44 NJR 2(2)

February 21, 2012

Filed January 27, 2012

PROPOSAL SECTION

INSURANCE
DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF PROPERTY AND CASUALTY

Notice of Proposed Substantial Changes Upon Adoption to Proposed New Rules, Amendments, and Repeals

Personal Injury Protection

Personal Injury Protection Benefits: Medical Protocols; Diagnostic Tests

Medical Fee Schedules: Automobile Insurance Personal Injury Protection and Motor Bus Medical Expense Insurance Coverage

Proposed Changes: N.J.A.C. 11:3-4.2, 4.4, 4.9, 5.6, 5.12, 29.1, 29.2, 29.5, and 11:3-29 Appendix, Exhibits 1 and 2, and new Appendix, Exhibit 7

Proposed: August 1, 2011 at 43 N.J.R. 1640(a).

Authorized By: Thomas B. Considine, Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1, 17:1-15e, 17:29A-14c(4), 17:33B-42, 39:6A-1.2, 39:6A-3.1, 39:6A-4, 39:6A-4.3, 39:6A-4.6, 39:6A-5.1, 39:6A-5.2, and 39:6A-19.

Submit written comments by April 21, 2012 to:

Robert J. Melillo, Chief

Legislation and Regulation

New Jersey Department of Banking and Insurance

20 West State Street

PO Box 325

Trenton, NJ 08625-0325

Fax: (609) 292-0896

Email: legsregs@dobi.state.nj.us

Take notice that on August 1, 2011, the Department of Banking and Insurance ("the Department") proposed new rules, amendments, and repeals to revise the regulatory framework for the provision and payment of Personal Injury Protection (PIP) benefits under New Jersey private passenger automobile insurance pursuant to N.J.S.A. 39:6A-1.1 et seq. The proposal was part of the Department's ongoing effort to alleviate the upward pressure on auto insurance rates from PIP costs by containing such costs so as to increase the value of the PIP benefit to New Jersey insureds injured in motor vehicle accidents, to make the cost of living adjustments in the fee schedules required by N.J.S.A. 39:6A-4.6, and address loopholes in the rules that have historically been exploited by some providers.

Based upon comments received on the proposal, the Department proposes several substantial changes to the new and amended rules as initially proposed. Summaries of the comments received on the subjects of the proposed substantial changes and the Department's responses to those comments appear below. Descriptions of the changes and of the rationales for them appear in the comment responses and in the following summary statement. This notice of proposed substantial changes is published pursuant to N.J.S.A. 52:14B-4.10.

Summary

As part of the initial proposal, the Department proposed new rule N.J.A.C. 11:3-29.5 and new Appendix Exhibit 1, the Physicians' and Outpatient Surgical Facility Fee Schedule (Physicians Fee Schedule). The new Physicians Fee Schedule provided for the

maximum amount that can be reimbursed as "facility fees" for services and materials provided at all outpatient surgical facilities, including services rendered and materials provided in hospital outpatient facilities. Proposed N.J.A.C. 11:3-29.5(a) also provided that codes on the Physicians Fee Schedule that do not have an amount in the outpatient surgical facility column are not reimbursable if performed in such facilities.

Several comments on the proposal noted that procedures performed in hospital outpatient facilities are more costly than those performed in non-hospital outpatient surgical facilities. The commenters note that the higher costs are attributable to the higher cost basis of hospitals. The Centers for Medicare & Medicaid Services (CMS) has recognized these disparities in the most recent iteration of its Medicare Fee Schedules by assigning higher practice costs to the services provided in hospital non-emergency outpatient facilities, resulting in fees for such services rendered at those outpatient facilities that are generally and approximately 35 percent higher than the national fees for the same services provided at non-hospital outpatient surgical facilities. Accordingly, the Department is now proposing a new Appendix Exhibit 7, to provide a separate schedule for hospital outpatient surgical facility (HOSF) fees, and amendments to N.J.A.C. 11:3-29.1, 29.2, 29.4, and 29.5 as proposed specifying that the new fee schedule only applies to HOSF fees and to distinguish Ambulatory Surgical Facilities (ASCs) from HOSFs. As with the similar facility fees for ASCs, the Department has determined to set the HOSF fees in new Exhibit 7 at 300 percent of the 2011 geographically wage-adjusted Medicare Hospital Outpatient Department fees for Bergen County (North Region) and Atlantic County (South Region). The Department is not aware of any available paid fee information for outpatient surgical procedures other than Medicare.

The Department was informed by various commenters that the emergency room in a hospital is considered part of its outpatient department. The proposed amendments to N.J.A.C. 11:3-29.4(a)2 clarify that the fees on the new Appendix, Exhibit 7 do not apply to services provided in emergency rooms. In addition, the Department is proposing N.J.A.C. 11:3-29.4(a)4 to clarify that except as specifically provided in N.J.A.C. 11:3-29.4(a)1 through 3, the fee schedules in Appendix, Exhibits 1 through 7 apply regardless of the site where the service was provided.

The proposed new HOSF fee schedule indicates that certain outpatient surgical services that are not eligible for reimbursement if provided in an ASC may be reimbursed if they are provided in an HOSF. The inclusion of such procedures on the new HOSF fee schedule in Appendix, Exhibit 7 is based upon criteria recently issued by CMS deeming the risk of performing those procedures in ASCs to be unacceptably high, but approving their administration in HOSFs.

Amendments are also proposed to Appendix Exhibit 1, the Physicians' and Ambulatory Surgical Center Facility Fee Schedule, to delete physician fees for 117 CPT codes for low-frequency, high-cost procedures performed by neurosurgeons and spinal surgeons that were added in the proposal. Comments submitted on the proposal provided data indicating that there are only approximately 80 such specialists currently practicing in New Jersey. Consequently, and as was noted in the proposal, the available data on the fees paid to these providers for these low-frequency procedures is limited. For this reason, the Department has determined that caution is warranted and further study of more comprehensive data is needed before a final conclusion is reached to include these codes on the Physicians Fee Schedule. Accordingly, Appendix Exhibit 1 is proposed to

be amended upon adoption to delete the physician fees for the 117 CPT codes referenced above. CPT codes for which there is no amount in the Physicians' Fee column of Exhibit 1 are reimbursed at the usual, customary, and reasonable fee for the service. Forty-two of the 117 codes remain in Exhibit 1 because, although there is no physician fee for the code, there is an ASC facility fee for that code. The Department will make a further study of the issues raised in these comments as part of its biennial review of the fee schedules required by N.J.S.A. 39:6A-4.6.

The Department is also correcting the following inadvertent errors on Appendix Exhibit 1, the Physicians' Fee Schedule, and Exhibit 2, the Dental Fee Schedule:

- CPT codes 95805-26, 95812-TC, 95812-26, and 95813 were listed on the fee schedule with the 58 transposed as 85. Therefore, Appendix Exhibit 1 is proposed to be amended to delete the incorrect codes and add the correct ones;

- A fee for code 98943, Chiropractic Extraspinal Manipulation, which is on the existing fee schedule, was inadvertently omitted in the proposal and a fee for the service is being added; and

- The code D0210, Intraoral, complete series, on the Dental Fee Schedule was inadvertently omitted, so a fee for the service is being added.

The Department is proposing a change upon adoption to clarify the definition of "days" in N.J.A.C. 11:3-4.2 as initially proposed to require that insurers specify in their Decision Point Review plans a close of business time, so that providers will know when a "day" as defined therein ends.

The Department is also proposing amendments to delete the definition of "WCMCO" from N.J.A.C. 11:3-4.2 and to delete the references to WCMCO networks in

N.J.A.C. 11:3-4.4(b). Based upon comments received on this component of the proposal, the Department has determined that this issue warrants further study before including WCMCO networks in the PIP system.

An amendment to N.J.A.C. 11:3-4.9(a) in the initial proposal referenced the assignment of benefits and duties under a policy to "a provider of medical expense benefits" pursuant to N.J.S.A. 39:6A-4. In fact, the text of that statute refers to a "provider of service benefits." The Department is proposing to amend this provision upon adoption to have it include the statutory text in order to maintain consistency between the two authorities and avoid the potential for confusion.

In the proposal, the Department erroneously proposed to delete N.J.A.C. 11:3-4.9(a)3, which had allowed insurers to include a provision in their Decision Point Review plans to require providers to submit disputes to alternate dispute resolution. The Department had not intended to delete this provision. Because doing so could enable providers to avoid the arbitration process, the Department is proposing to amend the proposal on adoption to retain this provision.

N.J.A.C. 11:3-5.6(f) is also proposed to be amended upon adoption to clarify that if any one of the actions referenced in N.J.A.C. 11:3-5.6(g) is taken by an insurer within 45 days after an award is made to a claimant in a PIP arbitration, the requirement to pay the award shall be stayed. As proposed, subsection (f) had erroneously indicated that only the filing of an action in Superior Court would operate to stay the requirement that the award be paid within the stated time frame.

A proposed amendment to N.J.A.C. 11:3-5.12 is being proposed for deletion upon adoption. Proposed new subsection (f) imposed a post employment restriction upon

dispute resolution professionals. The restriction would have prohibited such persons from representing any claimant or respondent before any dispute resolution professional for one year after termination. Comments on this proposed provision raised issues concerning the need for and authority supporting this provision.

The Department is proposing to amend N.J.A.C. 11:3-29.4(g)6 to state that leads, pads, and electrodes for TENs and EMS units are included in the rental fee but are separately reimbursable if the unit is purchased. Several commenters pointed out this error.

The Department is also proposing to delete N.J.A.C. 11:3-29.5(b)2 to follow Medicare rules, which include the cost of implantable devices in the facility fee for the procedure. Medicare changed this procedure in 2008 and the rule proposal reflected the earlier procedure where such items were not included in the facility fee. In addition, those facility fees in Appendix Exhibit 1 that included an implantable device are proposed to be amended to more accurately reflect the cost of the device. For example, 300 percent of the Medicare ASC fee for CPT 63685 was on the proposed OSF fee schedule for $47,572 but that included a device that costs $12,623. Only charging 120 percent for the cost of the device lowers the fee for this service to $24,643.

Finally, the Department is also proposing related amendments to Appendix Exhibits 1 and 2. The amendments increase the fee for code D7880 on the Dentists' Fee Schedule. Two codes (CPT 21085 and 21110) for very similar services currently appear on the Physicians Fee Schedule but with different fee amounts. Another code (D0210) that is on the current Dental Fee Schedule and was inadvertently omitted from the new one is being added with an increase in fee similar to the changes made to the other fees

on that schedule. The amendments to Appendix Exhibit 1 will increase the lower of these two fees (CPT 21085) to the same higher fee amount as CPT 21110 and the amendment to Appendix Exhibit 2 will make the fee for D7880 consistent with the fees for the similar codes on the Physicians Fee Schedule. Having both Appendix Exhibits 1 and 2 reflect the same fee amount for these codes will bring consistency to the reimbursement process and reduce the number of disputes that have arisen and arbitrations that have been filed based on the disparity in the fees for these codes on the two schedules. Adding the omitted code to the Dental Fee Schedule will bring consistency to the reimbursement process because this code already was on the fee schedule.

The Department received timely written comments from the parties listed below on the provisions proposed for substantive change:

Frank A. Stiso, D.C., FICC, CCSP
Shannon M. Mulvey, D.C.
David C. Corrado, D.C.
Robert Conti, D.C.
Albert Stabile, President, New Jersey Board of Chiropractic Examiners
Nicholas Rizzitello, D.C.
Steven G. Clarke, D.C., President, Association of New Jersey Chiropractors
Jeffrey B. Randolph, General Counsel, Association of New Jersey Chiropractors
Melissa McGarry, Program Director, Coventry Auto Solutions
Conti Chiropractic Center
Neil J. Schneider, D.C.
David Bertone, PT, DPT, OCS
Catherine Delseni
Frank Gasparovic
Daniel E. Rosner, Esq.
Andrew F. Garruto, Esq.
Laurie A. Clark, Counsel for the NJ Association of Osteopathic Physicians and Surgeons
Ken Mailly, Executive Director, NJ Society of Independent Physical Therapists
Thomas Osterman, Jr., D.C.,
Robert Mazza, D.C.
Paul R. Franz, D.C.
Harshad Patel
Debra Lienhardt, Counsel to New Jersey Association of Ophthalmologists

Michael F. Midlige, Esq.
John D. Fanburg and Mark Manigan, Counsel for New Jersey Association of Ambulatory Surgery Centers
Premier Prizm Solutions
Georgia Flamporis, Counsel to Allstate New Jersey/Encompass New Jersey
IDS Property Casualty Insurance Company
Patricia Ross, BA, RN, CCM, CPC
Robin Delgado, Vice President, Auto Injury Solutions, Inc.
Karen Richie, Manager, Regulatory Affairs, Mitchell International, Inc.
John D. Rogers, Deputy Director, Horizon Blue Cross/Blue Shield of New Jersey
Samuel G. Destito, Attorney for Nationwide Insurance
Francis C. O'Brien, Vice President and Corporate Counsel, New Jersey Manufacturers Insurance Group
Tina Petillo, D.O.
Eric Margolis, M.D.
Francis Jampol, M.D.
Robin M. Gehrmann, M.D.
William Friedman, CEO, Meadows Surgery Center
Jacqueline Jeriko, Executive Director, Hunterdon Center for Surgery
David Flamholz
Valerie Moore
Hope Maglio
Constance Quinn
Florence Reichman
Oksana Shereneeta
Zack Wertheimer
Tzvi Small, MD, FACS
Geraldine Gonzalea, RN
Victoria Scarpa
Tammy Adams
Anita Smitella, RN
Alice Carter, RN
J. Coronel, RN
Noel Arcosa, RN
Darrell L. Roach, ORT
Joseph P. Boylan
Marcy Greenblatt
Carlan Van Vost
Marc & Janet Reichman
Liliana Porras
Victoria & Mark Scarpa
Orfelina R. Diaz
Paul J. Purfierst
Dr. Pancu — Bergen Anesthesia and Pain Management
Dr. Marc Ohaniam — Bergen Anesthesia and Pain Management
Dr. Grigorescu — Bergen Anesthesia and Pain Management

Beatrix Kelemen — Hudson Crossing Surgery Center
Debra-Ann Mannarino, RN
Susan Turner
Tito Drakeford
Jose Perez
Julian Ramirez
Jocelyn Cuffier
Linda Fajardo, RN
Rosemary Smith, RN
Lorraince Grave, RN
Linda Geraghty, RN
Dympna McGough, RN
Mary Abbey, RN
Diane Murphy, RN
Catherine Yeo, RN
Karen Bonkowski, RN
Nilda Lumbreras
Maryann Rivera, RN, MSN, CPAN
Lori Adeoba, Human Resources Manager
Diana Daimwood, Administrator
Neil S. Roth, MD, Brd. President
Elizabeth Gonzalez
Samuel Dudley
Suzanne Kelly
Leslie Baldyga, RN,OR Manager
Maria Leszkowicz, RN
William Livingston
Doreen Destefano
Anita Green, RN
Jenell Andia
Ronnie Ella
Helene Abou-Rjalli, RN
Candido Morciglio
Joanne Guarnaccia, RN
Juan Mauricio Cano, Plant Oper. Manager
Daniell Vainberg
Elizabeth Villanueva
Claudia Salcedo
Evelyn Maldonado
Niurca Machado
Brenda De La Cruz
Diana Claiborne
Suzanne Bufalini
Laurie Brett
Ingrid Bohm
Joanne Dumas

Steven Paganessi, MD, Medical Director	
Arnold Bodner, MD	
Jing Wu, MD	
Wassem Ashraf, MD	
Ling Ding Yang, MD	
Joan Sweeney, RN	
Jacquelyn Doll, RN	
Michelle McMillan, RN	
Mijeong Ju, RN	
Peggy DerLee	
Karen Nardo	
Valerie Moore	
Caterina Cam	
Joyce Owen-Wascha	
Irving G. Peyser, MD	
Rosa Vazquez	
Dawn Crawford	
Dr. Peter Popa	Bergen Anesthesia and Pain Management
Michelle WieBel	
Laura Dattolo	
Cindy Zecher	
Amy Aronson	
Ruth Gilmore	
Irvin M. Bonder, MD	
A. A. Steinberger, MD	Metropolitan Neurosurgery Associates
Frank M. Moore, MD	
Kevin C. Yao, MD	
Marc S. Argubteanu, MD	
Howard Liss	Physical Medicine and Rehab. Center
Sara Liso	
Donald Liss	
Elizabeth Liss	
Garry Cocklin, Jr.	
Daniel Reichman	
Juliet Reichman	
Drew Sussberg	
Alexis Sussberg	
Florence Reichman	
Lisa Schotsch	
Dori Sullivan	
Kim Karydl	Kayal Orthopaedic Center, PC
Marsha Silberman	Endo-Surgi Center of Old Bridge
Shirly Eckman	
Faith F. Radler	
Suzanne C. Patrizzi	
Allen Zelr	

Evelyn Semel
Cecilie M. Periott
Delia Barcelo
Sarah Jerkowitz
Paula M. Mongae
Lila Mudrick
Stuart Schmidler
Phyllis Hirsch
Sheila Sherman
Shari Fedler
Florence Deutsch
Patricia McLama
Elaine Lukenda
Susan Caruso
Linda M. Kozil
Landra M. King
Michele L. Reid
Wendy Rodney
Michael Walsl
Daha Bendei
Adrienne J. Billay
Murray H. Roth
Richard M. Izzy
Dr. M. Patel
Dr. Pitchumoni
Jeine Langbaum
Richard H. Harrison
Paity Ann DeLouisa
Biswadev Bhattacaarma
Donald Allen
Edd Jones
Alvin Aponte
Herbert Oxman
Eleann Baibarich
Phyllis Bouman
Faye Burnstein
Mollie Huff
Glenda Huff
Doreen Huff
Joyce Toth
David C. Salvo
Barbara Thomas Suiz
Antonia Luis Dias
Luis Jorge Dias
Maureen Mancuio
Maria Traina

Mancino
Amelia Oviedo
Gasoda Riyonancin
Taid Pulsinell
Richard H. Harrison
Ana Digna Dior
Tracy Gordon
Shirley Dixon
Edward Brennan
Theresa Markiwecy
Juanita Paden
Diana Galloza
Rachel Garbinez
Anibella Milstrey
Elizabeth Nied
Cheryl Mitts

Name	Organization
James J. Hale, MD	Langhorne Medical Center
Erwin J. Bulan, MD (Millburn, NJ)	
Joseph A. Leone, MD	Amer. Soc. For Aesthetic Plastic Surg.
Betsy Cameron	Eastern Ortho. Associates
Lyn Boyle	Eastern Ortho. Associates
Brian J. Bauer, MD	Eastern Ortho. Associates
Jeffrey K. Steuer, MD	Eastern Ortho. Associates
Sabina Smith	Gotham City Orthopedics
Jocelyn Lichrenbeg	Gotham City Orthopedics
Belbys M. Santiago	Gotham City Orthopedics

Juliet Wilkinson
Patricia A. Zuck
Idamiz Roman
Pam Perono
Lorraine M. Russ
Concetta Ferrara
Michell R. Zecch
Melody Dohly
Beverly J., Smith
Michelle Andolino
Marc Veillarel
Edwin R. Busch
Ochauvin Lawson
Lillian Jones
Marilyn Ceipille
Alicia Boreco
Carol Blacca
Wills Paul
Shahidah Muslim
Dr. Carmen Cerullo

Dorota Kushian
Margaret H. Zalesky
Carol Zocchi
Olga Sosa
Allison Kiley
Carolyn Williams
Diane Mullins
Debra A. Rios
Rosalind Rosalis
Claude Jackson
Gloria Kyzu
Carmen Burger
Lorraine Carhart
Lorraine Forlini
Yaia A. Perdomo
Gerdha Sainiul
Maria G. Paduci
Gercina Esteve
Virginia Guzman
Olu Elworl
Lenore Lahidus
Janice Potochney
Pamela Sawach
Doreen Dutkinitd
Marilyn Cuellar
Patricia Ruggiero
Janet Maimone
Monica A. Moore
Shannon Spilletti
Laura Francis
Michael A. Meese, MD
Brian Wade
Bonnie Brady
Steven Enpuigy
Kathryn Craig
Marie Foster
Lisa Lyons
Kate Hbitto
Carol Siefano
Mary Keller
Terri Nannibal
Diane Crowley
Susan Shafer
Ann Stock
Deanna Siegfried
Richard Siegfried

Marianna Mathews	
Jason Brown	
Joya Porter	
Yahaira Rosann	
Dr. Peter Popa	Bergen Anesthesia and Pain Mgmt.
Dr. David Epstein	Bergen Anesthesia and Pain Mgmt.
James Puco	
Elizabeth Hoson	
Allyson Berowitz.	
Christine Colucci-Canosa	
Lori Sicard	
Michael Grenis, MD	Princeton Surgiplex
Maria Gambol	
Pat Price, OR Nurse	Princeton Surgiplex
Ann Disbrow, PACU Nurse	Princeton Surgiplex
Patty Plas, OR Nurse	Princeton Surgiplex
Terri Mair	The Endo Center at Voorhees
Narda McBride	The Endo Center at Voorhees
Deborah Ash	The Endo Center at Voorhees
Augustine Turnier, Physician	The Endo Center at Voorhees
Melville Ackerman, Physician	The Endo Center at Voorhees
Herbert Hayes, III	
Cathy Acosta	
Patricia Ruggiero	
Leon Costa	
Monica Brown	
Jayline Nieves	
John Capo	
Divya Argawal	
Dr. Kamal Dutta	
Sharon Juliano, RN, BSN	
Juluru Rao, MD	Liberty Ambulatory Surgery Center
Janice Gaccione	Ambulatory Consulting & Mgmt.
Anroy Ottley, MD	Liberty Ambulatory Surgery Center
Guillem Gonzalez-Lomas	Liberty Ambulatory Surgery Center
Alexander Visco. MD	Liberty Ambulatory Surgery Center
Gwenn Kopp, BOM	Liberty Ambulatory Surgery Center
Phyllis Tutek	Center for Advanced Surg. & Pain Mgmt.
Sarah Bloomenstiel	Liberty Ambulatory Surg. Center
Leticia Escobar	Journal Square Surgical Center
Miriam Hernandez, RN, DON	Liberty Ambulatory Surgery Center
Rakesh C. Gupta	Advanced Pain Consultants
Kathy Sarno, RN, BSN, CAPA	Center for Special Sur.
Claudia Nobra-Portela	
Francine Daley, Exex. Dir.	AtlantiCare Surgery Center
Hakan Kutlu, MD	Morris County Surgical Center

