



FLORIDA WORKERS' COMPENSATION **Reimbursement Manual** for Hospitals

2020 Edition

Rule 69L-7.501, 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 Hospitals, 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 Hospitals, 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 Hospitals, 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 Hospitals, 2020 Edition, should refer to the most Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms.

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Introduction & Overview

Changes to the Manual

It is important that hospitals and carriers read the updated material in this Florida Workers' Compensation Reimbursement Manual for Hospitals (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 upcoming news impacting the Workers' Compensation industry, dates of 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 the DWC 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. When the Manual is updated, the Manual will show an updated effective date at the bottom of each page.

Program Requirements

Purpose

The Manual contains the Maximum Reimbursement Allowances (MRAs) using the methodology approved by the Three-Member Panel for reimbursing services performed in the hospital setting.

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 hospital 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 and is accountable 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 hospitals.

Carriers must inform hospitals 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 hospital 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 to the Department, upon request.

Hospital Responsibilities

A hospital 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.

Hospitals must provide the carrier additional form completion requirements or supporting documentation beyond those required in Rule Chapter 69L-7, F.A.C., which the carrier may require for a reimbursement decision.

Prior Authorization of Services

Both Florida facilities and out-of-state hospital facilities must be authorized 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.

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, hospital participation in the Workers' Compensation system, the cost of the claim, and the number of medical reimbursement disputes. Therefore, it is imperative the hospital 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 hospital must record the authorization documentation in the injured worker's medical record or in the hospital'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 hospital services.

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

Emergency Services and Care

Emergency services and care, defined in section 395.002, F.S., do not require authorization at the time they are rendered.

A hospital that renders emergency care must notify the carrier by the close of the third state of Florida business day after it has rendered such care.

When an emergency medical condition requires or results in a hospital inpatient admission, the hospital must notify the carrier within 24 hours of the initial treatment.

When it is determined that an emergency medical condition, as defined in section 395.002, F.S., does not exist or no longer exists and only non-emergency services are required, any related follow-up care or treatment or referral must be authorized by the carrier prior to the provision of the additional

treatment or care, pursuant to section 440.13(3), Florida Statutes.

Pre-certification of Length of Stay

When authorizing inpatient admissions the carrier, must pre-certify the number of hospitalization days for which reimbursement can be anticipated, according to an authoritative resource for length of stay data.

Irrespective of the estimated length of stay pre-certified by the carrier, reimbursement for hospital services will be based on the documentation supporting the medical necessity of the hospital services rendered as reflected in the medical record.

Medical record reviews to determine the medical necessity of hospital services may be performed either concurrently during the hospital stay or retrospectively after discharge.

Note: A retrospective medical record review will not toll the 45-day time period established to pay, adjust, disallow, or deny the hospital bill.

Medical Records

Billing to Carriers

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

- An operative or procedural report when a surgical procedure is performed;
- Acquisition invoices and the Implant Log, found in the operative records, for Surgical Implant(s), Associated Disposable Instrumentation, and Shipping & Handling; and
- Copies of any additional medical records.

Failure of the hospital to submit documentation may result in service(s) being disallowed, adjusted, or denied for payment.

Copying Charges for Medical Records

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

Limits on Copying Charges

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

Division or Judge of Compensation Claims Requests

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

Inpatient Reimbursement Schedules

Reported Charges

Charges for hospital inpatient services must be reimbursed:

- According to an agreed upon contract price; or
- According to the Per Diem Schedule provided in this Manual.

The length of hospital stay must be pre-certified by the carrier.

Determining Surgical Stay

The determination of whether inpatient services are surgical must be based on the presence of the following revenue code(s) 0360, 0361, 0362, 0367, or 0369, in conjunction with revenue code(s) 0370 or 0379, in Form Locator 42 on Form DFS-F5-DWC-90/UB-04 CMS-1450 (DWC-90). The surgical procedure must be substantiated by the Operative Report and the Anesthesia Report for the services provided to the injured worker.

Per Diem Schedule

If the charges for any day of hospitalization are less than the applicable per diem allowance established in this Manual, the hospital will be reimbursed the per diem allowance for the day(s) rather than the lesser amount charged by the hospital.

The carrier must not disallow a per diem rate for any day of an inpatient stay unless the documentation in the medical record does not support the medical necessity for each of the estimated number of days that were pre-certified, or the actual length of stay exceeds the estimated days that were pre-certified by the carrier and the medical record does not substantiate the medical necessity for the additional inpatient day(s).

The carrier must not reimburse a per diem rate for the day of discharge.

Per Diem Rates

TIER	RATE
Tier 1 – All other revenue codes (non-surgical stay)	\$7,000
Tier 2 – Operating Room and Anesthesia (surgical stay)	\$11,000
Tier 3 – Intensive and Coronary Care (Revenue Codes 0200-0209 and 0210-0219)	\$13,000

Note: An inpatient hospital stay is reimbursed at either a Tier 1 (non-surgical) or Tier 2 (surgical) per diem rate for the length of stay, except for those days billed for Intensive and Coronary Care. The Tier 3 rate is applied for the specific Intensive and Coronary Care days.

Reimbursement examples for an inpatient hospital stay:

Example 1 (Surgical stay with intensive care):

The inpatient hospital bill is submitted for reimbursement. Revenue codes 0110, 0360, 0370, and 0200 are billed in separate line items, in Form Locator 42, on the DWC-90 hospital billing form.

The patient was discharged on day eight of the inpatient stay.

Reimbursement is determined as follows:

TIER	CALCULATION
Tier 2 – Operating Room and Anesthesia (surgical stay)	\$11,000 (per diem rate) x 5 days (room & board) = \$55,000
Tier 3 – Intensive and Coronary Care (Revenue Codes 0200-0209 and 0210-0219)	\$13,000 (per diem rate) x 2 days (intensive care unit) = \$26,000

Reimbursement for the seven-day inpatient hospital stay = \$81,000.00.

Example 2 (Surgical stay with no intensive care):

The inpatient hospital bill is submitted for reimbursement. Revenue codes 0110, 0360 and 0370 are billed on separate line items, in Form Locator 42, on the DWC-90 hospital billing form.

The patient was discharged on day eight of the inpatient stay.

Reimbursement is determined as follows:

TIER	CALCULATION
Tier 2 – Operating Room and Anesthesia (surgical stay)	\$11,000 (per diem rate) x 7 days (room & board) = \$77,000

Reimbursement for the seven-day inpatient hospital stay = \$77,000.00.

Discharge within 24 Hours of Admission

When a discharge occurs within 24 hours of admission to a hospital facility, reimbursement must be according to an agreed upon contract price or the applicable per diem rate.

Billing for Surgical Implant(s) and Associated Disposable Instrumentation

Surgical Implants and Associated Disposable Instrumentation must be billed using Revenue Code 0278 on two separate lines of the hospital billing form.

To be eligible for reimbursement of Surgical Implant(s) and their associated costs, the hospital 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;
- 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 in this Manual.

Surgical Implant Reimbursement

Surgical Implant(s) must be billed separately on the hospital bill and are reimbursed in addition to the per diem rate.

Reimbursement for Surgical Implant(s) required during inpatient hospitalization must be:

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

Associated Disposable Instrumentation must be billed separately on the hospital bill and are reimbursed in addition to the per diem rate.

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

- 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 hospital must be reimbursed for Shipping and Handling at the actual cost to the hospital only when the cost is listed on the acquisition invoice.

No reimbursement is made for sales tax.

Determining Surgical Implant Acquisition Cost

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

Undocumented Charges for Surgical Implant(s)

Charges 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;
- Submitted without acquisition invoices for the Surgical Implant(s) or Associated Disposable Instrumentation.

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

Verification of Surgical Implant Costs and Charges

Upon request by the Division, or a carrier or carrier's designee to conduct an audit or medical record review, as defined in this Manual, the hospital must produce a copy to the requester or make the original documents available for on-site review, or elsewhere by a mutual agreement, such medical record(s) and Surgical Implant acquisition invoice purchasing documentation as requested 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.

Outpatient Reimbursement Schedules

Introduction

Usual and customary charges are reimbursed based on median charges on outpatient hospital bills, by CPT® code and HCPCS Level II® code, in a specific geographic area. Please see Appendix A of this Manual for the adopted geographic modifiers by county and Appendices B and C for a listing of Base Rates by CPT® code and HCPCS Level II® code for outpatient services and scheduled surgical services. In the absence of a CPT® code or HCPCS Level II® code in Appendices B and C, reimbursement must be made according to an agreed upon contract price or pursuant to Appendix B.1 or Appendix C.1 (Base Rates for CPT® or HCPCS Level II® Codes Not Listed in Appendices B or C).

In the event that a CPT® code or HCPCS Level II® code is substantially revised due to the creation of a new CPT® code or HCPCS Level II® code or a new CPT® code or HCPCS Level II® code is created in a CPT® manual released subsequent to the applicable CPT® manual incorporated by reference by rule, the hospital may bill, and the carrier may reimburse, subject to any other provision of this Manual, statute, or applicable rule, such substantially revised or newly created CPT® code or HCPCS Level II® code.

Outpatient Hospital Reimbursement Method

Except as otherwise provided in this Manual, the MRA for outpatient hospital services must be determined as follows:

- According to an agreed upon contract price;
- The Base Rate from Appendix B for procedure codes that are not scheduled outpatient surgery multiplied by the geographic modifier listed for the county of the location of service from Appendix A; or
- The Base Rate from Appendix B.1 multiplied by the geographic modifier listed for the county of the location of service from Appendix A for procedure codes not listed in Appendix B.

Reimbursement example for service in Orange County:

Example 1 (CPT® code listed in Appendix B):

The Base Rate for CPT® code 64480 listed in Appendix B is \$375.00 and the geographic modifier for Orange County from Appendix A is 1.0123. Therefore, the MRA would be \$379.61 ($\$375.00 \times 1.0123 = \379.61).

Example 2 (CPT® code not listed in Appendix B):

The Base Rate for CPT® code 64484, identified in the CPT code range 64400-64999 listed in Appendix B.1 is \$1,654.00. The geographic modifier for Orange County from Appendix A is 1.0123.

Therefore, the MRA would be \$1,674.34 ($\$1,654.00 \times 1.0123 = \$1,674.34$).

Scheduled Surgical Services

Except as otherwise provided in this Manual, the MRA for scheduled surgical services must be determined as follows:

- According to an agreed upon contract price;
- The Base Rate from Appendix C for procedure codes performed multiplied by the geographic modifier listed for the county of the location of service from Appendix A; or
- The Base Rate from Appendix C.1 multiplied by the geographic modifier listed for the county of the location of service from Appendix A for procedure codes not listed in Appendix C.

Reimbursement example for service in Pinellas County:

Example 1 (CPT® code listed in Appendix C):

The Base Rate for CPT® code 29805 listed in Appendix C is \$6,334.00 and the geographic modifier for Pinellas County from Appendix A is 1.0260.

Therefore, the MRA would be \$6,498.68 ($\$6,334.00 \times 1.0260 = \$6,498.68$).

Example 2 (CPT® code not listed in Appendix C):

The Base Rate for CPT® code 29871, identified in the CPT code range 29800-29999 listed in Appendix C.1 is \$5,096.00. The geographic modifier for Pinellas County from Appendix A is 1.0260.

Therefore, the MRA would be \$5,228.50 ($\$5,096.00 \times 1.0260 = \$5,228.50$).

Services in Conjunction with a Surgical Procedure

Radiology and clinical laboratory services that are provided within three days prior to a scheduled outpatient surgery are deemed services provided “in conjunction with a surgical procedure”.

These services are reimbursed according to the reimbursement method for **Scheduled Surgical Services**.

Determining Surgical Services

Determination of whether outpatient services are surgical must be pursuant to the CPT® code(s) reported by the hospital on the hospital billing form pursuant to Rule 69L-7.501, F.A.C.

Reimbursement as a surgical procedure applies if the CPT® code(s) reported on the hospital billing form are within the range of 10021-69990, *except* when the surgical procedure code within the range of 10021-69990 is performed for:

- Venipuncture; to administer parenteral medication(s);
- In conjunction with an invasive medical, therapeutic, or diagnostic procedure;
- Any procedure or service requiring placement of a cannula or catheter; or
- Procedures that are invasive radiology or laboratory services that include injection of diagnostic or therapeutic substance(s), with or without contrast media.

Hospitals must make written entry on the hospital billing form to identify whether an outpatient surgery was scheduled or unscheduled. The hospital must enter “Scheduled” or “Unscheduled” in Form Locator 80.

For the purpose of determining reimbursement, the procedures codes subject to the preceding exceptions must be considered non-surgical services and must be reimbursed consistent with the **Outpatient Hospital Reimbursement Method**.

Billing for Surgical Implant(s) and Associated Disposable Instrumentation

All hospitals must bill Surgical Implant(s) and Associated Disposable Instrumentation required for the Surgical Implant only using Revenue Code 0278.

Surgical Implant(s) and Associated Disposable Instrumentation must be itemized separately from

the surgical procedure code(s). Eligible items are reimbursed in addition to the primary procedure.

In order to receive reimbursement for Surgical Implant(s) and their associated costs, the hospital 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.
- 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.
- 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

Reimbursement for Surgical Implants required during an outpatient hospitalization must be made according to a geographical, wage-adjustment factor applied to the documented acquisition invoice cost multiplied by two.

The MRA is determined as follows:

- An agreed upon contract price; or
- For Scheduled Surgeries; 60% of the documented acquisition invoice cost of the Surgical Implants utilized, multiplied by two, multiplied by Medicare’s geographic wage adjustment factor from Appendix A for the county where the service is performed; or
- For all other surgeries and medical procedures; 75% of the documented acquisition invoice cost of the Surgical Implants utilized, multiplied by two, multiplied by Medicare’s geographic wage adjustment factor from Appendix A for the county where the service is performed.

Reimbursement example for service in St. Lucie County:

Example 1 (Scheduled Surgical Implant procedure):

The acquisition invoice cost of the Surgical Implant(s) is \$350.00. The geographic wage adjustment factor for St. Lucie County is 1.0531.

Therefore, the MRA would be \$442.30
 $(\$350.00 \times 2) \times (1.0531) \times (.60) = \442.30 .

Example 2 (All other surgeries and medical procedures):

The acquisition invoice cost of the Surgical Implant(s) is \$625.00. The geographic wage adjustment factor for St. Lucie County is 1.0531.

Therefore, the MRA would be \$987.28
 $(\$625.00 \times 2) \times (1.0531) \times (.75) = \987.28 .

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

- According to an agreed upon contract price; or
- Twenty percent (20%) over the acquisition invoice cost when documentation is provided by the hospital.

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

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

No reimbursement is made for sales tax.

Determining Surgical Implant Acquisition Cost

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

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 requirements:

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 must be:

- According to an agreed upon contract price; or
- Fifty percent (50%) of the MRA listed in this Manual.

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 must be:

- According to an agreed upon contract price; or
- The MRA for the comprehensive procedure code listed in this Manual.

Bill using modifier 74.

Observation

Observation is an outpatient hospital service regardless of the location of the injured worker within the facility.

Observation status requires an order from the physician.

Observation services must be billed as an hourly service using the appropriate procedure code with Revenue Code 0762.

Observation services must be reimbursed:

- According to an agreed upon contract price; or
- Using the **Outpatient Hospital Reimbursement Method** according to the primary reason the injured worker receives care in the outpatient hospital setting.

If Observation services are subsequently followed by an admission to the inpatient hospital, a written physician's order is required. The entire hospital encounter must be billed and reimbursed as an inpatient hospital admission.

Note: Observation services for each hour in excess of the 23rd hour is not reimbursable pursuant to section 440.13(12)(a), F.S.

Physical, Occupational, and Speech Therapies

All outpatient physical, speech, and occupational therapy services must be reimbursed according to the schedule of MRAs that applies to non-hospital providers per the Florida Workers' Compensation Health Care Provider Reimbursement Manual, incorporated in Rule 69L-7.020, F.A.C.

The General Instructions of the Florida Workers' Compensation Health Care Provider Reimbursement Manual provides information for determining the applicable non-hospital provider locality MRA.

Determining Reimbursement for Outpatient Therapies

Reimbursement for therapy services must be:

- According to an agreed upon contract price; or
- The MRA according to Rule 69L-7.020, F.A.C.

Carriers must only adjust outpatient physical therapy, occupational therapy, and speech therapy services identified on the hospital billing form in accordance with Rule 69L-7.020, F.A.C., which are billed using the following Revenue Codes: 0420-0429, 0430-0439, 0440-0449, and 0930-0932.

