



FLORIDA WORKERS' COMPENSATION
Reimbursement Manual
for Ambulatory Surgical Centers
2020 Edition

Rule 69L-7.100, F.A.C.

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Division of Workers' Compensation
Department of Financial Services

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The five-character codes included in the Florida Workers’ Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2020 Edition, are obtained from the Current Procedural Terminology (CPT), copyright 2019 by the *American Medical Association* (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures. The responsibility for the content of the Florida Workers’ Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2020 Edition, is with the Department of Financial Services and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences of liability attributable of related to any use; nonuse or interpretation of information contained in the Florida Workers’ Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2020 Edition, fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no *liability for data contained or not contained herein*. Any use of CPT outside of the Florida Workers’ Compensation Reimbursement Manual for Ambulatory Surgical Centers, 2020 Edition, should refer to the CPT, which contains the complete and most current code listings and descriptive terms.

CPT is a registered trademark of the American Medical Association.

Introduction & Overview

Changes to the Manual

It is important that Ambulatory Surgical Centers (ASCs) and carriers read the updated material in the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers (Manual). Both parties have a responsibility for performing certain duties when billing, reporting, or reimbursing Workers' Compensation medical bills for treatment of injured workers.

E-Alert System

The Division of Workers' Compensation (DWC) has an electronic alert (E-Alert) system to notify subscribers of news impacting the Workers' Compensation industry and dates of upcoming public meetings and workshops. To subscribe to the E-Alerts, please go to the DWC website, <https://www.myfloridacfo.com/Division/WC/>. Look for the "Register" link near the bottom of the page. Once completed, you will receive E-Alerts whenever they are provided by the Division.

DWC E-alerts

To receive important Division notices, register for our email list. [Register](#)

Legal Authority

The following statute and rule chapter govern Workers' Compensation billing, filing, and reporting in Florida:

- Chapter 440, Florida Statutes (F.S.)
- Rule Chapter 69L-7, Florida Administrative Code (F.A.C.)

The specific Florida Statute and Florida Administrative Code for each service are cited for reference, where appropriate.

How to Obtain or Purchase Hard Copy Manuals

This Manual can be obtained free of charge on DWC's website at <https://www.myfloridacfo.com/Division/WC/>, under the "Reimbursement Manuals" section, or purchased in hard copy from the Department of Financial Services, Document Processing Section, at 200 East Gaines Street, Tallahassee, Florida 32399-0311.

Manual Updates

The Manual must be updated through rulemaking. Each time the Manual is updated, a revised effective date will be provided at the bottom of each page.

Program Requirements

Purpose

The Manual contains the schedule of Maximum Reimbursement Allowances (MRAs) approved by the Three Member Panel for reimbursing Ambulatory Surgical Centers (ASCs).

Unless otherwise specified in this Manual, the terms "insurer" and "carrier" are used interchangeably and have the same meanings as defined in section 440.02, F.S., and may also refer to a service company, Third Party Administrator (TPA), or any other entity acting on behalf of a carrier for the purposes of administering Workers' Compensation benefits for its insured(s).

The policies, procedures, principles, and standards in this Manual are in addition to the requirements established by Rule Chapter 69L-7, F.A.C.

Fraud Statement

Any ASC that makes claims for services provided to the claims-handling entity on a recurring basis may make one personally signed attestation to the claims-handling entity as required by section 440.105(7), F.S., which must satisfy the requirement for all claims submitted to the claims-handling entity for the calendar year in which the signed attestation is submitted.

"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or worker, insurance company, or self-insured program, files a statement of medical bill containing any false or misleading information commits insurance fraud, punishable as provided in section 817.234, F.S."

Carrier Responsibilities

A carrier is responsible for meeting its obligations under this Manual regardless of any business arrangements with any service company/TPA, submitter, or any entity acting on behalf of the carrier under which claims are paid, adjusted, disallowed, or denied to ASCs.

Carriers must inform ASCs of the specific reporting, billing, and submission requirements of Rule Chapter 69L-7, F.A.C., and any terms of settlement or apportionment, when known, and provide the specific address for submitting the ASC bill.

Carriers must comply with the requirements of Rule Chapter 69L-7, F.A.C., which includes the reporting requirements of the Florida Medical EDI Implementation Guide (MEIG).

Pursuant to paragraph 440.13(3)(e), F.S., carriers must have procedures for receiving, reviewing, documenting and responding to requests for authorization. Such procedures must be made available upon request to the Department.

ASC Responsibilities

An ASC is required to meet their obligations under this Manual, regardless of any business arrangement with any entity under which medical bills are prepared, processed, or submitted to the carrier.

Prior Authorization of Services

Both Florida ASC facilities and out-of-state facilities must have authorization by the Workers' Compensation carrier prior to:

- Rendering initial care, remedial medical services, and pharmacy services; or
- Making a referral for the injured worker to facilities or other health care providers.

At the time of authorization for medical services, a carrier must inform out-of-state ASCs of the specific reporting, billing, and submission requirements of this Manual and provide the specific address for submitting a medical bill.

Exceptions to prior authorization are:

- Federal facilities;
- Emergency services and care, defined in section 395.002, F.S.; or
- A health care provider referral for emergency treatment resulting from emergency services.

Medical authorization is an integral component of an efficient and self-executing Workers' Compensation system. The request for authorization and the timely decision to authorize or not authorize has a direct impact on the injured worker's medical care and treatment, the length of time the injured worker is out of work, whether the injured worker hires an attorney, ASC participation in the Workers' Compensation system, the cost of the claim, and the number of medical reimbursement disputes.

Therefore, it is imperative the ASC clearly and comprehensively communicates to the insurance carrier the requested treatment and for the insurance carrier to ask clarifying questions or request additional documentation to facilitate authorization.

Documenting Prior Authorization

The ASC must record the authorization documentation in the injured worker's medical record or in the ASC's billing records or financial record(s).

Such authorization documentation should include:

- The date(s) on which the authorization was requested and received (whether verbally or in writing);
- The name of the carrier or its designated entity; and
- The name of the person authorizing the ASC services.

The ASC's failure to record such authorization documentation may result in the ASC being ineligible for payment pursuant to sections 440.13(3) and (7), F.S.

Provider Use of Codes, Descriptions, and Modifiers

All ASCs must use the codes, descriptions, modifiers, guidelines, definitions, and instructions of the incorporated reference materials, as specified in Rule 69L-7.100, F.A.C., and the following completion instructions incorporated by reference in Rule Chapter 69L-7, F.A.C.:

Form DFS-F5-DWC-90-B (UB-04), Completion Instructions for Ambulatory Surgical Centers, Rev. 12/08/2015 (only for dates of service on and after 07/08/2010).

All diagnosis codes must be reported to their highest level of specificity according to the diagnosis code and descriptions using the valid number of digits, i.e., seven (7) digits where noted in the ICD-10-CM® Manual.

Billing New Procedure Codes Not Listed in the Fee Schedule

In the event that a new CPT® code is created in the CPT® manuals released subsequent to the applicable manual incorporated by reference in rule, the ASC may bill the newly created CPT® code.

Examples include:

- Services or procedures not described in the incorporated CPT® manual requiring the use of an unlisted procedure code for billing; and
- CPT codes with a substantial description change or newly adopted codes in the CPT manual published subsequent to this Manual.

Carrier Use of Codes, Descriptions, and References

Carriers must use the codes, descriptions, modifiers, guidelines, definitions, and instructions of the incorporated reference material as specified in Rule 69L-7.100, F.A.C., prior to making reimbursement decisions.

Verifying Accuracy of Charges, Medical Necessity, or Compensability

An ASC must produce, or make available for on-site review, the relevant portions of the ASC Charge Master for the specific date(s) on which services were provided to the injured worker, along with any and all medical records related to these services, when requested by the Division, a carrier, or a carrier's designee, as part of an on-site audit to verify accuracy of the ASC charges, billing practices, or medical necessity and compensability of charges for medical services and supplies.

This requirement is satisfied regardless of whether the documents are produced, or made available for on-site review, in electronic or paper format.

Exit Interview

At the conclusion of an on-site review of documentation, an exit interview concerning the carrier's findings must be conducted by the carrier, or its designee, if requested by the ASC, in a manner agreed upon by both parties.

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Medical Records

Billing to Carriers

When requested by the carrier, it is the responsibility of the ASC to furnish, without charge, the following documentation:

- An operative or procedural report when a procedure is performed;
- Acquisition invoices for Surgical Implant(s), Associated Disposable Instrumentation, and Shipping & Handling;
- The surgical implant log and documentation of the Associated Disposable Instrumentation utilized for implantation required for all surgical procedures involving implants; and
- Any copies of medical records required by the employer or carrier, that the ASC received written notification from the employer or carrier as being a required component for reimbursement, when the services were authorized.

Failure of the ASC to submit documentation requested by the carrier may result in the billed service(s) being disallowed, adjusted, or denied for payment.

Copying Charges for Medical Records

Copying charges for medical records are paid pursuant to paragraph 440.13(4)(b), F.S.

Limits on Copying Charges

The limits on copying charges apply regardless of whether the retrieval and copying are performed in-house or are contracted out for completion by a copy service or other medical record maintenance service.