Caroline Ivanovsky-Hauser	Bergen/Passaic Cataract Surg. & Laser Center
Guillarmo Ortiz, MD	Morris County Surgical Center
Steven Ware, MD	Morris County Surgical Center
Brandon Ma, MD	Morris County Surgical Center
Robert Petrucelli, MD	Morris County Surgical Center
Joann Somers, MD	Morris County Surgical Center
Doreen Dutchkevsky	
Andrei Buna, MD	Morris County Surgical Center
Marc Simon, MD	Morris County Surgical Center
Richard Rothenberg, MD	Morris County Surgical Center
Norman San Augustin, MD	Morris County Surgical Center
Irving Peyser, MD	Morris County Surgical Center
David Pizzano, MD	Morris County Surgical Center
Michael Patsis, MD	Morris County Surgical Center
Tina Petillo, MD	Morris County Surgical Center
Cem Omay, MD	Morris County Surgical Center
Joseph Maugeri, MD	Morris County Surgical Center
Regina Kaplan, MD	Morris County Surgical Center
Francis Jampol, MD	Morris County Surgical Center
Lawrence Friedman, MD	Morris County Surgical Center
Steven Haskel, MD	Morris County Surgical Center
Kim Spagnola, MD	Morris County Surgical Center
Vincent Emiliani, MD	Morris County Surgical Center
Warren Galeos, MD	Morris County Surgical Center
Eliyahu Fuchs, MD	Morris County Surgical Center
Vincent Cubelli, MD	Morris County Surgical Center
John Soriano, MD	Morris County Surgical Center
Irvin Bonder, MD	Morris County Surgical Center
Erwin Bulan, MD (Parsippany, NJ)	Morris County Surgical Center
Adam Berman, MD	Morris County Surgical Center
Edward Barbarito, MD	Morris County Surgical Center
Thomas A. Gesen, MD	Morris County Surgical Center
Catherine Mannon	Morris County Surgical Center
Nicholas Albicocco, MD	Morris County Surgical Center
Cindya Coffey	Morris County Surgical Center
Sheena Spence	Morris County Surgical Center
Gavin Abrahams	Morris County Surgical Center
Rosa Toro	Morris County Surgical Center
Shelly Palomares, RN	Morris County Surgical Center
April Rockey, RN	Morris County Surgical Center
Linda Eggers, RN	Morris County Surgical Center
Tracy Fitzgerald, RN	Morris County Surgical Center
Anna Maria Grimaldi	Morris County Surgical Center
Joseph Wallis, MD	Morris County Surgical Center
Elaine Dahl, RN	Morris County Surgical Center

Lisa Pyper, RN	Morris County Surgical Center
Desirree Weber	Morris County Surgical Center
Rosario Ballestas, RN	Morris County Surgical Center
Phyllis Molnar-Tutek	
Dr. Carney DeSarno	
Dr. Joseph R. Zerbo	Lowe Greenwood, Zerbo Spinal Assoc.
Linda Walzer	The Endo Center at Voorhees
Jeannie Deak	
Michael Rutkin	Toms River Surgery Center
Stephen Felton, MD	
Ed Steinman, MD	
Michael Wong, MD	
Nancy Wisniewski, RN	
Anice Bacsik, RN	
Wanda Moore, RN	
Joan Lange, RN	Advanced Spine Surgery Center
Michael L. Sidor, MD	
Annie Pena	
James G. Lowe, MD	Lowe Greenwood Zerbo Spinal Assoc.
Larry Trenk	
Marine Aminova	Journal Square Surgical Center
Mushtaq Khan	Journal Square Surgical Center
Helen Lopez	Journal Square Surgical Center
Alan F. Kwon, MD	Helios
Linqiu Zhou, Assit. Prof.	Woodbury Sine
Even D. O'Brien, Phys.	Woodbury Spine
Alexander Sapega, MD	
Ira Klein, MD	American Surgical Center of W. Orange
Julie Musto, SN	Specialty Surgery of Middletown
Andrew J. Ragusa	Advanced Spine Surgery Center
Joyce Caning	Meadows Surgery Center
Rebecca Vitillo	
William Friedman, CEO	Meadows Surgery Center
Melissa Condo	Specialty Surgery of Middletown
Eileen Zalewski	Specialty Surgery of Middletown
Michalle Stanley, RN	Specialty Surgical Center N. Brunswick
Kristi Huffert, RN	Specialty Surgery of Middletown
Jerry DiPaola	Specialty Surgery of Middletown
Danielle Pyzik	Specialty Surgical Center of N. Brunswick
Wendy Condo, RN	
Ludvinia Libarnes, RN, Dir. Of Nursing	American Surgical Center of W. Orange
Denise Thorne, RN	American surgical Center of W. Orange
Gail Law, Administrator	Essex Specialized Surgical Institute
Joyce Kozacik	Essex Specialized Surgical Institute
Brian Weiner, MD, Pres.	Manalapan Surgery Center
Cynthia Vagnuolo, RN	Manalapan Surgery Center

Delia Cashin, RN	Advanced Spinal Surgery Center
Denise DiPierri, Exec. Dir.	Manalapan Surgery Center
Diane Scott, RN	Advanced Spine Surgery Center
Daryl Wilson, Administrator	Sparta Medical Associates
Claudette Downs, Administrator	Short Hills Surgery Center
Karen Thompson	Raritan Valley Surgery Center
Mary Ann Dipili	Same Day Surgery Center of Central Jersey
Samantha Kennedy, RN	
Michael Graziano, CASC	
Claudia Neme	Surgicare of Central Jersey
Allan B. Cohen, MD	Surgicare of Central Jersey
Ana DaSilva	Surgicare of Central Jersey
Shilise Walker	Surgicare of Central Jersey
Marion Portfolio	Saddle River Surgery Center
Trudy Holt	
Richard K. Chessler, MD, Pres.	Scherl, Chessler, Zingler, Spinnell & Meininger
Joan McKibben	Ambulatory Surgical Center of Somerset
Barry M. Zingler, VP	Scherl, Chessler, Zingler, Spinnell & Meininger
Marc L. Reichman, Dir. Of Adm.	Patient Care Associates
Michael A. Gailie	Scherl, Chessler, Zingler, Spinnell & Meininger
Michael Shapiro	Saddle River Valley Surgical Center
Mary Anne Dahmen	Eltra, LLC
Ann Sariego	
Maura Raio	The Endo Center at Voorhees
Sharon DeMato	NJAASC
Gail Carroll	
Susan Rowan, Dir. Of Nurses	Hasbrouck Heights Surgery Center
Sixto Arroyo	Hasbrouck Heights Surgery Center
Gary H. Levin, Med. Dir.	The Endo Center at Voorhees
Carmen River	Englewood Endoscopic Associates
Holly Udell	The Endo Center at Voorhees
Elizabeth Convery, RN	Teaneck Surgical Center
S. Bergman	Millennium Surgical Center
Joan Balducci	N. Jersey Center for Surgery
Scott Bergman	Millennium Surgical Center
Mike G.	NJAASC
Joseph Savon, MD	The Endo Center at Voorhees
Steven Espinosa	
Bonnie Brady	
Sharon Gelardi	
Andrew Weiss	
Todd Leventhal	
Tom Scinas	

Rosa Cruz	
Louise Zappola	
Marti Potter	
Sarah Malaniak	
Jessica Santiago	Saddle Brook Surgicenter, Inc.
Delores Boyle	Morris County Surgical Center
Elizabeth Tkac	Advanced Spine Surgery Center
Jenna DeStefano	Advanced Spine Surgery Center
Kathryn Caputo	Advanced Spine Surgery Center
Minzhong Peng	Advanced Spine Surgery Center
Anne Finnerty	Advanced Spine Surgery Center
Boqing Chen	Center for Advanced Pain Mgmt. & Rehab.
Cynthia Vogler	Advanced Spine Surgery Center
Roesanne Ottaggio	Surgical Specialists at Princeton
Rebecca L. Cowley	
Pat Sollitto	
Ronald Sollitto	Saddle Brook Surgicenter, Inc.
Caitlin Quinones	
Andrej Zembrzuski	Advanced Spine Surgical Center
Anna Delaguila	
Debra Acker, Adm. Supervisor	Saddle Brook Surgicenter, Inc.
Jose Santiago	
Peter P. Retalis	Saddle Brook Surgicenter, Inc.
Rosemary Franco	Saddle Brook Surgicenter, Inc.
Kyle Melissa Alvarez	The Center for Ambulatory Surgery
Gina Rodrigues	
Meijie Diskin	
Donna Haines	Princeton Surgiplex, LLC
Cheryl Baldino	Princeton Surgiplex, LLC
Paula De Oliveira	
Elaine Tanzi	
Susan L. Gurwitz	
Janie Maroldi	Saddle Brook Surgicenter, Inc.
Jackie Cepparulo	Essex Surgical
Chad Itzkovich	Synergy Anesthesia
MAree Casatelli	N. Jersey Center for Surgery
Diane Cole	N. Jersey Center for Surgery
Linda Spitaletta	Essex Surgical
George C. Peck, Jr., MD	Essex Surgical
Jonathan Archer, MD	Teaneck Surgical Center
Susan DeBard, MPA	Endoscopy Center of Monmouth County
John Owens, MD	Teaneck Surgical Center
Jen Lee, MD	Teaneck Surgical Center
Brunilda Rios	N. Jersey Center for Surgery
Barbara Austin	N. Jersey Center for Surgery
Carolyn Bevelheimer	N. Jersey Center for Surgery

Shanton Jeffrey, MD	
Kristina Blaszak	N. Jersey Center for Surgery
Patti K. Schwartz	N. Jersey Center for Surgery
Alyse Bellomo, MD	Bergen Gastroenterology
Trisha Byers	N. Jersey Center for Surgery
Anthony Delillo, MD	Bergen Gastroenterology
Nancy Snover	N. Jersey Center for Surgery
Crystal Broussard, MD	Bergen Gastroenterology
Robert Pittman, MD	Bergen Gastroenterology
Holly Chen, MD	Bergen Gastroenterology
Stephen MArgulis, MD	Bergen Gastroenterology
Robert Levine, MD	Bergen Gastroenterology
Ron Turk	Bergen Gastroenterology
Eric Avezzano, MD	Bergen Gastroenterology
Arlene Gleeson	Bergen Gastroenterology
Denise McNair	Surgicare of Central Jersey, Inc.
Elizabeth Pergola	N. Jersey Center for Surgery
Patricia Taber	Surgicare of Central Jersey, Inc.
Linda Kollar	Surgicare of Central Jersey, Inc.
Richard Bianco, RN, BSN	Jasper Ambulatory Surgical Center
Dawn Spencer	
Roesann Benanti	Englewood Endoscopic Associates
Karen Guccione	
Steve Barainyak, MBA	Centennial Surgery Center
Georgia Perentesis	
Gary Di Nardo, CEO	Journal Square Surgical Center
Mary E. Vasquez	Surgicare of Central Jersey
June Duchinsky	County Line Endoscopy & Surgical Center
Colleen A. Relay	Somerset Surgical Center
Keith DeNardo, VP	Journal Square Surgical Center
Meg Stegliano	Seashore Surgical Institute
Larry Pecora	
Jamie Martucci	Journal Square Surgical Center
Marc A. Fiorillo, MD	Scherl, Chessler, Zingler, Spinnell & Meininger
Mitchell K. Spinnell, MD	Scherl, Chessler, Zingler, Spinnell & Meininger
Michael E. Meininger	Scherl, Chessler, Zingler, Spinnell & Meininger
Bertha Krapukaitis	
Ruby Dutta	
Nancy Chureete	
Mary Baiship	
Sharon De Mato, RN, Administrator	Endo-SurgiCenter
John Spa	
Barbara Polin	

James F. Puliafico
Mary Fraizer
Kathy Egges
Kathleen LaPoff
Jennie Barreiw
Janet Boldt
Rosemary Carpedew
Patricia Tracy
Michele Toudo
Nora Iacono
Suzanne M. Silover
Annette Jachni
Sylvia G. Brown
Eunice Wilkerson
Margaret Bozylowski
Zenna Wilson
Constance Vincent
Chayala Strictiner
Jean Volosin
Patrick M. Wash
Ern Wlash
Sheila Levinson
Susan Hmas
Marguerite Crociata
Shawn Siymore
Sharon M. Solau
Gail Triefh
Patricia Reck
Dorothy Bonilla
Nancy Amoia
Chris Pucco
Maria L. Yukuv
Joseph Panala
Eugene DeAlmeida
Ricardo Carneiro
Michael C. DiPiczza
Michael D. Feld
Lawrence J. Friih
Teresa Puccio
Jennifer Plushot-Schacf
Robert C. Berg
Elaine Turner
Susan Bagnuolo — Hudson Crossing Surgery Center
Philip A. Bauman, MD
Ryan Porcaro
Claude Goulding

Amelou Ivory, RN
Rosemarie Russo Esposito, RN
Thomas Chun, MD
Jenno Cho, MD
Michael Betsy, MD
Jonathan Lester, MD
Oscar Vazquez, MD
Randy Marrinan, MD
Cori MacRae
John Demais, MD
John Scheuch, MD
Steven Katz, MD
Alan Miller, MD
Steven Tennenbaum, MD
Roy D. Vingan, MD
Robert W. Doidge, MD
Leonid Gutman
Ira Esfomes, MD
Rajnik Raab, MD
Sandorfi Gedin
Ralph Napoli, MD
Irene Riolo
John J. Holland
Louis Aiello
Carmen Hall
William Hale
Amelia Oviedo
Susan V. Pennica
Kelly A. Koziol
Dianna Dertinger
Dorothy Beeks
Valerie Beeley
George S. Coyle
Diane Moore
George Babyak
Janet Eve Landis, RN
Mania P. DeVarona
Gloria Berges
Evangelina Matarredona
Armando Matarredona
Mary H. Cornell
Vicki Davis
Elsey Sarcia
Frank Lysich
Thelma Smith
Joan Huff

John F. Connell
Geraldine Gregory
Barbara Cheeks
Jennifer Falcone
Caralyne S. Bagley
Jamile Dragone
Genesis Carriof
Moses Walto
Julia E. Jones
Barbara Lewis
Deborah Bigg
Frank J. Mason
Kristi L. Alberts
Tucia Navitski
Maria Ketah
Thomas W. Gardiner
John Dixon, Jr.
Daniel O. Martinez
Marissa Mancine
Traimier Francis
Douglas Moore
Blanche Talley
Ruth Flanagan
Martha Cassell
Robert Michaels
Florence E. Barriera
Betsy L. Reid
Elisa H. Iuliano
Barbara Willis
Paul Willis
Mary Choden
Krzysztof Gurzdz
Laurine Deakle
Ken Bogor
Daniel O. Martinez
Joan Ohiedzinzki
Komatten S. Muthsemy
Frank Floyd
Joseph Gitchin
Linda Y. Smith
Evelyn Kiley
Sharon De Mato
Andrea Henee
Lisa Fedongyk
Debra K. Walhu
Susan Copz

Jonathan Weise
Aneli Fernandez
Demetronla Christins
Linda Redmond
Deborah Lahoud
Wendy Izurietz
Sukhwinder Sinovh
Sukhair Singh
Tamaea Purnell
Betty Wachura
Sam Wathobio
Margaret De Freitcus
Jose L. Barreiro
M. McCloud
Steven Shane
Havia R. Da Costa
Jan Marsh
Frances Fedonyak
Anny Rinalde
Lauren Lopez
Nancy E. Rinaldo, RN
Edward Novik, MD
Juana R. Deans
Margaret Waitikowick Ambulatory Surgical Center of Somerset
Laura Mazar
Susan M. Thomas
Kathy Lamastro
Cheryl Hichmon
Karen L. Hollenback
Kathleen Hampton
Charlice Scott
Pamela Santau
Stephen Zhine
Charlotte Murphy
Vijaya Morthy
Sarah Richardson
Diane Casais
Rodolfo Flores, Jr.
Carol A. Rice
Kathy Dugan
Kathryn J. Bolka, RN
James A. Cusinaro
Janet Leger
Michelle Miller

Jeff Pan, MD
Amy Pena
Linda Essig
Linda Keymetian
Daniel Walzman, MD
Emily J. Stefanicha, MS, PA-C
Daphne Conde
Duncan B. Carpenter, MD FACS
David Estin, MD
Roy Vingan, MD FACS
Dr. Joseph Musso C.C.S.P.
Mark Mannigan, Attorney for Somerset Orthopedic Associates and Spine Surgery Associates
Paul P. Vessa, MD
Robert F. Heary, MD, President NJ State Spine Society
Saad B. Chaudhary, MD, MBA
Mark J. Ruoff, MD
Ira M. Goldstein, MD, FANS
Michael J. Vives, MD
Steven R. Antico, Attorney for Arno Fried, MD, FACS
Alexis Mule
Arlene Rodriguez
Chirag D. Gandhi, MD
Genevieve L. Muti
Michele Spagnuolo
Ty J. Olson, MD
Timothy Link, MD
Hooman Azmi, MD
Marc Arginteanu, MD
Kevin Yao, MD
James W. Dwyer, MD
Lawrence Downs, Esq., CEO and General Counsel, MSNJ
Bryan J. Massoud, MD
Jonathan H. Lustgarten, MD
Leah Thompson, Kimba Medical Supply, LLC
Michael Golowski
Christopher F. Costello, Esq.
E. Vicki Ariaus, Esq.
David J. Klinger, Esq.
Joan Van Raalte, DMD
Robert A. Cappuzzo, Esq. for Chasan, Leyner & Lamparello, PC
Shari A. Rivkind, Esq.
Michael P. Molnar, Counsel for Plymouth Rock Assurance
Chuck Leitgeb, VP, ICNJ
Francesca Amendola Esq.
Maria Annunziata Esq.

Christopher Carnelli Esq.
Sergio Carro Esq.
Deborah Cassella Esq.
Cynthia Celentano Esq.
Maria Daniskas Esq.
Joseph DeMarco Esq.
Karen Eisele-Grabowski Esq.
John Fannan Esq.
Patrick Foley Esq.
Lisa Ganzhorn Esq.
James Garrabrandt Esq.
Michael Hackett Esq.
Sylvia Hebron Esq.
Maureen Johnston Esq.
Kathleen Kincade Esq.
Margaret Knuetter Esq.
Phillip LaPorta Esq.
Andrea Lardiere Esq.
Scott Noonan Esq.
Barry Odell Esq.
Andrew Patriaco Esq.
Karen Reis Esq.
Jennifer Remington-Knodel Esq.
Scott Sproviero Esq.
Nanci Stokes Esq.
Richard Zimmerman Esq.
Nora Brodow Esq.

COMMENT: One commenter noted that the phrase "close of business" was not defined in the definition of "days" in N.J.A.C. 11:3-4.2 as proposed. The commenter suggested that this ambiguity be eliminated by replacing "7 pm" for "close of business." Another commenter asked when day one would start if the Decision Point Review (DPR) request was received after the close of business. Another commenter stated that if the Department did not want to define the timeframe of normal working hours, it should let companies publish their own business day timeframes. The commenter also suggested that the rule be amended upon adoption to clarify that calendar days also do not include what it termed, "accommodation days": Black Friday; inclement weather closures, snow

emergencies, or mandatory evacuation days in addition to Saturday, Sunday, or legal holidays. Another commenter recommended basing all timeframes on business days. The commenter believed that using calendar days would adversely affect decision-making timeframes especially when holidays are included with weekends.

RESPONSE: The Department agrees in part with the commenters. Unfortunately, some providers attempt to manipulate the system and get their decision point review requests deemed approved by submitting them at times that give the insurers the shortest review time possible. To address this issue for submission of DPR requests and appeals, the Department included a definition of "days" in the proposed amendments. The Department agrees that not having a specific time for "close of business" might provide additional opportunities for abuse and confusion. The Department believes that the best method to address the issue of defining "close of business" is to require insurers and their vendors to set a close of business time in their Decision Point Review plan and proposes to amend the rule upon adoption to so provide. The Department does not agree that the rule should be amended upon adoption to remove "accommodation days" from calendar days. These types of issues and how days are computed if a Decision Point Review request is received after the close of business are best addressed in the insurer's Decision Point Review plan. Concerning days when business cannot be transacted because of unpredictable occurrences such as inclement weather, insurers and their vendors should take advantage of the methods of electronic communication and include in their Decision Point Review plans instructions on how this information will be communicated such as by posting it on a website or providing automatic email notifications. Finally, the Department does not agree that all days should be business days because it is more

difficult to calculate longer periods of time by business days. For that reason, the Department believes that calendar days should be used for longer time periods.

COMMENT: Many commenters expressed concern with the proposed amendments to N.J.A.C. 11:3-4.4 that would add a workers compensation managed care organization (WCMCO) to an organized delivery system (ODS) as entities that provide physician networks to insurers. Insurers are permitted by the rule to waive deductibles and copayments when insureds treat with a provider in these networks. One commenter believed that the proposed changes are “excessive, irrational, and detrimental” to all consumers who purchase automobile insurance in this State. Several commenters emphatically objected to a network organization in any form that would result in reduced or further discounted fees to physicians treating PIP patients and indicated that unless the Department can specifically articulate reasons why WCMCO and ODS structures should be established and how they will improve the PIP program, the WCMCO structure should be excluded and the Department should reconsider its decision to include ODSs.

Several commenters expressed concern with the expansion of the ODS regulations and asserted that their broad “network” definition will not work to achieve the Department’s goal to target abusers of the PIP system and thereby reduce costs in the system overall. Rather, they argued that the proposed amendments will unfairly penalize non-abusers and create a potential bar for patients to access providers who are not abusers of the system. Additionally, they stated that the expansion of the definition creates confusion regarding competing and conflicting requirements among the network contract, PIP statutes and rules regarding timeframes for precertification claims, care paths and treatment policies, and utilization management criteria and prompt payment of claims,

etc. Several commenters believed that it would be inappropriate to compare a workers' compensation network to a PIP network either clinically or financially. The commenters asserted that the financial and payment structures of the two networks are entirely different; and unlike workers' compensation cases, there is no judicial review from a worker's compensation judge in the event a WCMCO provider prematurely discontinues or denies needed medical treatment.

One commenter also noted that cost containment by the WCMCO will be a conflict of interest for the provider when the carrier who sent him the client is saying no further treatment is necessary. Several commenters suggested that the Department is exceeding its statutory authority to waive these payments. Several commenters expressed opposition to this proposed amendment by characterizing it as de facto managed care for PIP patients via ODS and WCMCO. To the extent that care needs to be managed, the DPR process and utilization review contain elements of a managed care process.

Several commenters expressed their opinion that it is clear that the intent of the proposal is to force more providers into insurance networks, by creating strong disincentives to receive services from out of network providers. They assert that this will neither reduce nor prevent fraud. While the provider community has repeatedly heard the argument that requirements for cost-sharing via deductibles and copayments are valuable and necessary tools to control utilization, the proposal will legitimatize the waiving of copayments and deductibles, contradicting the previously touted arguments. Conversely, providers are prohibited from offering such waivers. The commenters expressed concern about "silent PPOs" and noted that the parameters of workers compensation networks are substantially different from the PIP system.

One commenter noted that while the Department has established very stringent requirements for ODSs, he is unaware of similar requirements for the providers in a WCMCO. Several commenters noted that the missions of both entities are statutorily different: the WCMCO allows a contracting party to manage utilization of care and select the provider of medical service, while an ODS provides the networks of professionals for a carrier to access. The commenters further noted that the process of treating workers compensation injuries is drastically different than the process of treating automobile injuries. The provider assumes a significant array of risks in PIP cases (no coverage, exhausted benefits, medical necessity questions, delay of payment, etc.) that is not present in workers compensation treatment.

Several commenters urged that physicians need to be offered the opportunity to opt out of providing treatment for PIP patients under the terms of various commercial insurance plans or physicians will stop treating PIP patients when the new networks predominate in the market. Tying arrangements, in which a provider has no choice but to participate in all aspects of the management agreement, are the standard occurrence at present and should not be permitted. Similarly, many commenters opined that there is a strong probability that the inclusion of WCMCOs for PIP use could result in a severe limitation of providers willing to treat patients.