When reimbursement is according to Rule 69L-7.020, F.A.C, reimbursement is determined by the following instructions:

- Carriers must determine the non-hospital provider MRA that applies based on the Workers' Compensation unique code, the CPT® code, or the HCPCS Level II® code reported by the hospital on the hospital billing form.
- Carriers must determine the number of units of physical, occupational, or speech therapy services reported by the hospital for each procedure code.
- Carriers must multiply the non-hospital provider MRA in Part C of the Florida Workers' Compensation Health Care Provider Reimbursement Manual, by the units of service to determine the MRA for the specific physical, occupational, or speech therapy services.

Note: The provisions of the Physical Medicine and Rehabilitation Services section of the Florida Workers' Compensation Health Care Provider Reimbursement Manual must also apply to outpatient hospital therapy reimbursement and are hereby incorporated pursuant to Rule 69L-7.020, F.A.C.

Scheduled, Non-Emergency Clinical Laboratory, and Radiology Services

Scheduled, non-emergency clinical laboratory, and radiology services must be reimbursed according to the schedule of MRAs which applies to non-hospital providers found in the Florida Workers' Compensation Health Care Provider Reimbursement Manual, incorporated in Rule 69L-7.020, F.A.C.

The General Instructions, of the Florida Workers' Compensation Health Care Provider Reimbursement Manual provides information for determining the applicable non-hospital provider MRA.

Determining Reimbursement for Scheduled, Non-Emergency Clinical Laboratory, and Radiology Services

Reimbursement for scheduled, non-emergency clinical laboratory and radiology services must be:

- According to an agreed upon contract price; or
- The MRA according to Rule 69L-7.020, F.A.C.

Carriers must adjust only clinical laboratory and radiology outpatient services, identified on the hospital billing form, in accordance with Rule 69L-7.020, F.A.C., using the following Revenue Codes: 0300-0309, 0320-0329, 0330-0339, 0340-0349, 0350-0359, 0400-0409, and 0610-0619.

When reimbursement is according to Rule 69L-7.020, F.A.C, reimbursement is determined by the following instructions:

- Carriers must determine the non-hospital provider MRA in Part C of the Florida Workers' Compensation Health Care Provider Reimbursement Manual that applies to the technical component (TC) of the CPT® code or HCPCS Level II® code reported by the hospital on the hospital billing form.
- Carriers must determine the number of units of service reported by the hospital on the hospital billing form.
- Carriers must multiply the MRA determined above by the units of service to determine the outpatient hospital reimbursement for the specific radiology or clinical laboratory services.

Note: When clinical laboratory or radiology services are provided within three days prior to the date of scheduled surgery, reimbursement is made pursuant to the reimbursement method for **Scheduled Surgical Services**.

Federal and Out-of-State Hospitals

General Policy

Except as provided herein, when providing services to injured workers entitled to medical benefits under the Florida Workers' Compensation Law, both federal and out-of-state hospitals must comply with the Division's rule(s), including the requirements and procedures established in this Manual.

Federal Hospitals

Federal hospitals are not subject to the MRAs adopted by the Three-Member Panel and set forth in this Manual. These hospitals may use their own customary billing form instead of the forms required by Rule Chapter 69L-7, F.A.C.

Out-of-State Hospitals

Hospital 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 amount has been pre-approved, the hospital must be reimbursed the greater of:

- The amount of reimbursement established under the Workers' Compensation statute where the hospital is located; or
- The inpatient per diem rate or the outpatient base rate, as applicable, as listed in this Manual.

The limitations on reimbursement for radiology, clinical laboratory, and physical, occupational, and speech therapies apply.

Disallowed, Denied, and Disputed Charges

Reimbursement for Services Unrelated to the Compensable Injury

Carriers must not reimburse hospital charges for services unrelated to the treatment or care of a compensable injury except when the treatment is required to stabilize or maintain the patient's medical status in order to treat the patient's compensable injury or condition.

Physician and Other Licensed Practitioner Services

The carrier must not reimburse a hospital for physician or other practitioner services when billed by the hospital on the hospital billing form.

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

Disallowance and Adjustment of Itemized Charges

The carrier must disallow or adjust reimbursement when:

- Charges that are not documented in the patient's medical record;
- Charges are not consistent with the hospital's Charge Master; or
- Charges for services, treatment, or supplies are not medically necessary; except when the services are required to stabilize or maintain the patient's medical status in order to treat the patient's compensable injury, or for treatment of the patient's compensable injury or condition.

Timely Payment and Notice of Adjustment, Disallowance, or Denial

Notwithstanding the carrier's right to disallow 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 a hospital bill.

Minimum Partial Payment Required

Whenever a carrier denies, disallows, or adjusts payment for hospital charges, in accordance with the time limitations and coding requirements established by statute and by rule, the carrier must remit a minimum partial payment of the hospital's charges, which payment shall accompany the Explanation of Bill Review (EOBR). The minimum partial payment required shall be determined as follows:

- **Per Diem Payments:** The carrier must remit minimum partial payment for the applicable per diem rate for each inpatient day for which the hospital obtained pre-certification in accordance with this Manual and for which there is no dispute as to the medical necessity of the hospital pre-certified day(s).
- **Outpatient Payments:** The carrier must remit minimum partial payment according to the applicable reimbursement for each CPT® or HCPCS Level II® or Workers' Compensation unique procedure codes billed for each of the itemized charges that are not denied, disallowed, or adjusted.

Charge Master, Medical Record Review, or Audit

Charge Master

The hospital must produce, or make available for on-site review, when requested by the carrier or its designee, the relevant portions of the hospital's Charge Master as it existed on the date(s) of service for the treatment of an injured worker.

The carrier may elect to request copies electronically or by paper, subject to copying charges pursuant to this Manual, of relevant portions of a hospital's Charge Master and any medical records for in-house desk audit or review; or to conduct an audit or review of original documents on-site at the hospital to verify the accuracy of a hospital's charges, billing practices, or medical necessity and compensability of charges for medical services or supplies.

The hospital must produce copies of the relevant portions of the hospital's Charge Master and any medical records subject to copying charges according to this Manual, or make the original documents available on-site, within thirty (30) calendar days of receipt of the written request from either the Division or a carrier or its designee, as part of an audit or review according to this Manual and pursuant to section 440.13(12)(d), F.S.

Exit Interview

At the conclusion of the on-site review of documentation, an exit interview may be conducted by the carrier, if requested by the hospital, concerning the carrier's findings.

Bill Submission and Forms

Forms for Medical Bill Submission

All medical bills for hospital services must be submitted on Form DWC-90.

Completing the Claim Form

Form DFS-F5-DWC-90-A Completion Instructions are available on the DWC website.
(<https://www.myfloridacfo.com/Division/WC/>)

Provider Use of Codes, Descriptions, and Modifiers

Hospitals must use the codes and descriptions, modifiers, guidelines, definitions, and instructions of the referenced CPT®, CDT®, HCPCS Level II®, ICD-10®, UB-04 Manual, or Florida Workers' Compensation Unique Codes, modifiers, or other materials referenced in Rule 69L-7.501, F.A.C., when billing for services.

The use of HCPCS Level II® codes is allowed only when there is not a more specific CPT® code available for use.

All ICD® diagnosis codes must be reported at the highest level of specificity according to the ICD® required number of digits, i.e. ICD-10® diagnosis codes up to the 7th character when required by the ICD® Manual.

Billing Requirements

In addition to submitting Form DWC-90 a hospital must:

- Attach an itemized statement with charges based on the facility's Charge Master; and
- Submit all documentation required by this Manual and requested by the carrier; and
- Bill all professional services provided by hospital-employed physicians, physician assistants, advanced registered nurse practitioners, anesthesia assistants, or registered nurse first assistants on the Form DFS-F5-DWC-9; and
- Utilize CPT®, HCPCS Level II®, or Workers' Compensation unique codes or modifiers referenced in the Florida Workers' Compensation Health Care Provider Reimbursement Manual, adopted in Rule 69L-

7.020, F.A.C., when entering procedure codes and modifiers in Form Locator 44 on Form DWC-90; and

- Bill using the appropriate Revenue Center code in Form Locator 42. All outpatient hospital bills must have a Revenue Center code and the appropriate HCPCS Level II® or CPT® code in Form Locator 44, where required pursuant to the UB-04 Manual, unless a Revenue Center code is billed that does not require a HCPCS Level II® procedure code.

Form Completion Instructions for the DWC-90

Form Completion Instructions for the DWC-90 are available on the DWC website
(<https://www.myfloridacfo.com/Division/WC/>) under Rule Chapter 69L-7, F.A.C.

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

1		2		3 PAT CNTRL #		4 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 FR		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		36 OCCURRENCE SPAN FROM		37 THROUGH		38 CODE		39 OCCURRENCE SPAN FROM		40 THROUGH		41 CODE		42 VALUE CODES AMOUNT		43 CODE		44 VALUE CODES AMOUNT		45 CODE		46 VALUE CODES AMOUNT		47		48		49					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
PAGE		OF		CREATION DATE		TOTALS																																			
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO		53 ASS BEPL		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID																							
58 INSURED'S NAME				59 PREL				60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																													
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME																																	
66 ADMIT DX		67		A		B		C		D		E		F		G		H		I		J		K		L		M		N		O		P		Q		R			
74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93			
76 ATTENDING		NPI		QUAL		LAST		FIRST																																	
77 OPERATING		NPI		QUAL		LAST		FIRST																																	
78 OTHER		NPI		QUAL		LAST		FIRST																																	
79 OTHER		NPI		QUAL		LAST		FIRST																																	
80 REMARKS				81 CC																																					

Appendix A: Geographic Modifier, by County

County	Modifier	County	Modifier
Alachua	1.0677	Lee	1.0804
Baker	1.0107	Leon	0.9403
Bay	0.9416	Levy	0.9511
Bradford	0.9511	Liberty	0.9511
Brevard	1.0494	Madison	0.9511
Broward	1.1111	Manatee	1.0848
Calhoun	0.9511	Marion	0.9640
Charlotte	0.9942	Martin	1.0531
Citrus	0.9547	Dade	1.1020
Clay	1.0107	Monroe	0.9511
Collier	1.0000	Nassau	1.0107
Columbia	0.9511	Okaloosa	1.0217
De Soto	0.9511	Okeechobee	0.9511
Dixie	0.9511	Orange	1.0123
Duval	1.0107	Osceola	1.0123
Escambia	0.9715	Palm Beach	1.0612
Flagler	0.9164	Pasco	1.0260
Franklin	0.9511	Pinellas	1.0260
Gadsden	0.9403	Polk	0.9303
Gilchrist	1.0677	Putnam	0.9511
Glades	0.9511	Santa Rosa	0.9715
Gulf	0.9416	Sarasota	1.0848
Hamilton	0.9511	Seminole	1.0123
Hardee	0.9511	St. Johns	1.0107
Hendry	0.9511	St. Lucie	1.0531
Hernando	1.0260	Sumter	0.9508
Highlands	0.9274	Suwannee	0.9511
Hillsborough	1.0260	Taylor	0.9511
Holmes	0.9511	Union	0.9511
Indian River	0.9272	Volusia	0.9164
Jackson	0.9511	Wakulla	0.9403
Jefferson	0.9403	Walton	1.0217
Lafayette	0.9511	Washington	0.9511
Lake	1.0123		