Division or Judge of Compensation Claims Requests

An ASC must provide, upon request, medical records and reports to the Division or a Judge of Compensation Claims without charge.

Description of ASC Facility Services

ASC Facility Services

ASC facility services include all services and supplies required for the surgery and the procedures performed in connection with a covered surgical procedure performed in an ASC.

The exceptions are Surgical Implants, Associated Disposable Instrumentation, and Shipping and Handling. These items are reimbursed separately according to the **Surgical Implant Reimbursement** guidelines found in this Manual.

Services Included in ASC Fees

The ASC is reimbursed for covered surgical services.

The reimbursement includes, but is not limited to, the following:

- Nursing and technical personnel services and other related services;
- Use of the operating and recovery rooms, patient preparation areas, waiting room, and other areas used by the patient or offered for use by the patient's relatives, attendants, companions, or other person(s) accompanying the injured worker in connection with surgical services;
- Drugs, biologicals, intravenous fluids and tubing, surgical dressings, splints, casts, surgical supplies, and equipment required for both the patient and the ASC personnel, e.g., fiber optic scopes and their associated supplies;
- Gowns, masks, drapes, case pack(s) and their contents, and operating and recovery room equipment routinely furnished by the ASC in connection with the surgical procedure;
- Simple diagnostic and pre-operative testing performed by an ASC on the date of surgery, such as urinalysis, blood hemoglobin or hematocrit, blood glucose, or venipuncture to obtain specimens, which are included in the ASC facility charges; and

- ASC facility reimbursement also includes materials for conscious sedation, and general anesthesia including the anesthesia pharmaceuticals and any materials, whether disposable or reusable, necessary for its administration.

Note: These items and services are not separately reimbursable.

ASC Services and Components

There are three (3) primary components in the total cost of performing a surgical procedure in an ASC:

- **Professional Fee(s):** The cost of professional services furnished by physicians and other health care practitioners for performing the procedure;
- **Facility Fee(s):** The cost of facility services furnished by the ASC facility where the procedure is performed (for example, surgical supplies, equipment, and the cost of the operating room and all staff); and
- **Surgical Implant Fee(s):** The cost of the Surgical Implant(s), which includes the acquisition invoice cost of the Surgical Implant(s), the Associated Disposable Instrumentation required for implantation of the device, and Shipping & Handling.

Reimbursement of Components

Professional Fee(s) are billed by the licensed practitioners according to the Florida Workers' Compensation Health Care Provider Reimbursement Manual and reimbursed to the health care provider.

Facility Fee(s) are billed by the ASC and reimbursed to the ASC according to the policies in this Manual.

Surgical Implant Fee(s) are billed only by the ASC and reimbursed only to the ASC according to the policies for Surgical Implant(s) in this Manual.

Non-ASC Facility Services

Non-ASC facility services includes a number of items and services furnished in an ASC that are reimbursed under other Florida Workers' Compensation Reimbursement Manuals and are not reimbursed to an ASC facility.

The following are examples of non-ASC facility services that must be billed and reimbursed to other health care providers under the applicable Florida Workers' Compensation Reimbursement Manual policies and guidelines.

These services are not reimbursable to an ASC facility:

- The carrier must not reimburse an ASC for any physician or other health care practitioner services when billed by the ASC on the ASC billing form.

Proper billing and reimbursement of physician or other health care practitioner services rendered in any location, including inside an ASC, must be in accordance with the requirements of Rule Chapter 69L-7, F.A.C.;

- Sale, lease, or rental of durable medical equipment for ASC patients for use at home;
- Services furnished by an independent laboratory, independent radiology, or other diagnostic testing facility; and
- Hospital-based Ambulance services.

Note: Please refer to DWC's website for other Reimbursement Manuals (located under the link for "Reimbursement Manuals") that provide policy, reimbursement, coverage, and guidelines.

Determining Reimbursement Amounts

Reimbursement for Surgical Services

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B.

Reimbursement for Surgical Implant(s), Terminated Procedures, and Bilateral Procedures Performed Unilaterally must be as further specified in this Manual.

Pathology/Laboratory Services

Pathology or laboratory services provided by an Independent Clinical Laboratory must be billed by and reimbursed directly to the clinical laboratory provider according to the fee schedule in Rule 69L-7.020, F.A.C.

Pre-admission pathology or laboratory services, when required by the physician and performed by the ASC on a date other than the date of surgery, must be reimbursed:

- According to an agreed upon contract price; or
- The MRA in accordance with the fee schedule established for non-hospital providers in Rule 69L-7.020, F.A.C.

Radiology/Imaging Services Prior to Admission

Pre-admission radiology services, when required by the physician and performed by the ASC on a date other than the date of surgery, must be reimbursed:

- According to an agreed upon contract price; or
- The MRA in accordance with the fee schedule established for non-hospital providers in Rule 69L-7.020, F.A.C.

Radiology/Imaging Services Performed on the Day of Surgery

Radiology/imaging procedures that are performed by the ASC on the day of the surgery are reimbursed separately.

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B.

Radiology or Imaging services must be billed with the appropriate 5-digit CPT® procedure code and appended with a modifier TC.

Note: Reimbursement for Fluoroscopic Guidance is limited to one unit of service per spinal region, not per level.

Billing for Surgical Implant(s) and Associated Disposable Instrumentation

Surgical Implant(s) must only be billed using Revenue Code 0278 and the Workers' Compensation Unique Procedure Code and Modifier Code 99070 IM.

Associated Disposable Instrumentation required for implantation of the Surgical Implant(s) must only be billed using Revenue Code 0278 and the Workers' Compensation Unique Procedure Code and Modifier Code 99070 DI.

Shipping and Handling must only be billed using Revenue Code 0278 and the Workers' Compensation Unique Procedure Code and Modifier Code 99070 SH.

The Workers' Compensation Unique Procedure Code and Modifier Code combinations stated above must be billed on separate lines in Form Locator 44.

Note: Instructions contained in this Manual must be followed to bill Surgical Implant(s), Associated Disposable Instrumentation, and Shipping and Handling on Form DFS-F5-DWC-90/UB-04 CMS-1450 (DWC-90).

In order to receive reimbursement for Surgical Implant(s) and associated costs, the ASC must:

- Submit to the carrier a copy of the implant log, found in the operative records, and documentation of the Associated Disposable Instrumentation used for implantation; and
- Submit acquisition invoice(s) for the Surgical Implants and Associated Disposable Instrumentation documenting the unit price, the quantity, and the total costs of each item utilized for implantation; and
- Submit detailed calculations by summing the total costs of Surgical Implant(s) and summing the total costs of any Associated Disposable Instrumentation that are utilized during the procedure. These costs are then multiplied by the corresponding percentages.

Surgical Implant Reimbursement

Surgical Implant(s) must be billed separately from the surgical procedure code(s) and are reimbursed in addition to the surgery.

The ASC must be reimbursed for the Surgical Implant(s):

- According to an agreed upon contract price; or
- Thirty percent (30%) over the acquisition invoice cost.

The ASC must be reimbursed for the Associated Disposable Instrumentation required for implantation of the Surgical Implant(s):

- According to an agreed upon contract price; or
- Twenty percent (20%) over the acquisition invoice cost.

Associated Disposable Instrumentation is only reimbursed for those surgeries requiring Surgical Implants.

The ASC must be reimbursed for Shipping and Handling at the actual cost to the ASC if listed on the acquisition invoice.

Reimbursement is not made for sales tax.

Undocumented Charges for Surgical Implant(s)

Charges for Surgical Implant(s) billed under the Surgical Implant Revenue Code 0278 that meet any of the conditions below constitute undocumented charges and must be adjusted or disallowed.

- Submitted without implant logs;
- Submitted without documentation listing the Associated Disposable Instrumentation used for implantation; or
- Submitted without acquisition invoices for the Surgical Implant(s) and Associated Disposable Instrumentation.

Note: Instructions contained in this Manual must be followed to bill Surgical Implant(s), Associated Disposable Instrumentation, and Shipping and Handling.

The Workers' Compensation Unique Procedure Codes for Surgical Implants, Associated Disposable Instrumentation, and Shipping and Handling, with their required modifiers, must be billed on separate lines in Form Locator 44.

Determining Surgical Implant Acquisition Cost

When determining the acquisition invoice cost for Surgical Implant(s), the ASC must subtract any and all price reductions, offsets, discounts, adjustments, or refunds which accrue to, or are factored into, the final net cost to the ASC, only if the price reductions, offsets, discounts, adjustments, or refunds appear on the acquisition invoice, before increasing the acquisition invoice amount by the percentage factor described under **Surgical Implant Reimbursement** in this Manual.

Verification of Surgical Implant(s) Cost and Charges

Upon request by the Division, a carrier, or its designee, to conduct an audit or medical record review, the ASC must produce a copy of the acquisition invoice(s) for the requestor at no charge or make the original documents available for an on-site review, or other location, by mutual agreement, within thirty (30) days of the request.

Nothing in this policy is intended to create, alter, diminish, or negate any protections regarding the confidentiality of any cost information produced during the course of such an audit.