One commenter stated that generally, treatment in workers' compensation cases is inadequate, ineffective and the patients are treated hastily by their doctors. Several commenters also noted that the majority of workers compensation networks do not allow chiropractors to participate in review panels, treatment protocols, or review of utilization guidelines, nor do they authorize chiropractic care. These commenters sought

reconsideration of this exclusion and one noted in particular that modern mainstream medicine does not concentrate on manual therapy techniques, such as massage therapy and chiropractic manipulation to address the underlying cause of injury. Several commenters noted concern with the inclusion of WCMCOs to treat auto accident victims and to waive copayments and deductibles. While this may seem like a great way to stretch the $250,000 PIP protection cap, WCMCOs will have access fees as well. The commenters queried: if patients are not satisfied with the WCMCO treating them, will they be able to leave the system and go elsewhere; will their access fee be refunded and will they have to pay co-pays and deductibles in the new system? If the patient opts to use a WCMCO network and the treatment is not appropriate and the patient does not recover, the commenters averred that there will be no ability to seek arbitration. The commenters stated that the bottom line is that the WCMCOs are another restriction on the kind of care a motor vehicle accident victim receives. The commenters asserted that it should not be the decision of any insurance company whether or not physical therapy or chiropractor visits should be reimbursed. They stated further that these proposed rules help insurance companies and limit consumers' access to the benefits they paid for when they purchased no-fault insurance and prey on financially challenged patients. The very purpose of the proposed comprehensive rules was to standardize practices and procedures and bring more certainty to the PIP program. The commenter believe that introduction of WCMCOs will do the opposite.

Several commenters stated that there is no concrete evidence that such a provision would enhance care, reduce costs, and be successful. Other states have attempted to introduce such a provision and have not been successful; instead, policyholders saw a rise in their

premiums because many providers opted out of the “managed care” system. One commenter questioned, if a workers’ compensation panel is used, whether chiropractors will be allowed to participate. If not, the commenter believed it would result in a restraint of trade and limit on choice to the consumer. The commenter also questioned whether these issues will be explained to the consumer when they are deciding which policy to purchase.

RESPONSE: The Department notes that in adding WCMCOs in the proposed amendments to N.J.A.C. 11:3-4.4, it had no intention of incorporating the limitations on treatment, appeals or providers contained in the workers’ compensation coverage in PIP. As such, the commenters’ concerns about the quality of treatment in the workers’ compensation system is outside the scope of the proposal. Similarly, comments about the process outlined in N.J.A.C. 11:3-4.4 whereby insurers can waive deductibles and copayments when insureds choose to be treated by providers in an ODS network are outside the scope of the proposal because those rules have been in effect since 2010. See 42 N.J.R. 1385(a). However, because of the continuing confusion about the process, the questions and issues raised by the commenters, and the fact that no insurers have filed policy language to follow the process permitted by N.J.A.C. 11:3-4.4, the Department is proposing not to adopt the proposed amendments that would add WCMCOs to ODS as network providers in addition to an ODS for this provision.

COMMENT: Several commenters supported the Department’s decision to include WCMCOs in addition to ODSs as providers of networks for the voluntary program to waive the insured’s deductibles and copayments for seeing providers in an insurer’s network pursuant to N.J.A.C. 11:3-4.4(d). One commenter believed that the additions of

WCMCOs to N.J.A.C. 11:3-4.4(d) would increase insured's access to treatment and further the Department's goals to contain costs. Another commenter requested that the Department repeal the requirement that the vendor access fees are only chargeable to the liability limits of the policy only when they are in excess of $10,000 in N.J.A.C. 11:3-4.4(d)2. The commenter recommended that all access fees be chargeable to the liability limits of the policy.

RESPONSE: The Department appreciates the support but, as noted above in the Response to a previous Comment, the Department has determined that the addition of the WCMCOs to N.J.A.C. 11:3-4.4(d) creates confusion and has not been utilized. The Department has determined not to adopt the proposed language.

COMMENT: One commenter noted that N.J.S.A. 39:6A-4 permits benefits to be assigned to a "Provider of Service Benefits" and recommended that the Department use the statutory language in N.J.A.C. 11:3-4.9(a) instead of limiting assignment to a provider of "medical expense benefits."

RESPONSE: The Department agrees with the commenter that the statutory language is more precise and should be used in this subsection. The Department is proposing to amend the rule upon adoption to change "Provider of Medical Expense Benefits" to "Provider of Service Benefits."

COMMENT: One commenter noted that the Department had proposed N.J.A.C. 11:3-4.9(a)3 for repeal. The subsection permitted insurers to include a requirement in their Decision Point Review plans that required providers to submit disputes to alternate dispute resolution. The commenter believed that the deletion of this wording could lead

to the circumvention of the arbitration process. The commenter recommended that the language be reinstated.

RESPONSE: The Department agrees with the commenter. N.J.A.C. 11:3-4.9(a)3 was proposed for deletion in error. The Department is amending the rule upon adoption to reinstate it.

COMMENT: Several commenters stated that N.J.A.C. 11:3-5.6(f) stayed the time for payment of an award pending a Superior Court review but failed to include a similar stay for the clarification/modification and appeals processes under Forthright rules. The commenters suggested that the rule be amended upon adoption to stay the award payment until conclusion of all the post-decision actions.

RESPONSE: The Department agrees with the commenters that N.J.A.C. 11:3-5.6(f) ought to stay payment for applications made for clarification/modification and appeals under Forthright's PIP arbitration rules, in addition to actions filed in the Superior Court and thus the rule is proposed for amendment in this regard upon adoption.

COMMENT: Several commenters noted that proposed N.J.A.C. 11:3-5.12(f) will implement a post-employment restriction on DRPs whereby DRPs shall not appear before any dispute resolution professional representing claimants or respondents. Commenters assert that this provision violates the New Jersey State Constitution, which provides that the admission and practice of law is within the sole and exclusive jurisdiction of the State Supreme Court. The commenters also note that the Supreme Court has placed restrictions upon former jurists when it has found such is necessary and appropriate, such as Directive #5-08 that prohibits judges who retire under the Judicial

Retirement System Act, N.J.S.A. 43:6A-1 et seq., from appearing as an attorney in any contested matter in the courts of this State.

Additionally, citing *In re Supreme Court Advisory Committee on Professional Ethics Opinion No. 697*, 188 *N.J.* 529 (2009), the commenters assert that the "appearance of impropriety standard" cited by the Department as justification for the DRP post-employment restriction has been expressly rejected by the Supreme Court with regard to attorney discipline. The commenters imply that the Department's reliance upon N.J.S.A. 39:6A-5.1(b) is faulty. That statute provides that the "Commissioner shall establish standards of performance for the organization to ensure the independence and fairness of the [PIP dispute resolution] review process, including, but not limited to . . . standards to ensure that no conflict of interest exists which would prevent the [DRP] from performing his duties in an impartial manner." The commenters assert that the proposed regulation assumes that a conflict exists or that there is an appearance of impropriety in the appearance of a former DRP at a hearing in a PIP arbitration, and fails to include the Supreme Court's analysis in *In re Opinion No. 415*, 81 *N.J.* 318, 324 (1979), which directs that an evaluation of whether an appearance of impropriety exists cannot be in a vacuum, and requires a reasonable basis and something more than a fanciful possibility. The commenters also stated that attorneys who serve as municipal court judges have no presumed conflicts or restrictions imposes upon them by the Supreme Court, and any perceived conflicts must be addressed in a case-by-case basis. Furthermore, relying on *In the Matter of Tenure Hearing of Onorevole*, 103 *N.J.* 548 (1986), the commenters argue that the Supreme Court has rejected the notion that an appearance of impropriety exists simply because a former "referee" takes the field as a "combatant." In that case, the

Supreme Court held that a former Administrative Law Judge (ALJ) at the Office of Administrative Law (OAL) could appear at the OAL when there was no actual conflict or an appearance of impropriety. The commenters assert that the Department's role in PIP arbitrations is even more remote than the OAL's governance of its attorney appearance rules because the administration of PIP arbitrations has been vested with an outside dispute resolution organization (DRO) and the Department is not a quasi-judicial body.

The commenters also note that N.J.S.A. 39:6A-5.1, N.J.A.C. 11:3-5.5 and 5.12, and New Jersey No-Fault PIP Arbitration Rule 11 all mandate that DRPs avoid creating conflicts of interest as well as being required to complete and file a conflict of interest questionnaire. Specifically, N.J.A.C. 11:3-5.5(b)1 currently provides that "[n]o person shall serve as a DRP in any arbitration in which that person has any financial or personal interest. A DRP shall disclose any circumstances likely to create an appearance of bias, which might disqualify him or her as a DRP." Further, the commenters highlight that this obligation is continuous, and also flows to the DRO, Forthright Solutions, and once a potential conflict is revealed the DRO has an obligation to address the conflict or remove the DRP.

The commenters assert that the Supreme Court has already addressed the Department's concern in the Rules of Professional Conduct governing attorneys, where RPC 1.12(c) provides that a "lawyer shall not negotiate for employment with any person who is involved as a party or as an attorney for a party in a matter in which the lawyer is participating personally and substantially as a judge or other adjudicative officer, arbitrator, mediator, or other third-party neutral."

Lastly, the commenters assert that their status as independent contractors, without benefits make the Department's proposed regulation an impermissible restrictive covenant, and risks the DRPs' status as independent contractors. Specifically, the commenters assert that the post-employment restriction in the proposed regulation rises to the level of an undue hardship upon the DRPs because they would be unable to find other employment in their area of expertise for one year. Moreover, the commenters argued that restrictive covenants in the legal profession have been addressed unfavorably, and that Disciplinary Rule 2-108(A) of the American Bar Association provides that lawyers shall not be a party to a partnership/employment agreement that restricts the right of the lawyer to practice law after the termination of a relationship created by the agreement.

RESPONSE: The Department agrees in part with the commenters and recognizes the Supreme Court's exclusive jurisdiction over attorney discipline as noted by the commenters. However, N.J.S.A. 39:6A-5.1(b) provides that the Commissioner shall promulgate rules and regulations for the conduct of PIP arbitrations and "shall establish standards of performance for the organization to ensure the independence and fairness of the [PIP dispute resolution] review process, including, but not limited to, standards relative to the professional qualifications of the professionals presiding over the dispute resolution process, and standards to ensure that no conflict of interest exists which would prevent the [DRP] from performing his duties in an impartial manner." This statute expressly directs the Department to ensure the independence and fairness of PIP arbitrations and to establish processes and rules to eliminate conflicts of interest from presiding DRPs. Therefore, the Department believes that it is well within its scope of

authority to ensure that DRPs acting as neutral arbitrators do not solicit or negotiate for employment with any parties or attorneys appearing before them. As stated in the proposal, when DRPs go directly from hearing cases as neutral arbitrators to appearing as advocates for parties who appeared before them it creates an appearance of impropriety, and impugns the impatiality of the decisions issued by the DRPs prior to the employment change.

Nevertheless, N.J.A.C. 11:3-5.5 provides that DRPs must be either: attorneys licensed to practice in New Jersey with at least 10 years of experience in personal injury or workers' compensation; former judges of the Superior Court or Workers' Compensation Court or a former ALJ; or any other person, qualified by education and at least 10 years' experience, with sufficient understanding of automobile insurance claims and practices, contract law, and judicial or alternate dispute resolution practices and procedures. As such, the Department acknowledges that the majority of DRPs fall into the attorney category, and are subject to the Rules of Professional Conduct generally, and the specific post-employment restriction and non-solicitation provision applicable to arbitrators in RPC 1.12. In RPC 1.12(a), the Supreme Court has provided that "a lawyer shall not represent anyone in connection with a matter in which the lawyer participated personally and substantially as a judge or other adjudicative officer, arbitrator, mediator or other third-party neutral . . . unless all parties to the proceeding have given consent, confirmed in writing." Additionally, RPC 1.12(c) provides that "[a] lawyer shall not negotiate for employment with any person who is involved as a party or as an attorney for a party in a matter in which the lawyer is participating personally and substantially as a judge or other adjudicative officer, arbitrator, mediator, or other third-party neutral."

In totality, these provisions in RPC 1.12 directly prohibit the essential conduct that is at the heart of the Department's proposed new rule. The Department also believes that the conduct prohibited by RPC 1.12 would also fall under the conflict of interest provisions currently in the Department's regulations at N.J.A.C. 11:3-5.12(a) through (d). Therefore, the Department has determined that the new regulation in N.J.A.C. 11:3-5.12(f) is unnecessary, and the provision is being proposed for deletion upon adoption.

COMMENT: Several commenters suggested that the Department amend the definition of "outpatient surgical facility" to remove doctors' offices from the definition. The commenters believe that doctors who perform minor surgical procedures in their offices do not need to receive a facility payment in addition to the physicians' fee for the service itself. The commenters also suggested that the existence of a facility fee for services performed in a doctor's office would encourage some providers to perform minor surgical procedures for which they do not have the proper equipment or facility, thus endangering patient safety. Another commenter suggested adding the following language to the definition, "a doctor's office where ambulatory surgical cases are performed and where the provider has obtained proper certification requirements which allow services to be performed in an office setting." Another commenter asked what licensure or certification, if any, a doctor's office must hold to meet the definition of an OSF. Another commenter suggested requiring providers to use the modifier -SF when billing for services that are performed in an office setting. The commenter believed that such a modifier would distinguish facility services from professional services. The commenter recommended that the provider only be able to bill for a facility fee if the provider has a "surgical suite." The commenter stated that it was concerned with providers billing a

facility fee for procedures being performed in a doctor's office that do not require the use of a surgical suite. The commenter believed that a provider should only be reimbursed for their professional fee in such cases.

RESPONSE: The Department agrees with the commenters. As part of the proposed amendments discussed below concerning the establishment of a separate Hospital Outpatient Surgical Facility (HOSF) Fee Schedule, the Department is proposing to delete the definition of "outpatient surgical facility," which includes the "doctor's office" language referenced by the commenter, upon adoption. The Department notes that the definition of ASC already included a physician-owned single operating room in an office setting that is certified by Medicare. The Department believes those are the only types of doctors' offices that can receive facility fees.

COMMENT: One commenter noted that N.J.A.C. 11:3-29.4(g)6 as proposed stated that supplies for TENS and EMS units are included for rentals and purchases of the devices. The commenter said that the provision as it applies to a monthly rental is understandable but when talking about a purchase, the unit comes with a month of supplies, and when you continue to use the unit, additional supplies are needed. It does not make sense to try to determine a price amount when you do not know how long the unit will be used. Another commenter asked for confirmation that replacement TENS leads, batteries, etc. are not reimbursable.

RESPONSE: The Department agrees with the commenters that supplies for TENS and EMS units should only be included in the rental, not the purchase fee. The Department is proposing to amend N.J.A.C. 11:3-29.4(g)6 to delete the reference to purchase.

Moreover, the fees for these supplies are already in Appendix, Exhibit 5.

COMMENT: Several commenters expressed concern that the outpatient surgical facility fee schedule would cause patients to be admitted to hospitals for procedures that are appropriately performed in outpatient facilities. It was asserted that such hospital stays would lead to higher costs for care to the detriment of injured persons whose policy limits will be exhausted. Another commenter stated that by defining “OSF” to include a hospital outpatient department, DOBI is inexplicably applying the Medicare ASC coverage standards to procedures performed in a hospital outpatient department (HOPD). The Medicare ASC coverage standards were plainly intended to apply only to ASCs; CMS utilizes separate standards to determine coverage of services performed in HOPDs. In applying the Medicare ASC coverage standard to HOPDs, DOBI is prohibiting the performance of outpatient procedures in an HOPD under PIP that are clearly covered under Medicare when performed in an HOPD. Finally, another commenter noted that decompression of spinal cord or nerve root thoracic are not listed on the proposed outpatient facility fee schedule.

RESPONSE: The Department agrees with the commenters that the restrictions on the procedures that can be performed in an ASC are not appropriate for an HOSF. As noted below in the Response to another Comment, the Department has determined that it is necessary to propose a separate hospital outpatient surgical facility fee schedule that would, consistent with Medicare rules, permit certain procedures to be performed in hospital outpatient facilities that cannot be performed safely in an ASC.

COMMENT: One commenter stated that CMS’s determination with respect to the

coverage of ASC procedures under Medicare should have no bearing on the PIP fee schedule. CMS specifically stated that its Medicare ASC coverage standards apply only to determine whether they are appropriate for Medicare beneficiaries in ASCs. Additionally, the commenter noted that the application of Medicare ASC coverage standards to the PIP fee schedule usurps physician's medical decision-making. A number of commenters submitted a form letter which stated that the limitations on the procedures that can be performed in an ASC deprives consumers of the ability to choose the most cost effective and efficient setting for their treatment. The commenters asserted that this change will increase rather than decrease the cost of PIP benefits. The commenters believed that consumers should retain the ability to have procedures performed wherever they choose, by healthcare providers of their choice, regardless of the network participation, and without fear of a financial penalty.

RESPONSE: The Department does not agree with the commenters. The Department believes that there must be a definition of what services can be performed safely in an ASC and are therefore reimbursable under PIP. The Medicare definition is designed to ensure that the facility is operated in a manner that ensures the safety of patients and the quality of services. Medicare has determined that a procedure that meets any of the criteria below cannot be performed in an ASC:

1. Poses a significant safety risk to the patient;
2. Typically requires active medical monitoring and care at midnight following the procedure;
3. Is on the inpatient only list;
4. Directly involves major blood vessels;

5. Requires major or prolonged invasion of body cavities;

6. Generally results in extensive blood loss;

7. Is emergent in nature;

8. Is life-threatening in nature;

9. Commonly requires systemic thrombolytic therapy; or

10. Can only be reported using an unlisted surgical procedure code.

"Medicare Program; Revised Payment System Policies for Services Furnished in Ambulatory Surgical Centers (ASCs) Beginning in CY 2008; Final Rule," Federal Register 72 (August 2, 2007): 42483. Print.

The Department also does not agree that the determination whether to perform a procedure in an ASC or a hospital outpatient or inpatient facility usurps a physician's medical decision-making. On the contrary, since many physicians have a financial interest in ASCs, the decision about where to perform the procedure may be influenced by financial factors. In addition, the proposed changes have nothing to do with networks or financial penalties. Overall, the limitation on the services that are reimbursable if performed in an ASC is based on patient safety, not on restricting patient choice or on the cost of procedure. Therefore, it is reasonable and appropriate for the Department to rely upon the expertise and experience of CMS in this regard.

COMMENT: Several commenters expressed concern with including hospital outpatient care in the Outpatient Surgical Facility Fee Schedule and noted that the proposal would result in PIP being the first and only insurer that will pay New Jersey hospitals the same amount for outpatient surgical procedures as is paid to freestanding ASCs. Under the

Medicare system, which acknowledges that ASCs have lower costs than hospitals associated with providing identical services, hospitals receive significantly higher payments than freestanding ASCs for the same outpatient surgical procedures. One commenter expressed serious concern with the Department's methodology for determining hospital outpatient fees. While setting the amount of the facility fees at 300 percent of the 2011 ASC Medicare base rate and wage index appears fair for an ASC, it ignores the fact that Medicare pays hospitals a differential above the ASC rate to adjust for the higher costs of providing care in a hospital, including the provision of services to Charity Care and Medicaid patients. Paying a similar differential under PIP is even more critical; without it, hospitals across the State would be bankrupt. The commenter recommended that if the Department will not exempt all hospital claims, then at a minimum include hospital rate differential payments similar to the Medicare rate under the PIP Outpatient Fee Schedule.

RESPONSE: The Department agrees with the commenters that it is not appropriate to pay hospital outpatient facilities the same facility fee amounts as ASCs are paid based on the differences in Medicare's cost-based reimbursements to these facilities. As described in detail above in the Summary, the Department is proposing to add new Appendix, Exhibit 7 upon adoption to establish a separate fee schedule for HOSFs that recognizes the higher cost basis for such hospital facilities according to the data on which the Medicare reimbursement rates are based. The Department is also proposing to amend Appendix, Exhibit 1 to change the heading of the "Outpatient Facility fee schedule" back to "Ambulatory Surgical Center (ASC) facility fee schedule" and to make other changes to the rules necessary to have the rules provide for both ASCs and HOSFs.

COMMENT: Several commenters noted that the proposed rule for outpatient surgical facility (OSF) fees at N.J.A.C. 11:3-29.5(b)2 states that implantable devices are not included in the facility fees but are billed at invoice plus 20 percent. The commenter stated that in many cases the Medicare Ambulatory Payment Classification (APC) rates used in setting the OSF facility fees include the implantable device and to allow the device to be billed and paid for separately would result in the insurers paying many times for the implantable device. One commenter provided the example of CPT 63685. On the OSF fee schedule for the Northern region that code has a rate of $47,572.08. The commenter notes that the corresponding Medicare fee for the code is $14,743.58, of which $12,634.45 is the cost of the implant and $2,109.13 is the cost of performing the procedure. Under the proposal, not only would the facility receive 300 percent of the cost of the device built into the fee, but the facility could separately bill for the device again, and thus be reimbursed many times the actual cost for such implant devices.

RESPONSE: The Department agrees with the commenters that for ASCs and HOSFs, the devices are included in the facility fee and that for device-intensive procedures such as CPT 63685, the proposed fee would result in the ASC receiving many times the actual cost of the device. Thus, the Department proposes to delete proposed N.J.A.C. 11:3-29.5(b)2 upon adoption (now N.J.A.C. 11:3-29.5(c)2 because of the addition of new subsection (b).) As noted above in the Response to another Comment, the Department is proposing to add upon adoption a new HOSF fee schedule and to amend the Physicians' Fee Schedule, which includes facility fees for ASCs. The fees on the new and amended schedules are set at 300 percent of Medicare as initially proposed, except that they have been adjusted to include only 120 percent of the cost of the device. So, for example, 300

percent of the Medicare ASC fee for CPT 63685 was on the proposed OSF fee schedule for $47,572 but that included a device that costs $12,623. Charging only 120 percent for the cost of the device lowers the fee for this service to the correct amount of $24,643.

COMMENT: One commenter noted that CPT 95805 is listed on the physicians' fee schedule with a global and a technical fee but no professional fee. Another commenter noted that one of the CPT codes for EEGs, 95812, only has a global fee, not the technical or professional component fees that the other EEG CPT codes have. The commenter asked if this was intentional or an omission.

RESPONSE: CPT code 98505-26 had the 85 transposed in the fee schedule. Code 95805 is not on the fee schedule. Similarly, the 58 in the technical and professional modifiers of CPT code 98512 and the global fee for 98513 were transposed and appeared on the fee schedule as 95812 and 95813. The incorrect codes are proposed to be deleted and the correct codes are proposed to be added to the fee schedule upon adoption.

COMMENT: Several commenters stated that the proposed changes to the PIP fee schedule will be devastating to the delivery of high quality and complex spine care and strongly object to the inclusion of spine surgery CPT codes in the schedule and the resultant significant decreases in reimbursement. One commenter identified the most common CPT codes and procedures performed by spine surgeons and provided a comparison between the proposed PIP schedule and what actual, regular healthcare insurers provide. Another commenter submitted a chart comparing proposed PIP fee schedule reimbursement with what healthcare insurers actually reimbursed for various spinal surgeries, substantiated by explanations of benefits (EOBs) and checks paid to the

practice. The commenter noted that drastic reductions in the present compensation for these procedures would make it very difficult to continue to provide this technical and specialized care to motor vehicle accident (MVA) patients.

The commenters noted that there is a significant shortage of spine surgeons in New Jersey and that reimbursements for covered trauma cases by spine surgeons will be decreased by greater than 50 percent. The commenters noted that this could lead to the unintended consequence that spine surgeons may opt to no longer cover emergencies on-call at multiple hospitals, or would cover only the minimum required by Federal law because of the higher medical malpractice liability associated with these cases, the need to cancel office hours and/or elective cases in order to provide care for MVA victims, and the significantly reduced reimbursement rates. This could result in patients being transferred from hospitals which do not have emergency spine coverage to Level 1 trauma centers; these types of hospital transfers place the patient at undue risk, strain the resources at the receiving hospital, and create enormous inconvenience for patients transferred far from home and required to make return visits for follow-up care.