Appendix B: Base Rates for Outpatient Hospital Services

**Subject to modification based on county of service.
See Appendix A**

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
10005	\$1,420.00		12007	\$437.00		14020	\$2,958.00
10009	\$1,420.00		12011	\$322.00		14021	\$778.00
10021	\$378.00		12013	\$344.00		14040	\$862.00
10060	\$367.00		12014	\$306.00		14041	\$1,338.00
10061	\$506.00		12015	\$526.00		14060	\$3,599.00
10120	\$426.00		12016	\$528.00		14061	\$990.00
10121	\$1,794.00		12017	\$278.00		14301	\$3,765.00
10140	\$722.00		12020	\$1,071.00		14302	\$5,847.00
10160	\$499.00		12031	\$377.00		15002	\$1,808.00
10180	\$707.00		12032	\$377.00		15003	\$704.00
11000	\$403.00		12034	\$382.00		15004	\$1,879.00
11005	\$1,629.00		12035	\$875.00		15005	\$1,339.00
11010	\$3,502.00		12036	\$1,442.00		15050	\$310.00
11011	\$4,300.00		12037	\$7,610.00		15120	\$1,653.00
11012	\$2,161.00		12041	\$432.00		15220	\$4,287.00
11042	\$942.00		12042	\$403.00		15240	\$1,956.00
11043	\$3,649.00		12044	\$863.00		15260	\$847.00
11044	\$3,647.00		12045	\$789.00		15271	\$3,690.00
11045	\$4,990.00		12046	\$1,024.00		15272	\$1,058.00
11046	\$6,378.00		12051	\$423.00		15273	\$1,280.00
11057	\$302.00		12052	\$398.00		15274	\$704.00
11719	\$176.00		12053	\$713.00		15275	\$2,594.00
11720	\$171.00		12054	\$768.00		15276	\$1,180.00
11730	\$479.00		12055	\$761.00		15277	\$2,400.00
11732	\$1,168.00		12057	\$4,740.00		15278	\$1,870.00
11740	\$299.00		13101	\$1,339.00		15574	\$4,041.00
11750	\$836.00		13102	\$2,000.00		15620	\$4,178.00
11760	\$523.00		13120	\$890.00		15736	\$2,048.00
11762	\$2,012.00		13121	\$709.00		15740	\$2,800.00
11765	\$497.00		13122	\$434.00		15750	\$1,199.00
11900	\$656.00		13131	\$868.00		15760	\$5,933.00
12001	\$332.00		13132	\$945.00		15777	\$7,487.00
12002	\$343.00		13133	\$455.00		16020	\$285.00
12004	\$323.00		13151	\$1,190.00		16025	\$362.00
12005	\$540.00		13152	\$1,204.00		16030	\$344.00
12006	\$722.00		13153	\$1,656.00		16035	\$463.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
17106	\$513.00		21320	\$4,852.00		23655	\$1,157.00
17250	\$359.00		21330	\$310.00		23660	\$232.00
17999	\$2,651.00		21337	\$4,199.00		23665	\$1,204.00
20100	\$9,688.00		21346	\$6,480.00		23675	\$785.00
20103	\$961.00		21365	\$20,532.00		23680	\$32,862.00
20240	\$2,920.00		21386	\$6,480.00		23930	\$4,267.00
20501	\$457.00		21451	\$5,438.00		24000	\$3,851.00
20520	\$2,321.00		21453	\$5,438.00		24105	\$4,267.00
20525	\$5,259.00		21461	\$7,739.00		24200	\$9,686.00
20526	\$645.00		21462	\$21,006.00		24201	\$10,391.00
20550	\$656.00		21470	\$25,927.00		24220	\$332.00
20551	\$3,584.00		21480	\$493.00		24305	\$9,221.00
20552	\$656.00		21501	\$530.00		24341	\$7,199.00
20553	\$896.00		21552	\$10,975.00		24342	\$17,292.00
20600	\$938.00		22513	\$8,621.00		24343	\$4,662.00
20604	\$593.00		22514	\$14,243.00		24345	\$3,307.00
20605	\$609.00		22515	\$4,310.00		24363	\$14,644.00
20606	\$893.00		23030	\$498.00		24366	\$20,506.00
20610	\$1,015.00		23125	\$359.00		24500	\$1,214.00
20611	\$607.00		23333	\$12,716.00		24505	\$1,115.00
20612	\$384.00		23350	\$388.00		24515	\$19,418.00
20650	\$12,265.00		23410	\$11,511.00		24516	\$14,112.00
20680	\$5,668.00		23500	\$501.00		24545	\$31,994.00
20690	\$4,371.00		23505	\$363.00		24546	\$8,683.00
20692	\$4,418.00		23515	\$21,241.00		24560	\$675.00
20694	\$6,175.00		23540	\$757.00		24565	\$3,119.00
20822	\$1,533.00		23545	\$941.00		24576	\$356.00
20950	\$611.00		23550	\$10,391.00		24577	\$1,232.00
20999	\$2,859.00		23570	\$2,219.00		24579	\$5,526.00
21010	\$5,546.00		23575	\$943.00		24586	\$10,030.00
21011	\$303.00		23600	\$413.00		24600	\$525.00
21031	\$178.00		23605	\$2,588.00		24605	\$1,485.00
21085	\$9,551.00		23615	\$20,388.00		24620	\$1,017.00
21172	\$6,480.00		23620	\$713.00		24635	\$5,015.00
21310	\$315.00		23625	\$1,438.00		24640	\$412.00
21315	\$3,702.00		23650	\$504.00		24650	\$432.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
24655	\$1,677.00		25574	\$21,761.00		26180	\$1,232.00
24665	\$8,945.00		25575	\$17,228.00		26230	\$4,345.00
24666	\$6,164.00		25600	\$493.00		26235	\$4,661.00
24675	\$1,255.00		25605	\$650.00		26236	\$5,483.00
24685	\$9,860.00		25606	\$4,467.00		26350	\$2,472.00
24999	\$2,151.00		25607	\$15,539.00		26356	\$2,016.00
25000	\$3,567.00		25608	\$9,063.00		26370	\$2,772.00
25020	\$2,737.00		25609	\$7,463.00		26372	\$182.00
25023	\$4,133.00		25622	\$8,168.00		26410	\$2,560.00
25025	\$4,187.00		25624	\$1,709.00		26415	\$35.00
25028	\$731.00		25628	\$15,128.00		26418	\$2,480.00
25040	\$6,005.00		25630	\$427.00		26420	\$3,143.00
25111	\$3,567.00		25635	\$1,631.00		26426	\$4,034.00
25240	\$6,651.00		25645	\$5,006.00		26433	\$4,573.00
25246	\$411.00		25650	\$548.00		26440	\$11,261.00
25248	\$5,690.00		25651	\$4,740.00		26445	\$1,058.00
25260	\$2,129.00		25652	\$4,418.00		26449	\$1,209.00
25263	\$741.00		25660	\$2,111.00		26450	\$2,289.00
25270	\$4,082.00		25670	\$7,228.00		26460	\$1,685.00
25275	\$23,244.00		25675	\$506.00		26480	\$3,670.00
25280	\$4,100.00		25680	\$508.00		26492	\$5,513.00
25290	\$8,928.00		25685	\$20,785.00		26498	\$5,350.00
25310	\$752.00		25690	\$2,800.00		26500	\$6,708.00
25312	\$752.00		25695	\$9,512.00		26502	\$3,488.00
25320	\$19,112.00		25999	\$7,581.00		26516	\$3,789.00
25332	\$15,050.00		26010	\$452.00		26530	\$3,124.00
25400	\$9,221.00		26011	\$1,478.00		26535	\$5,579.00
25447	\$3,670.00		26020	\$4,290.00		26540	\$2,013.00
25500	\$817.00		26037	\$4,362.00		26545	\$2,843.00
25505	\$1,391.00		26045	\$3,120.00		26546	\$7,079.00
25515	\$8,144.00		26055	\$6,031.00		26548	\$2,460.00
25520	\$647.00		26070	\$2,907.00		26568	\$7,578.00
25535	\$668.00		26080	\$5,542.00		26587	\$4,484.00
25545	\$25,551.00		26111	\$12,587.00		26591	\$2,600.00
25560	\$493.00		26135	\$2,600.00		26600	\$425.00
25565	\$2,625.00		26145	\$5,633.00		26605	\$767.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
26608	\$972.00		27235	\$2,732.00		27675	\$16,895.00
26615	\$4,756.00		27236	\$12,301.00		27695	\$5,728.00
26641	\$525.00		27245	\$21,953.00		27752	\$894.00
26645	\$2,807.00		27250	\$650.00		27758	\$10,237.00
26665	\$7,792.00		27252	\$1,397.00		27759	\$7,923.00
26670	\$238.00		27257	\$682.00		27760	\$500.00
26676	\$6,797.00		27265	\$887.00		27762	\$1,183.00
26685	\$11,572.00		27266	\$1,316.00		27766	\$11,071.00
26700	\$493.00		27310	\$6,093.00		27767	\$943.00
26705	\$1,488.00		27350	\$20,878.00		27768	\$2,519.00
26706	\$2,013.00		27369	\$249.00		27780	\$427.00
26715	\$8,641.00		27372	\$1,748.00		27781	\$2,381.00
26720	\$348.00		27380	\$11,212.00		27784	\$13,186.00
26725	\$525.00		27385	\$10,200.00		27786	\$427.00
26727	\$4,113.00		27395	\$11,960.00		27788	\$914.00
26735	\$5,136.00		27429	\$32,279.00		27792	\$8,450.00
26740	\$116.00		27430	\$3,938.00		27810	\$1,039.00
26742	\$860.00		27506	\$13,312.00		27814	\$12,473.00
26746	\$3,143.00		27520	\$427.00		27816	\$770.00
26750	\$397.00		27524	\$11,195.00		27818	\$1,493.00
26755	\$713.00		27530	\$592.00		27822	\$15,563.00
26756	\$5,325.00		27535	\$19,529.00		27823	\$20,327.00
26765	\$1,680.00		27536	\$19,581.00		27825	\$3,581.00
26770	\$459.00		27550	\$708.00		27827	\$18,425.00
26775	\$1,011.00		27552	\$3,122.00		27828	\$14,975.00
26776	\$1,913.00		27560	\$666.00		27829	\$8,450.00
26785	\$6,409.00		27562	\$1,028.00		27830	\$682.00
26850	\$3,739.00		27580	\$223.00		27840	\$525.00
26860	\$3,996.00		27599	\$12,301.00		27842	\$2,554.00
26910	\$5,529.00		27606	\$261.00		27846	\$2,859.00
26951	\$4,697.00		27640	\$784.00		27848	\$4,220.00
26952	\$6,012.00		27648	\$200.00		27860	\$5,483.00
27093	\$572.00		27650	\$13,367.00		27893	\$5,946.00
27095	\$583.00		27656	\$1,214.00		28022	\$1,952.00
27096	\$1,328.00		27658	\$10,712.00		28119	\$541.00
27125	\$360.00		27664	\$11,809.00		28124	\$5,498.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
28126	\$173.00		28635	\$7,544.00		32551	\$910.00
28153	\$6,059.00		28660	\$502.00		32554	\$1,687.00
28160	\$1,388.00		28665	\$477.00		32555	\$1,040.00
28190	\$1,329.00		28820	\$20,184.00		32556	\$4,076.00
28192	\$4,559.00		28825	\$1,496.00		33208	\$9,043.00
28200	\$3,276.00		28899	\$5,927.00		33230	\$10.00
28208	\$4,265.00		29584	\$1,466.00		33285	\$16,639.00
28220	\$10,745.00		29799	\$245.00		33286	\$4,288.00
28234	\$1,388.00		29806	\$17,730.00		33415	\$25.00
28400	\$650.00		29823	\$6,524.00		33600	\$518.00
28405	\$2,572.00		29826	\$6,836.00		33690	\$32.00
28406	\$16,145.00		29827	\$11,327.00		35206	\$4,502.00
28415	\$16,899.00		29848	\$4,968.00		35207	\$2,031.00
28420	\$12,620.00		29874	\$12,989.00		35216	\$14,095.00
28435	\$893.00		29875	\$5,245.00		35226	\$10,031.00
28445	\$20,155.00		29877	\$19,757.00		35236	\$12,338.00
28450	\$427.00		29879	\$6,093.00		35860	\$4,142.00
28455	\$1,155.00		29881	\$3,137.00		36002	\$1,889.00
28465	\$16,739.00		29999	\$121.00		36005	\$1,157.00
28470	\$396.00		30420	\$8,836.00		36010	\$1,530.00
28475	\$201.00		30630	\$3,761.00		36015	\$11.00
28476	\$4,073.00		30901	\$419.00		36140	\$240.00
28485	\$6,876.00		30903	\$561.00		36245	\$1,176.00
28490	\$427.00		30905	\$188.00		36246	\$2,267.00
28495	\$710.00		31231	\$465.00		36247	\$2,684.00
28496	\$7,226.00		31505	\$2,117.00		36252	\$3,384.00
28505	\$5,927.00		31525	\$3,131.00		36410	\$347.00
28510	\$365.00		31526	\$4,575.00		36556	\$1,597.00
28515	\$542.00		31528	\$7,551.00		36558	\$3,128.00
28525	\$5,275.00		31575	\$494.00		36565	\$3,383.00
28546	\$3,763.00		31579	\$1,201.00		36566	\$2,594.00
28575	\$2,255.00		31622	\$1,665.00		36569	\$1,874.00
28600	\$440.00		31624	\$2,641.00		36571	\$3,708.00
28605	\$2,354.00		31652	\$4,557.00		36578	\$2,120.00
28606	\$3,763.00		32160	\$1,649.00		36584	\$3,280.00
28630	\$746.00		32550	\$1,872.00		36589	\$1,487.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
36593	\$661.00		43762	\$1,063.00		49655	\$6,732.00
36598	\$2,334.00		43999	\$9,927.00		49999	\$3,139.00
36600	\$57.00		44120	\$3,792.00		50430	\$1,058.00
36620	\$4,288.00		44373	\$1,444.00		51102	\$3,342.00
36680	\$302.00		45331	\$2,051.00		51600	\$570.00
36833	\$3,383.00		45349	\$1,805.00		51610	\$683.00
37191	\$11,537.00		45378	\$1,277.00		51705	\$481.00
37195	\$719.00		45380	\$3,323.00		52001	\$3,556.00
37225	\$10,806.00		46040	\$9,166.00		52214	\$3,556.00
37229	\$24,345.00		46083	\$485.00		52270	\$8.00
37244	\$19,364.00		46270	\$13,086.00		52341	\$4,448.00
37246	\$371.00		47531	\$554.00		52356	\$7,558.00
37617	\$11,194.00		47536	\$2,165.00		53899	\$7,898.00
37618	\$5,001.00		49083	\$764.00		54520	\$3,338.00
37799	\$5,805.00		49180	\$1,695.00		54600	\$6,365.00
40650	\$1,204.00		49320	\$6,301.00		54670	\$6,510.00
40652	\$1,153.00		49402	\$5,276.00		54690	\$6,291.00
40654	\$4,361.00		49405	\$20,897.00		55110	\$24,658.00
40804	\$1,024.00		49406	\$17,775.00		55120	\$12,932.00
40830	\$651.00		49424	\$567.00		55150	\$98.00
40831	\$141.00		49440	\$3,867.00		59025	\$376.00
41250	\$182.00		49450	\$861.00		59899	\$29.00
41252	\$4,361.00		49451	\$5,461.00		61055	\$1,997.00
41800	\$547.00		49452	\$955.00		61150	\$3,706.00
41899	\$217.00		49465	\$626.00		61450	\$554.00
42100	\$521.00		49505	\$13,151.00		61702	\$189.00
42699	\$4,396.00		49507	\$10,620.00		62264	\$1,380.00
43030	\$794.00		49521	\$6,110.00		62270	\$923.00
43200	\$4,575.00		49561	\$6,765.00		62272	\$2,096.00
43235	\$1,914.00		49566	\$4,484.00		62273	\$1,458.00
43239	\$2,741.00		49568	\$3,792.00		62281	\$3,920.00
43247	\$1,929.00		49572	\$5,257.00		62282	\$7,333.00
43259	\$756.00		49585	\$6,821.00		62284	\$850.00
43450	\$2,395.00		49587	\$8,766.00		62290	\$1,444.00
43499	\$3,679.00		49650	\$10,682.00		62291	\$1,500.00
43752	\$1,361.00		49653	\$13,753.00		62302	\$1,589.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
62303	\$1,501.00		64480	\$375.00		64837	\$2,400.00
62304	\$2,630.00		64483	\$2,041.00		64857	\$3,947.00
62305	\$1,928.00		64486	\$6,847.00		64864	\$2,162.00
62320	\$7,670.00		64488	\$3,524.00		64872	\$1,268.00
62321	\$2,041.00		64490	\$1,792.00		64876	\$741.00
62322	\$2,041.00		64493	\$2,091.00		64890	\$2,738.00
62323	\$2,090.00		64505	\$938.00		64912	\$2,887.00
62325	\$3,707.00		64510	\$1,249.00		64913	\$2,887.00
62326	\$2,432.00		64520	\$1,985.00		64999	\$133.00
62327	\$2,710.00		64530	\$1,225.00		65205	\$280.00
62355	\$4,049.00		64612	\$2,230.00		65210	\$233.00
62362	\$25,353.00		64615	\$264.00		65220	\$317.00
62365	\$4,049.00		64616	\$398.00		65222	\$312.00
63030	\$12,599.00		64630	\$1,315.00		65235	\$641.00
63042	\$8,339.00		64633	\$1,607.00		65270	\$8,155.00
63047	\$7,951.00		64634	\$1,383.00		65275	\$5,694.00
64400	\$474.00		64635	\$2,715.00		65280	\$5,624.00
64405	\$863.00		64636	\$1,309.00		65285	\$8,250.00
64415	\$1,950.00		64640	\$1,634.00		65290	\$5,989.00
64416	\$3,269.00		64642	\$350.00		65435	\$1,390.00
64417	\$998.00		64643	\$856.00		65730	\$381.00
64418	\$1,246.00		64644	\$218.00		65800	\$4,202.00
64420	\$3,112.00		64645	\$218.00		66030	\$8,155.00
64421	\$3,905.00		64646	\$153.00		66250	\$14,551.00
64425	\$1,626.00		64680	\$1,031.00		66852	\$7,217.00
64430	\$554.00		64702	\$2,214.00		66999	\$2,487.00
64445	\$1,454.00		64704	\$1,654.00		67005	\$5,989.00
64446	\$2,053.00		64713	\$14,011.00		67015	\$5,694.00
64447	\$1,445.00		64718	\$2,112.00		67025	\$6,626.00
64448	\$1,360.00		64719	\$3,933.00		67028	\$1,153.00
64449	\$3,995.00		64721	\$4,163.00		67036	\$15,764.00
64450	\$580.00		64831	\$2,168.00		67039	\$7,218.00
64455	\$569.00		64832	\$2,068.00		67101	\$3,162.00
64461	\$3,086.00		64834	\$2,507.00		67107	\$9,890.00
64462	\$3,086.00		64835	\$1,950.00		67108	\$14,979.00
64479	\$1,823.00		64836	\$1,622.00		67113	\$4,238.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
67121	\$5,513.00		70470	\$2,901.00		71550	\$3,521.00
67145	\$994.00		70480	\$2,390.00		71551	\$4,632.00
67515	\$1,112.00		70481	\$3,420.00		71552	\$3,696.00
67700	\$1,893.00		70482	\$5,387.00		71555	\$2,219.00
67930	\$1,448.00		70486	\$2,067.00		72020	\$372.00
67935	\$19,031.00		70487	\$3,308.00		72040	\$433.00
67938	\$661.00		70488	\$3,221.00		72050	\$668.00
68200	\$1,448.00		70490	\$3,151.00		72052	\$673.00
68700	\$4,031.00		70491	\$3,471.00		72070	\$511.00
69000	\$3,865.00		70492	\$6,965.00		72072	\$511.00
69120	\$28,595.00		70496	\$3,770.00		72074	\$570.00
69200	\$323.00		70498	\$3,164.00		72080	\$521.00
69209	\$336.00		70540	\$2,719.00		72082	\$521.00
69210	\$320.00		70543	\$4,312.00		72083	\$1,787.00
69310	\$402.00		70544	\$2,597.00		72100	\$490.00
70010	\$700.00		70546	\$7,048.00		72110	\$806.00
70030	\$349.00		70547	\$2,193.00		72114	\$1,346.00
70100	\$410.00		70548	\$3,894.00		72120	\$822.00
70110	\$551.00		70549	\$3,038.00		72125	\$2,397.00
70120	\$687.00		70551	\$2,552.00		72126	\$3,879.00
70130	\$935.00		70552	\$3,256.00		72127	\$3,755.00
70140	\$290.00		70553	\$3,727.00		72128	\$2,199.00
70150	\$538.00		70554	\$6,593.00		72129	\$4,091.00
70160	\$398.00		71045	\$385.00		72130	\$1,459.00
70200	\$460.00		71046	\$458.00		72131	\$2,406.00
70210	\$557.00		71048	\$457.00		72132	\$3,919.00
70220	\$689.00		71100	\$503.00		72133	\$2,777.00
70240	\$384.00		71101	\$531.00		72141	\$2,436.00
70250	\$450.00		71110	\$642.00		72142	\$4,558.00
70260	\$560.00		71111	\$605.00		72146	\$2,575.00
70320	\$215.00		71120	\$447.00		72147	\$2,148.00
70330	\$694.00		71130	\$574.00		72148	\$2,595.00
70355	\$288.00		71250	\$2,194.00		72149	\$5,608.00
70360	\$331.00		71260	\$2,495.00		72156	\$4,159.00
70450	\$2,128.00		71270	\$2,890.00		72157	\$4,805.00
70460	\$3,429.00		71275	\$3,141.00		72158	\$3,592.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
72170	\$401.00		73221	\$3,347.00		74022	\$592.00
72190	\$343.00		73222	\$3,256.00		74150	\$2,943.00
72191	\$3,247.00		73223	\$3,945.00		74160	\$2,918.00
72192	\$2,512.00		73501	\$315.00		74170	\$8,162.00
72193	\$2,925.00		73502	\$452.00		74174	\$5,054.00
72194	\$5,203.00		73503	\$1,157.00		74175	\$3,748.00
72195	\$2,855.00		73521	\$734.00		74176	\$4,059.00
72196	\$1,739.00		73522	\$759.00		74177	\$4,718.00
72197	\$3,313.00		73523	\$592.00		74178	\$5,098.00
72200	\$225.00		73525	\$535.00		74181	\$3,353.00
72202	\$516.00		73551	\$533.00		74183	\$4,238.00
72220	\$462.00		73552	\$483.00		74220	\$819.00
72270	\$40.00		73560	\$348.00		74230	\$590.00
72295	\$3,855.00		73562	\$454.00		74240	\$2,115.00
73000	\$391.00		73564	\$498.00		74250	\$441.00
73010	\$414.00		73565	\$819.00		74300	\$1,055.00
73020	\$328.00		73580	\$736.00		74420	\$1,364.00
73030	\$455.00		73590	\$422.00		74450	\$686.00
73040	\$476.00		73600	\$322.00		74455	\$1,841.00
73050	\$447.00		73610	\$430.00		75571	\$113.00
73060	\$409.00		73620	\$309.00		75572	\$1,937.00
73070	\$348.00		73630	\$430.00		75574	\$2,216.00
73080	\$440.00		73650	\$357.00		75600	\$322.00
73090	\$393.00		73660	\$312.00		75635	\$3,469.00
73100	\$359.00		73700	\$1,901.00		75710	\$7,227.00
73110	\$427.00		73701	\$2,823.00		75726	\$4,385.00
73120	\$323.00		73702	\$5,071.00		75736	\$3,373.00
73130	\$422.00		73706	\$2,800.00		75756	\$2,749.00
73140	\$318.00		73718	\$3,040.00		75774	\$1,899.00
73200	\$1,674.00		73719	\$5,166.00		75870	\$777.00
73201	\$2,588.00		73720	\$4,334.00		75898	\$685.00
73202	\$9,397.00		73721	\$2,460.00		75989	\$692.00
73206	\$2,947.00		73723	\$5,239.00		76000	\$590.00
73218	\$3,252.00		74018	\$485.00		76098	\$346.00
73219	\$1,806.00		74019	\$489.00		76376	\$499.00
73220	\$3,688.00		74021	\$608.00		76377	\$833.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
76380	\$2,564.00		76998	\$1,073.00		80076	\$265.00
76390	\$1,065.00		76999	\$615.00		80156	\$143.00
76499	\$385.00		77001	\$558.00		80157	\$20.00
76512	\$428.00		77002	\$361.00		80162	\$135.00
76513	\$740.00		77003	\$704.00		80163	\$463.00
76536	\$961.00		77071	\$99.00		80164	\$134.00
76604	\$500.00		77077	\$339.00		80165	\$463.00
76641	\$440.00		77290	\$2,909.00		80170	\$197.00
76642	\$441.00		77300	\$534.00		80171	\$32.00
76700	\$1,424.00		77301	\$3,837.00		80175	\$11.00
76705	\$585.00		77307	\$3,423.00		80176	\$416.00
76706	\$140.00		77334	\$1,753.00		80177	\$38.00
76770	\$1,055.00		77338	\$719.00		80178	\$71.00
76775	\$929.00		77386	\$1,841.00		80184	\$113.00
76801	\$632.00		77412	\$783.00		80185	\$157.00
76802	\$311.00		78215	\$2,008.00		80186	\$19.00
76805	\$941.00		78226	\$1,817.00		80197	\$134.00
76810	\$629.00		78227	\$1,715.00		80201	\$15.00
76811	\$540.00		78306	\$542.00		80202	\$210.00
76812	\$413.00		78451	\$4,987.00		80203	\$44.00
76815	\$448.00		78452	\$3,718.00		80299	\$56.00
76816	\$672.00		78472	\$2,342.00		80335	\$44.00
76817	\$468.00		78492	\$5,711.00		80337	\$113.00
76818	\$1,161.00		78499	\$431.00		80348	\$243.00
76819	\$624.00		78580	\$3,256.00		80349	\$139.00
76820	\$594.00		78582	\$2,211.00		80370	\$203.00
76830	\$968.00		78700	\$1,453.00		81000	\$90.00
76856	\$1,078.00		79999	\$413.00		81001	\$114.00
76857	\$429.00		80047	\$247.00		81002	\$37.00
76870	\$729.00		80048	\$220.00		81003	\$86.00
76881	\$806.00		80050	\$514.00		81005	\$33.00
76882	\$536.00		80051	\$163.00		81015	\$32.00
76936	\$1,396.00		80053	\$327.00		81025	\$123.00
76937	\$635.00		80061	\$223.00		81050	\$36.00
76942	\$892.00		80069	\$164.00		81181	\$151.00
76970	\$471.00		80074	\$324.00		81205	\$154.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
81240	\$68.00		82375	\$80.00		82800	\$274.00
81241	\$45.00		82376	\$86.00		82803	\$294.00
81536	\$69.00		82378	\$176.00		82805	\$289.00
82009	\$69.00		82379	\$142.00		82810	\$148.00
82010	\$104.00		82384	\$30.00		82820	\$86.00
82024	\$14.00		82397	\$483.00		82943	\$16.00
82040	\$144.00		82435	\$49.00		82945	\$158.00
82042	\$11.00		82436	\$97.00		82947	\$54.00
82043	\$116.00		82465	\$23.00		82948	\$20.00
82044	\$140.00		82480	\$18.00		82952	\$20.00
82075	\$38.00		82482	\$18.00		82962	\$25.00
82085	\$23.00		82495	\$44.00		82977	\$61.00
82088	\$44.00		82533	\$131.00		82978	\$5,275.00
82105	\$99.00		82542	\$98.00		82985	\$48.00
82108	\$8.00		82550	\$114.00		83001	\$41.00
82128	\$2,372.00		82552	\$40.00		83002	\$41.00
82131	\$9.00		82553	\$189.00		83003	\$29.00
82135	\$20.00		82565	\$53.00		83010	\$101.00
82140	\$231.00		82570	\$133.00		83018	\$93.00
82150	\$166.00		82575	\$35.00		83020	\$127.00
82160	\$713.00		82585	\$46.00		83021	\$74.00
82164	\$44.00		82595	\$131.00		83030	\$48.00
82172	\$63.00		82600	\$28.00		83036	\$125.00
82175	\$16.00		82607	\$140.00		83045	\$86.00
82232	\$38.00		82652	\$44.00		83050	\$42.00
82247	\$172.00		82656	\$29.00		83068	\$227.00
82248	\$68.00		82664	\$24.00		83080	\$394.00
82252	\$40.00		82693	\$26.00		83090	\$82.00
82270	\$58.00		82705	\$59.00		83500	\$716.00
82272	\$58.00		82728	\$136.00		83505	\$163.00
82274	\$150.00		82731	\$585.00		83516	\$20.00
82306	\$119.00		82735	\$176.00		83519	\$48.00
82310	\$45.00		82746	\$137.00		83520	\$99.00
82330	\$104.00		82747	\$47.00		83540	\$85.00
82365	\$41.00		82784	\$241.00		83550	\$97.00
82374	\$43.00		82785	\$172.00		83605	\$134.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
83615	\$90.00		84157	\$95.00		84600	\$33.00
83630	\$58.00		84165	\$62.00		84620	\$218.00
83655	\$8.00		84166	\$123.00		84630	\$21.00
83690	\$155.00		84202	\$25.00		84681	\$76.00
83695	\$11.00		84207	\$12.00		84702	\$221.00
83721	\$86.00		84235	\$46.00		84703	\$122.00
83735	\$100.00		84238	\$77.00		84704	\$98.00
83785	\$9.00		84244	\$24.00		84999	\$308.00
83789	\$116.00		84275	\$37.00		85002	\$30.00
83825	\$19.00		84285	\$62.00		85004	\$48.00
83835	\$20.00		84295	\$48.00		85007	\$52.00
83872	\$10.00		84300	\$92.00		85008	\$64.00
83873	\$44.00		84305	\$20.00		85014	\$53.00
83874	\$155.00		84311	\$35.00		85018	\$53.00
83880	\$191.00		84402	\$35.00		85025	\$158.00
83883	\$50.00		84403	\$35.00		85027	\$124.00
83885	\$11.00		84425	\$17.00		85032	\$26.00
83916	\$41.00		84436	\$123.00		85044	\$138.00
83921	\$20.00		84439	\$119.00		85045	\$129.00
83930	\$115.00		84442	\$250.00		85046	\$80.00
83935	\$95.00		84443	\$181.00		85048	\$212.00
83970	\$161.00		84450	\$184.00		85049	\$132.00
83986	\$56.00		84460	\$156.00		85055	\$11.00
84075	\$175.00		84466	\$98.00		85060	\$49.00
84100	\$75.00		84478	\$59.00		85130	\$41.00
84112	\$179.00		84479	\$77.00		85220	\$9.00
84132	\$47.00		84480	\$132.00		85230	\$33.00
84133	\$101.00		84481	\$173.00		85240	\$25.00
84134	\$106.00		84484	\$199.00		85244	\$215.00
84135	\$39.00		84485	\$99.00		85250	\$185.00
84145	\$143.00		84510	\$46.00		85300	\$122.00
84146	\$74.00		84520	\$52.00		85302	\$183.00
84153	\$155.00		84540	\$64.00		85303	\$90.00
84154	\$122.00		84550	\$94.00		85305	\$104.00
84155	\$181.00		84560	\$35.00		85306	\$45.00
84156	\$129.00		84588	\$32.00		85307	\$66.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
85335	\$16.00		86146	\$245.00		86615	\$30.00
85347	\$29.00		86147	\$59.00		86617	\$14.00
85362	\$164.00		86148	\$27.00		86618	\$39.00
85370	\$105.00		86160	\$84.00		86622	\$21.00
85378	\$103.00		86161	\$53.00		86635	\$38.00
85379	\$168.00		86200	\$158.00		86638	\$26.00
85380	\$218.00		86225	\$155.00		86644	\$105.00
85384	\$146.00		86235	\$37.00		86645	\$71.00
85385	\$59.00		86255	\$24.00		86658	\$17.00
85390	\$39.00		86256	\$254.00		86663	\$14.00
85396	\$304.00		86301	\$161.00		86664	\$20.00
85397	\$256.00		86304	\$168.00		86665	\$29.00
85421	\$72.00		86308	\$119.00		86677	\$217.00
85460	\$105.00		86317	\$40.00		86684	\$137.00
85520	\$132.00		86318	\$128.00		86687	\$129.00
85576	\$121.00		86320	\$202.00		86689	\$106.00
85597	\$62.00		86334	\$273.00		86694	\$29.00
85610	\$102.00		86335	\$194.00		86695	\$77.00
85613	\$33.00		86341	\$55.00		86696	\$63.00
85651	\$130.00		86355	\$83.00		86698	\$16.00
85652	\$73.00		86356	\$58.00		86701	\$141.00
85670	\$58.00		86357	\$118.00		86702	\$38.00
85705	\$346.00		86359	\$83.00		86703	\$139.00
85730	\$129.00		86360	\$73.00		86704	\$90.00
85732	\$13.00		86361	\$145.00		86705	\$90.00
85810	\$245.00		86376	\$120.00		86706	\$128.00
85999	\$343.00		86382	\$118.00		86707	\$25.00
86000	\$29.00		86403	\$120.00		86708	\$30.00
86003	\$116.00		86430	\$141.00		86709	\$90.00
86021	\$40.00		86431	\$60.00		86735	\$148.00
86022	\$158.00		86480	\$116.00		86738	\$194.00
86038	\$118.00		86510	\$145.00		86747	\$29.00
86039	\$49.00		86593	\$80.00		86753	\$47.00
86060	\$38.00		86603	\$123.00		86759	\$248.00
86140	\$111.00		86606	\$165.00		86762	\$48.00
86141	\$131.00		86612	\$101.00		86765	\$155.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
86780	\$86.00		87076	\$160.00		87278	\$162.00
86787	\$97.00		87077	\$98.00		87305	\$91.00
86789	\$11.00		87081	\$79.00		87324	\$156.00
86790	\$34.00		87086	\$178.00		87328	\$33.00
86800	\$241.00		87088	\$110.00		87329	\$43.00
86803	\$125.00		87101	\$48.00		87339	\$179.00
86804	\$188.00		87102	\$246.00		87340	\$102.00
86806	\$84.00		87106	\$54.00		87341	\$149.00
86812	\$38.00		87107	\$37.00		87350	\$25.00
86850	\$102.00		87110	\$165.00		87380	\$62.00
86870	\$212.00		87116	\$332.00		87385	\$83.00
86880	\$28.00		87140	\$48.00		87389	\$68.00
86885	\$228.00		87147	\$44.00		87390	\$133.00
86886	\$101.00		87149	\$46.00		87400	\$101.00
86900	\$74.00		87150	\$103.00		87425	\$314.00
86901	\$49.00		87153	\$229.00		87427	\$69.00
86902	\$45.00		87168	\$50.00		87430	\$102.00
86904	\$64.00		87176	\$63.00		87449	\$65.00
86905	\$101.00		87177	\$232.00		87476	\$112.00
86920	\$139.00		87181	\$50.00		87480	\$59.00
86921	\$53.00		87184	\$219.00		87483	\$662.00
86922	\$78.00		87185	\$29.00		87485	\$40.00
86923	\$71.00		87186	\$115.00		87486	\$93.00
86927	\$87.00		87188	\$128.00		87490	\$146.00
86950	\$174.00		87205	\$93.00		87493	\$158.00
86971	\$45.00		87206	\$91.00		87496	\$535.00
86999	\$671.00		87207	\$88.00		87498	\$236.00
87003	\$53.00		87209	\$59.00		87500	\$87.00
87015	\$55.00		87210	\$55.00		87502	\$254.00
87040	\$256.00		87220	\$53.00		87503	\$55.00
87045	\$258.00		87230	\$113.00		87505	\$458.00
87046	\$63.00		87252	\$128.00		87507	\$591.00
87070	\$236.00		87254	\$35.00		87510	\$59.00
87071	\$59.00		87270	\$186.00		87516	\$91.00
87073	\$74.00		87275	\$156.00		87517	\$121.00
87075	\$187.00		87276	\$156.00		87520	\$75.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
87521	\$63.00		88300	\$143.00		90676	\$680.00
87529	\$352.00		88302	\$225.00		90714	\$99.00
87530	\$123.00		88304	\$339.00		90715	\$163.00
87532	\$213.00		88305	\$485.00		90732	\$154.00
87535	\$90.00		88307	\$638.00		90791	\$254.00
87536	\$94.00		88311	\$117.00		90792	\$188.00
87551	\$327.00		88312	\$173.00		90839	\$227.00
87556	\$217.00		88313	\$211.00		90847	\$234.00
87561	\$105.00		88321	\$308.00		90870	\$1,718.00
87581	\$41.00		88341	\$286.00		90935	\$3,375.00
87590	\$146.00		88342	\$286.00		90937	\$4,355.00
87631	\$187.00		88372	\$248.00		90945	\$1,851.00
87632	\$1,109.00		88374	\$199.00		90999	\$3,714.00
87633	\$638.00		88380	\$683.00		91010	\$2,182.00
87640	\$191.00		88399	\$1,274.00		91035	\$1,511.00
87641	\$173.00		89050	\$197.00		91037	\$1,331.00
87651	\$114.00		89051	\$188.00		91065	\$416.00
87653	\$97.00		89055	\$20.00		91110	\$204.00
87660	\$59.00		89060	\$95.00		91120	\$430.00
87798	\$107.00		89190	\$20.00		91122	\$5,667.00
87801	\$227.00		90281	\$360.00		91200	\$270.00
87803	\$68.00		90283	\$1,076.00		92015	\$53.00
87806	\$86.00		90284	\$1,697.00		92020	\$356.00
87808	\$201.00		90371	\$1,020.00		92025	\$278.00
87810	\$101.00		90375	\$2,428.00		92060	\$336.00
87880	\$118.00		90376	\$891.00		92071	\$241.00
87899	\$116.00		90384	\$280.00		92082	\$281.00
87901	\$802.00		90389	\$11,160.00		92083	\$667.00
87902	\$61.00		90396	\$1,741.00		92100	\$606.00
87905	\$197.00		90471	\$78.00		92132	\$182.00
88104	\$86.00		90472	\$61.00		92133	\$430.00
88108	\$182.00		90632	\$62.00		92134	\$221.00
88140	\$140.00		90634	\$122.00		92136	\$488.00
88173	\$293.00		90636	\$494.00		92235	\$1,094.00
88184	\$347.00		90670	\$717.00		92240	\$1,424.00
88185	\$44.00		90675	\$751.00		92250	\$280.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
92273	\$1,226.00		92979	\$2,048.00		93457	\$30,029.00
92283	\$902.00		93000	\$383.00		93458	\$12,220.00
92284	\$1,814.00		93005	\$258.00		93459	\$15,080.00
92285	\$477.00		93016	\$1,687.00		93460	\$16,666.00
92286	\$696.00		93017	\$1,104.00		93461	\$16,925.00
92511	\$239.00		93024	\$1,386.00		93462	\$9,035.00
92537	\$1,052.00		93041	\$106.00		93505	\$4,007.00
92538	\$728.00		93042	\$14,973.00		93563	\$27,774.00
92540	\$1,729.00		93050	\$276.00		93564	\$614.00
92544	\$341.00		93225	\$472.00		93567	\$1,764.00
92545	\$341.00		93226	\$613.00		93572	\$2,615.00
92546	\$1,275.00		93229	\$900.00		93590	\$425.00
92547	\$977.00		93270	\$221.00		93609	\$11,728.00
92584	\$371.00		93280	\$158.00		93610	\$596.00
92585	\$555.00		93282	\$223.00		93619	\$15,016.00
92586	\$295.00		93283	\$92.00		93620	\$13,325.00
92587	\$378.00		93284	\$1,169.00		93621	\$8,795.00
92588	\$378.00		93287	\$237.00		93622	\$11,161.00
92607	\$243.00		93289	\$358.00		93631	\$181.00
92613	\$15,266.00		93303	\$1,712.00		93640	\$2,477.00
92620	\$885.00		93306	\$1,861.00		93641	\$3,606.00
92621	\$65.00		93307	\$2,484.00		93650	\$16,549.00
92625	\$217.00		93308	\$866.00		93653	\$25,939.00
92627	\$153.00		93312	\$1,915.00		93654	\$33,059.00
92920	\$16,713.00		93315	\$829.00		93655	\$10,561.00
92921	\$8,006.00		93318	\$2,779.00		93656	\$30,329.00
92928	\$19,457.00		93321	\$428.00		93657	\$10,265.00
92929	\$8,479.00		93325	\$415.00		93660	\$2,045.00
92933	\$12,405.00		93350	\$1,882.00		93701	\$105.00
92937	\$42,941.00		93351	\$1,599.00		93786	\$245.00
92941	\$22,989.00		93355	\$1,698.00		93788	\$644.00
92943	\$18,068.00		93451	\$8,219.00		93880	\$1,054.00
92950	\$908.00		93452	\$14,598.00		93882	\$824.00
92960	\$1,392.00		93454	\$9,974.00		93922	\$527.00
92971	\$2,573.00		93455	\$12,006.00		93923	\$547.00
92978	\$3,443.00		93456	\$12,344.00		93924	\$766.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
93925	\$1,255.00		94762	\$249.00		95938	\$1,297.00
93926	\$661.00		94770	\$239.00		95939	\$1,298.00
93930	\$1,644.00		94799	\$135.00		95941	\$572.00
93931	\$814.00		95012	\$98.00		95955	\$603.00
93970	\$1,006.00		95805	\$5,553.00		95957	\$410.00
93971	\$746.00		95806	\$1,282.00		95971	\$575.00
93975	\$853.00		95811	\$6,109.00		95972	\$2,205.00
93976	\$662.00		95812	\$935.00		95992	\$129.00
93978	\$733.00		95813	\$1,019.00		96146	\$15.00
93979	\$1,135.00		95816	\$758.00		96360	\$262.00
93980	\$369.00		95819	\$833.00		96361	\$130.00
93990	\$722.00		95860	\$176.00		96365	\$304.00
94010	\$189.00		95861	\$566.00		96366	\$118.00
94060	\$492.00		95864	\$710.00		96367	\$149.00
94070	\$784.00		95865	\$274.00		96369	\$69.00
94150	\$134.00		95866	\$455.00		96370	\$62.00
94200	\$109.00		95867	\$343.00		96371	\$166.00
94375	\$133.00		95868	\$325.00		96372	\$108.00
94450	\$2,519.00		95870	\$347.00		96373	\$169.00
94452	\$176.00		95885	\$308.00		96374	\$152.00
94618	\$692.00		95887	\$187.00		96375	\$135.00
94621	\$1,073.00		95907	\$404.00		96376	\$127.00
94640	\$100.00		95908	\$457.00		96401	\$205.00
94644	\$75.00		95909	\$849.00		96409	\$743.00
94645	\$75.00		95910	\$869.00		96413	\$1,093.00
94660	\$667.00		95911	\$1,473.00		96415	\$99.00
94667	\$466.00		95912	\$2,995.00		96416	\$987.00
94668	\$89.00		95913	\$1,781.00		96417	\$222.00
94681	\$450.00		95923	\$274.00		96521	\$749.00
94690	\$333.00		95924	\$373.00		96900	\$142.00
94726	\$378.00		95925	\$858.00		96999	\$403.00
94727	\$1,015.00		95926	\$1,858.00		97803	\$41.00
94728	\$121.00		95927	\$1,733.00		99001	\$63.00
94729	\$375.00		95929	\$2,414.00		99183	\$2,280.00
94760	\$51.00		95930	\$840.00		99190	\$128.00
94761	\$109.00		95937	\$197.00		99191	\$36.00