Multiple Surgery Reimbursement Amount

When more than one (1) procedure is performed during a single operative session, each surgical procedure performed must be identified by using the appropriate five-digit CPT® code and listed separately.

The most comprehensive surgical procedure code, which is the primary surgical procedure scheduled for the injured worker, must be listed first without appending modifier 51.

Each additional surgical procedure code must be listed separately and appended with modifier 51. Reimbursement must be made consistent with the requirements of **Reimbursement for Surgical Services** described earlier in this Manual.

Billing and Reimbursement for Bilateral Procedures

Bilateral procedures listed as bilateral in CPT® are exempt from billing with modifier 50. Bill with the appropriate procedure code on one line of the claim form without appending a modifier 50.

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B.

Reimbursement for Bilateral Procedures Not Listed as Bilateral in CPT®

Procedures performed bilaterally, that do not contain the word “bilateral” in the CPT® description, require a modifier to identify they are performed bilaterally.

Bill the five-digit procedure code on two separate lines and append the second line procedure code with modifier 50.

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B.

Bilateral Procedures Performed Unilaterally

When a procedure is performed unilaterally, and the procedure description in CPT® states “bilateral,” the service must be identified with a modifier 52.

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- Fifty percent (50%) of the MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, Fifty percent (50%) of the MRA listed in Appendix B.

Post-Operative Pain Management

Nerve blocks for post-operative pain management must be reimbursed if ordered by the surgeon and provided in addition to general anesthesia or conscious sedation.

Nerve blocks for post-operative pain management may be performed pre-operatively, intra-operatively, or post-operatively.

A copy of the surgeon's order for post-operative pain management, along with a copy of the anesthesia provider's separate procedural report for the performance of the nerve block, must be submitted to the carrier for reimbursement.

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B.

The professional component for nerve blocks must be billed by the health care practitioner on the DFS-F5-DWC-9 (CMS-1500) claim form.

Terminated Procedures

A bill submitted for reimbursement of a terminated surgery must include documentation that specifies the following:

- Reason for termination of surgery; and
- A comprehensive CPT® code describing the primary procedure had the scheduled surgery been performed.

Modifier 73 or 74 must be added to the procedure code scheduled to be performed or actually performed to identify the circumstances under which the services were terminated consistent with CPT® coding rules.

Reimbursement for Terminated Procedures

Reimbursement must not be made for a procedure terminated either for medical reasons or non-medical reasons before the pre-operative procedures are initiated by staff.

Reimbursement for Terminated Procedures must be made consistent with the following:

If a procedure is terminated due to the onset of medical complications after the patient has been taken to the operating suite, but before anesthesia has been induced, reimbursement is as follows:

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- Fifty percent (50%) of the MRA listed in Appendix A; or
- If the billed CPT® code is not listed in Appendix A, Fifty percent (50%) of the MRA listed in Appendix B.

Bill using modifier 73.

If a procedure is terminated due to a medical complication that arises causing the procedure to be terminated after induction of anesthesia, reimbursement is as follows:

For each billed CPT® code the ASC must be reimbursed either:

- According to an agreed upon contract price;
- The MRA listed in Appendix A of the comprehensive procedure; or
- If the billed CPT® code is not listed in Appendix A, the MRA listed in Appendix B of the comprehensive procedure.

Bill using modifier 74.

Out-of-State Facility

ASC services provided outside of the state of Florida must be reimbursed:

- According to an agreed upon contract price, pursuant to obtaining authorization as required by this Manual.
- If no agreed upon contract price has been pre-approved, the ASC must be reimbursed the greater of:
 1. The amount of reimbursement established under the Workers' Compensation statute where the ASC is located; or
 2. The MRA as determined using this Manual, including the limitations on reimbursement for radiology and clinical laboratory services.

Disallowed, Denied, and Disputed Charges

Timely Payment and Notice of Adjustment, Disallowance, or Denial

Notwithstanding the carrier's right to disallow or adjust charges, the carrier must comply with Rule Chapter 69L-7, F.A.C., and section 440.20(2)(b), F.S., which requires timely payment, adjustment, disallowance, or denial of an ASC bill.

Minimum Partial Payment Required

When a carrier denies, disallows, or adjusts payment for ASC charges, in accordance with the time limitation and coding requirements established by statute and by rule, the carrier must remit a minimum partial payment of the ASC's charges. Minimum partial payment means payment of all non-disputed charges. The payment must accompany the Explanation of Bill Review (EOBR).

Disallowance and Adjustment of Itemized Charges

The carrier must disallow or adjust reimbursement for any charges that are:

- Billed with Category III CPT® procedure codes that are not authorized by the Workers' Compensation carrier prior to the procedure;
- Not documented in the patient's medical record;
- Not consistent with the ASC's Charge Master; or
- For services, treatment, or supplies that are not medically necessary for treatment of the patient's compensable injury or condition except when treatment, for the episode of care, is required to stabilize or maintain the patient's medical status in order to treat the patient's compensable injury or condition.

Billing Instructions and Forms

Bill Submission, Filing, and Reporting Requirements

All ASCs are required to meet their obligations under this Manual, regardless of any business arrangement with any entity under which claims are prepared, processed, or submitted to the carrier.

Additional Information Requested by Carrier

All ASCs are required to submit any additional form completion information and supporting documentation requested in writing, by the carrier, service company/TPA, or any other entity acting on behalf of the carrier.

Bill Completion

An ASC bill must be properly completed according to the form completion instructions incorporated in paragraph 69L-7.720(1)(e), F.A.C. The DWC-90, incorporated in paragraph 69L-7.720(1)(e), F.A.C., will be legibly and accurately completed by all ASCs.

A carrier can require an ASC to complete additional data elements that are not required by the Division on the DWC-90 claim form only if such data elements are necessary for the adjudication and proper reimbursement of services reported. The carrier must request this information in writing.

Billing on the DWC-90

ASCs must bill using the DWC-90 claim form.

ASCs must only bill for the services performed and documented in the medical records.

Form DFS-F5-DWC-90-B (UB-04), Completion Instructions, are the set of instructions for completing the form for dates of service on and after 7/8/2010.

Billing for a Compensable Injury

All ASC medical claim form(s) related to services rendered for a compensable injury must be submitted by an ASC, or any entity acting on behalf of an ASC, to the carrier, service company/TPA, or any entity acting on behalf of the carrier, as a requirement for billing.

Methods for Billing

Medical claim forms or medical bills may be electronically filed or submitted via facsimile by an ASC to the carrier, service company/TPA, or any entity acting on behalf of the carrier, provided the carrier agrees.

Bill Corrections

Pursuant to Rule Chapter 69L-7, F.A.C., ASCs are responsible for correcting and resubmitting any billing forms returned by the carrier, service company/TPA, or any entity acting on behalf of the carrier.

Charge Master

Pursuant to section 440.13(12)(d), F.S., each ASC must maintain its Charge Master and must produce relevant portions when requested for the purpose of verifying its usual charges.

Form DFS-F5-DWC-90/UB-04 CMS-1450

Official Guidelines for Billing

All ASCs must complete the DWC-90 claim form according to the instructions on Form DFS-F5-DWC-90-B (UB-04), incorporated by reference in Rule 69L-7.720, F.A.C.

Codes and Modifiers for Billing

An ASC must report Revenue Codes in Form Locator 42 of the DWC-90 claim form, in addition to CPT® codes or Workers' Compensation Unique Procedure Codes in Form Locator 44, when required.

When reporting multiple procedures performed during a single operative session, an ASC must report the appropriate Revenue Code in Form Locator 42 on each line with the corresponding CPT® code in Form Locator 44. Modifiers must be used when appropriate.

Note: CPT® or Workers' Compensation Unique Procedure Codes are required in Form Locator 44 unless the Revenue Code billed does not require a procedure code pursuant to the UB-04 Data Specifications Manual incorporated by reference in Rule 69L-7.100, F.A.C.

Surgical Implant(s) Billing

Surgical Implants and Associated Disposable Instrumentation must be billed using only Revenue Code 0278 in Form Locator 42 of the DWC-90.

The following Workers' Compensation Unique Procedure Code(s) with required modifiers must be billed in Form Locator 44 for proper reimbursement:

Surgical Implants – 99070 IM
 Associated Disposable Instrumentation – 99070 DI
 Shipping & Handling – 99070 SH

The acquisition invoices reflecting the ASC's actual cost for the Surgical Implants, Associated Disposable Instrumentation used for the implantation only, and Shipping and Handling, must accompany the bill for the reimbursement of each component of Surgical Implants and Associated Disposable Instrumentation.

All acquisition invoices must be clearly marked identifying which items of Surgical Implants and Associated Disposable Instrumentation are used during the surgery.

The Surgical Implant Log and documentation of the Associated Disposable Instrumentation utilized for implantation are required for reimbursement.

Note: See **Workers' Compensation Unique Procedure Codes** in this Manual.

The use of Workers' Compensation Unique Procedure Codes, as specified in this Manual, takes precedence over the UB-04 Data Specifications Manual and CPT® Codes for reporting of designated services.