RESPONSE: Upon review of the comments received, the Department has determined that additional study of the physician fees for 117 CPT codes on the Physicians' Fee Schedule for spinal and neurosurgical procedures is required. As was noted in the proposal, the available data on the fees paid to providers for these low-frequency procedures is limited. The Department is proposing to remove the physician fees for these codes upon adoption until this issue can be studied further.

COMMENT: Several commenters wrote in strong opposition to the inclusion of major spinal surgery CPT codes in the proposed Medical Fee Schedule, and noted that the

inclusion will make it increasingly more difficult for neurosurgeons to care for PIP patients and inhibit neurosurgeons from providing quality emergency room and trauma center care. Patients suffering head or spine trauma or strokes will have much less chance of regaining independence and returning to home or work, ultimately increasing the State's expenditures for their care. For several commenters, reimbursements from PIP and some private carriers essentially allow their practices to stay solvent. Several commenters noted that many neurosurgeons would cease to provide neurosurgical coverage in the trauma hospitals and some would leave the State altogether. Neurosurgeons pay the highest premiums for malpractice insurance and neurosurgical training is longer than any other specialty. Many emergency room cases are seen without reimbursement or are Medicaid or Medicare which also reimburse poorly for surgeons, and these cases are the greatest source of legal liability. Tagging any fee schedule to Medicare is a mistake. Certain spinal procedures included in the Schedule are simply too complex and too risky to warrant a reduction in reimbursements. The proposed reduction of fees will likely involve changes in coverage in emergency rooms, and threaten participation in Medicare. Several commenters noted that a patient's entire PIP auto benefit may be consumed by pain management doctors before they even get to the spinal surgeon or neurosurgeon for definitive treatment.

RESPONSE: As noted above in the Response to another Comment, the Department has determined to delete the physician fees for 117 spinal and neurosurgical codes upon adoption pending further study.

COMMENT: Several commenters noted that the use of spine surgical CPT codes by non-surgeons has driven up the costs of healthcare and suggested that once the claims of

the non-surgeon population using the CPT codes are removed from the equation, there is no need to include the spine surgery CPT codes in the PIP fee schedule. An examination of the healthcare expenditures should be performed to determine how many PIP claims are being processed for non-surgical “procedures” versus how many actual surgical operations are being covered. The commenters also recommended examination of the distinction between acute care for trauma versus that given for persistent complaints or conditions created or exacerbated by a trauma. The commenters recommended that this analysis occur before a decision is made on changes to the PIP fee schedule for spine surgeries. Several commenters urged that if auto carriers are concerned about medical costs, then they should prevent non-surgeons from billing with surgical codes. Several commenters also inquired why the high profits of insurance companies are being protected at the cost of quality care for patients.

RESPONSE: As part of the review to be undertaken on the reimbursement of spinal and neurosurgical codes mentioned above in the Response to another Comment, the Department will also look into these concerns about providers who bill surgical codes for non-surgical treatment.

COMMENT: Several commenters expressed support for the addition of more fees to the fee schedule to provide certainty to PIP providers, but were concerned that certain specialties such as neurosurgery and pain management, may have been unfairly targeted and their fees underestimated. These specialists are particularly important to patients who have been injured in car accidents. The unintended consequences of under-assessing fees may deter these specialists, already in short supply, from treating the PIP patient population.

RESPONSE: As noted above in the Responses to other Comments, the Department is proposing to delete the physician fees for 117 spinal and neurosurgical codes from the Appendix, Exhibit 1 upon adoption and those physicians will be reimbursed at the usual, reasonable, and customary fee pursuant to N.J.A.C. 11:3-29.4(c).

COMMENT: One commenter asked for additional time to analyze the proposed changes for neurosurgery reimbursements to assist in determining a more optimal and equal solution than drastic and harmful across-the-board fee reimbursement reductions.

RESPONSE: As noted above in the Responses to other Comments, the Department is proposing to delete the physician fees for 117 spinal and neurosurgical codes from the Appendix, Exhibit 1 upon adoption.

COMMENT: Several commenters stated that if major spinal surgery CPT codes are included in the Medical Fee Schedule, many neurosurgeons will reduce the size of their office support staff and their benefits because of the inadequate compensation in the Schedule. The impact on employees of these practices must also be considered.

RESPONSE: As noted above in the Responses to other Comments, the Department is proposing to delete the physician fees for 117 spinal and neurosurgical codes from the Appendix, Exhibit 1 upon adoption.

COMMENT: One commenter noted that CPT 98943, Chiropractic Manipulative Treatment, Extraspinal, was previously listed in the fee schedule with a reimbursement rate but it does not appear in the proposed fee schedule. However, the code is listed as being subject to the daily maximum. The commenter asked if the Department intended to omit the code from Exhibit 1.

RESPONSE: The Department inadvertently omitted the code for extraspinal manipulation from the fee schedule. As noted above in the Response to a previous Comment, the Department is proposing to amend Appendix, Exhibit 1 upon adoption, which amendments will include adding a fee for 98943.

COMMENT: One commenter pointed out that codes D7880 on the Dental Fee Schedule and codes CPT 21085 and 21110 on the Physicians' Fee Schedule describe very similar services but have different fees. This creates disputes about which code to use. The commenter recommended setting the codes on the dental fee schedule at the same fee as CPT 21110 on the Physicians' Fee Schedule.

RESPONSE: The Department agrees with the commenter and is proposing to amend Appendix, Exhibit 1 to make the fee for CPT 21085 the same as CPT 21110 and is amending Appendix Exhibit 2 to make the fee for D7880 the same as the fee for CPT 21110 on the Physicians' Fee Schedule.

Effect of Proposed Changes on Impact Statements Included in Original Proposal

The changes to the proposed new rules, amendments, and repeals that are discussed herein will affect only the following impact statements included in the original proposal.

Social Impact

The proposed substantial changes providing a separate fee schedule for hospital outpatient surgical facility fees and including therein codes for procedures that can be safely performed in such facilities but not in ASCs are consistent with the promotion of

the cost-efficient provision of quality medical care to persons injured in auto accidents as was referenced in the social impact in the original proposal.

Differentiating between outpatient services performed at ASCs and HOSFs, and reimbursing services performed at the latter locations in amounts that more appropriately reflect the higher costs attendant upon the operation of hospital outpatient facilities, will have a positive social impact. The positive impact will occur because under current economic conditions many New Jersey hospitals are struggling to remain economically viable and the proposed amendments and new HOSF fee schedule will better enable them to do so. As a result, the problems related to inadequate access to hospital care that can ensue from hospitals closing or curtailing their operations for economic reasons may be avoided.

The amendments specifying that certain codes for higher risk outpatient procedures may only be performed at HOSFs will also have a positive social impact, as victims of motor vehicle accidents who need such higher-risk procedures will be assured that they will receive them only in the safer, more well-equipped environment of a hospital outpatient facility.

The proposed deletion from the Physicians Fee Schedule of physicians' fees for the codes for procedures performed by neuro or spinal surgeons is also consistent with the content of the social impact in the original proposal. The amendments deleting the physician's fees for these codes from the Physicians Fee Schedule will have a positive social impact by ensuring that such specialists continue to provide their services to MVA victims while the Department undertakes further study of the data on the fees charged by the limited number of such providers.

The proposed deletions of the references to WCMCO networks in N.J.A.C. 11:3-4.2 and 4.4 will have a neutral social impact, as data obtained by the Department indicates that the optional policy language permitted therein with respect to the waiving of co-payments and deductibles has not been utilized since these rules were amended in July 2010 to provide for such waivers.

The amendments to clarify that providers cannot double bill for implantable devices will have a positive social impact, as they will contribute to making auto insurance more affordable in New Jersey.

The amendments reinstating the erroneously proposed deletion of N.J.A.C. 11:3-4.9(b)3, incorporating the statutory terminology into N.J.A.C. 11:3-4.9(a) with respect to the assignment of benefits and duties to providers, requiring insurers to specify a close of business time in their Decision Point Review plans, providing that an insurer's obligation to pay an award by a DRP is stayed if any of the options provided by N.J.A.C. 11:3-5.6(g) is exercised, correcting code errors, increasing the fees on the Dental Fee Schedule to the amount for the codes for the corresponding services on the Physicians Fee Schedule, and adding an omitted code on the Dental Fee Schedule will all have a positive social impact. Each of these revisions will make the administration of the PIP system more efficient by reducing the potential for confusion among providers and insurers.

Economic Impact

The amendments to N.J.A.C. 11:3-29.5 and the Physicians Fee Schedule to differentiate between ASCs and HOSFs, and the proposed new fee schedule for HOSFs, Appendix Exhibit 7, will have a positive economic impact on hospital outpatient

facilities. The proposed amendments and new rule will better assure that procedures performed at HOSFs are reimbursed at appropriate amounts that properly account for the higher operating costs of such facilities relative to those of ASCs, as will the exemption from the fee schedule of procedures performed in hospital emergency rooms. These amendments and proposed new Appendix Exhibit 7 will have a negative economic impact on auto insurers, as they will be required to reimburse hospital outpatient facilities at the higher fees reflected in new HOSF fee schedule. However, the inclusion on the new fee schedule of the 36 codes for procedures that Medicare has indicated may be safely performed at HOSFs will have a favorable economic impact on insurers, as the amounts on the fee schedule will generally be less than the amounts insurers would otherwise be required to pay to providers of these services under the usual, customary and reasonable statutory standard.

The amendments specifying that certain outpatient procedures may not be reimbursed if performed at an ASC will not negatively impact the operators of such facilities, as under the new rules and amendments as initially proposed, such procedures could not be performed at ASCs. These amendments affect only some 24 codes, which is a small percentage of the total number of procedures performed at such ASCs.

The amendments to the Physicians Fee Schedule to delete the physician fees for 117 codes for procedures performed by neuro and spinal surgeons will have a favorable economic impact on such specialists as, in accordance with N.J.A.C. 11:3-29.4(e), they will be reimbursable in accordance with the usual, customary and reasonable standard applicable to procedures not specified on any fee schedule. Conversely, insurers will be negatively impacted economically by these amendments, as they will be required to pay

higher levels of reimbursement for these procedures than would be the case if the physician fees for the 117 codes remain on the Physicians Fee Schedule. The benefits of assuring that any decision to retain on the Physicians Fee Schedule the codes for services provided by neuro and spinal surgeons is supported by sufficient data outweigh the additional costs insurers will incur as a result of not including these codes on the Physicians Fee Schedule.

Insurers and New Jersey policyholders will realize an economic benefit from the clarification that providers may not double bill for implantable devices, as insurer costs and PIP rates will be favorably affected by that prohibition. Providers will not be adversely affected since the change does not affect current reimbursement practices and merely prevents a possible windfall if the rule was adopted as proposed. The deletion of WCMCO networks from the rules should have a neutral economic effect, as insurer data indicates that there has been no utilization by insurers of the option provided by N.J.A.C. 11:3-4.4 to include policy language allowing waivers of co-payments and deductibles when insureds receive services from providers who are part of an Organized Delivery System.

The proposed changes upon adoption to N.J.A.C. 11:3-4.9(a) to include therein the statutory text regarding assignment of benefits and duties to providers, reinstating N.J.A.C. 11:3-4.9(b)3 to permit insurers to include in their Decision Point Review plans provisions requiring disputes to be submitted to alternate dispute resolution, expanding the definition of “days” in N.J.A.C. 11:3-4.2 to require insurers to specify when a day as defined therein ends, revising N.J.A.C. 11:3-5.6(f) to stay an insurer’s obligation to pay a DRP’s award if it exercises any of the options afforded to it under N.J.A.C. 11:3-5.6(g),

and the correction of code errors will all have a positive economic impact on providers and insurers. All of these changes will remove uncertainty from the rules, which will enable providers and insurers to avoid the costs attendant upon resolving questions on, and conflicting interpretations of these provisions were they to be adopted without these clarifying amendments.

The amendments to Appendix Exhibit 2 to increase the fee on the code therein for CDT D7880 to an amount that closely corresponds to the reimbursement for two services proposed on the Physicians Fee Schedule because all three codes reference very similar services will favorably impact insurers and dentists. Insurers should realize a net savings because the costs of processing and defending disputes about which code to reimburse will be eliminated. Dentists will benefit by being reimbursed at the higher rate reflected in the amended fee amount. The amendment to Appendix Exhibit 2 to add an inadvertently omitted code will have a positive economic impact on providers and insurers by removing the uncertainty created by the omission of this code that is on the current Dental Fee Schedule.

The amendments to N.J.A.C. 11:3-5.12 deleting subsection (f) as proposed will have a positive economic impact on DRPs (generally attorneys) who terminate their services as such, as they will not be barred for one year subsequent to such a termination from representing claimants or insurers before other DRPs in PIP claim arbitrations. The change is not expected to have a significant impact on insurers, as the ethical constraints applicable to New Jersey attorneys should operate to prevent actual conflicts of interest.

Full text of the proposed substantial changes to the proposed new rules and amendments follows (additions to proposal indicated in italicized boldface ***thus***; deletions from proposal indicated in italicized cursive brackets *{*thus*}*):

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

11:3-4.2 Definitions

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

"Days" means calendar days unless specifically designated as business days.

1. A calendar and business day both end at the time of the close of business hours. ***Insurers shall set a close of business time in their Decision Point Review plans***;

2. - 3. (No change from proposal.)

…

{*"WCMCO" means a workers' compensation managed care organization approved pursuant to N.J.A.C. 11:6.*}

…

11:3-4.4 Deductibles and co-pays

(a) - (c) (No change.)

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

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

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

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

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

Example: A $10,000 charge is reduced by the ODS *{***or WCMCO network***}* contract with the insurer by 45 percent to $5,500. The insurer could include the ODS *{***or WCMCO network***}* access fee or $1,125 (25 percent of the $4,500 reduction), whichever is less, within the policy limits.

(e) - (i) (No change.)

11:3-4.9 Assignment of benefits; public information

(a) **Pursuant to N.J.S.A. 39:6A-4, an insured may only assign benefits and duties under the policy to a provider of** *{***medical expense***}* ***service*** **benefits.** Insurers may file for approval policy forms that include reasonable procedures for restrictions on the assignment of personal injury protection benefits **and duties under the policy**, consistent with the efficient administration of the coverage **and the prevention of fraud**. Insurers may not prohibit the assignment of benefits to providers. Reasonable restrictions may include, but are not limited to:

1. A requirement that as a condition of assignment, the provider agrees to follow the requirements of the insurer's decision point review plan for making decision point review and precertification requests; *{***and/or***}*

2. A requirement that as a condition of assignment, the provider shall hold the insured harmless for penalty co-payments imposed by the insurer based on the provider's failure to follow the requirements of the insurer's Decision Point Review Plan***; and/or***

3. A requirement that as a condition of assignment, the provider agrees to submit disputes to alternate dispute resolution pursuant to N.J.A.C. 11:3-5.

(b) - (c) (No change from proposal.)

SUBCHAPTER 5. PERSONAL INJURY PROTECTION DISPUTE RESOLUTION
11:3-5.6 Conduct of PIP dispute resolution proceedings

(a) - (e) (No change from proposal.)

[(e)] **(f)** The award shall be signed by the dispute resolution professional. The original shall be filed with the administrator, and copies provided to each party. If the award requires payment by the insurer for a treatment or test, payment shall be made together with any accrued interest **ordered in the award** pursuant to N.J.S.A. 39:6A-5, within [20] **45** days of **the insurer's** receipt of a copy of the determination, **unless *{*an action has been filed in the Superior Court pursuant to N.J.S.A. 2A:23A-13 as*} one of the actions* permitted in (g) below *has been filed*. Where the arbitration has been filed by a provider who is the assignee of benefits pursuant to N.J.A.C. 11:3-4.7B, the payment shall be made payable to the provider.**

(g) (No change from proposal.)

11:3-5.12 Prohibition of conflicts of interest

(a) - (e) (No change.)

{*(f) For one year after the termination of professional services of any dispute resolution professional, he or she shall not appear before any dispute resolution professional representing claimants or respondents.*}

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

11:3-29.1 Purpose and scope

(a) - (c) (No change from proposal.)

[(c)] **(d)** This subchapter does not apply to the following:

1. – 3. (No change.)

4. Inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes**, except as specifically set forth in this subchapter**. *{***Non-emergency outpatient services on the fee schedules including those provided by the above facilities, are subject to this subchapter.***}*

11:3-29.2 Definitions

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

. . .

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

. . .

"Hospital" means a general acute care hospital, a long-term acute care hospital or a comprehensive rehabilitation hospital.

. . .

"Hospital outpatient surgical facility" or "HOSF" means a facility where hospital outpatients are treated.

. . .

*{***"Outpatient surgical facility" or "OSF" means an ASC, a doctor's office where ambulatory surgical cases are performed or a facility where non-emergency hospital outpatients are treated**.*}*

. . .

11:3-29.4 Application of medical fee schedules

(a) [Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter.] Nothing in this subchapter[, however,] shall compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. ***Insurers are not required to pay for services or equipment that are not medically necessary.***

1. The **fees for** physicians' *{*fee schedule at*}* ***services in*** subchapter Appendix, Exhibit 1***,*** *{***and***}* **the provisions in (f)*1 through 7* below** ***and the non-physician facility fees in subchapter Appendix, Exhibit 7*** shall not apply to trauma

services at Level I and Level II trauma hospitals. [Trauma services means the care provided to patients whose arrival requires trauma center activation or whose care requires the consultation or services of trauma service physicians.] Bills for services subject to the trauma services exemption shall use the modifier "–TS".

2. The non-physician facility fees in subchapter, Appendix, Exhibit 7 shall not apply to services provided in hospital emergency rooms. The bills for these services shall use the modifier "-ER".

3. ***The physician fees for*** *{*Surgical*}* ***surgical*** services (CPT 10000 though 69999) provided in emergency care in acute care hospitals that are not subject to the trauma care exemption shall be reimbursed at 150 percent of the physician*{*'s*}****s'*** fee***s*** *{*schedule and*}* ***in subchapter Appendix, Exhibit 1. The bills for these services*** shall use the modifier "-ER". *{*Insurers are not required to pay for services or equipment that are not medically necessary.*}*

4. ***Except as provided in (a)1 through 3 above, the fees in Appendix, Exhibits 1 through 7 apply regardless of the site of service.***

(b) – (d) (No change from proposal.)

(e) Except as noted in (e)1*{*and 2*}* ***<u>through 3</u>*** below, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in or not covered by the fee schedules shall be a reasonable amount considering the fee schedule amount for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. **When a CPT, CDT or HCPCS code for the**

service performed has been changed since the fee schedule rule was last amended, the provider shall always bill the actual and correct code found in the most recent version of the American Medical Association's Current Procedural Terminology or the American Dental Association's Current Dental Terminology. The amount that the insurer pays for the service shall be in accordance with this subsection. Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

1. - 2. (No change from proposal.)

3. Codes in Appendix, Exhibit 1 that do not have an amount in the ASC facility fee column are not reimbursable if performed in an ASC and are not subject to the provision in (e) above concerning services not set forth in or covered by the fee schedules.

(f) (No change from proposal.)

(g) [Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing. Providers and payors shall use the National Correct Coding Initiative Edits, incorporated herein by reference, as updated quarterly by CMS and available at http://www.cms.hhs.gov/NationalCorrectCodInitEd/.] **Except as specifically stated to the contrary in this subchapter, the fee schedules shall be interpreted in accordance**

with the following, incorporated herein by reference, as amended and supplemented: the relevant chapters of the Medicare Claims Processing Manual, updated periodically by CMS, that were in effect at the time the service was provided. The Medicare Claims Processing Manual is available at https://www.cms.gov/Manuals/IOM/itemdetail.asp?itemID=CMS018912; the NCCI Policy Manual for Medicare Services, as updated periodically by CMS and available at http://www.cms.gov/NationalCorrectCodInitEd/Downloads/NCCI_Policy_Manual.zip; Modifier 59 Article: Proper Usage Regarding Distinct Procedural Service, available from CMS at https://www.cms.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf; and the CPT Assistant available from the American Medical Association (www.AMAbookstore.com).

1. – 5. (No change from proposal.)

6. Leads, pads, batteries and any other supplies for use of TENS or EMS devices are included in the fee for the rental {or purchase} of the unit and are not separately reimbursable *when rented*.

7. – 13. (No change from proposal.)

(h) - (p) (No change from proposal.)

11:3-29.5 {Outpatient surgical facility fees} *ASC facility fees; hospital outpatient surgical facility fees*

(a) *{*Outpatient surgical*}* *ASC* facility fees are listed *{*on the Physicians' Fee Schedule*}* *in Appendix, Exhibit 1*, by CPT code. *{*The outpatient surgical facility fee is the maximum that can be reimbursed for outpatient procedures regardless of whether they are performed in a hospital outpatient facility, an ASC or a physicians' office.*}* Codes *{*on the Physicians' Fee Schedule*}* that do not have an amount in the *{*outpatient surgical*}* *ASC* facility *fee* column *{*cannot be performed in such facilities*}* *are not reimbursable if performed in an ASC*. The *{*outpatient surgical*}* *ASC* facility fee*s* include*{*s*}* services that would be covered if the services were furnished in a hospital on an inpatient or outpatient basis, including:

1. – 3. (No change from proposal.)

4. Diagnostic and therapeutic items and services*{*,*}*. Appendix, Exhibit 1*{*, the Physicians' Fee Schedule*}* indicates those CPT codes that, according to Medicare (see: www.cms.gov/ASCPayment/ASCRN/list.asp, CMS-1504-FC, Exhibit AA) are considered ancillary services that are integral to surgical procedures and are not permitted to be reimbursed separately *in an ASC. Appendix, Exhibit 7 indicates those services that, according to Medicare (see: https://www.cms.gov/HospitalOutpatientPPS/Downloads/CMS1506FC_Addendum_D1.pdf) are considered ancillary services to surgical procedures and are not permitted to be reimbursed separately in a HOSF*;

5. (No change from proposal.)

6. Blood, blood plasma, platelets, etc.; *{*and*}*

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

8. Implantable DME and prosthetics.

(b) HOSF fees are listed on subchapter Appendix, Exhibit 7 by CPT code. The hospital outpatient surgical facility fee is the maximum that can be reimbursed for outpatient procedures performed in an HOSF. The hospital outpatient facility fees in Appendix Exhibit 7 include services that would be covered if furnished in a hospital on an inpatient basis, including those set forth in (a)1 through 8 above.

{(b)*}(c)* *{***The following services are not included in the outpatient surgical facility fee:**

1.*}* **The sale, lease or rental of durable medical equipment (DME) to patients for use in their homes** *are not included in the ASC or HOSF fee***. If the** *{***outpatient surgical facility***} ASC or HOSF* **furnishes items of DME to patients, billing for such items should be made in accordance with subchapter Appendix, Exhibit 5.***{***; and**

2. Prosthetic and other devices in accordance with N.J.A.C. 11:3-29.4(f)8.*}*

{(c)*} (d)* **When multiple procedures are performed in an** *{***outpatient surgical facility***} ASC or in an HOSF* **in the same operative session, the** *{***outpatient surgical***}* *ASC* **facility fee** *or the HOSF fee, as applicable,* **for the procedure with the highest payment amount is reimbursed at 100 percent and reimbursement of any additional procedures furnished in the same session is 50 percent of the applicable facility fee.**

1. (No change from proposal.)

2. Subchapter *{***Appendix***} Appendices***, Exhibit 1, the Physicians' and** *{***Outpatient Surgical***} ASC* **Facility Fee Schedule** *and Exhibit 7, the HOSF fee schedule***, indicate{s} those CPT codes that, according to Medicare (see:**
www.cms.gov/ASCPayment/ASCRN/list.asp *and*

***http://www.cms.gov/HospitalOutpatientPPS/*)** **are exempt from the multiple procedure reduction formula.**

(**Office of Administrative Law Note:** As in the notice of proposal, the original text of proposed N.J.A.C. 11:3-29 Appendix, Exhibits 1 and 2 published below does not appear in boldface as proposed new text as boldface is used within the text of the Exhibits. Likewise, the text of new N.J.A.C. 11:3-29 Appendix, Exhibit 7, included as a substantial change, does not appear in italicized boldface as boldface is used within the Exhibit text.)

