waist belt, padded and lined	69.30
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	404.25	L5692	Addition to lower extremity, above knee, pelvic control belt, light	90.91
L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	180.23	L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	118.09
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	217.05	L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	130.45
L5636	Addition to lower extremity, Symes type, medial opening socket	166.63	L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	147.87
L5637	Addition to lower extremity, below knee, total contact	219.90	L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	50.65
L5638	Addition to lower extremity, below knee, leather socket	338.09	L5698	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	87.99
L5639	Addition to lower extremity, below knee, wood socket	831.38	L5699	All lower extremity prosthesis, shoulder harness	117.93
L5640	Addition to lower extremity, knee disarticulation, leather socket	572.60	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	229.69
L5642	Addition to lower extremity, above knee, leather socket	443.84	L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	376.27
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1,011.85	L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	304.92
L5644	Addition to lower extremity, above knee, wood socket	378.79	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	351.58
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	490.59	L5716	Addition, exoskeletal knee-shin system, polycentric mechanical stance phase lock	514.95
L5646	Addition to lower extremity, below knee, air cushion socket	357.30	L5718	Addition, exoskeletal knee-shin system, polycentric friction swing and stance phase control	595.55
L5647	Addition to lower extremity, below knee, suction socket	523.36	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	601.20
L5648	Addition to lower extremity, above knee, air cushion socket	422.90	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1,195.58
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1,413.30	L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1,268.89
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	477.00	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,980.69
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	760.91	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic hydropneumatic swing phase control	767.47
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket	279.79	L5785	Addition, exoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	320.90
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	372.39	L5790	Addition, exoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	451.75
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	218.93	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	642.84
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	228.29	L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	344.91
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	281.78	L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	457.76
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	245.52	L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	370.46
L5660	Addition to lower extremity, socket insert, Symes, silicone gel or equal	407.19	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	535.54
L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	442.77	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	715.25
L5662	Addition to lower extremity, socket insert, below knee, silicone gel or equal	384.40	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1,358.75
L5663	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	497.21	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1,006.78
L5664	Addition to lower extremity, socket insert, above knee, silicone gel or equal	497.21	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,996.04
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	330.99	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic swing phase control	1,397.62
L5666	Addition to lower extremity, below knee, cuff suspension	51.44	L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	86.19
L5668	Addition to lower extremity, below knee, molded distal cushion	77.28	L5910	Addition, endoskeletal system, below knee, alignable system	331.16
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	194.85	L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	326.39
L5672	Addition to lower extremity, below knee, removable medial brim suspension	241.93	L5940	Addition, endoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	319.24
L5674	Addition to lower extremity, below knee, latex sleeve suspension, each	43.05			
L5675	Addition to lower extremity, below knee, latex sleeve suspension or equal, heavy duty, each	54.04			
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	219.04			
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	309.38			