Sample DFS-F5-DWC-90/UB-04 CMS-1450 Claim Form

1		2		31 PAT CNTRL # 32 MED REC #		41 TYPE OF BILL			
				5 FED TAX NO.		6 STATEMENT COVERS PERIOD FROM			
						7 THROUGH			
8 PATIENT NAME			9 PATIENT ADDRESS						
10 BIRTHDATE			11 SEX		12 DATE		13 ADMISSION TO HR		
14 TYPE		15 SRC		16 DHR		17 STAT		18	
19		20		21		22		23	
24		25		26		27		28	
29 ACCT STATE		30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE	
OCCURRENCE SPAN FROM		THROUGH		OCCURRENCE SPAN FROM		THROUGH		37	
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT			
a		b		c		d			
42 REV CD		43 DESCRIPTION		44 HCPCS /RATE /HPCS CODE		45 SERV DATE		46 SERV UNITS	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
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Form DFS-F5-DWC-90 Completion Instructions

Form Completion Instructions

In order to access forms on DWC's website, please click on the "Forms" tab located on the main website, and then click on "Rule Chapter 69L-7."

Form DFS-F5-DWC-90-B (UB-04), Completion Instructions, may be obtained from DWC's website for dates of service on and after 07/08/2010.

Workers' Compensation Unique Procedure Codes

FL Workers' Compensation Unique Procedure Code	FL Workers' Compensation Unique Procedure Code Description	MRA
99070 IM	Surgical Implant(s)	According to an agreed upon contract price or thirty percent (30%) over acquisition invoice cost.
99070 DI	Associated Disposable Instrumentation used for Surgical Implant(s).	According to an agreed upon contract price or twenty percent (20%) over acquisition invoice cost.
99070 SH	Shipping and Handling costs for Surgical Implant(s) and Associated Disposable Instrumentation, listed on the acquisition invoice.	According to an agreed upon contract price or actual cost on acquisition invoice.

Note: Workers' Compensation Unique Procedure Code and Modifier combinations 99070 IM, 99070 DI, and 99070 SH are reimbursed pursuant to the policy for **Surgical Implant Reimbursement** in this Manual.

Appendix A: Maximum Reimbursement Allowances (MRAs)