(INSERT APPENDIX EXHIBITS 1, 2, AND 7)

APPENDIX

Exhibit 1

Physicians' & *{Outpatient}* ***Ambulatory*** Surgical ***Center*** *(ASC)* Facility Fee Schedule

CPT* HCPCS	MOD	DESCRIPTION	Physicians' Fees North	Physicians' Fees South		{Outpatient Surgical Facility} *ASC* Fees North	{Outpatient Surgical Facility} *ASC* Fees South	Payment Indicator (See bottom for codes)
. . .								
{20660}		{APPLY, REM FIXATION DEVICE}	{381.89}	{369.85}				
{20661}		{APPLY HEAD BRACE}	{779.55}	{745.80}				
. . .								
{20664}		{HALO BRACE APPLY}	{1,287.51}	{1,238.22}				
20665		REMOVE FIXATION DEVICE	{175.48}	{167.39}		89.55	82.44	X
20670		REMOVE SUPPORT IMPLANT	{637.48}	{600.09}		2,411.70	2,219.85	
. . .								
{20937}		{SP BONE ALLOGRAFT MORSEL, ADDED}	{720.93}	{697.25}				
{20938}		{SP BONE ALLOGRAFT STRUCT, ADDED}	{790.60}	{765.16}				
. . .								
21085		PREPARE FACE/ORAL PROSTHESIS	{1,260.46} ***1,453.19***	{1,209.45} ***1,375.54***		1,265.82	1,165.11	
. . .								
{22220}		{REVISE NECK SPINE}	{6,818.79}	{6,572.06}				
{22222}		{REVISE THORAX SPINE}	{6,314.11}	{6,084.66}				
{22224}		{REVISE LUMBAR SPINE}	{6,684.27}	{6,437.76}				
{22226}		{REVISE, EXTRA SPINE SEGMENT}	{1,568.66}	{1,517.81}				
22305		TREAT SPINE PROCESS FX	{799.90}	{764.05}		210.60	193.83	
22310		TREAT SPINE FX	{1,269.31}	{1,216.97}		734.37	675.96	
. . .								
{22318}		{TREAT ODONTOID FX W/O GRAFT}	{6,900.86}	{6,658.98}				
{22319}		{TREAT ODONTOID FX W/GRAFT}	{7,677.12}	{7,413.74}				
{22325}		{TREAT SPINE FX}	{6,047.90}	{5,825.87}				
{22326}		{TREAT NECK SPINE FX}	{6,272.10}	{6,047.13}				
{22327}		{TREAT THORAX SPINE FX}	{6,237.86}	{6,008.33}				
{22328}		{TREAT EACH ADDED SPINE FX}	{1,212.38}	{1,173.97}				
. . .								
22520		PERCUT VERTEBROPLASTY THORACIC	{10,083.82}	{9,477.17}		4,301.40	3,959.25	
22521		PERCUT VERTEBROPLASTY LUMBAR	{9,901.74}	{9,303.09}		4,301.40	3,959.25	
22522		PERCUT VERTEBROPLASTY ADDED	{970.35}	{938.55}		4,301.40	3,959.25	
{22526}		{IDET, SINGLE LEVEL}	{6,633.00}	{4,210.00}				
{22527}		{IDET, 1 OR MORE LEVELS}	{5,369.00}	{3,408.00}				
{22532}		{LAT THORAX SPINE FUSION}	{8,628.72}	{8,325.88}				
{22533}		{LAT LUMBAR SPINE FUSION}	{8,136.28}	{7,844.68}				
{22534}		{LAT THOR/LUMBAR, ADDED SEGMENT}	{1,780.94}	{1,723.44}				
{22548}		{NECK SPINE FUSION}	{9,410.36}	{9,086.14}				
{22551}		{NECK SPINE FUSE & REMOVE	{8,441.88}	{8,144.16}				

		ADDL}						
{22552}		{ADDED NECK SPINE FUSION}	{1,951.91}	{1,888.77}				
. . .								
{22556}		{THORAX SPINE FUSION}	{8,088.76}	{7,802.40}				
{22558}		{LUMBAR SPINE FUSION}	{7,467.81}	{7,203.88}				
. . .								
{22590}		{SPINE & SKULL SPINAL FUSION}	{7,625.26}	{7,352.42}				
{22595}		{NECK SPINE FUSION}	{7,251.72}	{6,990.41}				
{22600}		{NECK SPINE FUSION}	{6,203.61}	{5,974.93}				
{22610}		{THORAX SPINE FUSION}	{6079.04}	{5852.85}				
{22612}		{LUMBAR SPINE FUSION}	{7,743.54}	{7,467.24}				
{22614}		{SPINE FUSION, EXTRA SEGMENT}	{1,925.02}	{1,863.10}				
{22630}		{LUMBAR SPINE FUSION}	{7,469.56}	{7,201.26}				
{22632}		{SPINE FUSION, EXTRA SEGMENT}	{1,569.27}	{1,519.25}				
{22800}		{FUSE SPINE}	{6,570.03}	{6,327.97}				
{22802}		{FUSE SPINE}	{10,255.53}	{9,888.76}				
{22804}		{FUSE SPINE}	{11,812.16}	{11,392.31}				
{22808}		{FUSE SPINE}	{8,911.23}	{8,597.59}				
{22810}		{FUSE SPINE}	{9,894.23}	{9,551.68}				
{22812}		{FUSE SPINE}	{10,726.06}	{10,335.64}				
{22830}		{EXPLORE SPINAL FUSION}	{3,925.16}	{3,777.02}				
{22840}		{INSERT SPINE FIXATION DEVICE}	{4,687.17}	{4,536.75}				
{22842}		{INSERT SPINE FIXATION DEVICE}	{4,695.97}	{4,544.73}				
{22843}		{INSERT SPINE FIXATION DEVICE}	{4,987.18}	{4,825.50}				
{22844}		{INSERT SPINE FIXATION DEVICE}	{6,027.85}	{5,826.82}				
. . .								
{22846}		{INSERT SPINE FIXATION DEVICE}	{4,688.15}	{4,540.41}				
{22847}		{INSERT SPINE FIXATION DEVICE}	{5,354.75}	{5,191.05}				
{22848}		{INSERT PELVIC FIXATION DEVICE}	{2,208.58]}	{2,135.18}				
{22849}		{REINSERT SPINAL FIXATION}	{7,902.75}	{7,621.10}				
{22850}		{REMOVE SPINE FIXATION DEVICE}	{4,360.21}	{4,194.71}				
. . .								
{22852}		{REMOVE SPINE FIXATION DEVICE}	{4,169.67}	{4,010.02}				
{22855}		{REMOVE SPINE FIXATION DEVICE}	{6,775.56}	{6,533.32}				
{22856}		{CERV ARTIFICIAL DISKECTOMY}	{10,046.89}	{9,695.88}				
{22857}		{LUMBAR ARTIFICIAL DISKECTOMY}	{10,139.75}	{9,791.25}				
. . .								
33210		INSERT HEART ELECTRODE	297.55	288.11		{6,965.49} ***3,763.15***	{6,411.39} ***3,209.05***	
33212		INSERT PULSE GENERATOR	564.31	544.12		{19,984.50} ***11,119.83***	{18394.77} ***9,530.10***	
. . .								
36558		INSERT TUNNELED CV CATH	1,353.89	1,277.30		{3,424.68} ***2,289.41***	{3,152.28} ***2,017.01***	
. . .								
36571		INSERT PICVAD CATH	2,151.26	2,023.38		{3,424.68} ***2,289.41***	{3,152.28} ***2,017.01***	
. . .								

36578		REPLACE TUNNELED CV CATH	855.29	808.35		{3,424.68} ***2,289.41***	{3,152.28} ***2,017.01***	
. . .								
36800		INSERT CANNULA	261.61	251.45		{4,680.63} ***4,009.88***	{4,308.30} ***3,637.55***	
36810		INSERT CANNULA	340.24	329.61		{4,680.63} ***4,009.88***	{4,308.30} ***3,637.55***	
36815		INSERT CANNULA	244.77	236.68		{4,680.63} ***4,009.88***	{4,308.30} ***3,637.55***	
. . .								
37204		TRANSCATHETER OCCLUSION	1,460.69	1,414.57		{12,369.78} ***8,466.97***	{11,385.78} ***7,482.97***	
. . .								
49421		INSERT ABDOM DRAIN, PERM	425.09	409.71		{4,135.62} ***3,521.06***	{3,806.64} ***3,192.08***	
. . .								
{61154}		{PIERCE SKULL & REMOVE CLOT}	{4,585.38}	{4,422.79}				
{61312}		{OPEN SKULL FOR DRAIN}	{12,568.27}	{12,152.49}				
{61313}		{OPEN SKULL FOR DRAIN}	{11,978.90}	{11,573.02}				
61790		TREAT TRIGEMINAL NERVE	{1,360.46}	{1,311.64}		2,552.34	2,349.30	
. . .								
62350		IMPLANT SPINAL CANAL CATH	{1,421.73}	{1,368.80}		5,591.79	5,146.98	
62355		REMOVE SPINAL CANAL CATHETER	{1,078.08}	{1,036.07}		1,706.88	1,571.10	
62360		INSERT SPINE INFUSION DEVICE	{1,101.95}	{1,059.35}		5,591.79	5,146.98	
62362		IMPLANT SPINE INFUSION PUMP	{1,485.61}	{1,430.02}		{42,080.97} ***22,241.41***	{38,733.54} ***18,893.98***	
62365		REMOVE SPINE INFUSION DEVICE	{1,188.99}	{1,142.45}		4,972.53	4,576.98	
62367		ANALYZE SPINE INFUSION PUMP	{149.54}	{142.62}		76.02	69.99	X
62368		ANALYZE SPINE INFUSION PUMP	{214.47}	{204.87}		102.96	94.77	X
{63020}		{NECK SPINE DISK SURG}	{8,480.91}	{8,175.53}				
{63030}		{LOW BACK DISK SURG}	{7,039.21}	{6,777.38}				
{63035}		{SPINAL DISK SURG, ADDED}	{1,413.89}	{1,368.63}				
{63040}		{LAMINOTOMY, SINGLE CERV}	{10,204.24}	{9,848.95}				
{63042}		{LAMINOTOMY, SINGLE LUMBAR}	{9,460.80}	{9,120.66}				
{63043}		{LAMINOTOMY, ADDED CERV}	{2,199.31}	{2,122.51}				
{63044}		{LAMINOTOMY, ADDED LUMBAR}	{2,212.36}	{2,135.10}				
{63045}		{REMOVE SPINAL LAMINA}	{9,234.32}	{8,908.87}				
{63046}		{REMOVE SPINAL LAMINA}	{8,797.11}	{8,483.60}				
{63047}		{REMOVE SPINAL LAMINA}	{8,004.21}	{7,710.97}				
{63048}		{REMOVE SPINAL LAMINA, ADDED}	{1,563.04}	{1,513.45}				
{63050}		{CERV LAMINOPLASTY}	{11,407.20}	{11,016.69}				
{63051}		{CERV LAMINOPLASTY W/GRAFT/PLATE}	{12,463.89}	{12,031.08}				
{63056}		{DECOMPRESS SPINAL CORD}	{10,760.37}	{10,383.89}				
{63057}		{DECOMPRESS SPINE CORD, ADDED}	{2,363.35}	{2,288.12}				
. . .								
{63077}		{SPINE DISK SURG, THORAX}	{10,914.43}	{10,533.96}				

{63078}		{SPINE DISK SURG, THORAX}	{1,426.61}	{1,379.85}				
{63081}		{REMOVE VERTEBRAL BODY}	{12,892.45}	{12,447.96}				
{63082}		{REMOVE VERTEBRAL BODY, ADDED}	{1,975.19}	{1,912.82}				
63650		IMPLANT NEUROELECTRODES	{3,014.38}	{2,903.40}		{12,765.69} ***7,941.86***	{11,750.22} ***6,926.39***	X
63655		IMPLANT NEUROELECTRODES	{6,263.82}	{6,031.77}		{17,986.41} ***10,702.41***	{16,555.65} ***9,271.65***	X
63685		INSERT/REDO SPINE N GENERATOR	{2,895.73}	{2,787.18}		{47,572.08} ***24,642.86***	{43,787.88} ***20,858.66***	X
63688		REVISE/REMOVE NEURORECEIVER	{2,623.21}	{2,523.05}		3,880.14	3,571.47	
64400		NERVE BLOCK INJ, TRIGEMINAL	{282.90}	{269.04}		237.48	218.58	
. . .								
64412		NERVE BLOCK INJ, SPINAL ACCESSORY	{377.77}	{357.92}		352.14	324.12	
64430		NERVE BLOCK INJ, PUDENDAL	{358.09}	{340.29}		1,012.32	931.80	
. . .								
64446		NERVE BLOCK INJ, SCIATIC, CONT INF	{195.50}	{189.92}		1,012.32	931.80	
. . .								
64448		NERVE BLOCK INJ, FEM, CONT INF	{173.59}	{168.69}		1,012.32	931.80	
. . .								
64455		NERVE BLOCK INJ, PLANTAR DIGIT	{119.59}	{114.82}		71.37	65.70	
. . .								
64490		INJECT PARAVERT F JNT C/T 1 LEV	{494.93}	{469.59}		1,012.32	931.80	
64491		INJECT PARAVERT F JNT C/T 2 LEV	{241.80}	{230.50}		355.95	327.66	
64492		INJECT PARAVERT F JNT C/T 3 LEV	{244.49}	{233.01}		355.95	327.66	
64493		INJECT PARAVERT F JNT L/S 1 LEV	{442.52}	{419.26}		1,012.32	931.80	
64494		INJECT PARAVERT F JNT L/S 2 LEV	{218.85}	{208.33}		355.95	327.66	
64495		INJECT PARAVERT F JNT L/S 3 LEV	{222.43}	{211.68}		355.95	327.66	
. . .								
64555		IMPLANT NEUROELECTRODES	{325.74}	{310.44}		{12,765.69} ***7,941.86***	{11,750.22} ***6,926.39***	X
64561		IMPLANT NEUROELECTRODES	{1,613.98}	{1,525.77}		{12,765.69} ***7,941.86***	{11,750.22} ***6,926.39***	X
64565		IMPLANT NEUROELECTRODES	286.59	272.61		{12,765.69} ***7,941.86***	{11,750.22} ***6,926.39***	X
. . .								
64702		REVISE FINGER/TOE NERVE	{767.00}	{734.49}		2,552.34	2,349.30	
64704		REVISE HAND/FOOT NERVE	{512.39}	{491.31}		2,552.34	2,349.30	
64708		REVISE ARM/LEG NERVE	{1,180.59}	{1,131.42}		2,552.34	2,349.30	
64712		REVISE SCIATIC NERVE	{1,335.75}	{1,283.50}		2,552.34	2,349.30	
64713		REVISE ARM NERVE(S)	{1,840.45}	{1,772.26}		2,552.34	2,349.30	
64714		REVISE LOW BACK NERVE(S)	{1,625.15}	{1,564.83}		2,552.34	2,349.30	
64716		REVISE CRANIAL NERVE	{1,304.40}	{1,249.13}		2,552.34	2,349.30	
64718		REVISE ULNAR NERVE AT ELBOW	{1,425.15}	{1,364.68}		2,552.34	2,349.30	

64719		REVISE ULNAR NERVE AT WRIST	{965.88}	{924.67}		2,552.34	2,349.30	
. . .								
95805	***26***	***MULTIPLE SLEEP LATENCY TEST***	***96.75***	***93.32***				
. . .								
95812	***TC***	***EEG, 41-60 MINUTES***	***447.02***	***417.10***				
95812	***26***	***EEG, 41-60 MINUTES***	***84.26***	***81.37***				
95813		***EEG, OVER 1 HOUR***	***594.86***	***559.52***				
. . .								
{98505}	{26}	{MULTIPLE SLEEP LATENCY TEST}	{96.75}	{93.32}				
{98512}	{TC}	{EEG, 41-60 MINUTES}	{447.02}	{417.10}				
{98512}	{26}	{EEG, 41-60 MINUTES}	{84.26}	{81.37}				
{98513}		{EEG, OVER 1 HOUR}	{594.86}	{559.52}				
. . .								
98943		***CHIROPRACTIC MANIP TX; XTRASPINAL 1/MORE REGIONS***	***37.14***	***36.01***				
. . .								
N1 = {OSF} ***ASC*** Packaged Procedure no separate payment								
X = {OSF} ***ASC*** Codes Not Subject to Multiple Procedure Reductions								

Exhibit 2

Dental Fee Schedule

CDT{-3}	Description	NORTH	SOUTH
…			
D0210	***intraoral - complete series (including bitewings)***	***153***	***135***
…			
D7880	occlusal orthotic device, by report	{1263} ***1453***	{1118} ***1376***
…			

Exhibit 7

Hospital Outpatient Surgical Facility (HOSF) Fees

CPT* HCPCS	DESCRIPTION		Hospital Outpatient Surgical Facility Fees North	Hospital Outpatient Surgical Facility Fees South	Not Subject to Multiple Procedure Reductions	Packaged Item; No Separate Payment	Ancillary Services; Separate Payment
*Current Procedural Terminology (CPT) is copyright 2010 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.							
0232T	NJX PLATELET PLASMA		182.27	156.22			AS
G0289	ARTHRO, LOOSE BODY + CHONDRO				X	N1	
10060	DRAIN SKIN ABSCESS		404.79	346.94			
10061	DRAIN SKIN ABSCESS		404.79	346.94			
10120	REMOVE FOREIGN BODY		741.84	635.83			
10121	REMOVE FOREIGN BODY		4,909.21	4,207.68			
10140	DRAIN HEMATOMA/FLUID		3,533.67	3,028.71			
10160	PUNCTURE DRAIN LESION		404.79	346.94			
10180	COMPLEX DRAIN WOUND		5,485.22	4,701.38			
11000	DEBRIDE INFECTED SKIN		741.84	635.83			
11001	DEBRIDE INFECTED SKIN, ADDED		247.20	211.88			
11010	DEBRIDE SKIN, FX		1,381.84	1,184.38			
11011	DEBRIDE SKIN/MUSCLE, FX		1,381.84	1,184.38			
11012	DEBRIDE SKIN/MUSCLE/BONE, FX		1,381.84	1,184.38			
11042	DEBRIDE SKIN/TISSUE		741.84	635.83			
11043	DEBRIDE TISSUE/MUSCLE		741.84	635.83			
11044	DEBRIDE TISSUE/MUSCLE/BONE		2,306.26	1,976.70			
11045	DEBRIDE SUBQ TISSUE ADD-ON		741.84	635.83			
11046	DEBRIDE MUSCLE/FASCIA ADD-ON		741.84	635.83			
11047	DEBRIDE BONE ADD-ON		2,306.26	1,976.70			
11055	TRIM SKIN LESION		247.20	211.88			
11056	TRIM SKIN LESIONS, 2 TO 4		247.20	211.88			
11057	TRIM SKIN LESIONS, OVER 4		247.20	211.88			
11100	BIOPSY SKIN LESION		406.64	348.53			
11101	BIOPSY SKIN, ADDED		247.20	211.88			
11200	REMOVE SKIN TAGS		247.20	211.88			
11300	SHAVE SKIN LESION		247.20	211.88			
11301	SHAVE SKIN LESION		247.20	211.88			
11302	SHAVE SKIN LESION		247.20	211.88			
11305	SHAVE SKIN LESION		247.20	211.88			
11306	SHAVE SKIN LESION		247.20	211.88			
11310	SHAVE SKIN LESION		247.20	211.88			
11311	SHAVE SKIN LESION		247.20	211.88			
11400	EXCISE TRT-EXT BENIGN+MARG 0.5 < CM		1,381.84	1,184.38			
11401	EXCISE TRT-EXT BENIGN+MARG 0.6-1 CM		1,381.84	1,184.38			
11402	EXCISE TRT-EXT BENIGN+MARG 1.1-2 CM		1,381.84	1,184.38			
11403	EXCISE TRT-EXT BENIGN+MARG 2.1-3 CM		2,306.26	1,976.70			
11404	EXCISE TRT-EXT BENIGN+MARG 3.1-4 CM		4,909.21	4,042.57			

11406	EXCISE TRT-EXT BENIGN+MARG > 4.0 CM		4,909.21	4,042.57			
11420	EXCISE H-F-NECK-SP BENIGN+MARG 0.5 <		2,306.26	1,976.70			
11421	EXCISE H-F-NECK-SP BENIGN+MARG 0.6-1		2,306.26	1,976.70			
11422	EXCISE H-F-NECK-SP BENIGN+MARG 1.1-2		2,306.26	1,976.70			
11423	EXCISE H-F-NECK-SP BENIGN+MARG 2.1-3		4,909.21	4,207.68			
11424	EXCISE H-F-NECK-SP BENIGN+MARG 3.1-4		4,909.21	4,207.68			
11426	EXCISE H-F-NECK-SP BENIGN+MARG > 4 CM		6,489.68	5,562.30			
11440	EXCISE FACE-MM BENIGN+MARG 0.5 < CM		1,381.84	1,184.38			
11441	EXCISE FACE-MM BENIGN+MARG 0.6-1 CM		1,381.84	1,184.38			
11442	EXCISE FACE-MM BENIGN+MARG 1.1-2 CM		2,306.26	1,976.70			
11443	EXCISE FACE-MM BENIGN+MARG 2.1-3 CM		2,306.26	1,976.70			
11444	EXCISE FACE-MM BENIGN+MARG 3.1-4 CM		2,306.26	1,976.70			
11719	TRIM NAIL(S)		117.49	100.70			
11720	DEBRIDE NAIL, 1-5		247.20	211.88			
11721	DEBRIDE NAIL, 6 OR MORE		247.20	211.88			
11730	REMOVE NAIL PLATE		247.20	211.88			
11732	REMOVE NAIL PLATE, ADDED		247.20	211.88			
11740	DRAIN BLOOD UNDER NAIL		117.49	100.70			
11750	REMOVE NAIL BED		1,381.84	1,184.38			
11752	REMOVE NAIL BED/FINGER TIP		6,489.68	5,562.30			
11760	REPAIR NAIL BED		361.97	310.24			
11762	RECONSTRUCT NAIL BED		4,673.83	4,005.94			
11765	EXCISE NAIL FOLD, TOE		247.20	211.88			
11900	INJECTION INTO SKIN LESIONS		247.20	211.88			
11901	ADDED SKIN LESIONS INJECTION		247.20	211.88			
11950	THERAPY FOR CONTOUR DEFECTS		361.97	310.24			
11951	THERAPY FOR CONTOUR DEFECTS		361.97	310.24			
11960	INSERT TISSUE EXPANDER(S)		6,050.71	5,186.06			
11981	INSERT DRUG IMPLANT DEVICE		182.27	156.22			AS
11982	REMOVE DRUG IMPLANT DEVICE		182.27	156.22			AS
12001	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12002	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12004	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12005	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12006	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12011	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12013	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12014	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12015	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12016	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12017	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12018	REPAIR SUPERFICIAL WOUND(S)		361.97	310.24			
12020	CLOSE SPLIT WOUND		1,260.61	1,080.47			
12021	CLOSE SPLIT WOUND		858.58	735.89			
12031	INTERMED WOUND REPAIR S/TRT/EXT		361.97	310.24			
12032	INTERMED WOUND REPAIR S/TRT/EXT		858.58	735.89			
12034	INTERMED WOUND REPAIR S/TRT/EXT		361.97	310.24			
12035	INTERMED WOUND REPAIR S/TRT/EXT		361.97	310.24			