<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>
L5950	Addition, endoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	607.51	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
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	678.32	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
L5970	All lower extremity prosthesis, foot, external keel, Sach foot	124.87	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
L5972	All lower extremity prosthesis, flexible keel foot (Safe, Sten, Bock, Dynamic or equal)	225.20	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
L5974	All lower extremity prosthesis, foot, single axis ankle/foot	149.30	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
L5976	All lower extremity prosthesis, energy storing foot (Seattle Carbon Copy II or equal)	400.31	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
L5978	All lower extremity prosthesis, foot, multi-axial ankle/foot (Greissinger or equal)	187.15	L6600	Upper extremity additions, polycentric hinge, pair	140.17
L5980	All lower extremity prosthesis, flex foot system	2,828.85	L6605	Upper extremity additions, single pivot hinge, pair	159.25
L5982	All exoskeletal lower extremity prosthesis, axial rotation unit	478.23	L6610	Upper extremity additions, flexible metal hinge, pair	103.86
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit	377.66	L6615	Upper extremity addition, disconnect locking wrist unit	138.56
L5986	All lower extremity prosthesis, multi-axial rotation unit ("MCP" or equal)	414.95	L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	59.40
L6000	Partial hand, Robin-Aids, thumb remaining (or equal)	881.85	L6620	Upper extremity addition, flexible-friction wrist unit	288.58
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	968.62	L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	467.97
L6020	Partial hand, Robin-Aids, no finger remaining (or equal)	890.81	L6625	Upper extremity addition, rotation wrist unit with cable lock	321.96
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,491.49	L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	321.81
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	2,047.43	L6629	Upper extremity addition, quick disc lamin collar w/coupling piece, Otto Bock or equal	101.79
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1,558.79	L6630	Upper extremity addition, stainless steel, any wrist	142.36
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	1,928.42	L6632	Upper extremity addition, latex suspension sleeve, each	41.94
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1,589.40	L6635	Upper extremity addition, lift assist for elbow	153.57
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1,801.47	L6637	Upper extremity addition, nudge control elbow lock	253.99
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1,871.18	L6640	Upper extremity additions, shoulder abduction joint, pair	195.19
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	3,168.40	L6641	Upper extremity addition, excursion amplifier, pulley type	132.56
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	2,050.61	L6642	Upper extremity addition, excursion amplifier, lever type	190.09
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	2,879.35	L6645	Upper extremity addition, shoulder flexion-abduction joint, each	206.87
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	2,377.99	L6650	Upper extremity addition, shoulder universal joint, each	214.36
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1,474.39	L6655	Upper extremity addition, standard control cable, extra	47.80
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section internal locking elbow, forearm	3,344.81	L6660	Upper extremity addition, heavy duty control cable	59.15
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1,958.57	L6665	Upper extremity addition, teflon or equal, cable lining	32.96
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1,876.84	L6670	Upper extremity addition, hook to hand, cable adapter	43.80
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	L6672	Upper extremity addition, harness, chest or shoulder, saddle type	142.05
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	L6675	Upper extremity addition, harness, figure of "8" type, for single control	71.86
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	L6676	Upper extremity addition, harness, figure of "8" type, for dual control	78.27
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	313.90	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	157.50
L6388	Immediate post surgical or early fitting, application of rigid dressing only	273.65	L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	192.76
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,638.59	L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	223.60
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue	1,993.94	L6686	Upper extremity addition, suction socket	452.96
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,047.91	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	356.55
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,487.09	L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	371.44
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,942.19	L6689	Upper extremity addition, frame type socket, shoulder disarticulation	482.14
			L6690	Upper extremity addition, frame type socket, interscapular thoracic	490.33
			L6691	Upper extremity addition, removable insert, each	301.77
			L6692	Upper extremity addition, silicone gel insert or equal, each	364.95
			L6700	Terminal device, hook, dorrance, or equal Model # 3	325.28