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
10060	\$1,598.00		11719	\$54.00		13121	\$1,969.00
10061	\$1,366.00		11720	\$1,290.00		13122	\$1,598.00
10120	\$1,598.00		11730	\$900.00		13131	\$1,353.00
10121	\$2,302.00		11732	\$761.00		13132	\$1,500.00
10140	\$2,310.00		11740	\$210.00		13133	\$1,322.00
10160	\$949.00		11750	\$1,586.00		13151	\$1,190.00
10180	\$2,777.00		11760	\$794.00		13152	\$2,463.00
11000	\$1,833.00		11762	\$600.00		13153	\$2,463.00
11010	\$2,480.00		11765	\$480.00		13160	\$2,762.00
11011	\$1,598.00		11900	\$1,077.00		14000	\$2,258.00
11012	\$2,124.00		11954	\$258.00		14001	\$2,645.00
11042	\$1,598.00		11960	\$3,072.00		14020	\$3,099.00
11043	\$1,500.00		11981	\$720.00		14021	\$2,725.00
11044	\$1,806.00		11982	\$1,345.00		14040	\$2,464.00
11045	\$1,598.00		11983	\$1,598.00		14041	\$1,770.00
11047	\$570.00		12001	\$852.00		14060	\$3,382.00
11306	\$689.00		12002	\$1,598.00		14061	\$2,411.00
11310	\$245.00		12011	\$3,350.00		14301	\$1,950.00
11400	\$531.00		12013	\$556.00		14302	\$900.00
11401	\$1,682.00		12020	\$1,399.00		14350	\$2,100.00
11402	\$1,547.00		12021	\$670.00		15002	\$1,119.00
11403	\$1,549.00		12031	\$3,499.00		15004	\$937.00
11406	\$3,177.00		12032	\$1,487.00		15050	\$641.00
11420	\$1,992.00		12034	\$2,040.00		15100	\$3,722.00
11421	\$2,301.00		12035	\$1,876.00		15101	\$3,074.00
11422	\$1,448.00		12041	\$844.00		15115	\$720.00
11423	\$1,228.00		12042	\$628.00		15120	\$2,100.00
11424	\$473.00		12044	\$3,869.00		15121	\$1,775.00
11426	\$2,936.00		12045	\$815.00		15130	\$2,100.00
11440	\$1,494.00		12057	\$3,000.00		15135	\$2,334.00
11600	\$2,134.00		13100	\$3,056.00		15220	\$2,258.00
11620	\$2,964.00		13101	\$651.00		15221	\$982.00
11623	\$600.00		13102	\$3,044.00		15240	\$3,268.00
11624	\$3,193.00		13120	\$1,474.00		15241	\$3,268.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
15260	\$2,217.00		20205	\$3,818.00		20930	\$3,600.00
15271	\$2,380.00		20220	\$984.00		20931	\$2,737.00
15272	\$1,705.00		20225	\$1,261.00		20937	\$2,310.00
15273	\$6,557.00		20240	\$3,022.00		20938	\$1,434.00
15275	\$3,199.00		20245	\$3,470.00		20939	\$2,543.00
15276	\$1,894.00		20500	\$615.00		20999	\$2,782.00
15277	\$1,763.00		20520	\$2,543.00		21235	\$3,868.00
15574	\$2,252.00		20525	\$2,416.00		21256	\$3,600.00
15600	\$1,950.00		20526	\$600.00		21320	\$1,616.00
15610	\$3,871.00		20550	\$621.00		21325	\$3,910.00
15620	\$3,452.00		20551	\$600.00		21330	\$2,226.00
15630	\$1,110.00		20552	\$960.00		21335	\$3,288.00
15650	\$1,026.00		20553	\$750.00		21336	\$4,505.00
15733	\$3,074.00		20600	\$597.00		21337	\$2,471.00
15734	\$2,799.00		20605	\$600.00		21365	\$1,800.00
15736	\$3,074.00		20606	\$2,438.00		21390	\$3,059.00
15738	\$3,074.00		20610	\$620.00		21407	\$5,152.00
15740	\$2,895.00		20611	\$780.00		21440	\$1,540.00
15750	\$2,130.00		20612	\$1,598.00		21453	\$3,480.00
15760	\$3,485.00		20615	\$1,201.00		21462	\$8,122.00
15770	\$2,250.00		20650	\$1,500.00		21470	\$5,281.00
15777	\$3,060.00		20660	\$2,383.00		21501	\$780.00
15944	\$1,867.00		20670	\$2,160.00		21552	\$2,661.00
16020	\$982.00		20680	\$2,219.00		22010	\$3,000.00
16035	\$1,349.00		20690	\$4,808.00		22102	\$6,712.00
16036	\$1,598.00		20692	\$3,904.00		22103	\$2,615.00
17106	\$1,555.00		20693	\$5,666.00		22214	\$5,728.00
17107	\$1,320.00		20694	\$3,616.00		22216	\$3,253.00
17108	\$1,555.00		20696	\$2,100.00		22325	\$19,230.00
17999	\$2,250.00		20822	\$3,550.00		22510	\$5,574.00
19370	\$5,289.00		20827	\$12,672.00		22511	\$12,117.00
19371	\$2,500.00		20902	\$4,231.00		22513	\$18,157.00
20102	\$3,044.00		20912	\$1,590.00		22514	\$16,694.00
20103	\$1,350.00		20924	\$5,111.00		22515	\$7,500.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
22526	\$6,723.00		22869	\$9,899.00		23430	\$3,323.00
22527	\$6,723.00		22899	\$11,400.00		23440	\$5,856.00
22551	\$18,806.00		22870	\$6,983.00		23450	\$10,106.00
22552	\$9,000.00		22900	\$2,745.00		23455	\$4,950.00
22554	\$18,000.00		22902	\$3,193.00		23460	\$4,950.00
22558	\$17,252.00		22999	\$4,789.00		23462	\$7,198.00
22585	\$6,919.00		23020	\$6,466.00		23465	\$4,950.00
22600	\$21,437.00		23030	\$4,819.00		23466	\$7,842.00
22610	\$8,554.00		23040	\$2,633.00		23470	\$16,801.00
22612	\$19,073.00		23044	\$12,490.00		23472	\$21,000.00
22614	\$10,392.00		23071	\$3,582.00		23473	\$14,100.00
22630	\$12,360.00		23073	\$4,688.00		23474	\$45,000.00
22632	\$11,100.00		23075	\$2,640.00		23480	\$7,898.00
22633	\$19,073.00		23076	\$3,362.00		23485	\$5,884.00
22634	\$15,288.00		23101	\$1,800.00		23515	\$7,135.00
22808	\$28,921.00		23105	\$6,955.00		23520	\$722.00
22830	\$9,555.00		23120	\$3,420.00		23530	\$6,935.00
22840	\$8,128.00		23130	\$4,879.00		23550	\$7,566.00
22842	\$6,900.00		23140	\$6,883.00		23552	\$6,538.00
22843	\$35,917.00		23150	\$4,577.00		23585	\$8,014.00
22845	\$6,787.00		23170	\$6,955.00		23605	\$1,480.00
22846	\$8,128.00		23180	\$3,910.00		23615	\$11,758.00
22849	\$5,795.00		23182	\$4,250.00		23616	\$13,586.00
22850	\$8,128.00		23330	\$2,431.00		23625	\$1,224.00
22852	\$5,504.00		23333	\$1,678.00		23630	\$9,289.00
22853	\$7,200.00		23335	\$3,000.00		23655	\$3,273.00
22854	\$6,696.00		23350	\$662.00		23665	\$3,117.00
22855	\$3,900.00		23395	\$2,112.00		23670	\$9,806.00
22856	\$28,453.00		23405	\$4,014.00		23700	\$1,208.00
22857	\$7,200.00		23406	\$2,125.00		23930	\$2,519.00
22858	\$15,712.00		23410	\$7,088.00		23931	\$3,818.00
22864	\$28,453.00		23412	\$4,824.00		24000	\$3,025.00
22867	\$28,950.00		23415	\$3,900.00		24006	\$3,343.00
22868	\$28,950.00		23420	\$7,127.00		24071	\$2,745.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
24075	\$5,243.00		24360	\$2,112.00		25040	\$2,280.00
24076	\$2,002.00		24363	\$47,320.00		25071	\$1,320.00
24101	\$3,662.00		24365	\$5,710.00		25073	\$5,202.00
24102	\$3,334.00		24366	\$9,624.00		25075	\$2,240.00
24105	\$3,478.00		24370	\$11,100.00		25076	\$1,888.00
24110	\$1,607.00		24371	\$19,327.00		25085	\$1,320.00
24120	\$3,384.00		24430	\$10,800.00		25101	\$3,000.00
24130	\$3,467.00		24435	\$18,968.00		25105	\$5,666.00
24140	\$3,392.00		24515	\$15,443.00		25107	\$4,288.00
24147	\$3,780.00		24516	\$3,882.00		25109	\$3,080.00
24149	\$6,955.00		24538	\$5,275.00		25110	\$4,426.00
24152	\$6,985.00		24545	\$13,984.00		25111	\$2,531.00
24155	\$4,902.00		24546	\$11,767.00		25112	\$3,898.00
24160	\$6,955.00		24575	\$4,780.00		25115	\$2,153.00
24164	\$3,968.00		24579	\$3,655.00		25116	\$2,232.00
24200	\$2,383.00		24586	\$10,843.00		25118	\$4,278.00
24201	\$3,177.00		24587	\$10,603.00		25119	\$3,809.00
24300	\$2,224.00		24605	\$1,314.00		25120	\$3,713.00
24301	\$5,121.00		24615	\$7,201.00		25130	\$3,886.00
24305	\$4,402.00		24635	\$10,721.00		25135	\$6,059.00
24310	\$3,080.00		24655	\$2,960.00		25136	\$1,362.00
24320	\$5,645.00		24665	\$7,058.00		25145	\$2,059.00
24330	\$8,610.00		24666	\$8,422.00		25150	\$3,069.00
24332	\$6,284.00		24675	\$2,670.00		25151	\$1,920.00
24340	\$4,855.00		24685	\$6,700.00		25210	\$2,740.00
24341	\$5,311.00		24800	\$21,000.00		25215	\$4,108.00
24342	\$3,510.00		24999	\$4,835.00		25230	\$3,791.00
24343	\$6,621.00		25000	\$2,374.00		25240	\$4,123.00
24344	\$6,000.00		25001	\$2,130.00		25248	\$2,591.00
24345	\$3,900.00		25020	\$5,136.00		25250	\$6,446.00
24346	\$4,824.00		25023	\$2,725.00		25259	\$1,800.00
24357	\$4,072.00		25025	\$3,886.00		25260	\$4,056.00
24358	\$5,503.00		25028	\$3,571.00		25263	\$2,455.00
24359	\$3,626.00		25035	\$3,293.00		25265	\$2,545.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
25270	\$4,123.00		25449	\$9,814.00		26010	\$1,598.00
25272	\$3,968.00		25490	\$7,311.00		26011	\$1,320.00
25274	\$3,666.00		25515	\$7,006.00		26020	\$2,059.00
25275	\$4,153.00		25525	\$11,919.00		26025	\$1,440.00
25280	\$3,120.00		25526	\$1,200.00		26030	\$2,460.00
25290	\$4,485.00		25545	\$5,081.00		26034	\$2,383.00
25295	\$2,918.00		25574	\$8,864.00		26035	\$3,364.00
25300	\$2,725.00		25575	\$6,752.00		26037	\$2,904.00
25301	\$4,095.00		25605	\$3,464.00		26040	\$2,234.00
25310	\$4,097.00		25606	\$3,237.00		26045	\$2,398.00
25312	\$2,775.00		25607	\$9,422.00		26055	\$2,108.00
25315	\$1,920.00		25608	\$6,393.00		26060	\$4,883.00
25320	\$5,963.00		25609	\$5,093.00		26070	\$3,929.00
25332	\$4,320.00		25624	\$2,960.00		26075	\$3,574.00
25337	\$5,771.00		25628	\$6,736.00		26080	\$2,213.00
25350	\$4,239.00		25645	\$6,520.00		26105	\$2,115.00
25355	\$3,318.00		25651	\$3,237.00		26110	\$2,010.00
25360	\$6,428.00		25652	\$4,636.00		26111	\$2,660.00
25390	\$5,977.00		25670	\$4,448.00		26113	\$3,000.00
25391	\$15,443.00		25671	\$3,946.00		26115	\$3,003.00
25392	\$4,297.00		25675	\$3,245.00		26116	\$1,920.00
25400	\$5,310.00		25676	\$3,900.00		26117	\$1,650.00
25405	\$8,610.00		25680	\$8,248.00		26121	\$4,144.00
25415	\$6,243.00		25685	\$3,600.00		26123	\$4,062.00
25420	\$13,136.00		25695	\$4,950.00		26125	\$1,920.00
25425	\$8,610.00		25800	\$4,200.00		26130	\$1,920.00
25430	\$4,822.00		25805	\$7,876.00		26135	\$3,521.00
25431	\$3,364.00		25810	\$17,356.00		26140	\$2,059.00
25440	\$7,500.00		25820	\$5,578.00		26145	\$1,897.00
25441	\$11,723.00		25825	\$5,506.00		26160	\$3,068.00
25442	\$12,270.00		25830	\$4,403.00		26170	\$3,195.00
25444	\$3,360.00		25927	\$1,073.00		26180	\$3,348.00
25445	\$4,723.00		25931	\$2,974.00		26185	\$2,695.00
25447	\$5,078.00		25999	\$2,922.00		26200	\$2,675.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
26205	\$1,740.00		26455	\$2,400.00		26548	\$3,968.00
26210	\$2,384.00		26460	\$2,719.00		26561	\$2,936.00
26215	\$3,484.00		26471	\$2,809.00		26565	\$3,922.00
26230	\$3,654.00		26474	\$3,455.00		26567	\$4,173.00
26235	\$3,929.00		26476	\$2,927.00		26568	\$2,700.00
26236	\$3,929.00		26477	\$2,345.00		26591	\$2,434.00
26260	\$1,920.00		26478	\$1,920.00		26593	\$2,059.00
26320	\$2,077.00		26480	\$3,713.00		26605	\$1,645.00
26341	\$3,469.00		26483	\$3,491.00		26607	\$2,221.00
26350	\$3,502.00		26485	\$4,262.00		26608	\$4,045.00
26352	\$3,364.00		26489	\$3,669.00		26615	\$3,001.00
26356	\$3,980.00		26490	\$3,985.00		26650	\$3,000.00
26357	\$4,545.00		26492	\$2,571.00		26665	\$5,401.00
26358	\$4,056.00		26496	\$3,818.00		26675	\$534.00
26370	\$4,201.00		26497	\$4,652.00		26676	\$4,663.00
26372	\$2,579.00		26499	\$3,521.00		26685	\$3,840.00
26373	\$3,713.00		26500	\$3,147.00		26686	\$7,635.00
26390	\$4,499.00		26502	\$4,063.00		26705	\$2,383.00
26392	\$5,595.00		26508	\$2,059.00		26706	\$1,963.00
26410	\$2,845.00		26510	\$4,812.00		26715	\$3,080.00
26412	\$4,320.00		26516	\$3,532.00		26727	\$4,308.00
26415	\$1,747.00		26517	\$5,760.00		26735	\$2,453.00
26418	\$2,606.00		26518	\$4,403.00		26740	\$1,290.00
26420	\$5,042.00		26520	\$2,783.00		26742	\$2,782.00
26426	\$3,713.00		26525	\$3,250.00		26746	\$3,938.00
26432	\$2,510.00		26530	\$2,848.00		26755	\$1,065.00
26433	\$2,983.00		26531	\$4,725.00		26756	\$3,367.00
26434	\$4,050.00		26535	\$7,325.00		26765	\$2,230.00
26437	\$3,222.00		26536	\$3,906.00		26776	\$3,335.00
26440	\$3,309.00		26540	\$3,051.00		26785	\$3,335.00
26442	\$3,713.00		26541	\$5,320.00		26841	\$2,520.00
26445	\$2,834.00		26542	\$3,636.00		26842	\$3,900.00
26449	\$3,643.00		26545	\$4,144.00		26844	\$13,417.00
26450	\$3,153.00		26546	\$4,056.00		26850	\$3,980.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
26852	\$4,847.00		27331	\$5,063.00		27435	\$9,404.00
26860	\$3,643.00		27334	\$5,599.00		27437	\$19,073.00
26861	\$3,316.00		27335	\$13,417.00		27438	\$8,722.00
26862	\$3,980.00		27337	\$5,353.00		27442	\$40,829.00
26863	\$3,316.00		27339	\$5,202.00		27446	\$21,000.00
26910	\$3,521.00		27340	\$3,836.00		27447	\$38,175.00
26951	\$3,014.00		27345	\$4,865.00		27448	\$21,600.00
26952	\$3,393.00		27347	\$3,968.00		27450	\$7,232.00
26990	\$3,547.00		27350	\$3,277.00		27455	\$6,613.00
27005	\$3,900.00		27355	\$5,863.00		27457	\$8,038.00
27006	\$4,366.00		27360	\$4,334.00		27465	\$2,725.00
27025	\$4,228.00		27372	\$4,937.00		27470	\$2,700.00
27045	\$3,146.00		27380	\$4,034.00		27486	\$17,660.00
27048	\$1,430.00		27381	\$1,500.00		27487	\$54,000.00
27062	\$2,112.00		27385	\$4,288.00		27495	\$1,848.00
27065	\$5,849.00		27386	\$3,000.00		27496	\$6,440.00