12036	INTERMED WOUND REPAIR S/TRT/EXT		858.58	735.89			
12037	INTERMED WOUND REPAIR S/TRT/EXT		858.58	735.89			
12041	INTERMED WOUND REPAIR N-HF/GENITAL		361.97	310.24			
12042	INTERMED WOUND REPAIR N-HG/GENITAL		361.97	310.24			
12044	INTERMED WOUND REPAIR N-HG/GENITAL		361.97	310.24			
12045	INTERMED WOUND REPAIR N-HG/GENITAL		858.58	735.89			
12046	INTERMED WOUND REPAIR N-HG/GENITAL		858.58	735.89			
12047	INTERMED WOUND REPAIR N-HG/GENITAL		858.58	735.89			
12051	INTERMED WOUND REPAIR FACE/MM		858.58	735.89			
12052	INTERMED WOUND REPAIR FACE/MM		361.97	310.24			
12053	INTERMED WOUND REPAIR FACE/MM		361.97	310.24			
12054	INTERMED WOUND REPAIR FACE/MM		361.97	310.24			
12055	INTERMED WOUND REPAIR FACE/MM		858.58	735.89			
12056	INTERMED WOUND REPAIR FACE/MM		858.58	735.89			
12057	INTERMED WOUND REPAIR FACE/MM		858.58	735.89			
13100	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13101	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13102	REPAIR WOUND/LESION, ADDED		1,260.61	1,080.47			
13120	REPAIR WOUND OR LESION		858.58	735.89			
13121	REPAIR WOUND OR LESION		858.58	735.89			
13122	REPAIR WOUND/LESION, ADDED		361.97	310.24			
13131	REPAIR WOUND OR LESION		858.58	735.89			
13132	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13133	REPAIR WOUND/LESION, ADDED		858.58	735.89			
13150	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13151	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13152	REPAIR WOUND OR LESION		1,260.61	1,080.47			
13153	REPAIR WOUND/LESION, ADDED		858.58	735.89			
13160	LATE CLOSE WOUND		6,050.71	5,186.06			
14000	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14001	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14020	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14021	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14040	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14041	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14060	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14061	SKIN TISSUE REARRANGEMENT		4,673.83	4,005.94			
14301	SKIN TISSUE REARRANGEMENT		6,050.71	5,186.06			
14302	SKIN TISSUE REARRANGE ADDED		6,050.71	5,186.06			
15002	WOUND PREP, TRUNK/ARM/LEG		1,260.61	1,080.47			
15003	WOUND PREP, ADDED 100 CM		1,260.61	1,080.47			
15004	WOUND PREP, F/N/HF/G		1,260.61	1,080.47			
15005	WOUND PREP, F/N/HF/G, ADDED CM		1,260.61	1,080.47			
15050	SKIN PINCH GRAFT		1,260.61	1,080.47			
15100	SKIN SPLIT GRAFT, TRUNK/ARM/LEG		6,050.71	5,186.06			
15101	SKIN SPLIT GRAFT T/A/L, ADDED		6,050.71	5,186.06			
15120	SKIN SPLIT A-GRAFT FAC/NECK/HF/G		6,050.71	5,186.06			
15121	SKIN SPLIT A-GRAFT F/N/HF/G ADDED		6,050.71	5,186.06			

15130	DERM AUTOGRAFT, TRUNK/ARM/LEG		4,673.83	4,005.94			
15170	ACELLULAR GRAFT TRUNK/ARMS/LEGS		1,260.61	1,080.47			
15171	ACELLULAR GRAFT T/ARM/LEG, ADDED		858.58	735.89			
15175	ACELLULAR GRAFT, F/N/HF/G		1,260.61	1,080.47			
15220	SKIN FULL GRAFT SCALP/ARM/LEG		4,673.83	4,005.94			
15221	SKIN FULL GRAFT, ADDED		1,260.61	1,080.47			
15240	SKIN FULL GRAFT FACE/GENITAL/HF		4,673.83	4,005.94			
15241	SKIN FULL GRAFT, ADDED		1,260.61	1,080.47			
15260	SKIN FULL GRAFT EEN & LIPS		4,673.83	4,005.94			
15330	APPLY ACELLULAR ALLOGRAFT T/ARM/LEG		1,260.61	1,080.47			
15331	APPLY ACELLULAR GRAFT T/A/L, ADDED		1,260.61	1,080.47			
15340	APPLY CULT SKIN SUBSTITUTE		858.58	735.89			
15341	APPLY CULT SKIN SUB, ADDED		858.58	735.89			
15365	APPLY CULT DERM SUB F/N/HF/G		858.58	735.89			
15366	APPLY CULT DERM F/HF/G ADDED		858.58	735.89			
15430	APPLY ACELLULAR XENOGRAFT		1,260.61	1,080.47			
15431	APPLY ACELLULAR XENOGRAFT ADDED		1,260.61	1,080.47			
15570	FORM SKIN PEDICLE FLAP		6,050.71	5,186.06			
15572	FORM SKIN PEDICLE FLAP		6,050.71	5,186.06			
15574	FORM SKIN PEDICLE FLAP		6,050.71	5,186.06			
15576	FORM SKIN PEDICLE FLAP		6,050.71	5,186.06			
15620	SKIN GRAFT		6,050.71	5,186.06			
15732	MUSCLE-SKIN GRAFT, HEAD/NECK		6,050.71	5,186.06			
15734	MUSCLE-SKIN GRAFT, TRUNK		6,050.71	5,186.06			
15736	MUSCLE-SKIN GRAFT, ARM		6,050.71	5,186.06			
15738	MUSCLE-SKIN GRAFT, LEG		6,050.71	5,186.06			
15770	DERMA-FAT-FASCIA GRAFT		6,050.71	5,186.06			
15780	ABRASION TREAT SKIN		6,489.68	5,562.30			
15781	ABRASION TREAT SKIN		1,381.84	1,184.38			
15782	ABRASION TREAT SKIN		1,381.84	1,184.38			
15786	ABRASION, LESION, SING		247.20	211.88			
15787	ABRASION, LESIONS, ADDED		247.20	211.88			
15823	REVISE UPPER EYELID		6,050.71	5,186.06			
15830	EXCISE SKIN ABD		6,489.68	5,562.30			
15832	EXCISE EXCESSIVE SKIN TISSUE		6,489.68	5,562.30			
15851	REMOVE SUTURES		741.84	635.83			
15852	DRESSING CHANGE NOT FOR BURN		182.27	156.22			AS
15940	REMOVE HIP PRESSURE SORE		6,489.68	5,562.30			
15941	REMOVE HIP PRESSURE SORE		6,489.68	5,562.30			
15944	REMOVE HIP PRESSURE SORE		6,050.71	5,186.06			
15945	REMOVE HIP PRESSURE SORE		6,050.71	5,186.06			
15946	REMOVE HIP PRESSURE SORE		6,050.71	5,186.06			
15950	REMOVE THIGH PRESSURE SORE		6,489.68	5,562.30			
15951	REMOVE THIGH PRESSURE SORE		6,489.68	5,562.30			
15952	REMOVE THIGH PRESSURE SORE		4,673.83	4,005.94			
15953	REMOVE THIGH PRESSURE SORE		4,673.83	4,005.94			
15956	REMOVE THIGH PRESSURE SORE		4,673.83	4,005.94			
15958	REMOVE THIGH PRESSURE SORE		4,673.83	4,005.94			

16000	INITIAL TREAT BURN(S)		247.20	211.88			
16020	DRESS/DEBRIDE P-THICK BURN, S		406.64	348.53			
16025	DRESS/DEBRIDE P-THICK BURN, M		406.64	348.53			
16030	DRESS/DEBRIDE P-THICK BURN, L		406.64	348.53			
17000	DESTROY PREMALIG LESION		247.20	211.88			
17003	DESTROY PREMALIG LES, 2-14		117.49	100.70			
17004	DESTROY PREMALIG LESIONS 15+		741.84	635.83			
17106	DESTROY SKIN LESIONS		741.84	635.83			
17107	DESTROY SKIN LESIONS		741.84	635.83			
17108	DESTROY SKIN LESIONS		741.84	635.83			
17110	DESTROY B9 LESION, 1-14		247.20	211.88			
17111	DSTRJ B9 SK TGS/CUTAN VASC 15/>		406.64	348.53			
17250	CHEM CAUT GRANLTJ TISS PROUD FLESH SINUS/FSTL		406.64	348.53			
17261	DESTROY SKIN LESIONS		406.64	348.53			
17262	DESTROY SKIN LESIONS		406.64	348.53			
19000	DRAIN BREAST LESION		1,244.88	1,066.98			
19120	REMOVE BREAST LESION		6,949.27	5,956.21			
19125	EXCISE BREAST LESION		6,949.27	5,956.21			
19290	PLACE NEEDLE WIRE, BREAST					N1	
20100	EXPLORE WOUND, NECK		2,150.53	1,843.22			
20101	EXPLORE WOUND, CHEST		6,050.71	5,186.06			
20102	EXPLORE WOUND, ABDOMEN		6,050.71	5,186.06			
20103	EXPLORE WOUND, EXTREMITY		3,533.67	3,028.71			
20520	REMOVE FOREIGN BODY		6,238.69	5,347.18			
20525	REMOVE FOREIGN BODY		6,489.68	5,562.30			
20526	THERAPEUTIC INJECTION, CARP TUNNEL		724.57	621.03			
20550	INJECT TENDON SHEATH/LIGAMENT		724.57	621.03			
20551	INJECT TENDON ORIGIN/INSERT		724.57	621.03			
20552	INJECT TRIGGER POINT, 1/2 MUSCLE		724.57	621.03			
20553	INJECT TRIGGER POINTS, =/> 3		724.57	621.03			
20600	DRAIN/INJ, JOINT/BURSA		724.57	621.03			
20605	DRAIN/INJ, JOINT/BURSA		724.57	621.03			
20610	DRAIN/INJ, JOINT/BURSA		724.57	621.03			
20612	ASPIRATE/INJECT GANGLION CYST		724.57	621.03			
20615	TREAT BONE CYST		1,244.88	1,066.98			
20650	INSERT & REMOVE BONE PIN		6,238.69	5,347.18			
20660	APPLY, REM FIXATION DEVICE		1,494.88	1,281.26			
20662	APPLY PELVIS BRACE		6,238.69	5,347.18			
20663	APPLY THIGH BRACE		6,238.69	5,347.18			
20665	REMOVE FIXATION DEVICE		182.27	156.22			AS
20670	REMOVE SUPPORT IMPLANT		4,909.21	4,207.68			
20680	REMOVE SUPPORT IMPLANT		6,489.68	5,562.30			
20690	APPLY BONE FIXATION DEVICE		8,755.84	7,504.63			
20692	APPLY BONE FIXATION DEVICE		8,755.84	7,504.63			
20693	ADJUST BONE FIXATION DEVICE		6,238.69	5,347.18			
20694	REMOVE BONE FIXATION DEVICE		6,238.69	5,347.18			
20696	COMP MULTIPLANE EXT FIXATION		8,755.84	7,504.63			
20697	COMP EXT FIXATE STRUT CHANGE		5,657.91	4,849.39			

20900	REMOVE BONE FOR GRAFT		8,755.84	7,504.63			
20902	REMOVE BONE FOR GRAFT		8,755.84	7,504.63			
20910	REMOVE CARTILAGE FOR GRAFT		6,050.71	5,186.06			
20912	REMOVE CARTILAGE FOR GRAFT		6,050.71	5,186.06			
20920	REMOVE FASCIA FOR GRAFT		4,673.83	4,005.94			
20922	REMOVE FASCIA FOR GRAFT		4,673.83	4,005.94			
20924	REMOVE TENDON FOR GRAFT		8,755.84	7,504.63			
20926	REMOVE TISSUE FOR GRAFT		1,260.61	1,080.47			
20950	FLUID PRESSURE, MUSCLE		404.79	346.94			
20975	ELECTRICAL BONE STIMULATION					N1	
20979	US BONE STIMULATION		182.27	156.22			AS
20985	COMPUTER-ASSIST DIR MS PX					N1	
21060	REMOVE JAW JOINT CARTILAGE		12,135.56	10,401.38			
21070	REMOVE CORONOID PROCESS		12,135.56	10,401.38			
21073	MANIPULATE TMJ W/ANESTH		2,150.53	1,843.22			
21085	PREPARE FACE/ORAL PROSTHESIS		4,708.37	4,035.54			
21110	INTERDENTAL FIXATION		2,150.53	1,843.22			
21116	INJECTION, JAW JOINT X-RAY					N1	
21209	REDUCE FACIAL BONES		12,135.56	10,401.38			
21210	FACE BONE GRAFT		12,135.56	10,401.38			
21240	RECONSTRUCT JAW JOINT		12,135.56	10,401.38			
21242	RECONSTRUCT JAW JOINT		12,135.56	10,401.38			
21243	RECONSTRUCT JAW JOINT		12,135.56	10,401.38			
21244	RECONSTRUCT LOWER JAW		12,135.56	10,401.38			
21245	RECONSTRUCT JAW		12,135.56	10,401.38			
21246	RECONSTRUCT JAW		12,135.56	10,401.38			
21248	RECONSTRUCT JAW		12,135.56	10,401.38			
21249	RECONSTRUCT JAW		12,135.56	10,401.38			
21310	TREAT NOSE FX		307.68	263.71			
21315	TREAT NOSE FX		4,708.37	4,035.54			
21320	TREAT NOSE FX		4,708.37	4,035.54			
21325	TREAT NOSE FX		6,964.52	5,969.29			
21330	TREAT NOSE FX		6,964.52	5,969.29			
21335	TREAT NOSE FX		6,964.52	5,969.29			
21356	TREAT CHEEK BONE FX		6,964.52	5,969.29			
21360	TREAT CHEEK BONE FX		6,964.52	5,969.29			
21365	TREAT CHEEK BONE FX		12,135.56	10,401.38			
21385	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21386	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21390	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21395	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21400	TREAT EYE SOCKET FX		2,150.53	1,843.22			
21401	TREAT EYE SOCKET FX		4,708.37	4,035.54			
21406	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21407	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21408	TREAT EYE SOCKET FX		12,135.56	10,401.38			
21450	TREAT LOWER JAW FX		965.03	827.13			
21451	TREAT LOWER JAW FX		2,150.53	1,843.22			

21452	TREAT LOWER JAW FX		4,708.37	4,035.54			
21453	TREAT LOWER JAW FX		12,135.56	10,401.38			
21454	TREAT LOWER JAW FX		6,964.52	5,969.29			
21461	TREAT LOWER JAW FX		12,135.56	10,401.38			
21462	TREAT LOWER JAW FX		12,135.56	10,401.38			
21465	TREAT LOWER JAW FX		12,135.56	10,401.38			
21470	TREAT LOWER JAW FX		12,135.56	10,401.38			
21800	TREAT RIB FX		428.68	367.42			
21820	TREAT STERNUM FX		428.68	367.42			
22222	REVISE THORAX SPINE		13,940.72	11,948.58			
22305	TREAT SPINE PROCESS FX		428.68	367.42			
22310	TREAT SPINE FX		1,494.88	1,281.26			
22315	TREAT SPINE FX		5,657.91	4,849.39			
22505	MANIPULATE SPINE		4,222.92	3,619.46			
22520	PERCUT VERTEBROPLASTY THORACIC		8,755.84	7,504.63			
22521	PERCUT VERTEBROPLASTY LUMBAR		8,755.84	7,504.63			
22522	PERCUT VERTEBROPLASTY ADDED		8,755.84	7,504.63			
22612	LUMBAR SPINE FUSION		13,940.72	11,948.58			
22614	SPINE FUSION, EXTRA SEGMENT		13,940.72	11,948.58			
22851	APPLY SPINE PROSTH DEVICE		6,238.69	5,347.18			
23120	PARTIAL REMOVE COLLAR BONE		8,755.84	7,504.63			
23125	REMOVE COLLAR BONE		8,755.84	7,504.63			
23130	REMOVE SHOULDER BONE, PART		12,850.12	11,013.83			
23331	REMOVE SHOULDER FOREIGN BODY		6,489.68	5,562.30			
23350	INJECTION FOR SHOULDER X-RAY					N1	
23405	TX SHO AREA 1 TDN		8,755.84	7,504.63			
23406	TX SHO AREA MLT TDN THRU SM INC		8,755.84	7,504.63			
23410	OPEN REPAIR OF ROTATOR CUFF, RECENT		12,850.12	11,013.83			
23412	OPEN REPAIR OF ROTATOR CUFF, OLD		12,850.12	11,013.83			
23415	CORACOACROMIAL LIGM RLS +-ACROMP		12,850.12	11,013.83			
23420	RECONSTRUCTION ROTATOR CUFF, OLD		12,850.12	11,013.83			
23430	TENODIS LONG TDN BICEPS		12,850.12	11,013.83			
23440	RESCJ/TRNSPLJ LONG TDN BICEPS		12,850.12	11,013.83			
23470	RECONSTRUCT SHOULDER JOINT		19,460.64	17,581.99			
23480	REVISE COLLAR BONE		12,850.12	11,013.83			
23485	REVISE COLLAR BONE		24,164.43	20,711.32			
23500	TREAT CLAVICLE FX		428.68	367.42			
23505	TREAT CLAVICLE FX		5,657.91	4,849.39			
23515	TREAT CLAVICLE FX		18,168.29	15,572.03			
23520	TREAT CLAVICLE DISLOCATION		1,494.88	1,281.26			
23525	TREAT CLAVICLE DISLOCATION		1,494.88	1,281.26			
23530	TREAT CLAVICLE DISLOCATION		13,070.23	11,202.49			
23540	TREAT CLAVICLE DISLOCATION		428.68	367.42			
23545	TREAT CLAVICLE DISLOCATION		1,494.88	1,281.26			
23550	TREAT CLAVICLE DISLOCATION		13,070.23	11,202.49			
23552	TREAT CLAVICLE DISLOCATION		13,070.23	11,202.49			
23570	TREAT SHOULDER BLADE FX		428.68	367.42			
23600	TREAT HUMERUS FX		428.68	367.42			

23605	TREAT HUMERUS FX		5,657.91	4,849.39			
23615	TREAT HUMERUS FX		18,168.29	15,572.03			
23616	TREAT HUMERUS FX		18,168.29	15,572.03			
23620	TREAT HUMERUS FX		428.68	367.42			
23625	TREAT HUMERUS FX		5,657.91	4,849.39			
23630	TREAT HUMERUS FX		18,168.29	15,572.03			
23650	TREAT SHOULDER DISLOCATION		428.68	367.42			
23655	TREAT SHOULDER DISLOCATION		4,222.92	3,619.46			
23700	FIXATE SHOULDER		4,222.92	3,619.46			
24220	INJECTION FOR ELBOW X-RAY					N1	
24300	MANIPULATE ELBOW W/ANESTH		4,222.92	3,619.46			
24305	ARM TENDON LENGTHENING		8,755.84	7,504.63			
24340	REPAIR BICEPS TENDON		12,850.12	11,013.83			
24341	REPAIR ARM TENDON/MUSCLE		12,850.12	11,013.83			
24342	REPAIR RUPTURED TENDON		12,850.12	11,013.83			
24343	REPAIR ELBOW LAT LIGAMENT W/TISS		8,755.84	7,504.63			
24500	TREAT HUMERUS FX		428.68	367.42			
24505	TREAT HUMERUS FX		428.68	367.42			
24515	TREAT HUMERUS FX		18,168.29	15,572.03			
24516	TREAT HUMERUS FX		18,168.29	15,572.03			
24530	TREAT HUMERUS FX		428.68	367.42			
24535	TREAT HUMERUS FX		1,494.88	1,281.26			
24545	TREAT HUMERUS FX		18,168.29	15,572.03			
24546	TREAT HUMERUS FX		18,168.29	15,572.03			
24560	TREAT HUMERUS FX		428.68	367.42			
24565	TREAT HUMERUS FX		428.68	367.42			
24575	TREAT HUMERUS FX		18,168.29	15,572.03			
24576	TREAT HUMERUS FX		428.68	367.42			
24577	TREAT HUMERUS FX		428.68	367.42			
24579	TREAT HUMERUS FX		18,168.29	15,572.03			
25000	INCISE TENDON SHEATH		6,238.69	5,347.18			
25001	INCISE FLEXOR CARPI RADIALIS		6,238.69	5,347.18			
25020	DECOMPRESS FOREARM 1 SPACE		8,755.84	7,504.63			
25023	DECOMPRESS FOREARM 1 SPACE		8,755.84	7,504.63			
25024	DECOMPRESS FOREARM 2 SPACES		8,755.84	7,504.63			
25025	DECOMPRESS FOREARM 2 SPACES		8,755.84	7,504.63			
25118	EXCISE WRIST TENDON SHEATH		8,755.84	7,504.63			
25215	REMOVE WRIST BONES		8,755.84	7,504.63			
25246	INJECTION FOR WRIST X-RAY					N1	
25259	MANIPULATE WRIST W/ANESTH		5,657.91	4,849.39			
25260	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25263	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25265	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25270	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25272	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25274	REPAIR FOREARM TENDON/MUSCLE		8,755.84	7,504.63			
25295	RELEASE WRIST/FOREARM TENDON		6,238.69	5,347.18			
25500	TREAT FX RADIUS		428.68	367.42			

25505	TREAT FX RADIUS		1,494.88	1,281.26			
25515	TREAT FX RADIUS		13,070.23	11,202.49			
25525	TREAT FX RADIUS		13,070.23	11,202.49			
25526	TREAT FX RADIUS		13,070.23	11,202.49			
25530	TREAT FX ULNA		428.68	367.42			
25535	TREAT FX ULNA		428.68	367.42			
25545	TREAT FX ULNA		13,070.23	11,202.49			
25560	TREAT FX RADIUS & ULNA		428.68	367.42			
25565	TREAT FX RADIUS & ULNA		1,494.88	1,281.26			
25574	TREAT FX RADIUS & ULNA		18,168.29	15,572.03			
25575	TREAT FX RADIUS/ULNA		18,168.29	15,572.03			
25600	TREAT FX RADIUS/ULNA		428.68	367.42			
25605	TREAT FX RADIUS/ULNA		1,494.88	1,281.26			
25606	TREAT FX DISTAL RADIAL		7,210.82	6,180.39			
25607	TREAT FX RADIAL EXTRA-ARTICULAR		18,168.29	15,572.03			
25608	TREAT FX RADIAL INTRA-ARTICULAR		18,168.29	15,572.03			
25609	TREAT FX RADIAL 3+ FRAG		18,168.29	15,572.03			
25622	TREAT WRIST BONE FX		428.68	367.42			
25624	TREAT WRIST BONE FX		1,494.88	1,281.26			
25628	TREAT WRIST BONE FX		13,070.23	11,202.49			
25630	TREAT WRIST BONE FX		428.68	367.42			
25635	TREAT WRIST BONE FX		428.68	367.42			
25645	TREAT WRIST BONE FX		13,070.23	11,202.49			
25650	TREAT WRIST BONE FX		428.68	367.42			
25652	TREAT FX ULNAR STYLOID		13,070.23	11,202.49			
25670	TREAT FX ULNAR STYLOID		7,210.82	6,180.39			
25671	TREAT FX ULNAR STYLOID		7,210.82	6,180.39			
25676	TREAT WRIST DISLOCATION		7,210.82	6,180.39			
25680	TREAT WRIST FX		428.68	367.42			
25685	TREAT WRIST FX		7,210.82	6,180.39			
26055	INCISE FINGER TENDON SHEATH		4,660.94	3,994.89			
26116	EXCISE HAND TUMOR DEEP < 1.5 CM		4,909.21	4,207.68			
26140	REVISE FINGER JOINT, EACH		4,660.94	3,994.89			
26145	TENDON EXCISE PALM/FINGER		4,660.94	3,994.89			
26340	MANIPULATE FINGER W/ANESTH		1,494.88	1,281.26			
26410	REPAIR HAND TENDON		4,660.94	3,994.89			
26418	REPAIR FINGER TENDON		4,660.94	3,994.89			
26445	RELEASE HAND/FINGER TENDON		4,660.94	3,994.89			
26480	TRANSPLANT HAND TENDON		8,083.67	6,928.51			
26525	RELEASE FINGER CONTRACTURE		4,660.94	3,994.89			
26540	REPAIR HAND JOINT		4,660.94	3,994.89			
26600	TREAT METACARPAL FX		428.68	367.42			
26605	TREAT METACARPAL FX		428.68	367.42			
26607	TREAT METACARPAL FX		5,657.91	4,849.39			
26608	TREAT METACARPAL FX		7,210.82	6,180.39			
26615	TREAT METACARPAL FX		13,070.23	11,202.49			
26720	TREAT FINGER FX, EACH		428.68	367.42			
26725	TREAT FINGER FX, EACH		428.68	367.42			