CPT Code	Base Rate	CPT Code	Base Rate	CPT Code	Base Rate
99195	\$405.00	G0328	\$117.00		
99199	\$152.00	G0378	\$102.00		
99201	\$158.00	G0380	\$212.00		
99202	\$171.00	G0381	\$546.00		
99203	\$263.00	G0382	\$918.00		
99204	\$281.00	G0383	\$1,293.00		
99205	\$235.00	G0384	\$818.00		
99211	\$137.00	G0390	\$4,434.00		
99212	\$149.00	G0422	\$323.00		
99213	\$140.00	G0423	\$228.00		
99214	\$185.00	G0424	\$206.00		
99215	\$178.00	G0432	\$323.00		
99241	\$825.00	G0433	\$122.00		
99242	\$484.00	G0435	\$293.00		
99244	\$227.00	G0453	\$121.00		
99245	\$150.00	G0463	\$167.00		
99281	\$229.00	G0475	\$14.00		
99282	\$353.00				
99283	\$621.00				
99284	\$905.00				
99285	\$1,335.00				
99291	\$1,868.00				
99292	\$730.00				
99401	\$26.00				
99402	\$56.00				
99499	\$128.00				
G0009	\$71.00				
G0010	\$75.00				
G0168	\$44.00				
G0259	\$1,632.00				
G0269	\$317.00				
G0278	\$4,080.00				
G0281	\$44.00				
G0282	\$317.00				
G0289	\$2,086.00				
G0297	\$55.00				