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L6705	Terminal device, hook, dorrance, or equal Model # 5	196.82	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
L6710	Terminal device, hook, dorrance, or equal Model # 5X	263.89	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 charter, myoelectronic	7,861.37
L6715	Terminal device, hook, dorrance, or equal Model # 5Xa	221.37	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
L6720	Terminal device, hook, dorrance, or equal Model # 6	556.04	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
L6725	Terminal device, hook, dorrance, or equal Model # 7	265.84	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
L6730	Terminal device, hook, dorrance, or equal Model # 7L0	431.23	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
L6735	Terminal device, hook, dorrance, or equal Model # 8	195.72	L7010	Electronic hand, Otto Bock, Steeper or equal switch controlled	2,225.07
L6740	Terminal device, hook, dorrance, or equal Model # 8X	247.97	L7015	Electronic hand, Systemtechnik, Variety Village or equal switch controlled	4,117.35
L6745	Terminal device, hook, dorrance, or equal Model # 88X	226.63	L7020	Electronic Greifer, Otto Bock or equal switch controlled	2,556.81
L6750	Terminal device, hook, dorrance, or equal Model # 10P	223.39	L7025	Electronic hand, Otto Bock or equal, myoelectronically controlled	2,507.23
L6755	Terminal device, hook, dorrance, or equal Model # 10X	224.49	L7030	Electronic hand, Systemtechnik, Variety Village or equal, myoelectronically controlled	4,255.34
L6765	Terminal device, hook, dorrance, or equal Model # 12P	233.05	L7035	Electronic Greifer, Otto Bock or equal, myoelectronically controlled	2,468.65
L6770	Terminal device, hook, dorrance, or equal Model # 99X	225.85	L7040	Prehensile actuator, Hosmer or equal, switch controlled	1,956.78
L6775	Terminal device, hook, dorrance, or equal Model # 555	273.03	L7045	Electronic hook, child, Michigan or equal, switch controlled	947.19
L6780	Terminal device, hook, dorrance, or equal Model # SSS55	308.63	L7160	Electronic elbow, Boston or equal, switch controlled	10,781.93
L6790	Terminal device, hook, "ACCU" hook or equal	372.54	L7165	Electronic elbow, Boston or equal, myoelectronically controlled	12,233.01
L6795	Terminal device, hook "2" load or equal	875.24	L7170	Electronic elbow, Hosmer or equal, switch controlled	3,893.67
L6800	Terminal device, hook—APRL VC or equal	707.35	L7180	Electronic elbow, Utah or equal, myoelectronically controlled	23,158.53
L6805	Terminal device, modifier, wrist flexion unit	252.08	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	4,178.52
L6806	Terminal device, hook, TRS grip, VC	1,176.87	L7186	Electronic elbow, child, Variety Village or equal, switch controlled	6,585.92
L6807	Terminal device, hook, TRS adept, child, VC	895.05	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	5,747.84
L6808	Terminal device, hook, TRS adept, infant, VC	744.49	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	6,915.81
L6809	Terminal device, hook, TRS Super Sport, passive	284.88	L7260	Electronic wrist rotator, Otto Bock or equal	1,625.89
L6810	Terminal device, hook, pincher tool, Otto Bock or equal	130.35	L7261	Electronic wrist rotator, for Utah arm	2,826.48
L6825	Terminal device, hand, dorrance, VO	859.12	L7266	Servo control, Steeper or equal	618.60
L6830	Terminal device, hand, APRL, VC	993.53	L7272	Analogue control, UNB or equal	1,496.06
L6835	Terminal device, hand, Sierra, VO	869.14	L7274	Proportional control, 12 volt, Utah or equal	4,656.89
L6840	Terminal device, hand, Becker Imperial	562.76	L7360	Six volt battery, Otto Bock or equal, each	215.51
L6845	Terminal device, hand, Becker Lock Grip	585.60	L7362	Battery charger, six volt, Otto Bock or equal	183.20
L6850	Terminal device, hand, Becker Plylite	536.26	L7364	Twelve volt battery, Utah or equal, each	370.97
L6855	Terminal device, hand, Robin-Aids, VO	553.52	L7366	Battery charger, 12 volt, Utah or equal	472.71
L6860	Terminal device, hand, Robin-Aids, VO soft	514.41	L8000	Breast prosthesis, mastectomy bra	23.24
L6865	Terminal device, hand, passive hand	247.26	L8010	Breast prosthesis, mastectomy sleeve	59.82
L6867	Terminal device, hand, Detroit infant hand, (mechanical)	780.11	L8020	Breast prosthesis, mastectomy form	169.82
L6868	Terminal device, hand, Passive infant hand, (Steeper, Hosmer or equal)	162.92	L8030	Breast prosthesis, silicone or equal	200.15
L6870	Terminal device, hand, child mitt	221.05	L8300	Truss, single with standard pad	58.20
L6872	Terminal device, hand, NYU child hand	752.69	L8310	Truss, double with standard pads	119.68
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	295.27	L8320	Truss, addition to standard pad, water pad	36.38
L6875	Terminal device, hand, Bock, VC	705.53	L8330	Truss, addition to standard pad, scrotal pad	32.71
L6880	Terminal device, hand, Bock, VO	435.00	L8400	Prosthetic sheath, below knee, each	15.37
L6890	Terminal device, glove for above hands, production glove	125.56	L8410	Prosthetic sheath, above knee, each	15.52
L6895	Terminal device, glove for above hands, custom glove	379.27	L8415	Prosthetic sheath, upper limb, each	15.28
L6900	Hand restoration (cast, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,295.70	L8420	Prosthetic sock, wool, below knee, each	17.40
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1,292.16	L8430	Prosthetic sock, wool, above knee, each	18.76
L6910	Hand restoration (cast, shading and measurements included), partial hand, with glove no fingers remaining	1,122.97	L8435	Prosthetic sock, wool, upper limb, each	13.73
L6915	Hand restoration (shading, and measurements included), replacement glove for above	407.73	L8440	Prosthetic shrinker, below knee, each	37.82
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	L8460	Prosthetic shrinker, above knee, each	47.66
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	L8465	Prosthetic shrinker, upper limb, each	40.26
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	L8470	Stump sock, single ply, fitting, below knee, each	4.64
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	L8480	Stump sock, single ply, fitting, above knee, each	5.86
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			
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			