26727	TREAT FINGER FX, EACH		7,210.82	6,180.39			
26735	TREAT FINGER FX, EACH		7,210.82	6,180.39			
26740	TREAT FINGER FX, EACH		428.68	367.42			
26742	TREAT FINGER FX, EACH		428.68	367.42			
26746	TREAT FINGER FX, EACH		7,210.82	6,180.39			
26750	TREAT FINGER FX, EACH		428.68	367.42			
26755	TREAT FINGER FX, EACH		428.68	367.42			
27093	INJECTION FOR HIP X-RAY					N1	
27095	INJECTION FOR HIP X-RAY					N1	
27193	TREAT PELVIC RING FX		428.68	367.42			
27194	TREAT PELVIC RING FX		4,222.92	3,619.46			
27275	MANIPULATE HIP JOINT		4,222.92	3,619.46			
27403	REPAIR KNEE CARTILAGE		8,755.84	7,504.63			
27405	REPAIR KNEE LIGAMENT		12,850.12	11,013.83			
27420	REVISE UNSTABLE KNEECAP		12,850.12	11,013.83			
27422	REVISE UNSTABLE KNEECAP		12,850.12	11,013.83			
27424	REVISION/REMOVE KNEECAP		12,850.12	11,013.83			
27500	TREAT THIGH FX		1,494.88	1,281.26			
27501	TREAT THIGH FX		428.68	367.42			
27502	TREAT THIGH FX		5,657.91	4,849.39			
27503	TREAT THIGH FX		428.68	367.42			
27508	TREAT THIGH FX		428.68	367.42			
27509	TREAT THIGH FX		7,210.82	6,180.39			
27510	TREAT THIGH FX		1,494.88	1,281.26			
27520	TREAT KNEECAP FX		428.68	367.42			
27524	TREAT KNEECAP FX		13,070.23	11,202.49			
27530	TREAT KNEE FX		428.68	367.42			
27532	TREAT KNEE FX		5,657.91	4,849.39			
27538	TREAT KNEE FX(S)		428.68	367.42			
27570	FIXATE KNEE JOINT		4,222.92	3,619.46			
27685	REVISE LOWER LEG TENDON		8,755.84	7,504.63			
27686	REVISE LOWER LEG TENDONS		8,755.84	7,504.63			
27690	REVISE LOWER LEG TENDON		12,850.12	11,013.83			
27691	REVISE LOWER LEG TENDON		12,850.12	11,013.83			
27692	REVISE ADDEDITIONAL LEG TENDON		12,850.12	11,013.83			
27695	REPAIR ANKLE LIGAMENT		8,755.84	7,504.63			
27696	REPAIR ANKLE LIGAMENTS		8,755.84	7,504.63			
27698	REPAIR ANKLE LIGAMENT		8,755.84	7,504.63			
27750	TREAT TIBIA FX		428.68	367.42			
27752	TREAT TIBIA FX		5,657.91	4,849.39			
27758	TREAT TIBIA FX		13,070.23	11,202.49			
27759	TREAT TIBIA FX		18,168.29	15,572.03			
27760	CLOSED TREAT MEDIAL ANKLE FX		428.68	367.42			
27762	CLOSED TREAT MED ANKLE FX W/MANIP		5,657.91	4,849.39			
27766	OPEN TREAT MEDIAL ANKLE FX		13,070.23	11,202.49			
27786	TREAT ANKLE FX		428.68	367.42			
27788	TREAT ANKLE FX		428.68	367.42			
27792	TREAT ANKLE FX		13,070.23	11,202.49			

27808	TREAT ANKLE FX		428.68	367.42			
27810	TREAT ANKLE FX		428.68	367.42			
27814	TREAT ANKLE FX		13,070.23	11,202.49			
27816	TREAT ANKLE FX		428.68	367.42			
27818	TREAT ANKLE FX		1,494.88	1,281.26			
27822	TREAT ANKLE FX		13,070.23	11,202.49			
27823	TREAT ANKLE FX		18,168.29	15,572.03			
27824	TREAT LOWER LEG FX		428.68	367.42			
27825	TREAT LOWER LEG FX		5,657.91	4,849.39			
27826	TREAT LOWER LEG FX		13,070.23	11,202.49			
27827	TREAT LOWER LEG FX		18,168.29	15,572.03			
27828	TREAT LOWER LEG FX		18,168.29	15,572.03			
27829	TREAT LOWER LEG JOINT		13,070.23	11,202.49			
27840	TREAT ANKLE DISLOCATION		428.68	367.42			
27842	TREAT ANKLE DISLOCATION		4,222.92	3,619.46			
27846	TREAT ANKLE DISLOCATION		13,070.23	11,202.49			
27848	TREAT ANKLE DISLOCATION		13,070.23	11,202.49			
27860	FIXATE ANKLE JOINT		4,222.92	3,619.46			
28120	PART REMOVE ANKLE/HEEL		6,135.71	5,258.91			
28122	PARTIAL REMOVE FOOT BONE		6,135.71	5,258.91			
28400	TREAT HEEL FX		428.68	367.42			
28405	TREAT HEEL FX		5,657.91	4,849.39			
28415	TREAT HEEL FX		18,168.29	15,572.03			
28420	TREAT/GRAFT HEEL FX		13,070.23	11,202.49			
28430	TREAT ANKLE FX		428.68	367.42			
28435	TREAT ANKLE FX		428.68	367.42			
28436	TREAT ANKLE FX		7,210.82	6,180.39			
28445	TREAT ANKLE FX		13,070.23	11,202.49			
28470	TREAT METATARSAL FX		428.68	367.42			
28475	TREAT METATARSAL FX		428.68	367.42			
28476	TREAT METATARSAL FX		7,210.82	6,180.39			
28485	TREAT METATARSAL FX		13,070.23	11,202.49			
28725	FUSE FOOT BONES		15,005.30	12,861.03			
28730	FUSE FOOT BONES		15,005.30	12,861.03			
28740	FUSE FOOT BONES		15,005.30	12,861.03			
28750	FUSE BIG TOE JOINT		15,005.30	12,861.03			
29065	APPLY LONG ARM CAST		691.49	592.68	X		
29075	APPLY FOREARM CAST		691.49	592.68	X		
29085	APPLY HAND/WRIST CAST		304.17	260.71	X		
29086	APPLY FINGER CAST		304.17	260.71	X		
29105	APPLY LONG ARM SPLINT		304.17	260.71	X		
29125	APPLY FOREARM SPLINT		304.17	260.71	X		
29126	APPLY FOREARM SPLINT		304.17	260.71	X		
29130	APPLY FINGER SPLINT		304.17	260.71	X		
29131	APPLY FINGER SPLINT		304.17	260.71	X		
29200	STRAP CHEST		304.17	260.71	X		
29240	STRAP SHOULDER		304.17	260.71	X		
29260	STRAP ELBOW OR WRIST		304.17	260.71	X		

29280	STRAP HAND OR FINGER		304.17	260.71	X		
29345	APPLY LONG LEG CAST		691.49	592.68	X		
29355	APPLY LONG LEG CAST		691.49	592.68	X		
29365	APPLY LONG LEG CAST		691.49	592.68	X		
29405	APPLY SHORT LEG CAST		691.49	592.68	X		
29425	APPLY SHORT LEG CAST		691.49	592.68	X		
29450	APPLY LEG CAST		304.17	260.71	X		
29505	APPLY LONG LEG SPLINT		304.17	260.71	X		
29515	APPLY LOWER LEG SPLINT		304.17	260.71	X		
29520	STRAP HIP		304.17	260.71	X		
29530	STRAP KNEE		304.17	260.71	X		
29540	STRAP ANKLE AND/OR FT		304.17	260.71	X		
29550	STRAP TOES		304.17	260.71	X		
29580	APPLY PASTE BOOT		304.17	260.71	X		
29581	APPLY MULTILAY COMPRESS LWR LEG		304.17	260.71	X		
29590	APPLY FOOT SPLINT		304.17	260.71	X		
29700	REMOVE/REVISE CAST		304.17	260.71	X		
29705	REMOVE/REVISE CAST		304.17	260.71	X		
29710	REMOVE/REVISE CAST		691.49	592.68	X		
29740	WEDGE CAST		304.17	260.71	X		
29800	JAW ARTHROSCOPY/SURG		8,137.61	6,974.74			
29804	JAW ARTHROSCOPY/SURG		8,137.61	6,974.74			
29805	SHOULDER ARTHROSCOPY, DIAG		8,137.61	6,974.74			
29806	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29807	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29819	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29820	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29821	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29822	SHOULDER ARTHROSCOPY/SURG		8,137.61	6,974.74			
29823	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29824	SHOULDER ARTHROSCOPY/SURG		8,137.61	6,974.74			
29825	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29826	SHOULDER ARTHROSCOPY/SURG		13,154.68	11,274.87			
29827	ARTHROSCOPY ROTATOR CUFF REPAIR		13,154.68	11,274.87			
29828	ARTHROSCOPY BICEPS TENODESIS		13,154.68	11,274.87			
29830	ELBOW ARTHROSCOPY		8,137.61	6,974.74			
29834	ELBOW ARTHROSCOPY/SURG		8,137.61	6,974.74			
29835	ELBOW ARTHROSCOPY/SURG		8,137.61	6,974.74			
29837	ELBOW ARTHROSCOPY/SURG		8,137.61	6,974.74			
29840	WRIST ARTHROSCOPY		8,137.61	6,974.74			
29844	WRIST ARTHROSCOPY/SURG		8,137.61	6,974.74			
29845	WRIST ARTHROSCOPY/SURG		8,137.61	6,974.74			
29846	WRIST ARTHROSCOPY/SURG		8,137.61	6,974.74			
29847	WRIST ARTHROSCOPY/SURG		13,154.68	11,274.87			
29848	WRIST ENDOSCOPY/SURG		8,137.61	6,974.74			
29850	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29855	TIBIAL ARTHROSCOPY/SURG		13,154.68	11,274.87			
29860	HIP ARTHROSCOPY, DIAG		13,154.68	11,274.87			

29861	HIP ARTHROSCOPY/SURG		13,154.68	11,274.87			
29862	HIP ARTHROSCOPY/SURG		13,154.68	11,274.87			
29863	HIP ARTHROSCOPY/SURG		13,154.68	11,274.87			
29870	KNEE ARTHROSCOPY, DIAG		8,137.61	6,974.74			
29871	KNEE ARTHROSCOPY/DRAIN		8,137.61	6,974.74			
29873	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29874	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29875	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29876	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29877	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29879	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29880	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29881	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29882	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29883	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29884	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29886	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29887	KNEE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29888	KNEE ARTHROSCOPY/SURG		24,164.43	20,711.32			
29889	KNEE ARTHROSCOPY/SURG		24,164.43	20,711.32			
29891	ANKLE ARTHROSCOPY/SURG		13,154.68	11,274.87			
29894	ANKLE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29895	ANKLE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29897	ANKLE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29898	ANKLE ARTHROSCOPY/SURG		8,137.61	6,974.74			
29899	ANKLE ARTHROSCOPY/SURG		13,154.68	11,274.87			
30100	INTRANASAL BIOPSY		2,150.53	1,843.22			
30130	EXCISE INFERIOR TURBINATE		4,708.37	4,035.54			
30140	RESECT INFERIOR TURBINATE		6,964.52	5,969.29			
30200	INJECTION TREAT NOSE		2,150.53	1,843.22			
30300	REMOVE NASAL FOREIGN BODY		182.27	156.22			AS
30310	REMOVE NASAL FOREIGN BODY		4,708.37	4,035.54			
30520	REPAIR NASAL SEPTUM		6,964.52	5,969.29			
30802	ABLATE INF TURBINATE SUBMUCOSAL		4,708.37	4,035.54			
30901	CONTROL NOSEBLEED		307.68	263.71			
30903	CONTROL NOSEBLEED		307.68	263.71			
30905	CONTROL NOSEBLEED		307.68	263.71			
30930	THERAPEUTIC FX, NASAL INF TURB		4,708.37	4,035.54			
31000	IRRIGATE MAXILLARY SINUS		965.03	827.13			
31020	EXPLORE MAXILLARY SINUS		6,964.52	5,969.29			
31231	NASAL ENDOSCOPY, DIAG		546.21	468.15			
31237	NASAL/SINUS ENDOSCOPY, SURG		5,959.12	5,107.56			
31238	NASAL/SINUS ENDOSCOPY, SURG		5,959.12	5,107.56			
31255	REMOVE ETHMOID SINUS		8,403.49	7,202.63			
31256	EXPLORE MAXILLARY SINUS		8,403.49	7,202.63			
31267	ENDOSCOPY, MAXILLARY SINUS		8,403.49	7,202.63			
31500	INSERT EMERGENCY AIRWAY		642.80	550.94	X		
31505	DIAGNOSTIC LARYNGOSCOPY		252.44	216.37			

31515	LARYNGOSCOPY FOR ASPIRATION		5,959.12	5,107.56			
31525	DIAG LARYNGOSCOPY EXCL NB		5,959.12	5,107.56			
31575	DIAGNOSTIC LARYNGOSCOPY		546.21	468.15			
31579	DIAGNOSTIC LARYNGOSCOPY		1,147.30	983.35			
31600	INCISE WINDPIPE		6,964.52	5,969.29			
31605	INCISE WINDPIPE		2,150.53	1,843.22			
31622	DIAG BRONCHOSCOPE/WASH		2,851.45	2,443.97			
31624	DIAG BRONCHOSCOPE/LAVAGE		2,851.45	2,443.97			
31645	BRONCHOSCOPY, CLEAR AIRWAYS		2,851.45	2,443.97			
31646	BRONCHOSCOPY, RECLEAR AIRWAY		2,851.45	2,443.97			
32405	BIOPSY LUNG OR MEDIASTINUM		2,643.63	2,265.85			
32551	INSERT CHEST TUBE		1,510.65	1,294.77			
32601	THORACOSCOPY, DIAGNOSTIC		9,461.41	8,109.37			
33210	INSERT HEART ELECTRODE		9,299.39	8,275.58			
33212	INSERT PULSE GENERATOR		12,451.20	11,516.42			
36000	PLACE NEEDLE IN VEIN					N1	
36005	INJECTION EXT VENOGRAPHY					N1	
36010	PLACE CATHETER IN VEIN					N1	
36011	PLACE CATHETER IN VEIN					N1	
36013	PLACE CATHETER IN ARTERY					N1	
36014	PLACE CATHETER IN ARTERY					N1	
36140	ESTABLISH ACCESS TO ARTERY					N1	
36200	PLACE CATHETER IN AORTA					N1	
36215	PLACE CATHETER IN ARTERY					N1	
36216	PLACE CATHETER IN ARTERY					N1	
36217	PLACE CATHETER IN ARTERY					N1	
36218	PLACE CATHETER IN ARTERY					N1	
36245	PLACE CATHETER IN ARTERY					N1	
36246	PLACE CATHETER IN ARTERY					N1	
36247	PLACE CATHETER IN ARTERY					N1	
36248	PLACE CATHETER IN ARTERY					N1	
36400	BLOOD DRAW < 3 YRS FEM/JUGULAR					N1	
36406	BLOOD DRAW < 3 YRS OTHER VEIN					N1	
36410	NON-ROUTINE BL DRAW > 3 YRS					N1	
36425	VEIN ACCESS CUTDOWN > 1 YR		72.62	62.24			AS
36430	BLOOD TRANSFUSION SERVICE		921.03	789.41	X		
36471	INJECTION THERAPY VEINS		247.20	211.88			
36513	APHERESIS PLATELETS		3,363.75	2,883.07	X		
36514	APHERESIS PLASMA		3,363.75	2,883.07	X		
36515	APHERESIS, ADSORP/REINFUSE		8,540.97	7,320.46	X		
36555	INSERT NON-TUNNEL CV CATH		3,087.37	2,646.18			
36556	INSERT NON-TUNNEL CV CATH		3,087.37	2,646.18			
36558	INSERT TUNNELED CV CATH		5,241.41	4,907.68			
36569	INSERT PICC CATH		3,087.37	2,646.18			
36571	INSERT PICVAD CATH		5,241.41	4,907.68			
36576	REPAIR TUNNELED CV CATH		3,087.37	2,646.18			
36578	REPLACE TUNNELED CV CATH		5,241.41	4,907.68			
36580	REPLACE CVAD CATH		3,087.37	2,646.18			

36584	REPLACE PICC CATH		3,087.37	2,646.18			
36589	REMOVE TUNNELED CV CATH		1,718.86	1,473.23			
36592	COLLECT BLOOD PICC		171.82	147.27			
36593	DECLOT VASCULAR DEVICE		637.44	546.35			
36598	INJECT W/FLUOR, EVAL CV DEVICE		637.44	546.35			
36600	WITHDRAW ARTERIAL BLOOD		72.62	62.24			
36620	INSERT CATHETER, ARTERY					N1	
36625	INSERT CATHETER, ARTERY					N1	
36800	INSERT CANNULA		8,505.69	7,354.12			
36810	INSERT CANNULA		8,505.69	7,354.12			
36815	INSERT CANNULA		8,505.69	7,354.12			
36818	AV FUSE, UPPER ARM, CEPHALIC		11,329.30	9,710.33			
36833	AV FISTULA REVISION		11,329.30	9,710.33			
36860	EXTERNAL CANNULA DECLOTTING		637.44	546.35			
37204	TRANSCATHETER OCCLUSION		19,232.98	16,856.39			
37609	TEMPORAL ARTERY PROCEDURE		4,909.21	4,207.68			
37620	REVISE MAJOR VEIN		11,946.47	10,239.31			
37650	REVISE MAJOR VEIN		7,454.87	6,389.56			
38200	INJECTION FOR SPLEEN X-RAY					N1	
43235	UPPER GI ENDOSCOPY, DIAGNOSIS		2,411.81	2,067.16			
43236	UPPER GI SCOPE W/SUBMUCOSA INJECT		2,411.81	2,067.16			
43239	UPPER GI ENDOSCOPY, BIOPSY		2,411.81	2,067.16			
43246	PLACE GASTROSTOMY TUBE		2,411.81	2,067.16			
43248	UPPER GI ENDOSCOPY/GUIDE WIRE		2,411.81	2,067.16			
43249	ESOPH ENDOSCOPY, DILATION		2,411.81	2,067.16			
43255	OPERATIVE UPPER GI ENDOSCOPY		2,411.81	2,067.16			
43259	ENDOSCOPIC ULTRASOUND EXAM		2,411.81	2,067.16			
43260	ENDO CHOLANGIOPANCREATOGRAPHY		6,309.66	5,408.00			
43450	DILATE ESOPHAGUS		1,782.37	1,527.67			
43760	CHANGE GASTROSTOMY TUBE		637.44	546.35			
43830	PLACE GASTROSTOMY TUBE		4,529.06	3,881.86			
44500	INTRODUCE GASTROINTESTINAL TUBE		1,718.86	1,473.23			
46040	INCISE RECTAL ABSCESS		6,610.91	5,666.21			
46600	DIAGNOSTIC ANOSCOPY		182.27	156.22			AS
47000	NEEDLE BIOPSY LIVER		2,643.63	2,265.85			
49080	PUNCTURE, PERITONEAL CAVITY		1,510.65	1,294.77			
49320	DIAG LAP SEPARATE PROC		10,495.79	8,995.94			
49421	INSERT ABDOM DRAIN, PERM		7,481.94	6,471.31			
49505	PART RPR I/HERNIA INIT REDUCT >5 YR		8,982.66	7,699.03			
50392	INSERT KIDNEY DRAIN		4,772.16	4,090.22			
50394	INJECTION FOR KIDNEY X-RAY					N1	
51600	INJECTION FOR BLADDER X-RAY					N1	
51610	INJECTION FOR BLADDER X-RAY					N1	
51700	IRRIGATION BLADDER		553.11	474.07			
51701	INSERT BLADDER CATHETER		182.27	156.22			AS
51702	INSERT TEMP BLADDER CATH		182.27	156.22			AS
51703	INSERT BLADDER CATH, COMPLEX		301.69	258.58			
51705	CHANGE BLADDER TUBE		553.11	474.07			

51720	TREAT BLADDER LESION		872.10	747.48			
51725	SIMPLE CYSTOMETROGRAM		872.10	747.48			
51726	COMPLEX CYSTOMETROGRAM		872.10	747.48			
51741	ELECTRO-UROFLOWMETRY, FIRST		301.69	258.58			
51784	ANAL/URINARY MUSCLE STUDY		301.69	258.58			
51797	INTRAABDOMINAL PRESSURE TEST		553.11	474.07			
51798	US URINE CAPACITY MEASURE		182.27	156.22			AS
52000	CYSTOSCOPY		2,020.50	1,731.77			
52005	CYSTOSCOPY & URETER CATHETER		7,150.85	6,128.99			
52204	CYSTOSCOPY W/BIOPSY(S)		7,150.85	6,128.99			
52281	CYSTOSCOPY & TREAT		4,772.16	4,090.22			
52310	CYSTOSCOPY & TREAT		4,772.16	4,090.22			
52332	CYSTOSCOPY & TREAT		7,150.85	6,128.99			
52351	CYSTOURETERO & OR PYELOSCOPE		7,150.85	6,128.99			
53600	DILATE URETHRA STRICTURE		874.07	749.17			
53601	DILATE URETHRA STRICTURE		301.69	258.58			
53660	DILATE URETHRA		301.69	258.58			
53661	DILATE URETHRA		301.69	258.58			
54235	PENILE INJECTION		872.10	747.48			
57452	EXAM CERVIX W/SCOPE		443.98	380.53			
57500	BIOPSY CERVIX		1,783.00	1,528.21			
57511	CRYOCAUTERY CERVIX		443.98	380.53			
58340	CATHETER FOR HYSTERORRHAPHY					N1	
58558	HYSTEROSCOPY, BIOPSY		6,268.18	5,372.45			
59000	AMNIOCENTESIS, DIAGNOSTIC		983.13	842.64			
59025	FETAL NON-STRESS TEST		443.98	380.53			
59841	ABORTION		5,615.09	4,812.69			
61790	TREAT TRIGEMINAL NERVE		5,195.44	4,453.01			
62263	EPIDURAL LYSIS MULT SESSIONS		2,060.68	1,766.21			
62264	EPIDURAL LYSIS ON SINGLE DAY		3,474.53	2,978.02			
62270	SPINAL FLUID TAP, DIAGNOSTIC		1,054.25	903.60			
62273	INJECT EPIDURAL PATCH		2,060.68	1,766.21			
62280	TREAT SPINAL CORD LESION		2,060.68	1,766.21			
62281	TREAT SPINAL CORD LESION		2,060.68	1,766.21			
62282	TREAT SPINAL CANAL LESION		2,060.68	1,766.21			
62284	INJECTION FOR MYELOGRAM					N1	
62287	PERCUTANEOUS DISKECTOMY		10,121.96	8,675.52			
62290	INJECT FOR SPINE DISK X-RAY					N1	
62291	INJECT FOR SPINE DISK X-RAY					N1	
62292	INJECTION INTO DISK LESION		2,060.68	1,766.21			
62310	INJECT SPINE C/T		2,060.68	1,766.21			
62311	INJECT SPINE L/S (CD)		2,060.68	1,766.21			
62318	INJECT SPINE W/CATH, C/T		2,060.68	1,766.21			
62319	INJECT SPINE W/CATH L/S (CD)		3,474.53	2,978.02			
62350	IMPLANT SPINAL CANAL CATH		11,382.48	9,755.92			
62355	REMOVE SPINAL CANAL CATHETER		3,474.53	2,978.02			
62360	INSERT SPINE INFUSION DEVICE		11,382.48	9,755.92			
62362	IMPLANT SPINE INFUSION PUMP		22,227.97	20,941.63			