27066	\$6,955.00		27391	\$1,314.00		27508	\$765.00
27080	\$3,745.00		27394	\$10,656.00		27509	\$3,504.00
27093	\$1,704.00		27403	\$4,241.00		27511	\$7,500.00
27095	\$1,598.00		27405	\$6,435.00		27514	\$3,485.00
27096	\$1,092.00		27407	\$7,033.00		27524	\$6,188.00
27098	\$1,043.00		27409	\$6,788.00		27530	\$1,598.00
27130	\$50,700.00		27412	\$15,074.00		27532	\$3,381.00
27132	\$54,000.00		27415	\$14,342.00		27535	\$5,795.00
27244	\$6,784.00		27416	\$9,109.00		27536	\$5,036.00
27279	\$18,968.00		27418	\$9,875.00		27538	\$21,940.00
27280	\$15,073.00		27420	\$5,915.00		27540	\$12,900.00
27299	\$3,600.00		27422	\$5,989.00		27566	\$1,485.00
27301	\$3,600.00		27424	\$1,500.00		27598	\$1,598.00
27305	\$1,586.00		27425	\$4,745.00		27599	\$13,177.00
27310	\$5,599.00		27427	\$6,435.00		27600	\$6,468.00
27327	\$2,810.00		27428	\$6,083.00		27601	\$6,468.00
27328	\$3,472.00		27429	\$3,120.00		27603	\$3,085.00
27330	\$5,609.00		27430	\$10,210.00		27605	\$4,546.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
27606	\$4,827.00		27691	\$6,205.00		27828	\$9,635.00
27607	\$6,468.00		27692	\$2,747.00		27829	\$6,980.00
27610	\$3,787.00		27695	\$6,212.00		27832	\$4,582.00
27612	\$3,667.00		27696	\$5,256.00		27848	\$6,348.00
27613	\$416.00		27698	\$6,331.00		27860	\$2,240.00
27618	\$3,818.00		27700	\$4,701.00		27870	\$10,951.00
27619	\$4,092.00		27702	\$15,750.00		27886	\$2,725.00
27620	\$4,310.00		27704	\$3,094.00		27892	\$5,634.00
27625	\$4,971.00		27705	\$5,133.00		27893	\$6,662.00
27626	\$4,153.00		27707	\$6,955.00		27899	\$4,546.00
27630	\$5,087.00		27720	\$9,197.00		28002	\$1,509.00
27632	\$2,927.00		27724	\$3,810.00		28003	\$4,193.00
27635	\$4,123.00		27726	\$7,349.00		28005	\$2,725.00
27637	\$3,809.00		27750	\$983.00		28008	\$2,520.00
27638	\$5,662.00		27759	\$19,073.00		28020	\$3,893.00
27640	\$4,765.00		27762	\$1,996.00		28022	\$2,415.00
27641	\$3,455.00		27766	\$7,047.00		28024	\$4,171.00
27646	\$13,417.00		27767	\$1,598.00		28035	\$3,668.00
27647	\$5,783.00		27768	\$2,943.00		28039	\$1,744.00
27650	\$5,977.00		27769	\$5,072.00		28041	\$4,444.00
27652	\$5,810.00		27781	\$2,755.00		28043	\$2,725.00
27654	\$5,977.00		27784	\$7,944.00		28045	\$2,816.00
27656	\$5,426.00		27786	\$978.00		28055	\$4,211.00
27658	\$4,572.00		27788	\$5,014.00		28060	\$1,971.00
27659	\$4,037.00		27792	\$6,343.00		28062	\$3,794.00
27664	\$3,086.00		27808	\$1,200.00		28070	\$5,381.00
27665	\$3,750.00		27810	\$3,968.00		28072	\$3,079.00
27675	\$3,127.00		27814	\$6,791.00		28080	\$3,781.00
27676	\$4,642.00		27818	\$2,960.00		28086	\$4,343.00
27680	\$5,633.00		27822	\$7,122.00		28088	\$5,795.00
27681	\$3,542.00		27823	\$11,070.00		28090	\$2,801.00
27685	\$3,959.00		27825	\$3,381.00		28092	\$1,156.00
27687	\$4,716.00		27826	\$5,079.00		28100	\$3,971.00
27690	\$6,202.00		27827	\$6,606.00		28102	\$8,270.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
28103	\$5,041.00		28260	\$8,819.00		28465	\$6,700.00
28104	\$4,183.00		28270	\$3,844.00		28475	\$2,170.00
28107	\$7,320.00		28272	\$8,819.00		28476	\$5,587.00
28108	\$4,675.00		28285	\$3,889.00		28485	\$6,659.00
28110	\$10,289.00		28288	\$4,183.00		28496	\$3,367.00
28112	\$3,967.00		28289	\$3,328.00		28505	\$3,900.00
28113	\$3,370.00		28291	\$5,115.00		28525	\$3,867.00
28116	\$2,356.00		28292	\$2,426.00		28531	\$4,663.00
28118	\$3,775.00		28296	\$2,617.00		28546	\$2,100.00
28119	\$3,788.00		28298	\$4,214.00		28555	\$3,968.00
28120	\$4,042.00		28299	\$8,695.00		28585	\$5,536.00
28122	\$3,456.00		28300	\$9,618.00		28606	\$3,936.00
28124	\$2,525.00		28302	\$6,468.00		28615	\$6,343.00
28126	\$2,772.00		28304	\$4,347.00		28636	\$6,157.00
28140	\$4,650.00		28305	\$12,521.00		28645	\$3,095.00
28153	\$4,415.00		28306	\$6,558.00		28666	\$3,634.00
28160	\$3,715.00		28308	\$3,971.00		28675	\$4,400.00
28190	\$1,354.00		28309	\$6,561.00		28705	\$3,000.00
28192	\$2,717.00		28310	\$3,423.00		28715	\$10,819.00
28193	\$5,624.00		28313	\$4,077.00		28725	\$8,449.00
28200	\$3,967.00		28315	\$3,364.00		28730	\$8,858.00
28202	\$2,485.00		28320	\$11,593.00		28735	\$5,896.00
28208	\$3,438.00		28322	\$7,723.00		28737	\$8,175.00
28210	\$3,236.00		28405	\$1,027.00		28740	\$6,073.00
28220	\$1,981.00		28406	\$2,930.00		28750	\$6,004.00
28222	\$3,690.00		28415	\$11,759.00		28755	\$3,898.00
28225	\$3,537.00		28420	\$8,651.00		28760	\$10,130.00
28226	\$1,844.00		28435	\$1,314.00		28805	\$1,539.00
28230	\$6,207.00		28436	\$1,290.00		28810	\$2,257.00
28232	\$830.00		28445	\$6,968.00		28820	\$3,051.00
28234	\$2,381.00		28446	\$8,027.00		28825	\$3,844.00
28238	\$6,693.00		28450	\$1,140.00		28899	\$3,605.00
28240	\$4,123.00		28455	\$7,387.00		29581	\$4,372.00
28250	\$3,000.00		28456	\$11,870.00		29800	\$5,277.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
29804	\$5,661.00		29867	\$5,965.00		29915	\$11,850.00
29805	\$4,470.00		29870	\$4,275.00		29916	\$7,762.00
29806	\$5,226.00		29871	\$3,407.00		29999	\$7,200.00
29807	\$5,666.00		29873	\$5,637.00		30117	\$1,260.00
29819	\$5,905.00		29874	\$5,400.00		30130	\$3,497.00
29820	\$7,200.00		29875	\$4,004.00		30140	\$2,939.00
29821	\$8,582.00		29876	\$3,872.00		30410	\$4,221.00
29822	\$3,960.00		29877	\$3,900.00		30420	\$4,340.00
29823	\$4,604.00		29879	\$5,123.00		30435	\$2,100.00
29824	\$4,205.00		29880	\$3,674.00		30450	\$5,631.00
29825	\$4,290.00		29881	\$3,568.00		30465	\$7,541.00
29826	\$4,760.00		29882	\$6,000.00		30520	\$3,191.00
29827	\$5,280.00		29883	\$6,468.00		30560	\$2,837.00
29828	\$5,399.00		29884	\$6,468.00		30620	\$1,980.00
29830	\$3,805.00		29885	\$7,885.00		30802	\$1,170.00
29834	\$3,407.00		29886	\$5,400.00		30930	\$1,980.00
29835	\$4,618.00		29887	\$6,234.00		30999	\$2,100.00
29836	\$5,788.00		29888	\$5,775.00		31020	\$3,571.00
29837	\$3,785.00		29889	\$7,511.00		31231	\$1,410.00
29838	\$4,632.00		29891	\$8,339.00		31237	\$4,960.00
29840	\$5,412.00		29892	\$6,987.00		31238	\$1,050.00
29844	\$6,468.00		29893	\$4,416.00		31254	\$3,961.00
29845	\$5,406.00		29894	\$5,229.00		31255	\$7,740.00
29846	\$4,122.00		29895	\$6,468.00		31257	\$4,620.00
29847	\$8,038.00		29897	\$6,468.00		31267	\$4,620.00
29848	\$4,410.00		29898	\$5,646.00		31276	\$4,620.00
29851	\$7,648.00		29899	\$4,835.00		31295	\$4,038.00
29855	\$6,072.00		29900	\$4,306.00		31298	\$4,036.00
29856	\$5,998.00		29901	\$11,520.00		31535	\$4,900.00
29860	\$11,500.00		29904	\$5,282.00		31540	\$1,016.00
29861	\$11,333.00		29905	\$2,880.00		31541	\$3,164.00
29862	\$6,600.00		29906	\$5,219.00		31825	\$3,914.00
29863	\$6,600.00		29907	\$11,128.00		33208	\$35,593.00
29866	\$14,917.00		29914	\$8,506.00		33228	\$16,692.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
34101	\$3,036.00		45378	\$1,095.00		49656	\$4,380.00
34111	\$3,036.00		45380	\$1,110.00		49999	\$5,338.00
34834	\$2,822.00		45384	\$1,066.00		51705	\$60.00
35045	\$6,289.00		45385	\$1,024.00		54700	\$2,213.00
35206	\$2,165.00		45388	\$1,193.00		55040	\$3,170.00
35207	\$3,353.00		46250	\$2,711.00		55041	\$4,395.00
35236	\$3,255.00		46275	\$6,160.00		55110	\$2,572.00
35523	\$3,036.00		46942	\$795.00		55500	\$3,331.00
36901	\$1,000.00		49010	\$2,634.00		55520	\$3,372.00
37609	\$1,410.00		49320	\$5,060.00		55540	\$2,490.00
37618	\$3,022.00		49450	\$5,763.00		61070	\$2,099.00
37799	\$2,610.00		49505	\$3,313.00		62230	\$9,709.00
38206	\$3,120.00		49507	\$5,197.00		62263	\$1,891.00
38999	\$1,598.00		49520	\$4,504.00		62264	\$1,727.00
39220	\$1,710.00		49521	\$7,095.00		62268	\$1,236.00
40525	\$3,480.00		49525	\$4,174.00		62270	\$693.00
40812	\$608.00		49550	\$1,441.00		62273	\$960.00
41874	\$890.00		49553	\$4,791.00		62282	\$899.00
41899	\$541.00		49560	\$4,959.00		62284	\$1,547.00
42310	\$1,288.00		49561	\$5,094.00		62287	\$14,761.00
43235	\$750.00		49565	\$4,969.00		62290	\$1,462.00
43239	\$1,050.00		49566	\$4,367.00		62291	\$995.00
43246	\$1,381.00		49568	\$3,319.00		62292	\$1,964.00
43247	\$1,031.00		49570	\$4,193.00		62320	\$1,145.00
43248	\$1,215.00		49572	\$4,367.00		62321	\$1,527.00
43251	\$1,558.00		49585	\$3,512.00		62322	\$1,506.00
43270	\$1,558.00		49587	\$4,385.00		62323	\$1,583.00
44005	\$2,068.00		49605	\$3,815.00		62325	\$1,200.00
44180	\$4,789.00		49650	\$6,872.00		62327	\$1,001.00
44361	\$1,215.00		49651	\$8,034.00		62350	\$5,350.00
44388	\$3,754.00		49652	\$6,835.00		62355	\$2,442.00
45100	\$3,194.00		49653	\$6,872.00		62361	\$48,304.00
45330	\$2,098.00		49654	\$13,214.00		62362	\$19,552.00
45350	\$2,674.00		49655	\$10,920.00		62365	\$4,526.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
62368	\$1,450.00		64400	\$1,298.00		64553	\$4,393.00
62369	\$600.00		64405	\$1,093.00		64555	\$4,393.00
62370	\$600.00		64415	\$852.00		64561	\$11,520.00
62380	\$10,206.00		64416	\$1,612.00		64575	\$11,552.00
63005	\$21,000.00		64417	\$1,505.00		64585	\$1,741.00
63012	\$7,508.00		64418	\$1,080.00		64590	\$33,669.00
63020	\$13,217.00		64420	\$1,598.00		64595	\$3,510.00
63030	\$7,204.00		64421	\$1,020.00		64610	\$1,301.00
63035	\$8,400.00		64425	\$1,404.00		64612	\$480.00
63040	\$16,976.00		64435	\$1,936.00		64620	\$1,283.00
63042	\$13,057.00		64445	\$720.00		64633	\$900.00
63043	\$4,567.00		64446	\$1,404.00		64634	\$1,163.00
63044	\$4,992.00		64447	\$630.00		64635	\$1,200.00
63045	\$15,900.00		64448	\$1,404.00		64636	\$900.00
63046	\$19,084.00		64449	\$2,700.00		64642	\$2,325.00
63047	\$13,213.00		64450	\$480.00		64645	\$3,760.00
63048	\$12,300.00		64455	\$1,598.00		64646	\$2,400.00
63055	\$10,669.00		64463	\$1,380.00		64702	\$1,310.00
63056	\$8,400.00		64479	\$1,549.00		64704	\$3,056.00
63057	\$13,417.00		64480	\$900.00		64712	\$2,383.00
63075	\$8,108.00		64483	\$1,092.00		64713	\$2,100.00
63076	\$6,647.00		64484	\$1,092.00		64714	\$3,690.00
63081	\$6,760.00		64486	\$1,598.00		64718	\$2,900.00
63082	\$5,896.00		64488	\$1,932.00		64719	\$3,000.00
63185	\$1,920.00		64490	\$1,092.00		64721	\$2,382.00
63267	\$13,417.00		64491	\$1,092.00		64722	\$2,468.00
63650	\$5,595.00		64492	\$1,060.00		64726	\$2,501.00
63655	\$32,968.00		64493	\$1,616.00		64727	\$2,183.00
63661	\$3,011.00		64494	\$960.00		64760	\$439.00
63662	\$6,899.00		64495	\$960.00		64763	\$2,703.00
63663	\$10,563.00		64505	\$269.00		64771	\$669.00
63664	\$44,218.00		64510	\$1,092.00		64774	\$3,070.00
63685	\$14,256.00		64517	\$837.00		64776	\$3,014.00
63688	\$4,162.00		64520	\$1,092.00		64778	\$2,315.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
64782	\$2,926.00		65275	\$900.00		66821	\$479.00
64783	\$3,035.00		65280	\$1,940.00		66825	\$1,500.00
64784	\$2,279.00		65285	\$2,038.00		66850	\$1,710.00
64787	\$2,451.00		65290	\$3,545.00		66852	\$4,567.00
64795	\$3,760.00		65400	\$995.00		66930	\$720.00
64818	\$2,900.00		65410	\$900.00		66940	\$4,835.00
64820	\$3,592.00		65420	\$2,979.00		66982	\$1,838.00
64831	\$4,544.00		65426	\$1,453.00		66983	\$762.00
64832	\$3,185.00		65430	\$91.00		66984	\$2,035.00
64834	\$4,523.00		65730	\$1,940.00		66985	\$1,565.00
64835	\$5,554.00		65750	\$1,939.00		66986	\$2,035.00
64836	\$4,351.00		65755	\$3,229.00		66999	\$3,080.00
64837	\$3,120.00		65775	\$1,905.00		67005	\$915.00
64856	\$4,073.00		65855	\$180.00		67010	\$748.00
64857	\$5,435.00		65860	\$360.00		67015	\$2,901.00
64861	\$4,720.00		65865	\$1,350.00		67028	\$165.00
64874	\$2,827.00		65870	\$1,984.00		67036	\$2,764.00
64890	\$4,303.00		65875	\$848.00		67039	\$2,380.00
64891	\$3,853.00		65930	\$745.00		67040	\$3,706.00
64895	\$2,070.00		66170	\$1,674.00		67041	\$2,554.00
64905	\$2,338.00		66172	\$2,220.00		67042	\$3,492.00
64911	\$4,566.00		66180	\$3,547.00		67108	\$3,492.00
64912	\$7,200.00		66183	\$1,452.00		67113	\$3,492.00
64999	\$2,193.00		66184	\$1,783.00		67120	\$1,330.00
65093	\$2,345.00		66185	\$1,843.00		67121	\$3,492.00
65105	\$6,996.00		66250	\$1,415.00		67145	\$390.00
65140	\$5,772.00		66500	\$2,913.00		67250	\$1,020.00
65205	\$1,574.00		66600	\$5,125.00		67255	\$2,432.00
65210	\$198.00		66625	\$667.00		67311	\$2,155.00
65220	\$152.00		66680	\$1,279.00		67314	\$1,490.00
65235	\$948.00		66682	\$1,350.00		67318	\$2,155.00
65260	\$230.00		66710	\$1,415.00		67332	\$826.00
65265	\$5,344.00		66761	\$339.00		67335	\$2,132.00
65270	\$1,817.00		66820	\$294.00		67400	\$5,772.00