**Appendix B.1: Base Rates for CPT[®] or
HCPCS Level II[®] Codes Not Listed in
Appendix B**
Subject to modification based on county of service.
See Appendix A

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
(10004-10021)	\$1,420.00		(41800-41899)	\$382.00		(73501-73725)	\$563.50
(10030-11646)	\$1,285.50		(42000-42299)	\$521.00		(74018-74190)	\$3,550.50
(11719-11765)	\$497.00		(42300-42699)	\$4,396.00		(74210-74363)	\$819.00
(11900-11983)	\$656.00		(43020-43499)	\$2,162.00		(74400-74485)	\$1,364.00
(12001-16036)	\$875.00		(43500-43999)	\$1,361.00		(75557-75574)	\$1,937.00
(17000-17999)	\$513.00		(44005-44799)	\$2,618.00		(75600-75989)	\$2,324.00
(20100-20999)	\$988.00		(45000-45999)	\$1,928.00		(76000-76499)	\$590.00
(21010-21499)	\$5,438.00		(46020-46999)	\$9,166.00		(76506-76536)	\$740.00
(21501-21899)	\$5,752.50		(47400-47999)	\$1,359.50		(76604-76642)	\$441.00
(22010-22899)	\$8,621.00		(49000-49999)	\$5,461.00		(76700-76776)	\$929.00
(23000-23929)	\$942.00		(50010-50593)	\$1,058.00		(76801-76857)	\$624.00
(23930-24999)	\$4,267.00		(51020-52700)	\$3,342.00		(76870-76873)	\$729.00
(25000-25999)	\$4,100.00		(53000-53899)	\$7,898.00		(76881-76886)	\$671.00
(26010-26989)	\$3,120.00		(54500-54699)	\$6,328.00		(76932-76965)	\$892.00
(26990-27299)	\$1,101.50		(55100-55180)	\$12,932.00		(76970-76999)	\$615.00
(27301-27599)	\$6,093.00		(59000-59076)	\$376.00		(77071-77086)	\$219.00
(27600-27899)	\$3,220.00		(59866-59899)	\$29.00		(77261-77293, 77299)	\$2,909.00
(28001-28899)	\$2,354.00		(61000-62258)	\$1,275.50		(77295,77300- 77370)	\$1,753.00
(29000-29799)	\$856.00		(62263-63746)	\$2,264.00		(77385-77387, 77401-77417, 77424-77425)	\$1,312.00
(29800-29999)	\$6,524.00		(64400-64999)	\$1,654.00		(78012-78999)	\$2,110.00
(30000-30999)	\$561.00		(65091-65290)	\$3,132.50		(79005-79999)	\$413.00
(31000-31299)	\$465.00		(65400-66999)	\$4,202.00		(80047-80081)	\$247.00
(31300-31599)	\$2,624.00		(67005-67299)	\$5,841.50		(80145-80299)	\$123.50
(31600-31899)	\$2,641.00		(67311-67999)	\$1,448.00		(80320-80377, 83992)	\$139.00
(32035-32999)	\$1,668.00		(68020-68899)	\$2,739.50		(81000-81099)	\$61.50
(33016-33999)	\$518.00		(69000-69399)	\$369.00		(81105-81408, 81479)	\$109.50
(34001-37799)	\$2,639.00		(70010-70559)	\$2,291.50		(81490-81599)	\$69.00
(40490-40799)	\$1,204.00		(71045-71555)	\$642.00		(82009-84999)	\$77.00
(40800-40899)	\$651.00		(72020-72295)	\$2,173.50		(85002-85999)	\$102.00
(41000-41599)	\$2,271.50		(73000-73225)	\$447.00		(86000-86804)	\$90.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
(86805-86849)	\$61.00		(93922-93931)	\$766.00			
(86850-86999)	\$83.00		(93975-93981)	\$733.00			
(87003-87999)	\$105.00		(93985-93990)	\$722.00			
(88104-88199)	\$161.00		(94010-94799)	\$239.00			
(88300-88399)	\$286.00		(95004-95071)	\$98.00			
(89049-89240)	\$95.00		(95782, 95783, 95800-95811)	\$5,553.00			
(90281-90399)	\$1,076.00		(95812-95827, 95830)	\$884.00			
(90460-90474)	\$69.50		(95860-95872, 95885-95887)	\$334.00			
(90476-90756)	\$163.00		(95905-95913)	\$869.00			
(90791-90899)	\$234.00		(95921-95924, 95943)	\$323.50			
(90935-90940)	\$3,865.00		(95925-95939)	\$1,297.50			
(90945-90947)	\$1,851.00		(95940-95941)	\$572.00			
(91010-91131, 91134-91199)	\$1,331.00		(95954-95967, 95700-95726)	\$506.50			
(91200-91299)	\$270.00		(95970-95984)	\$1,390.00			
(92015-92287)	\$453.50		(95990-95999)	\$129.00			
(92502-92530, 92535-92536, 92598-92600, 92634-92649, 92641-92699)	\$239.00		(96116, 96121, 96130-96139, 96146)	\$15.00			
(92537-92549)	\$977.00		(96365-96379)	\$135.00			
(92550-92596)	\$378.00		(96401-96549)	\$743.00			
(92597, 92601- 92633)	\$230.00		(96900-96999)	\$273.00			
(92920-92998)	\$8,479.00		(97802-97804)	\$41.00			
(93000-93050)	\$743.50		(99000-99082)	\$63.00			
(93224-93278)	\$542.50		(99170-99199)	\$152.00			
(93264, 93279- 93298)	\$230.00		(99241-99245)	\$355.50			
(93303-93356)	\$1,705.00		(99401-99429)	\$41.00			
(93451-93592)	\$12,006.00						
(93600-93662)	\$10,861.00						
(93701-93790)	\$245.00						
(93880-93895)	\$939.00						