HCPCS Code	Description	Fee For New Eqpt
L8500	Artificial larynx, any type	596.58
L8501	Tracheostomy speaking valve	72.92
L8600	Implantable breast prosthesis, silicone or equal	245.90
L8605	Other prosthetic procedures-devices: tissue expander	305.06
L8610	OPPD: ocular	426.64
L8613	OPPD: ossicula	222.38
L8615	OPPD: temporomandibular joint	188.17
L8620	OPPD: radial head	179.61
L8622	OPPD: proximal ulna/radius	192.44
L8623	OPPD: distal ulna	192.44
L8624	OPPD: distal radius	205.27
L8625	OPPD: trapezium	179.61
L8626	OPPD: wrist	491.80
L8627	OPPD: lunata	325.02
L8628	OPPD: carpus	179.61
L8629	OPPD: scaphoid	179.61
L8630	OPPD: metacarpophalangeal joint	192.44
L8640	OPPD: patella	102.00
L8641	OPPD: metatarsal joint	179.61
L8642	OPPD: haliux implant	179.61
L8655	OPPD: flexor tendon in hand or finger	102.64
L8656	OPPD: extensor tendon in hand or finger	102.64
L8657	OPPD: tendon other than hand or finger	102.64
L8658	OPPD: interphalangeal joint	188.17
L8690	OPPD: testicle	149.68

CODES BEGINNING WITH "Q" THRU "V"

Amended by R.1996 d.388, effective August 19, 1996.  
 See: 28 N.J.R. 1472(a), 28 N.J.R. 3962(a).  
 Amended by R.1997 d.125, effective March 17, 1997.  
 See: 28 N.J.R. 4705(a), 29 N.J.R. 887(a).  
 In (d), amended schedule codes numbers and raised fees.  
 Petition for Rulemaking.  
 See: 30 N.J.R. 1438(a), 1866(a).  
 Amended by R.2001 d.158, effective May 21, 2001.  
 See: 32 N.J.R. 4322(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).  
 Reserved (b).

**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).

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

Administrative Correction.  
 See: 23 N.J.R. 125(a).  
 Administrative Correction.  
 See: 23 N.J.R. 861(a).  
 Amended by R.1992 d.170, effective April 6, 1992.  
 See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).  
 Amended by R.1993 d.395, effective August 2, 1993.  
 See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).  
 Petition for Rulemaking.  
 See: 27 N.J.R. 2015(a), 27 N.J.R. 2492(a), 27 N.J.R. 3637(a).  
 Petition for Rulemaking.  
 See: 28 N.J.R. 1078(b).  
 Public Notice: Action on petition for rulemaking.  
 See: 28 N.J.R. 3018(a).

**SUBCHAPTER 30. MOTOR VEHICLE SELF-INSURANCE**

**11:3-30.1 Purpose**

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

**11:3-30.2 Scope**

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

**11:3-30.3 Definitions**

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

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

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

“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 Banking and 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.

Amended by R.2001 d.44, effective February 5, 2001.  
See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

#### 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 Banking and Insurance  
Financial Exams Division  
20 West State Street  
PO Box 325  
Trenton, New Jersey 08625-0325  
Attention: Self-insurers