CPT Code	MRA		CPT Code	MRA		CPT Code	MRA
67412	\$5,312.00		68815	\$2,072.00		73115	\$300.00
67413	\$5,531.00		69205	\$1,500.00		73120	\$690.00
67500	\$112.00		69421	\$1,310.00		73130	\$60.00
67550	\$12,623.00		69436	\$2,804.00		73140	\$690.00
67560	\$2,611.00		69502	\$6,040.00		73525	\$300.00
67570	\$3,297.00		69610	\$4,455.00		73560	\$450.00
67710	\$529.00		69620	\$3,335.00		73580	\$360.00
67825	\$180.00		69631	\$3,908.00		73590	\$165.00
67875	\$1,172.00		69633	\$2,307.00		73600	\$600.00
67880	\$2,243.00		69635	\$5,030.00		73610	\$300.00
67900	\$1,260.00		69643	\$1,973.00		73615	\$300.00
67903	\$2,134.00		69666	\$6,592.00		73620	\$126.00
67904	\$1,045.00		69667	\$6,592.00		73630	\$300.00
67911	\$2,228.00		69670	\$5,582.00		73660	\$120.00
67914	\$8,419.00		69799	\$2,382.00		74420	\$868.00
67917	\$2,094.00		69990	\$960.00		74450	\$750.00
67921	\$5,245.00		72020	\$540.00		75809	\$600.00
67923	\$669.00		72200	\$270.00		76000	\$720.00
67924	\$1,674.00		72202	\$270.00		76499	\$302.00
67930	\$1,540.00		72220	\$720.00		76802	\$1,727.00
67935	\$480.00		72240	\$1,014.00		76812	\$1,727.00
67938	\$258.00		72265	\$1,079.00		76881	\$1,727.00
67950	\$2,126.00		72275	\$570.00		76882	\$1,727.00
67961	\$3,352.00		72285	\$2,700.00		76942	\$720.00
67966	\$3,113.00		72295	\$1,073.00		76998	\$900.00
68110	\$1,925.00		73000	\$750.00		77002	\$720.00
68200	\$49.00		73030	\$300.00		77003	\$288.00
68320	\$4,319.00		73060	\$550.00		77071	\$600.00
68325	\$7,906.00		73070	\$300.00		77077	\$198.00
68326	\$3,602.00		73080	\$690.00		95861	\$1,598.00
68335	\$2,320.00		73085	\$300.00		95864	\$852.00
68440	\$94.00		73090	\$165.00		95865	\$1,598.00
68700	\$1,074.00		73100	\$690.00		95870	\$1,598.00
68720	\$8,203.00		73110	\$690.00		95886	\$960.00