Appendix C: Base Rates for Scheduled Outpatient Surgical Services

**Subject to modification based on county of service.
See Appendix A**

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
10021	\$469.00		11426	\$7,348.00		12044	\$5,408.00
10030	\$1,455.00		11442	\$8,530.00		12051	\$242.00
10035	\$440.00		11443	\$1,989.00		12052	\$903.00
10060	\$487.00		11446	\$7,838.00		12053	\$850.00
10061	\$717.00		11602	\$3,307.00		12055	\$2,703.00
10120	\$2,702.00		11606	\$13,612.00		13100	\$5,693.00
10121	\$4,605.00		11720	\$410.00		13101	\$2,274.00
10140	\$4,354.00		11730	\$1,064.00		13102	\$2,612.00
10160	\$577.00		11732	\$5,150.00		13120	\$2,763.00
10180	\$3,331.00		11740	\$162.00		13121	\$3,475.00
11000	\$675.00		11750	\$4,056.00		13122	\$1,846.00
11005	\$9,987.00		11760	\$2,313.00		13131	\$2,022.00
11008	\$7,622.00		11762	\$4,979.00		13132	\$2,803.00
11010	\$2,782.00		11960	\$10,539.00		13133	\$2,777.00
11011	\$6,921.00		11971	\$7,330.00		13151	\$903.00
11012	\$2,371.00		11981	\$2,926.00		13152	\$1,299.00
11042	\$613.00		11982	\$6,405.00		13153	\$1,201.00
11043	\$935.00		11983	\$3,730.00		13160	\$4,300.00
11044	\$2,160.00		12001	\$253.00		14000	\$3,568.00
11045	\$403.00		12002	\$439.00		14001	\$6,455.00
11046	\$1,066.00		12004	\$242.00		14020	\$6,049.00
11047	\$1,379.00		12005	\$496.00		14021	\$3,701.00
11106	\$643.00		12006	\$2,010.00		14040	\$2,629.00
11300	\$937.00		12011	\$206.00		14041	\$4,715.00
11305	\$269.00		12013	\$242.00		14060	\$5,731.00
11400	\$6,940.00		12014	\$242.00		14061	\$1,993.00
11401	\$11,244.00		12015	\$242.00		14301	\$3,555.00
11402	\$1,577.00		12020	\$5,516.00		14302	\$2,896.00
11403	\$4,185.00		12031	\$242.00		14350	\$6,607.00
11404	\$7,685.00		12032	\$242.00		15002	\$2,897.00
11406	\$4,361.00		12034	\$242.00		15003	\$1,664.00
11420	\$3,793.00		12035	\$4,968.00		15004	\$3,630.00
11421	\$2,029.00		12036	\$15,632.00		15005	\$1,303.00
11422	\$4,888.00		12037	\$17,323.00		15050	\$2,210.00
11423	\$1,989.00		12041	\$230.00		15100	\$4,139.00
11424	\$4,446.00		12042	\$242.00		15101	\$1,947.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
15110	\$1,517.00		15760	\$1,103.00		20240	\$5,383.00
15115	\$2,356.00		15770	\$4,963.00		20245	\$7,092.00
15120	\$4,931.00		15777	\$6,751.00		20520	\$3,226.00
15121	\$2,989.00		15783	\$9,000.00		20525	\$5,776.00
15130	\$13,875.00		15820	\$15,553.00		20670	\$4,625.00
15135	\$9,826.00		15852	\$2,389.00		20680	\$3,717.00
15155	\$6,456.00		15946	\$1,818.00		20690	\$7,511.00
15156	\$8,086.00		16020	\$254.00		20692	\$5,577.00
15200	\$9,075.00		16025	\$442.00		20693	\$6,744.00
15201	\$9,075.00		16030	\$402.00		20694	\$4,647.00
15220	\$5,999.00		16035	\$3,869.00		20697	\$4,501.00
15221	\$6,240.00		17106	\$272.00		20816	\$7,229.00
15240	\$3,914.00		17107	\$887.00		20822	\$1,732.00
15241	\$3,190.00		17108	\$1,372.00		20827	\$15,785.00
15260	\$13,847.00		17110	\$6,365.00		20900	\$5,286.00
15271	\$1,047.00		17111	\$1,097.00		20902	\$6,085.00
15272	\$1,188.00		17250	\$137.00		20910	\$598.00
15273	\$1,803.00		17311	\$4,533.00		20912	\$5,960.00
15274	\$1,656.00		17999	\$4,889.00		20924	\$14,697.00
15275	\$1,768.00		19083	\$464.00		20930	\$4,534.00
15276	\$2,263.00		19125	\$74.00		20931	\$4,634.00
15277	\$1,754.00		19328	\$4,276.00		20936	\$4,486.00
15278	\$1,326.00		19330	\$4,579.00		20937	\$4,547.00
15570	\$22,261.00		19340	\$6,200.00		20938	\$7,022.00
15574	\$3,384.00		19342	\$42,184.00		20939	\$8,062.00
15576	\$2,704.00		19370	\$3,235.00		20956	\$8,197.00
15600	\$4,338.00		19371	\$4,016.00		20999	\$4,180.00
15610	\$2,719.00		19380	\$6,896.00		21026	\$7,134.00
15620	\$4,924.00		20101	\$3,207.00		21210	\$5,935.00
15630	\$3,754.00		20102	\$9,712.00		21215	\$4,273.00
15731	\$9,669.00		20103	\$3,540.00		21230	\$22,603.00
15734	\$7,552.00		20200	\$15,964.00		21235	\$7,324.00
15736	\$4,638.00		20205	\$8,499.00		21240	\$16,710.00
15738	\$2,415.00		20206	\$1,170.00		21248	\$5,555.00
15740	\$3,309.00		20220	\$2,398.00		21249	\$2,144.00
15757	\$3,267.00		20225	\$2,439.00		21256	\$13,034.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
21275	\$13,811.00		22216	\$6,250.00		22858	\$12,784.00
21282	\$4,887.00		22327	\$8,557.00		22859	\$5,636.00
21299	\$8,773.00		22510	\$6,077.00		22861	\$9,903.00
21320	\$4,660.00		22511	\$4,411.00		22864	\$1,573.00
21325	\$8,861.00		22512	\$4,411.00		22867	\$17,209.00
21330	\$8,803.00		22513	\$7,016.00		22899	\$12,098.00
21335	\$3,530.00		22514	\$7,564.00		22900	\$8,283.00
21336	\$6,574.00		22515	\$5,534.00		22901	\$6,171.00
21337	\$3,622.00		22526	\$4,971.00		22903	\$9,637.00
21343	\$10,919.00		22527	\$6,111.00		22999	\$4,531.00
21346	\$6,423.00		22551	\$4,013.00		23000	\$7,237.00
21355	\$3,869.00		22552	\$4,387.00		23020	\$9,471.00
21356	\$4,440.00		22554	\$4,012.00		23030	\$8,462.00
21360	\$7,646.00		22558	\$7,972.00		23065	\$5,151.00
21365	\$13,170.00		22585	\$3,778.00		23071	\$2,963.00
21385	\$4,729.00		22600	\$2,861.00		23076	\$5,401.00
21386	\$2,408.00		22612	\$6,816.00		23105	\$13,241.00
21387	\$7,683.00		22614	\$3,005.00		23106	\$9,476.00
21390	\$5,990.00		22630	\$5,354.00		23120	\$3,384.00
21406	\$7,016.00		22632	\$8,062.00		23125	\$4,800.00
21407	\$19,646.00		22633	\$6,655.00		23130	\$3,452.00
21422	\$2,769.00		22634	\$5,774.00		23140	\$2,346.00
21445	\$3,404.00		22800	\$3,461.00		23150	\$2,288.00
21453	\$7,897.00		22830	\$2,164.00		23156	\$6,040.00
21461	\$14,261.00		22840	\$3,909.00		23200	\$7,207.00
21462	\$9,140.00		22842	\$6,253.00		23330	\$5,422.00
21470	\$18,580.00		22845	\$2,875.00		23333	\$5,221.00
21499	\$6,356.00		22846	\$2,944.00		23395	\$32,480.00
21501	\$3,895.00		22849	\$14,990.00		23405	\$5,333.00
21555	\$5,325.00		22850	\$14,663.00		23406	\$3,395.00
21600	\$12,386.00		22852	\$8,983.00		23410	\$5,583.00
21615	\$5,429.00		22853	\$4,173.00		23412	\$4,558.00
22010	\$6,960.00		22854	\$1,987.00		23415	\$2,984.00
22100	\$1,094.00		22855	\$6,012.00		23420	\$5,070.00
22210	\$3,347.00		22856	\$13,632.00		23430	\$3,457.00
22214	\$6,253.00		22857	\$24,851.00		23440	\$7,060.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
23455	\$10,591.00		24164	\$6,066.00		24666	\$10,278.00
23460	\$12,602.00		24200	\$907.00		24685	\$11,529.00
23462	\$26,641.00		24201	\$3,308.00		24935	\$1,050.00
23465	\$7,432.00		24300	\$3,922.00		24999	\$1,165.00
23466	\$10,004.00		24305	\$2,137.00		25000	\$2,858.00
23470	\$11,591.00		24332	\$7,946.00		25001	\$3,205.00
23472	\$14,302.00		24340	\$6,408.00		25020	\$3,603.00
23473	\$13,233.00		24341	\$5,825.00		25028	\$4,230.00
23474	\$20,768.00		24342	\$8,360.00		25031	\$6,271.00
23480	\$24,761.00		24343	\$5,744.00		25040	\$3,248.00
23485	\$17,811.00		24344	\$13,689.00		25071	\$3,558.00
23515	\$13,505.00		24345	\$8,562.00		25073	\$4,894.00
23550	\$12,427.00		24346	\$7,562.00		25076	\$17,204.00
23552	\$16,714.00		24357	\$4,847.00		25085	\$2,621.00
23585	\$14,029.00		24358	\$6,150.00		25101	\$2,356.00
23615	\$14,370.00		24359	\$4,917.00		25105	\$3,470.00
23616	\$14,135.00		24363	\$7,628.00		25107	\$4,763.00
23630	\$5,306.00		24365	\$14,104.00		25109	\$9,158.00
23670	\$15,102.00		24366	\$12,446.00		25111	\$3,866.00
23680	\$10,019.00		24370	\$10,124.00		25112	\$5,370.00
23700	\$2,354.00		24420	\$2,986.00		25115	\$2,812.00
23930	\$12,824.00		24430	\$22,319.00		25116	\$3,200.00
24006	\$8,396.00		24435	\$15,719.00		25118	\$7,357.00
24076	\$3,438.00		24515	\$13,515.00		25120	\$6,762.00
24101	\$7,123.00		24516	\$15,299.00		25130	\$5,840.00
24102	\$11,941.00		24545	\$16,427.00		25135	\$7,702.00
24105	\$5,495.00		24546	\$23,532.00		25145	\$4,442.00
24110	\$9,170.00		24575	\$14,521.00		25150	\$3,823.00
24120	\$8,816.00		24579	\$11,213.00		25210	\$8,780.00
24130	\$6,520.00		24586	\$11,380.00		25215	\$6,256.00
24134	\$8,261.00		24587	\$4,742.00		25230	\$8,338.00
24138	\$4,477.00		24605	\$4,291.00		25240	\$6,515.00
24140	\$5,868.00		24615	\$8,471.00		25248	\$5,118.00
24147	\$1,165.00		24635	\$7,328.00		25259	\$2,837.00
24149	\$10,762.00		24655	\$5,518.00		25260	\$5,496.00
24152	\$7,453.00		24665	\$9,776.00		25263	\$3,274.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
25265	\$3,986.00		25650	\$5,977.00		26140	\$2,653.00
25270	\$2,040.00		25651	\$4,763.00		26145	\$3,016.00
25272	\$8,761.00		25652	\$5,302.00		26160	\$5,111.00
25274	\$4,876.00		25660	\$10,331.00		26180	\$6,257.00
25275	\$5,500.00		25670	\$7,388.00		26210	\$4,504.00
25280	\$5,275.00		25671	\$5,689.00		26215	\$2,653.00
25290	\$7,640.00		25676	\$5,429.00		26235	\$1,550.00
25301	\$2,787.00		25685	\$8,117.00		26236	\$4,411.00
25310	\$4,090.00		25695	\$11,711.00		26320	\$3,205.00
25312	\$8,092.00		25800	\$12,189.00		26350	\$4,811.00
25320	\$9,530.00		25810	\$8,583.00		26352	\$12,071.00
25332	\$5,185.00		25820	\$7,854.00		26356	\$4,093.00
25337	\$5,375.00		25825	\$12,075.00		26357	\$3,043.00
25350	\$9,585.00		25830	\$3,495.00		26358	\$9,542.00
25360	\$9,526.00		25907	\$2,125.00		26370	\$4,342.00
25390	\$8,062.00		25909	\$14,184.00		26372	\$10,475.00
25391	\$6,388.00		25931	\$11,059.00		26373	\$4,712.00
25400	\$14,451.00		25999	\$46,687.00		26390	\$8,192.00
25405	\$13,876.00		26010	\$1,251.00		26392	\$14,465.00
25425	\$9,011.00		26011	\$1,295.00		26410	\$4,761.00
25431	\$3,364.00		26020	\$1,990.00		26412	\$5,875.00
25440	\$11,270.00		26034	\$2,747.00		26415	\$4,949.00
25446	\$10,836.00		26035	\$10,519.00		26418	\$2,499.00
25447	\$8,073.00		26037	\$562.00		26420	\$6,248.00
25515	\$9,928.00		26040	\$2,521.00		26426	\$6,087.00
25525	\$24,904.00		26055	\$2,143.00		26432	\$5,542.00
25526	\$8,531.00		26070	\$3,500.00		26433	\$4,157.00
25545	\$14,855.00		26075	\$5,417.00		26434	\$6,740.00
25574	\$702.00		26080	\$4,462.00		26437	\$3,061.00
25575	\$9,407.00		26110	\$5,000.00		26440	\$2,812.00
25606	\$4,913.00		26113	\$9,525.00		26442	\$1,996.00
25607	\$6,580.00		26115	\$6,160.00		26445	\$2,287.00
25608	\$5,825.00		26116	\$5,096.00		26449	\$3,251.00
25609	\$7,380.00		26123	\$5,554.00		26455	\$2,484.00
25628	\$7,667.00		26130	\$3,534.00		26460	\$2,564.00
25645	\$10,376.00		26135	\$2,786.00		26471	\$3,520.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
26477	\$10,450.00		26615	\$5,506.00		27235	\$11,643.00
26478	\$3,653.00		26650	\$1,621.00		27236	\$9,556.00
26480	\$2,529.00		26665	\$5,385.00		27245	\$11,888.00
26483	\$5,054.00		26676	\$3,620.00		27248	\$14,109.00
26485	\$6,428.00		26685	\$5,066.00		27275	\$4,886.00
26490	\$3,435.00		26706	\$3,316.00		27279	\$7,313.00
26492	\$4,122.00		26715	\$3,061.00		27280	\$16,957.00
26497	\$7,231.00		26727	\$5,776.00		27299	\$11,167.00
26498	\$4,333.00		26735	\$5,181.00		27301	\$6,986.00
26499	\$3,309.00		26746	\$6,482.00		27305	\$4,085.00
26500	\$3,441.00		26756	\$4,604.00		27306	\$4,036.00
26502	\$4,817.00		26765	\$3,312.00		27310	\$6,364.00
26508	\$2,747.00		26776	\$5,107.00		27327	\$3,176.00
26516	\$6,113.00		26785	\$8,669.00		27328	\$1,736.00
26520	\$2,449.00		26843	\$3,205.00		27331	\$3,007.00
26525	\$2,214.00		26844	\$8,483.00		27332	\$2,358.00
26530	\$4,026.00		26850	\$5,686.00		27333	\$27,616.00
26531	\$5,164.00		26852	\$11,324.00		27334	\$8,650.00
26535	\$5,912.00		26860	\$7,226.00		27337	\$7,576.00
26536	\$10,983.00		26861	\$2,589.00		27339	\$2,830.00
26540	\$5,908.00		26862	\$9,197.00		27340	\$4,181.00
26541	\$8,479.00		26910	\$7,573.00		27345	\$13,946.00
26542	\$6,882.00		26951	\$5,469.00		27350	\$4,370.00
26545	\$1,131.00		26952	\$5,820.00		27355	\$21,698.00
26546	\$6,853.00		27005	\$5,675.00		27360	\$3,608.00
26548	\$5,012.00		27006	\$3,640.00		27372	\$7,157.00
26555	\$14,787.00		27025	\$1,526.00		27380	\$10,218.00
26560	\$13,846.00		27045	\$18,283.00		27381	\$7,839.00
26565	\$2,716.00		27047	\$866.00		27385	\$10,961.00
26567	\$7,471.00		27060	\$26,958.00		27386	\$21,931.00
26568	\$4,004.00		27062	\$7,451.00		27394	\$2,230.00
26591	\$4,025.00		27080	\$7,266.00		27405	\$6,752.00
26593	\$3,016.00		27090	\$13,090.00		27407	\$14,189.00
26605	\$6,343.00		27110	\$421.00		27409	\$8,010.00
26607	\$4,217.00		27215	\$19,941.00		27412	\$7,153.00
26608	\$4,869.00		27217	\$13,577.00		27415	\$9,808.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
27418	\$7,014.00		27613	\$11,183.00		27709	\$7,888.00
27420	\$18,488.00		27614	\$8,852.00		27720	\$8,550.00
27422	\$5,087.00		27618	\$1,957.00		27722	\$6,557.00
27425	\$7,711.00		27619	\$4,307.00		27724	\$9,410.00
27427	\$7,244.00		27620	\$3,916.00		27726	\$7,036.00
27428	\$18,979.00		27625	\$3,027.00		27758	\$8,836.00
27429	\$9,756.00		27626	\$6,267.00		27759	\$8,275.00
27430	\$9,661.00		27630	\$8,867.00		27766	\$6,784.00
27435	\$1,333.00		27634	\$6,445.00		27769	\$9,736.00
27438	\$16,623.00		27635	\$3,532.00		27784	\$9,130.00
27441	\$11,894.00		27640	\$3,622.00		27792	\$8,153.00
27442	\$20,309.00		27641	\$3,539.00		27814	\$10,935.00
27445	\$8,674.00		27647	\$8,435.00		27822	\$10,173.00
27446	\$17,134.00		27650	\$9,245.00		27823	\$7,939.00
27447	\$21,322.00		27652	\$9,081.00		27825	\$2,424.00
27470	\$16,609.00		27654	\$7,981.00		27826	\$25,642.00
27472	\$6,013.00		27658	\$6,823.00		27827	\$8,912.00
27486	\$27,441.00		27659	\$4,249.00		27828	\$12,325.00
27506	\$19,973.00		27664	\$4,897.00		27829	\$5,687.00
27509	\$6,523.00		27665	\$16,982.00		27832	\$5,359.00
27514	\$6,988.00		27675	\$12,150.00		27846	\$2,300.00
27524	\$9,241.00		27676	\$5,146.00		27848	\$2,425.00
27530	\$8,912.00		27680	\$5,457.00		27870	\$9,655.00
27532	\$5,069.00		27681	\$3,898.00		27871	\$5,333.00
27535	\$13,040.00		27685	\$6,109.00		27880	\$18,692.00
27536	\$12,875.00		27686	\$3,027.00		27884	\$16,118.00
27566	\$2,734.00		27687	\$5,113.00		27886	\$4,904.00
27596	\$9,214.00		27690	\$3,889.00		27892	\$25,642.00
27599	\$4,453.00		27691	\$5,521.00		27899	\$5,411.00
27600	\$8,947.00		27692	\$4,939.00		28002	\$4,217.00
27601	\$5,031.00		27695	\$4,814.00		28003	\$4,217.00
27602	\$4,267.00		27696	\$7,525.00		28005	\$4,551.00
27603	\$4,571.00		27698	\$5,664.00		28008	\$4,115.00
27606	\$6,523.00		27700	\$8,590.00		28020	\$4,499.00
27610	\$4,495.00		27702	\$7,973.00		28022	\$2,827.00
27612	\$8,314.00		27707	\$5,245.00		28035	\$4,721.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
28039	\$7,267.00		28297	\$3,248.00		28755	\$16,552.00
28041	\$8,490.00		28298	\$2,936.00		28805	\$6,487.00
28043	\$3,255.00		28300	\$5,698.00		28810	\$5,871.00
28045	\$5,489.00		28304	\$3,427.00		28820	\$4,870.00
28054	\$8,780.00		28306	\$7,820.00		28825	\$6,277.00
28055	\$1,342.00		28308	\$7,471.00		28899	\$4,542.00
28060	\$5,309.00		28309	\$9,731.00		29804	\$7,787.00
28080	\$5,186.00		28312	\$3,550.00		29805	\$6,334.00
28090	\$2,195.00		28313	\$3,314.00		29806	\$4,749.00
28100	\$5,755.00		28315	\$6,086.00		29807	\$4,048.00
28104	\$8,694.00		28320	\$4,537.00		29819	\$4,871.00
28112	\$4,302.00		28322	\$8,871.00		29820	\$4,655.00
28113	\$5,041.00		28415	\$14,370.00		29821	\$4,313.00
28118	\$6,584.00		28420	\$22,432.00		29822	\$3,424.00
28119	\$7,313.00		28445	\$8,754.00		29823	\$3,860.00
28120	\$5,083.00		28446	\$7,206.00		29824	\$2,909.00
28122	\$1,479.00		28455	\$2,177.00		29825	\$6,881.00
28124	\$8,267.00		28465	\$7,217.00		29826	\$3,887.00
28160	\$5,996.00		28476	\$2,175.00		29827	\$3,916.00
28190	\$4,570.00		28485	\$5,614.00		29828	\$3,234.00
28192	\$9,218.00		28496	\$4,335.00		29834	\$5,482.00
28193	\$6,910.00		28505	\$5,705.00		29835	\$5,834.00
28200	\$4,882.00		28525	\$4,577.00		29836	\$7,805.00
28202	\$5,089.00		28555	\$12,175.00		29837	\$3,774.00
28208	\$11,428.00		28606	\$9,716.00		29838	\$2,986.00
28210	\$11,570.00		28615	\$5,737.00		29840	\$3,625.00
28225	\$12,469.00		28636	\$11,707.00		29844	\$9,505.00
28226	\$732.00		28645	\$5,854.00		29845	\$6,196.00
28230	\$13,170.00		28705	\$9,863.00		29846	\$4,625.00
28232	\$2,065.00		28715	\$17,292.00		29848	\$2,464.00
28238	\$8,788.00		28725	\$6,262.00		29850	\$13,060.00
28270	\$3,347.00		28730	\$7,924.00		29851	\$7,415.00
28285	\$4,499.00		28735	\$16,123.00		29855	\$6,227.00
28288	\$12,524.00		28737	\$22,139.00		29856	\$3,754.00
28289	\$3,593.00		28740	\$4,911.00		29861	\$4,550.00
28291	\$9,388.00		28750	\$9,818.00		29862	\$11,698.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
29863	\$10,786.00		30140	\$4,469.00		31571	\$7,841.00
29866	\$9,584.00		30310	\$11,624.00		31573	\$3,238.00
29867	\$4,749.00		30410	\$15,572.00		31590	\$6,663.00
29868	\$6,703.00		30420	\$7,580.00		31591	\$7,841.00
29870	\$4,439.00		30435	\$10,119.00		31599	\$9,488.00
29873	\$3,178.00		30465	\$6,115.00		31615	\$1,577.00
29874	\$5,016.00		30520	\$4,469.00		31622	\$3,291.00
29875	\$3,153.00		30620	\$4,874.00		31623	\$3,409.00
29876	\$2,962.00		30901	\$241.00		31624	\$5,818.00
29877	\$3,697.00		30906	\$285.00		31625	\$3,346.00
29879	\$2,219.00		30930	\$3,464.00		31626	\$3,346.00
29880	\$3,611.00		30999	\$3,679.00		31627	\$3,346.00
29881	\$3,934.00		31020	\$2,690.00		31628	\$2,357.00
29882	\$5,572.00		31040	\$5,653.00		31630	\$4,560.00
29883	\$6,752.00		31200	\$2,104.00		31634	\$1,735.00
29884	\$6,667.00		31237	\$2,802.00		31635	\$3,883.00
29886	\$8,103.00		31238	\$4,322.00		31640	\$10,510.00
29887	\$5,096.00		31240	\$3,762.00		31641	\$5,517.00
29888	\$5,880.00		31254	\$6,107.00		31645	\$2,538.00
29889	\$9,304.00		31255	\$2,991.00		31820	\$7,734.00
29891	\$4,823.00		31256	\$4,738.00		31830	\$11,730.00
29892	\$9,544.00		31267	\$3,127.00		32405	\$3,247.00
29893	\$10,150.00		31276	\$2,991.00		32555	\$1,815.00
29894	\$5,754.00		31287	\$6,107.00		33207	\$8,114.00
29895	\$6,200.00		31295	\$4,959.00		33208	\$11,216.00
29897	\$4,601.00		31296	\$5,261.00		33216	\$6,397.00
29898	\$6,037.00		31297	\$5,261.00		33222	\$5,852.00
29899	\$10,939.00		31300	\$4,157.00		33225	\$17,347.00
29900	\$6,196.00		31502	\$1,900.00		33227	\$15,440.00
29905	\$1,561.00		31525	\$3,221.00		33228	\$9,312.00
29906	\$9,836.00		31526	\$3,006.00		33230	\$30,439.00
29914	\$7,558.00		31528	\$3,514.00		33233	\$2,921.00
29915	\$8,596.00		31535	\$3,646.00		33241	\$5,645.00
29916	\$8,750.00		31536	\$2,789.00		33244	\$4,594.00
29999	\$4,831.00		31541	\$5,556.00		33249	\$23,541.00
30130	\$4,959.00		31570	\$10,229.00		33262	\$30,502.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
33263	\$10,459.00		36590	\$2,025.00		37799	\$3,622.00
33264	\$17,182.00		36597	\$11,839.00		38300	\$112.00
33270	\$25,433.00		36620	\$994.00		38500	\$2,265.00
33415	\$17.00		36818	\$4,748.00		38531	\$10,078.00
33999	\$5,516.00		36821	\$15,143.00		38570	\$9,647.00
35190	\$22,539.00		36825	\$19,842.00		39402	\$4,790.00
35206	\$4,847.00		36830	\$6,615.00		40814	\$5,212.00
35207	\$1,990.00		36901	\$2,486.00		40845	\$1,082.00
35236	\$5,278.00		36902	\$13,001.00		41115	\$1,082.00
35903	\$548.00		36905	\$15,494.00		41830	\$10,510.00
36011	\$666.00		37187	\$4,109.00		41874	\$7,186.00
36012	\$1,571.00		37191	\$6,434.00		41899	\$5,403.00
36200	\$1,181.00		37193	\$4,656.00		42100	\$367.00
36215	\$1,301.00		37197	\$6,633.00		42182	\$4,874.00
36216	\$881.00		37215	\$9,179.00		42405	\$8.00
36217	\$1,471.00		37221	\$6,094.00		43191	\$1,144.00
36221	\$5,499.00		37224	\$6,242.00		43195	\$4,556.00
36223	\$5,688.00		37225	\$12,897.00		43202	\$1,349.00
36224	\$10,835.00		37226	\$25,150.00		43215	\$1,261.00
36225	\$10,835.00		37227	\$31,121.00		43220	\$1,201.00
36226	\$7,444.00		37228	\$12,665.00		43235	\$1,880.00
36227	\$3,039.00		37229	\$25,473.00		43236	\$2,579.00
36246	\$5,092.00		37236	\$16,502.00		43239	\$1,464.00
36247	\$4,445.00		37238	\$6,419.00		43242	\$5,098.00
36252	\$8,240.00		37239	\$17,650.00		43245	\$1,648.00
36410	\$287.00		37242	\$23,441.00		43246	\$1,761.00
36430	\$461.00		37243	\$13,666.00		43247	\$2,945.00
36475	\$4,800.00		37246	\$9,474.00		43248	\$1,634.00
36478	\$4,820.00		37252	\$4,929.00		43249	\$2,018.00
36500	\$2,123.00		37253	\$5,304.00		43251	\$3,141.00
36556	\$1,460.00		37615	\$13,505.00		43266	\$2,268.00
36558	\$1,693.00		37618	\$3,426.00		43275	\$5,923.00
36561	\$5,312.00		37700	\$4,290.00		43280	\$568.00
36581	\$6,553.00		37735	\$5,674.00		43870	\$7,568.00
36584	\$1,822.00		37765	\$1,036.00		44180	\$11,630.00
36589	\$1,367.00		37766	\$42,577.00		44372	\$103.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
44382	\$1,560.00		49451	\$919.00		52000	\$1,631.00
44388	\$8,836.00		49505	\$4,622.00		52005	\$6,143.00
44389	\$1,599.00		49507	\$14,887.00		52204	\$3,271.00
44500	\$343.00		49520	\$4,872.00		52260	\$6,680.00
45330	\$1,285.00		49521	\$7,477.00		52270	\$3,925.00
45331	\$5,750.00		49525	\$12,574.00		52275	\$21,377.00
45335	\$1,173.00		49540	\$22,939.00		52276	\$3,818.00
45378	\$2,077.00		49550	\$6,397.00		52281	\$4,433.00
45380	\$2,455.00		49553	\$12,974.00		52282	\$6,500.00
45384	\$4,341.00		49555	\$3,301.00		52450	\$3,684.00
45385	\$1,805.00		49560	\$3,603.00		52601	\$9,209.00
45386	\$2,480.00		49561	\$5,500.00		54512	\$5,207.00
45999	\$5,270.00		49565	\$7,082.00		54520	\$6,727.00
46200	\$2,130.00		49566	\$11,010.00		54522	\$11,489.00
46255	\$4,306.00		49568	\$2,539.00		54530	\$4,571.00
46260	\$11,365.00		49570	\$6,420.00		54690	\$11,279.00
46261	\$2,626.00		49572	\$12,089.00		54840	\$6,525.00
46606	\$2,764.00		49585	\$3,775.00		55040	\$5,750.00
46945	\$2,130.00		49587	\$3,701.00		55041	\$6,231.00
46999	\$1,201.00		49590	\$9,155.00		55110	\$18,283.00
47000	\$1,658.00		49650	\$5,479.00		55500	\$3,886.00
47537	\$245.00		49651	\$9,352.00		55520	\$3,593.00
49010	\$634.00		49652	\$12,824.00		55700	\$4,903.00
49020	\$8,757.00		49653	\$11,889.00		55899	\$6,863.00
49083	\$2,126.00		49654	\$11,137.00		56620	\$6,271.00
49084	\$896.00		49655	\$14,269.00		57110	\$109.00
49180	\$2,702.00		49656	\$17,162.00		57240	\$9,866.00
49185	\$1,849.00		49657	\$18,305.00		57250	\$10,421.00
49250	\$6,654.00		49905	\$2,515.00		57265	\$14,859.00
49320	\$7,721.00		49999	\$4,035.00		57267	\$9,866.00
49402	\$5,608.00		50200	\$1,002.00		59025	\$321.00
49405	\$5,615.00		51040	\$5,590.00		59820	\$7,514.00
49406	\$4,342.00		51102	\$5,580.00		59899	\$28.00
49422	\$9,562.00		51705	\$1,087.00		60100	\$434.00
49423	\$2,396.00		51710	\$4,680.00		61070	\$2,705.00
49450	\$1,544.00		51715	\$5,756.00		61783	\$1,800.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
61885	\$5,555.00		63250	\$7,845.00		64795	\$2,917.00
62267	\$829.00		63267	\$14,868.00		64831	\$3,597.00
62272	\$848.00		63650	\$4,786.00		64832	\$3,677.00
62350	\$8,905.00		63655	\$10,388.00		64834	\$4,183.00
62351	\$8,298.00		63661	\$4,368.00		64835	\$5,192.00
62355	\$7,997.00		63662	\$6,960.00		64836	\$3,703.00
62360	\$14,396.00		63663	\$5,762.00		64837	\$2,361.00
62361	\$10,196.00		63664	\$8,966.00		64856	\$6,988.00
62362	\$9,018.00		63685	\$4,571.00		64857	\$4,405.00
62365	\$10,070.00		63688	\$6,532.00		64890	\$4,577.00
62368	\$5,678.00		63709	\$17,933.00		64891	\$1,325.00
62369	\$701.00		64561	\$5,545.00		64892	\$3,106.00
62380	\$16,199.00		64581	\$4,682.00		64895	\$5,427.00
63001	\$10,030.00		64585	\$3,353.00		64897	\$3,435.00
63003	\$18,140.00		64590	\$4,219.00		64905	\$2,818.00
63005	\$14,024.00		64595	\$3,567.00		64911	\$1,463.00
63011	\$2,729.00		64702	\$2,459.00		64912	\$3,789.00
63012	\$10,669.00		64704	\$3,238.00		64913	\$4,118.00
63015	\$3,005.00		64712	\$3,790.00		64999	\$2,310.00
63017	\$13,694.00		64713	\$4,442.00		65093	\$4,225.00
63020	\$12,137.00		64714	\$8,626.00		65101	\$14,292.00
63030	\$7,673.00		64716	\$3,395.00		65105	\$8,700.00
63042	\$9,536.00		64718	\$3,732.00		65205	\$102.00
63044	\$3,973.00		64719	\$4,076.00		65210	\$1,050.00
63045	\$9,925.00		64721	\$3,056.00		65220	\$350.00
63046	\$18,439.00		64726	\$3,151.00		65222	\$209.00
63047	\$6,282.00		64727	\$3,238.00		65235	\$3,062.00
63050	\$8,100.00		64760	\$80.00		65260	\$5,512.00
63056	\$14,642.00		64774	\$10,189.00		65265	\$14,669.00
63075	\$4,016.00		64776	\$3,485.00		65270	\$4,551.00
63076	\$4,016.00		64778	\$2,095.00		65275	\$4,419.00
63081	\$3,469.00		64782	\$5,368.00		65280	\$6,599.00
63082	\$2,794.00		64783	\$2,971.00		65285	\$6,599.00
63087	\$993.00		64784	\$5,276.00		65286	\$516.00
63090	\$10,105.00		64787	\$2,828.00		65426	\$5,896.00
63102	\$6,111.00		64790	\$3,565.00		65430	\$721.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
65435	\$4,428.00		67042	\$4,291.00		68761	\$1,050.00
65436	\$4,139.00		67107	\$7,414.00		68801	\$840.00
65710	\$6,993.00		67108	\$6,600.00		68815	\$2,897.00
65730	\$9,772.00		67113	\$6,994.00		68840	\$1,113.00
65750	\$4,962.00		67120	\$4,140.00		68899	\$5,573.00
65755	\$15,582.00		67121	\$2,665.00		69105	\$3,272.00
65756	\$7,912.00		67145	\$649.00		69310	\$11,043.00
65772	\$209.00		67227	\$6,160.00		69399	\$5,281.00
65782	\$5,684.00		67228	\$795.00		69436	\$3,404.00
65800	\$2,817.00		67255	\$7,872.00		69502	\$10,194.00
65920	\$8,193.00		67311	\$8,242.00		69610	\$4,477.00
65930	\$6,192.00		67314	\$4,498.00		69620	\$3,596.00
66179	\$23,281.00		67318	\$6,599.00		69631	\$9,060.00
66180	\$6,993.00		67345	\$1,498.00		69632	\$9,094.00
66185	\$7,414.00		67400	\$7,751.00		69635	\$4,523.00
66250	\$4,140.00		67413	\$16,952.00		69641	\$7,164.00
66680	\$3,762.00		67560	\$9,953.00		69644	\$10,388.00
66710	\$4,008.00		67599	\$5,275.00		69660	\$11,995.00
66761	\$3,466.00		67820	\$889.00		69661	\$4,049.00
66821	\$496.00		67825	\$516.00		69666	\$9,953.00
66825	\$3,811.00		67840	\$889.00		69667	\$3,632.00
66850	\$4,769.00		67900	\$9,767.00		69670	\$9,954.00
66852	\$4,140.00		67904	\$11,020.00		69714	\$3,814.00
66920	\$3,194.00		67912	\$5,876.00		69799	\$6,994.00
66930	\$15,341.00		67924	\$4,140.00		69801	\$2,805.00
66982	\$7,413.00		67938	\$350.00		69910	\$9,780.00
66984	\$4,499.00		67950	\$8,338.00		69930	\$7,663.00
66985	\$5,555.00		67999	\$3,481.00		69990	\$4,927.00
66986	\$4,361.00		68020	\$208.00		70010	\$249.00
66990	\$875.00		68100	\$1,158.00		70110	\$442.00
66999	\$2,911.00		68110	\$3,070.00		70140	\$203.00
67010	\$6,993.00		68326	\$934.00		70150	\$407.00
67036	\$6,259.00		68330	\$1,984.00		70160	\$407.00
67039	\$6,993.00		68700	\$3,626.00		70200	\$442.00
67040	\$6,539.00		68720	\$2,897.00		70250	\$627.00
67041	\$5,513.00		68750	\$5,776.00		70260	\$442.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
70355	\$284.00		72170	\$355.00		73552	\$376.00
70360	\$412.00		72190	\$376.00		73560	\$274.00
70450	\$2,537.00		72192	\$5,018.00		73562	\$285.00
70470	\$3,600.00		72197	\$3,385.00		73564	\$532.00
70480	\$1,560.00		72202	\$370.00		73580	\$694.00
70486	\$1,413.00		72220	\$331.00		73590	\$341.00
70491	\$6,674.00		72240	\$2,251.00		73600	\$276.00
70498	\$1,949.00		72255	\$5,825.00		73610	\$380.00
71045	\$328.00		72265	\$3,552.00		73620	\$309.00
71046	\$487.00		72270	\$2,824.00		73630	\$383.00
71100	\$552.00		72295	\$712.00		73650	\$377.00
71101	\$545.00		73000	\$346.00		73660	\$246.00
71250	\$1,397.00		73010	\$270.00		73700	\$1,633.00
71260	\$4,250.00		73020	\$307.00		73718	\$2,609.00
71270	\$4,627.00		73030	\$366.00		73720	\$2,197.00
71275	\$2,488.00		73040	\$706.00		73721	\$2,413.00
72020	\$222.00		73060	\$371.00		73722	\$2,605.00
72040	\$269.00		73070	\$270.00		73723	\$2,793.00
72050	\$1,606.00		73080	\$371.00		74018	\$398.00
72052	\$712.00		73090	\$320.00		74019	\$957.00
72070	\$457.00		73100	\$274.00		74022	\$679.00
72072	\$557.00		73110	\$370.00		74150	\$2,718.00
72074	\$1,306.00		73120	\$298.00		74160	\$1,983.00
72080	\$243.00		73130	\$347.00		74174	\$1,203.00
72082	\$750.00		73140	\$273.00		74176	\$6,982.00
72100	\$278.00		73200	\$1,397.00		74177	\$4,811.00
72110	\$456.00		73201	\$1,446.00		74220	\$568.00
72125	\$2,532.00		73218	\$2,641.00		74246	\$1,415.00
72126	\$1,468.00		73220	\$2,657.00		74250	\$631.00
72128	\$3,091.00		73221	\$1,650.00		74270	\$643.00
72129	\$2,410.00		73222	\$2,704.00		74330	\$1,474.00
72131	\$3,276.00		73223	\$1,299.00		74340	\$1,618.00
72132	\$2,109.00		73501	\$180.00		74360	\$705.00
72141	\$2,213.00		73502	\$241.00		74420	\$1,694.00
72148	\$2,412.00		73503	\$285.00		74430	\$880.00
72158	\$6,433.00		73551	\$216.00		74450	\$1,418.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
74455	\$622.00		76816	\$1,069.00		80177	\$34.00
75574	\$875.00		76817	\$428.00		80197	\$150.00
75600	\$1,253.00		76818	\$608.00		80202	\$62.00
75625	\$4,246.00		76819	\$340.00		80334	\$55.00
75630	\$6,493.00		76820	\$275.00		80408	\$959.00
75635	\$6,004.00		76830	\$466.00		81000	\$81.00
75710	\$4,906.00		76870	\$1,121.00		81001	\$89.00
75716	\$4,543.00		76881	\$667.00		81002	\$33.00
75726	\$5,553.00		76882	\$482.00		81003	\$66.00
75736	\$5,865.00		76932	\$370.00		81007	\$30.00
75774	\$2,837.00		76937	\$549.00		81015	\$20.00
75820	\$1,625.00		76942	\$867.00		81025	\$93.00
75822	\$3,445.00		76998	\$888.00		81545	\$2,902.00
75825	\$3,764.00		76999	\$646.00		82024	\$33.00
75889	\$5,736.00		77001	\$767.00		82040	\$46.00
75893	\$2,494.00		77002	\$385.00		82044	\$112.00
75894	\$3,990.00		77003	\$468.00		82088	\$171.00
75898	\$1,566.00		77012	\$2,092.00		82150	\$407.00
75970	\$2,691.00		77077	\$299.00		82247	\$152.00
75984	\$1,237.00		78264	\$1,298.00		82248	\$53.00
75989	\$1,461.00		78306	\$5,623.00		82306	\$79.00
76000	\$571.00		78452	\$2,774.00		82310	\$75.00
76080	\$635.00		78630	\$1,052.00		82330	\$70.00
76376	\$607.00		78707	\$1,764.00		82360	\$6.00
76377	\$823.00		78999	\$1,059.00		82365	\$21.00
76380	\$1,083.00		79445	\$764.00		82374	\$34.00
76499	\$357.00		79999	\$345.00		82375	\$47.00
76512	\$440.00		80047	\$158.00		82378	\$65.00
76513	\$592.00		80048	\$165.00		82435	\$37.00
76516	\$322.00		80051	\$323.00		82530	\$133.00
76519	\$258.00		80053	\$203.00		82533	\$74.00
76536	\$880.00		80061	\$129.00		82540	\$28.00
76705	\$990.00		80069	\$854.00		82550	\$103.00
76770	\$1,041.00		80074	\$319.00		82553	\$144.00
76805	\$536.00		80076	\$146.00		82565	\$44.00
76815	\$169.00		80176	\$146.00		82570	\$105.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
82607	\$105.00		84155	\$86.00		85362	\$155.00
82610	\$85.00		84156	\$112.00		85370	\$338.00
82652	\$72.00		84157	\$133.00		85378	\$77.00
82670	\$126.00		84285	\$95.00		85379	\$78.00
82728	\$122.00		84295	\$42.00		85384	\$148.00
82731	\$296.00		84403	\$69.00		85390	\$42.00
82746	\$121.00		84436	\$56.00		85396	\$210.00
82800	\$236.00		84439	\$65.00		85397	\$92.00
82803	\$236.00		84443	\$100.00		85460	\$280.00
82805	\$256.00		84450	\$486.00		85461	\$56.00
82945	\$292.00		84460	\$233.00		85576	\$131.00
82947	\$27.00		84466	\$50.00		85610	\$80.00
82948	\$18.00		84480	\$58.00		85651	\$103.00
82952	\$9.00		84481	\$40.00		85652	\$31.00
82962	\$19.00		84484	\$213.00		85730	\$102.00
83020	\$53.00		84520	\$42.00		85810	\$28.00
83030	\$13,632.00		84525	\$39.00		86000	\$156.00
83036	\$71.00		84702	\$204.00		86038	\$255.00
83045	\$69.00		84703	\$123.00		86140	\$59.00
83050	\$43.00		85004	\$20.00		86141	\$113.00
83540	\$51.00		85007	\$43.00		86200	\$173.00
83550	\$33.00		85014	\$39.00		86255	\$26.00
83605	\$130.00		85018	\$34.00		86304	\$190.00
83615	\$40.00		85025	\$122.00		86335	\$340.00
83655	\$8.00		85027	\$83.00		86403	\$94.00
83690	\$333.00		85032	\$19.00		86701	\$38.00
83735	\$65.00		85041	\$44.00		86703	\$82.00
83880	\$155.00		85045	\$44.00		86704	\$72.00
83921	\$9.00		85046	\$71.00		86706	\$76.00
84075	\$380.00		85048	\$38.00		86777	\$63.00
84100	\$85.00		85049	\$92.00		86803	\$101.00
84112	\$124.00		85240	\$73.00		86807	\$296.00
84132	\$50.00		85245	\$50.00		86812	\$8.00
84134	\$48.00		85246	\$94.00		86832	\$463.00
84145	\$727.00		85250	\$148.00		86833	\$413.00
84154	\$7.00		85347	\$83.00		86850	\$76.00