Appendix B: MRAs for CPT[®] Codes Not Listed in Appendix A

CPT Code(s)	MRA	CPT Code(s)	MRA	CPT Code(s)	MRA
(10030-11646)	\$1,598.00	(44005-44799)	\$2,911.00	(95925-95939)	\$949.00
(11719-11765)	\$761.00	(45000-45999)	\$1,152.00	(95990-95999)	\$600.00
(11900-11983)	\$1,211.00	(46020-46999)	\$2,711.00	(97597-97610)	\$1,399.00
(12001-16036)	\$2,100.00	(49000-49999)	\$4,875.00		
(17000-17999)	\$1,555.00	(51020-52700)	\$60.00		
(19000-19499)	\$3,895.00	(54700-54901)	\$2,213.00		
(20100-20999)	\$2,265.00	(55000-55060)	\$3,783.00		
(21010-21499)	\$3,480.00	(55100-55180)	\$2,572.00		
(21501-21899)	\$2,661.00	(55500-55559)	\$3,331.00		
(22010-22899)	\$9,278.00	(61000-62258)	\$5,904.00		
(22900-22999)	\$3,193.00	(62263-63746)	\$5,746.00		
(23000-23929)	\$4,950.00	(64400-64999)	\$2,142.00		
(23930-24999)	\$4,845.00	(65091-65290)	\$1,879.00		
(25000-25999)	\$4,097.00	(65400-66999)	\$1,533.00		
(26010-26989)	\$3,313.00	(67005-67299)	\$2,493.00		
(26990-27299)	\$3,823.00	(67311-67999)	\$2,132.00		
(27301-27599)	\$5,604.00	(68020-68899)	\$2,196.00		
(27600-27899)	\$4,796.00	(69000-69399)	\$1,500.00		
(28001-28899)	\$3,952.00	(69420-69799)	\$3,908.00		
(29800-29999)	\$5,525.00	(72020-72295)	\$720.00		
(30000-30999)	\$2,888.00	(73000-73225)	\$550.00		
(31000-31299)	\$4,038.00	(73501-73725)	\$300.00		
(31300-31599)	\$3,164.00	(74400-74485)	\$809.00		
(31600-31899)	\$3,914.00	(75600-75989)	\$600.00		
(33016-33999)	\$26,143.00	(76000-76499)	\$511.00		
(34001-37799)	\$3,029.00	(76801-76857)	\$1,727.00		
(38204-38232)	\$3,120.00	(76881-76886)	\$1,727.00		
(38300-38999)	\$1,598.00	(76932-76965)	\$720.00		
(39000-39499)	\$1,710.00	(76970-76999)	\$900.00		
(40490-40799)	\$3,480.00	(77001-77003)	\$504.00		
(40800-40899)	\$608.00	(77071-77086)	\$399.00		
(41800-41899)	\$716.00	(95860-95872, 95885-95887)	\$1,598.00		
(42300-42699)	\$1,288.00				
(43020-43499)	\$1,215.00	(95905-95913)	\$1,598.00		

Definitions

- 1. Ambulatory Surgical Center (ASC)** means a health care facility as defined in section 395.002(3), F.S.
- 2. Associated Disposable Instrumentation (ADI)** means any single-use item that is surgically inserted into the body, to be removed in less than six weeks, to facilitate the implantation of a Surgical Implant, or any single use item specifically required for the purpose of giving effect or function to an item that is inserted into the body during a surgical procedure such as ports, single-use temporary pain pumps, external fixators, and temporary neuro-stimulators. Associated Disposable Instrumentation does not include cannulas or catheters removed prior to discharge, suction equipment, surgical blades, or drill bits, except those drill bits deemed necessary by the manufacturer for the implantation of the particular implant, surgical staples, suture material and any form of drainage catheter or system.
- 3. Charge Master** means a comprehensive listing that documents the facility's charge for all goods and services for which the facility maintains a separate charge, by item description, unit size, unit price, and all identifying information maintained by the ASC, regardless of payer type. The Charge Master must be maintained, and relevant portions must be produced, either by paper or electronically, for those charges billed by the ASC for an injured employee, when requested for the purpose of verifying charges.
- 4. Division or DWC** means the Division of Workers' Compensation of the Department of Financial Services, as defined in section 440.02(14), F.S.
- 5. Health Care Provider (HCP)** means a provider as defined in section 440.13(1)(g), F.S.
- 6. Maximum Reimbursement Allowance (MRA)** means the specifically listed maximum dollar amount in the schedule adopted by the Three-Member Panel for reimbursement of medical service(s) rendered to an injured worker by a health care provider.
- 7. Medically Necessary or Medical Necessity** means any medical service or medical supply that satisfies the criteria for those terms as defined in section 440.13(1)(k), F.S.
- 8. Medical Record** means patient records maintained in accordance with the form and content required under Chapter 395, F.S.
- 9. Medical Record Review** means a review of the medical record(s) of the injured worker in order to verify the medical necessity of the services and care as well as the charges for a specific injured worker's bill.
- 10. Physician** means a physician as defined in section 440.13(1)(p), F.S.
- 11. Surgical Implant** means any single-use item that is surgically inserted and meets the definition of medically necessary, pursuant to section 440.13(1)(k), F.S., which the physician does not specify to be removed in less than six weeks. Examples of such items are bone, cartilage, tendon, or other anatomical material obtained from a source other than the patient; plates; screws; pins; internal fixators; joint replacements; anchors; permanent neuro-stimulators; and permanent pain pumps.