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
86860	\$115.00		87176	\$34.00		88311	\$119.00
86870	\$169.00		87181	\$39.00		88312	\$191.00
86880	\$52.00		87184	\$25.00		88313	\$178.00
86885	\$188.00		87185	\$45.00		88314	\$139.00
86886	\$80.00		87186	\$102.00		88319	\$389.00
86891	\$141.00		87205	\$69.00		88341	\$163.00
86900	\$44.00		87206	\$72.00		88342	\$275.00
86901	\$41.00		87210	\$41.00		88346	\$152.00
86902	\$69.00		87220	\$190.00		88348	\$306.00
86905	\$31.00		87305	\$489.00		88350	\$126.00
86906	\$166.00		87324	\$80.00		88360	\$283.00
86920	\$111.00		87340	\$65.00		88362	\$560.00
86922	\$123.00		87341	\$56.00		88365	\$64.00
86923	\$77.00		87389	\$66.00		88374	\$207.00
87015	\$48.00		87449	\$80.00		89050	\$250.00
87040	\$136.00		87535	\$36.00		89051	\$325.00
87045	\$335.00		87640	\$105.00		89060	\$62.00
87070	\$177.00		87641	\$124.00		G0378	\$56.00
87071	\$47.00		87653	\$311.00			
87073	\$74.00		87798	\$46.00			
87075	\$184.00		87806	\$256.00			
87076	\$95.00		88104	\$286.00			
87077	\$91.00		88108	\$90.00			
87081	\$64.00		88112	\$85.00			
87086	\$154.00		88161	\$144.00			
87088	\$107.00		88172	\$162.00			
87101	\$36.00		88173	\$223.00			
87102	\$145.00		88175	\$235.00			
87103	\$647.00		88184	\$117.00			
87106	\$154.00		88185	\$67.00			
87107	\$85.00		88237	\$107.00			
87110	\$131.00		88300	\$103.00			
87116	\$162.00		88302	\$159.00			
87118	\$149.00		88304	\$230.00			
87147	\$20.00		88305	\$305.00			
87150	\$104.00		88307	\$394.00			

Appendix C.1: Base Rates for CPT[®] or HCPCS Level II[®] Codes Not Listed in Appendix C

**Subject to modification based on county of service.
See Appendix A**

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
(10004-10021)	\$469.00		(42300-42699)	\$8.00		(70010-70559)	\$442.00
(10030-11646)	\$2,702.00		(43020-43499)	\$1,820.50		(71045-71555)	\$974.50
(11719-11765)	\$2,313.00		(43500-43999)	\$7,568.00		(72020-72295)	\$1,468.00
(11900-11983)	\$6,405.00		(44005-44799)	\$1,579.50		(73000-73225)	\$370.00
(12001-16036)	\$2,763.00		(45000-45999)	\$2,455.00		(73501-73725)	\$376.50
(17000-17999)	\$1,235.00		(46020-46999)	\$2,626.00		(74018-74190)	\$1,593.00
(19000-19499)	\$4,276.00		(47000-47399)	\$1,658.00		(74210-74363)	\$705.00
(20100-20999)	\$5,286.00		(47400-47999)	\$245.00		(74400-74485)	\$1,149.00
(21010-21499)	\$7,016.00		(49000-49999)	\$6,006.00		(75557-75574)	\$875.00
(21501-21899)	\$5,377.00		(50010-50593)	\$1,002.00		(75600-75989)	\$3,764.00
(22010-22899)	\$5,893.00		(51020-52700)	\$5,130.00		(76000-76499)	\$621.00
(22900-22999)	\$7,227.00		(54500-54699)	\$6,727.00		(76506-76536)	\$440.00
(23000-23929)	\$7,432.00		(54700-54901)	\$6,525.00		(76700-76776)	\$1,015.50
(23930-24999)	\$7,628.00		(55000-55060)	\$5,990.50		(76801-76857)	\$447.00
(25000-25999)	\$6,264.00		(55100-55180)	\$18,283.00		(76870-76873)	\$1,121.00
(26010-26989)	\$4,737.00		(55500-55559)	\$3,739.50		(76881-76886)	\$574.50
(26990-27299)	\$10,362.00		(55700-55899)	\$5,883.00		(76932-76965)	\$549.00
(27301-27599)	\$7,839.00		(56405-56821)	\$6,271.00		(76970-76999)	\$767.00
(27600-27899)	\$6,540.00		(57000-57426)	\$9,866.00		(77011-77014)	\$2,092.00
(28001-28899)	\$5,755.00		(59000-59076)	\$321.00		(77071-77086)	\$299.00
(29800-29999)	\$5,096.00		(59812-59857)	\$7,514.00		(78012-78999)	\$1,531.00
(30000-30999)	\$4,874.00		(59866-59899)	\$28.00		(79005-79999)	\$555.00
(31000-31299)	\$4,322.00		(60000-60300)	\$434.00		(80047-80081)	\$184.00
(31300-31599)	\$3,902.00		(61000-62258)	\$2,705.00		(80145-80299)	\$104.00
(31600-31899)	\$3,377.50		(62263-63746)	\$8,048.50		(80320-80373, 83992)	\$55.00
(32035-32999)	\$2,531.00		(64400-64999)	\$3,582.00		(80400-80439)	\$959.00
(33016-33999)	\$9,886.00		(65091-65290)	\$4,419.00		(81000-81099)	\$66.00
(34001-37799)	\$5,308.00		(65400-66999)	\$4,499.00		(81490-81599)	\$2,902.00
(38300-38999)	\$5,956.00		(67005-67299)	\$6,259.00		(82009-84999)	\$73.00
(39000-39499)	\$4,790.00		(67311-67999)	\$5,576.00		(85002-85999)	\$78.00
(40800-40899)	\$3,147.00		(68020-68899)	\$1,984.00		(86000-86804)	\$94.00
(41000-41599)	\$1,082.00		(69000-69399)	\$5,281.00		(86805-86849)	\$354.50
(41800-41899)	\$7,186.00		(69420-69799)	\$7,079.00		(86850-86999)	\$80.00
(42000-42299)	\$2,620.50		(69801-69949)	\$7,663.00		(87003-87999)	\$91.00

Appendix C.1

Base Rates for CPT® or HCPCS Level II® Codes Not Listed in Appendix C

CPT Code	Base Rate		CPT Code	Base Rate		CPT Code	Base Rate
(88104-88199)	\$144.00						
(88230-88299)	\$107.00						
(88300-88399)	\$191.00						
(89049-89240)	\$250.00						

Definitions

(1) **Admission** means an injured worker that enters a hospital for medical services when, based on the written order from the treating physician, the injured worker will require hospital services for medical care. For purposes of reimbursement, an injured worker is only admitted as an:

- Inpatient, or
- Outpatient;

(2) **Associated Disposable Instrumentation** 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 neurostimulators. 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 the goods and services for which the facility maintains a separate charge, with the facility's charge for each of the goods and services, by description, unit size, unit price and all identifying information maintained by the hospital, regardless of payer type. The Charge Master must be maintained, and relevant portions produced for those charges determined compensable by the carrier for an injured employee when requested for the purpose of verifying charges pursuant to section 440.13(12)(d), F.S.

(4) **Coronary Care** are identified using revenue codes 0210-0219, in Form Locator 42 of the DWC-90 claim form.

(5) **Division** means the Division of Workers' Compensation of the Department of Financial Services, as defined in section 440.02(14), F.S.

(6) **Health Care Provider** means a provider as defined in section 440.13(1)(g), F.S.

(7) **Hospital** means a health care facility licensed under Section 395.003, F.S.

(8) **Inpatient** means an injured worker who is admitted to a hospital for services when, based on the written admitting order from the physician that specifies inpatient status, the injured worker will require at least a 24-hour stay as an inpatient status.

(9) **Intensive Care** are identified using revenue codes 0200-0209, in Form Locator 42 of the DWC-90 claim form.

(10) **Itemized Statement** means a detailed listing of hospital services and supplies, as described in Section 395.301, F.S., provided to an injured worker during an episode of care.

(11) **Medical Record** means patient records maintained in accordance with the form and content required under Sections 395.3015, 395.302, and 395.3025, F.S.

(12) **Medical Record Review** means a review of the medical record of the injured worker in order to verify the medical necessity of the services and care as they relate to the itemized statement for a specific bill.

(13) **Observation Services** means those services furnished on a limited basis on the hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, regardless of the location in the hospital where the injured worker is placed. Observation Services require a written order from the attending physician and must be determined by the attending physician to be medically necessary to evaluate a condition of a patient whose status is outpatient and to determine the need for a possible admission to the hospital as an inpatient.

(14) **Outpatient** means an injured worker who, with the written order of the physician, is admitted to the hospital as an outpatient for diagnosis or treatment.

(15) **Per Diem** means a maximum reimbursement allowance based on a fixed rate per calendar day which is inclusive of all services.

(16) **Physician** means a physician as defined in section 440.13(1)(p), F.S.

(17) **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.

(18) **Surgical Stay** means an admission where the services on the hospital bill are identified using revenue code(s): 0360, 0361, 0362, 0367, or 0369, in conjunction with revenue code(s) 0370 or 0379, in Form Locator 42 of the DWC-90 claim form. The surgical procedure must be substantiated by the operative report and the anesthesia report.