62365	REMOVE SPINE INFUSION DEVICE		10,121.96	8,675.52			
62367	ANALYZE SPINE INFUSION PUMP		657.70	563.72	X		
62368	ANALYZE SPINE INFUSION PUMP		657.70	563.72	X		
63020	NECK SPINE DISK SURG		13,940.72	11,948.58			
63030	LOW BACK DISK SURG		13,940.72	11,948.58			
63035	SPINAL DISK SURG, ADDED		13,940.72	11,948.58			
63040	LAMINOTOMY, SINGLE CERV		13,940.72	11,948.58			
63042	LAMINOTOMY, SINGLE LUMBAR		13,940.72	11,948.58			
63045	REMOVE SPINAL LAMINA		13,940.72	11,948.58			
63046	REMOVE SPINAL LAMINA		13,940.72	11,948.58			
63047	REMOVE SPINAL LAMINA		13,940.72	11,948.58			
63048	REMOVE SPINAL LAMINA, ADDED		13,940.72	11,948.58			
63056	DECOMPRESS SPINAL CORD		13,940.72	11,948.58			
63057	DECOMPRESS SPINE CORD, ADDED		13,940.72	11,948.58			
63075	NECK SPINE DISK SURG		13,940.72	11,948.58			
63076	NECK SPINE DISK SURG		13,940.72	11,948.58			
63650	IMPLANT NEUROELECTRODES		17,950.74	9,545.51	X		
63655	IMPLANT NEUROELECTRODES		13,352.79	12,138.59	X		
63685	INSERT/REDO SPINE N GENERATOR		23,191.56	22,061.87	X		
63688	REVISE/REMOVE NEURORECEIVER		7,898.33	6,769.65			
64400	NERVE BLOCK INJ, TRIGEMINAL		724.57	621.03			
64402	NERVE BLOCK INJ, FACIAL		724.57	621.03			
64405	NERVE BLOCK INJ, OCCIPITAL		1,054.25	903.60			
64412	NERVE BLOCK INJ, SPINAL ACCESSORY		2,060.68	1,766.21			
64413	NERVE BLOCK INJ, CERV PLEXUS		1,054.25	903.60			
64415	NERVE BLOCK INJ, BRACHIAL PLEXUS		1,054.25	903.60			
64416	NERVE BLOCK CONT INFUSE, B PLEX		2,060.68	1,766.21			
64417	NERVE BLOCK INJ, AXILLARY		1,054.25	903.60			
64418	NERVE BLOCK INJ, SUPRASCAPULAR		1,054.25	903.60			
64420	NERVE BLOCK INJ, INTERCOSTAL, SING		1,054.25	903.60			
64421	NERVE BLOCK INJ, INTERCOSTAL, MULT		2,060.68	1,766.21			
64425	NERVE BLOCK INJ, ILIO-ING/HYPOGI		1,054.25	903.60			
64430	NERVE BLOCK INJ, PUDENDAL		2,060.68	1,766.21			
64435	NERVE BLOCK INJ, PARACERV		1,054.25	903.60			
64445	NERVE BLOCK INJ, SCIATIC, SING		2,060.68	1,766.21			
64446	NERVE BLOCK INJ, SCIATIC, CONT INF		2,060.68	1,766.21			
64447	NERVE BLOCK INJ, FEM, SING		1,054.25	903.60			
64448	NERVE BLOCK INJ, FEM, CONT INF		2,060.68	1,766.21			
64449	NERVE BLOCK INJ, LUMBAR PLEXUS		2,060.68	1,766.21			
64450	NERVE BLOCK, OTHER PERIPHERAL		1,054.25	903.60			
64455	NERVE BLOCK INJ, PLANTAR DIGIT		724.57	621.03			
64479	INJECT FORAMEN EPIDURAL C/T		2,060.68	1,766.21			
64480	INJECT FORAMEN EPIDURAL, ADDED		1,054.25	903.60			
64483	INJECT FORAMEN EPIDURAL L/S		2,060.68	1,766.21			
64484	INJECT FORAMEN EPIDURAL, ADDED		1,054.25	903.60			
64490	INJECT PARAVERT F JNT C/T 1 LEV		2,060.68	1,766.21			
64491	INJECT PARAVERT F JNT C/T 2 LEV		724.57	621.03			
64492	INJECT PARAVERT F JNT C/T 3 LEV		724.57	621.03			

64493	INJECT PARAVERT F JNT L/S 1 LEV		2,060.68	1,766.21			
64494	INJECT PARAVERT F JNT L/S 2 LEV		724.57	621.03			
64495	INJECT PARAVERT F JNT L/S 3 LEV		724.57	621.03			
64505	NERVE BLOCK SPHENOPALATINE GANGLIA		724.57	621.03			
64510	NERVE BLOCK STELLATE GANGLION		2,060.68	1,766.21			
64517	NERVE BLOCK INJ, HYPOGAS PLXS		2,060.68	1,766.21			
64520	NERVE BLOCK LUMBAR/THORACIC		2,060.68	1,766.21			
64555	IMPLANT NEUROELECTRODES		10,600.82	9,545.51	X		
64561	IMPLANT NEUROELECTRODES		10,600.82	9,545.51	X		
64565	IMPLANT NEUROELECTRODES		10,600.82	9,545.51	X		
64600	INJECTION TREAT NERVE		3,474.53	2,978.02			
64605	INJECTION TREAT NERVE		5,195.44	4,453.01			
64610	INJECTION TREAT NERVE		5,195.44	4,453.01			
64612	DESTROY NERVE, FACE MUSCLE		724.57	621.03			
64613	DESTROY NERVE, NECK MUSCLE		1,054.25	903.60			
64614	DESTROY NERVE, EXTREMITY MUSC		1,054.25	903.60			
64620	INJECTION TREAT NERVE		2,060.68	1,766.21			
64622	DESTROY PARAVERTEBRAL NERVE L/S		3,474.53	2,978.02			
64623	DESTROY PARAVERT NERVE, ADDED		2,060.68	1,766.21			
64626	DESTROY PARAVERTEBRAL NERVE C/T		2,060.68	1,766.21			
64627	DESTROY PARAVERT NERVE, ADDED		724.57	621.03			
64640	INJECTION TREAT NERVE		2,060.68	1,766.21			
64680	INJECTION TREAT NERVE		2,060.68	1,766.21			
64702	REVISE FINGER/TOE NERVE		5,195.44	4,453.01			
64704	REVISE HAND/FOOT NERVE		5,195.44	4,453.01			
64708	REVISE ARM/LEG NERVE		5,195.44	4,453.01			
64712	REVISE SCIATIC NERVE		5,195.44	4,453.01			
64713	REVISE ARM NERVE(S)		5,195.44	4,453.01			
64714	REVISE LOW BACK NERVE(S)		5,195.44	4,453.01			
64716	REVISE CRANIAL NERVE		5,195.44	4,453.01			
64718	REVISE ULNAR NERVE AT ELBOW		5,195.44	4,453.01			
64719	REVISE ULNAR NERVE AT WRIST		5,195.44	4,453.01			
64721	CARPAL TUNNEL SURG		5,195.44	4,453.01			
65205	REMOVE FOREIGN BODY EYE		263.33	225.70	X		
65210	REMOVE FOREIGN BODY EYE		263.33	225.70	X		
65220	REMOVE FOREIGN BODY EYE		263.33	225.70	X		
65222	REMOVE FOREIGN BODY EYE		263.33	225.70	X		
65265	REMOVE FOREIGN BODY EYE		6,362.61	5,453.39			
67412	EXPLORE/TREAT EYE SOCKET		5,433.49	4,657.04			
69210	REMOVE IMPACTED EAR WAX		182.27	156.22			AS
69310	REBUILD OUTER EAR CANAL		12,135.56	10,401.38			
69320	REBUILD OUTER EAR CANAL		12,135.56	10,401.38			
69666	REPAIR MIDDLE EAR STRUCTURES		12,135.56	10,401.38			
69667	REPAIR MIDDLE EAR STRUCTURES		12,135.56	10,401.38			
69990	MICROSURG, ADDED					N1	
70030	X-RAY EYE FOR FOREIGN BODY		177.57	152.20			AS
70100	X-RAY JAW < 4 VIEWS		177.57	152.20			AS
70110	X-RAY JAW MINIMUM 4 VIEWS		177.57	152.20			AS

70120	X-RAY MASTOIDS < 3 VIEWS/SIDE		177.57	152.20			AS
70130	X-RAY MASTOIDS MINIMUM 3 VIEWS/SIDE		177.57	152.20			AS
70140	X-RAY FACIAL BONES < 3 VIEWS		177.57	152.20			AS
70150	X-RAY FACIAL BONES MINIMUM 3 VIEWS		177.57	152.20			AS
70160	X-RAY NASAL BONES MINIMUM 3 VIEWS		177.57	152.20			AS
70190	X-RAY OPTIC FORAMINA		177.57	152.20			AS
70200	X-RAY ORBITS, MINIMUM 4 VIEWS		177.57	152.20			AS
70210	X-RAY SINUSES < 3 VIEWS		177.57	152.20			AS
70220	X-RAY SINUSES MINIMUM 3 VIEWS		177.57	152.20			AS
70250	X-RAY SKULL < 4 VIEWS		177.57	152.20			AS
70260	X-RAY SKULL MINIMUM 4 VIEWS		299.09	256.35			AS
70300	X-RAY TEETH SINGLE VIEW		120.17	103.00			AS
70310	X-RAY TEETH < FULL MOUTH		120.17	103.00			AS
70320	X-RAY TEETH FULL MOUTH		120.17	103.00			AS
70328	X-RAY TMJ UNILATERAL		177.57	152.20			AS
70330	X-RAY TMJ BILATERAL		177.57	152.20			AS
70332	TMJ ARTHOGRAPHY; RAD SUPER & INTERP		1,084.37	929.42			
70336	MRI TMJ		1,352.04	1,158.83			
70350	CEPHALOGRAM, ORTHODONTIC		177.57	152.20			AS
70355	ORTHOPANTOGRAM		120.17	103.00			AS
70360	X-RAY NECK SOFT TISSUE		177.57	152.20			AS
70450	CT HEAD/BRAIN W/O DYE		764.27	655.06			
70460	CT HEAD/BRAIN W/DYE		1,182.03	1,013.12			
70470	CT HEAD/BRAIN W/O & W/DYE		1,317.77	1,129.46			
70480	CT ORBIT/EAR/FOSSA W/O DYE		764.27	655.06			
70481	CT ORBIT/EAR/FOSSA W/DYE		1,182.03	1,013.12			
70482	CT ORBIT/EAR/FOSSA W/O & W/DYE		1,317.77	1,129.46			
70486	CT MAXILLOFACIAL W/O DYE		764.27	655.06			
70487	CT MAXILLOFACIAL W/DYE		1,182.03	1,013.12			
70488	CT MAXILLOFACIAL W/O & W/DYE		1,317.77	1,129.46			
70490	CT SOFT TISSUE NECK W/O DYE		764.27	655.06			
70491	CT SOFT TISSUE NECK W/DYE		1,182.03	1,013.12			
70492	CT SOFT TISSUE NECK W/O & W/DYE		1,317.77	1,129.46			
70496	CT ANGIOGRAPHY, HEAD		1,334.69	1,143.96			
70498	CT ANGIOGRAPHY, NECK		1,334.69	1,143.96			
70540	MRI ORBIT/FACE/NECK W/O DYE		1,352.04	1,158.83			
70542	MRI ORBIT/FACE/NECK W/DYE		1,722.84	1,476.64			
70543	MRI ORBIT/FACE/NECK W/O & W/DYE		2,103.77	1,803.14			
70544	MR ANGIOGRAPHY HEAD W/O DYE		1,352.04	1,158.83			
70545	MR ANGIOGRAPHY HEAD W/DYE		1,722.84	1,476.64			
70546	MR ANGIOGRAPH HEAD W/O & W/DYE		2,103.77	1,803.14			
70547	MR ANGIOGRAPHY NECK W/O DYE		1,352.04	1,158.83			
70548	MR ANGIOGRAPHY NECK W/DYE		1,722.84	1,476.64			
70549	MR ANGIOGRAPH NECK W/O & W/DYE		2,103.77	1,803.14			
70551	MRI BRAIN W/O DYE		1,352.04	1,158.83			
70552	MRI BRAIN W/DYE		1,722.84	1,476.64			
70553	MRI BRAIN W/O & W/DYE		2,103.77	1,803.14			
70554	FMRI BRAIN BY TECH		1,352.04	1,158.83			

70555	FMRI BRAIN BY PHYS/PSYCH		1,352.04	1,158.83	X		
71010	CHEST X-RAY SINGLE VIEW FRONTAL		177.57	152.20			
71020	CHEST X-RAY 2 VIEWS FRONTAL & LATERAL		177.57	152.20			
71021	CHEST X-RAY 2 VIEWS W/APICAL LORD PROC		177.57	152.20			AS
71022	CHEST X-RAY 2 VIEWS W/OBLIQUE PROJ		177.57	152.20			AS
71030	CHEST X-RAY MINIMUM 4 VIEWS		177.57	152.20			AS
71035	CHEST X-RAY SPECIAL VIEWS		177.57	152.20			AS
71040	CONTRAST X-RAY BRONCHI UNILATERAL		906.64	777.08			
71090	X-RAY & PACEMAKER INSERT					N1	
71100	X-RAY RIBS 2 VIEWS		177.57	152.20			AS
71101	X-RAY RIBS/CHEST MINIMUM 3 VIEWS		177.57	152.20			AS
71110	X-RAY RIBS BILATERAL 3 VIEWS		177.57	152.20			AS
71111	X-RAY RIBS/CHEST MINIMUM 4 VIEWS		299.09	256.35			AS
71120	X-RAY STERNUM MINIMUM 2 VIEWS		177.57	152.20			AS
71130	X-RAY STERNOCLAV JOINT MINIMUM 3 VIEWS		177.57	152.20			AS
71250	CT THORAX W/O DYE		764.27	655.06			
71260	CT THORAX W/DYE		1,182.03	1,013.12			
71270	CT THORAX W/O & W/DYE		1,317.77	1,129.46			
71275	CT ANGIOGRAPHY, CHEST		1,334.69	1,143.96			
71550	MRI CHEST W/O DYE		1,352.04	1,158.83			
71552	MRI CHEST W/O & W/DYE		2,103.77	1,803.14			
72010	X-RAY SPINE ANTEROPOST & LATERAL		299.09	256.35			AS
72020	X-RAY SPINE SINGLE VIEW SPECIFY LEVEL		177.57	152.20			AS
72040	X-RAY NECK SPINE CERV 2/3 VIEWS		177.57	152.20			AS
72050	X-RAY NECK SPINE CERV MINIMUM 4 VIEWS		299.09	256.35			AS
72052	X-RAY NECK SPINE COMPLETE		299.09	256.35			AS
72069	X-RAY TRUNK SPINE STANDING		177.57	152.20			AS
72070	X-RAY THORACIC SPINE 2 VIEWS		177.57	152.20			AS
72072	X-RAY THORACIC SPINE 3 VIEWS		177.57	152.20			AS
72074	X-RAY THORACIC SPINE MINIMUM 4 VIEWS		177.57	152.20			AS
72080	X-RAY TRUNK SPINE 2 VIEWS		177.57	152.20			AS
72090	X-RAY TRUNK SPINE SCOLIOSIS STUDY		299.09	256.35			AS
72100	X-RAY LOWER SPINE 2/3 VIEWS		177.57	152.20			AS
72110	X-RAY LOWER SPINE MINIMUM 4 VIEWS		299.09	256.35			AS
72114	X-RAY LOWER SPINE COMPLETE		299.09	256.35			AS
72120	X-RAY LOWER SPINE BENDING MINIMUM 4 VIEWS		177.57	152.20			AS
72125	CT NECK SPINE W/O DYE		764.27	655.06			
72126	CT NECK SPINE W/DYE		1,182.03	1,013.12			
72127	CT NECK SPINE W/O & W/DYE		1,317.77	1,129.46			
72128	CT CHEST SPINE W/O DYE		764.27	655.06			
72129	CT CHEST SPINE W/DYE		1,182.03	1,013.12			
72130	CT CHEST SPINE W/O & W/DYE		1,317.77	1,129.46			
72131	CT LUMBAR SPINE W/O DYE		764.27	655.06			
72132	CT LUMBAR SPINE W/DYE		1,182.03	1,013.12			
72133	CT LUMBAR SPINE W/O & W/DYE		1,317.77	1,129.46			
72141	MRI NECK SPINE W/O DYE		1,352.04	1,158.83			
72142	MRI NECK SPINE W/DYE		1,722.84	1,476.64			
72146	MRI CHEST SPINE W/O DYE		1,352.04	1,158.83			

72147	MRI CHEST SPINE W/DYE		1,722.84	1,476.64			
72148	MRI LUMBAR SPINE W/O DYE		1,352.04	1,158.83			
72149	MRI LUMBAR SPINE W/DYE		1,722.84	1,476.64			
72156	MRI NECK SPINE W/O & W/DYE		2,103.77	1,803.14			
72157	MRI CHEST SPINE W/O & W/DYE		2,103.77	1,803.14			
72158	MRI LUMBAR SPINE W/O & W/DYE		2,103.77	1,803.14			
72170	X-RAY PELVIS 1/2 VIEWS		177.57	152.20			AS
72190	X-RAY PELVIS MINIMUM 3 VIEWS		177.57	152.20			AS
72191	CT ANGIOGRAPH PELVIS W/O & W/DYE		1,334.69	1,143.96			
72192	CT PELVIS W/O DYE		764.27	655.06			
72193	CT PELVIS W/DYE		1,182.03	1,013.12			
72194	CT PELVIS W/O & W/DYE		1,317.77	1,129.46			
72195	MRI PELVIS W/O DYE		1,352.04	1,158.83			
72196	MRI PELVIS W/DYE		1,722.84	1,476.64			
72197	MRI PELVIS W/O & W/DYE		2,103.77	1,803.14			
72200	X-RAY EXAM SACROILIAC JOINTS		177.57	152.20			AS
72202	X-RAY EXAM SACROILIAC JOINTS		177.57	152.20			AS
72220	X-RAY TAILBONE		177.57	152.20			AS
72240	CONTRAST X-RAY NECK SPINE		1,967.75	1,686.56			
72255	CONTRAST X-RAY THORAX SPINE		1,967.75	1,686.56			
72265	CONTRAST X-RAY LOWER SPINE		1,967.75	1,686.56			
72270	CONTRAST X-RAY SPINE		1,967.75	1,686.56			
72275	EPIDUROGRAPHY					N1	
72285	X-RAY C/T SPINE DISK		6,593.09	5,650.93			
72291	PERCUT VERT/SACROPLASTY, FLUOR					N1	
72295	X-RAY LOWER SPINE DISK		6,593.09	5,650.93			
73000	X-RAY COLLAR BONE		177.57	152.20			AS
73010	X-RAY SHOULDER BLADE		177.57	152.20			AS
73020	X-RAY SHOULDER 1 VIEW		177.57	152.20			AS
73030	X-RAY SHOULDER MINIMUM 2 VIEWS		177.57	152.20			AS
73040	CONTRAST X-RAY SHOULDER		1,084.37	929.42			
73050	X-RAY SHOULDERS		177.57	152.20			AS
73060	X-RAY HUMERUS MINIMUM 2 VIEWS		177.57	152.20			AS
73070	X-RAY ELBOW 2 VIEWS		177.57	152.20			AS
73080	X-RAY ELBOW MINIMUM 3 VIEWS		177.57	152.20			AS
73090	X-RAY FOREARM		177.57	152.20			AS
73092	X-RAY ARM, INFANT		177.57	152.20			AS
73100	X-RAY WRIST 2 VIEWS		177.57	152.20			AS
73110	X-RAY WRIST MINIMUM 3 VIEWS		177.57	152.20			AS
73115	CONTRAST X-RAY WRIST		1,084.37	929.42			
73120	X-RAY HAND 2 VIEWS		177.57	152.20			AS
73130	X-RAY HAND MINIMUM 3 VIEWS		177.57	152.20			AS
73140	X-RAY FINGER(S) MINIMUM 2 VIEWS		177.57	152.20			AS
73200	CT UPPER EXTREMITY W/O DYE		764.27	655.06			
73201	CT UPPER EXTREMITY W/DYE		1,182.03	1,013.12			
73202	CT UPPER EXTREMITY W/O & W/DYE		1,317.77	1,129.46			
73206	CT ANGIO UPR EXTREMITY W/O & W/DYE		1,334.69	1,143.96			
73218	MRI UPPER EXTREMITY W/O DYE		1,352.04	1,158.83			

73219	MRI UPPER EXTREMITY W/DYE		1,722.84	1,476.64			
73220	MRI UPPER EXTREMITY W/O & W/DYE		2,103.77	1,803.14			
73221	MRI JOINT UPPER EXTREMITY W/O DYE		1,352.04	1,158.83			
73222	MRI JOINT UPPER EXTREMITY W/DYE		1,722.84	1,476.64			
73223	MRI JOINT UPPER EXTREMITY W/O & W/DYE		2,103.77	1,803.14			
73500	X-RAY HIP UNILATERAL 1 VIEW		177.57	152.20			AS
73510	X-RAY HIP COMPLETE MINIMUM 2 VIEWS		177.57	152.20			AS
73520	X-RAY HIPS MINIMUM 2 VIEWS		177.57	152.20			AS
73525	X-RAY HIP ARTHROGRAPHY		1,084.37	929.42			
73530	X-RAY HIP DURING OPERATIVE PROCEDURE					N1	
73540	X-RAY PELVIS & HIPS MINIMUM 2 VIEWS		177.57	152.20			AS
73542	X-RAY EXAM, SACROILIAC JOINT		1,084.37	929.42			
73550	X-RAY THIGH 2 VIEWS		177.57	152.20			AS
73560	X-RAY KNEE 1/2 VIEWS		177.57	152.20			AS
73562	X-RAY KNEE 3 VIEWS		177.57	152.20			AS
73564	X-RAY KNEE, COMPLETE 4/MORE VIEWS		177.57	152.20			AS
73565	X-RAY KNEES STANDING ANTEROPOST		177.57	152.20			AS
73580	X-RAY KNEE ARTHOGRAPHY		1,084.37	929.42			
73590	X-RAY TIBIA & FIBULA 2 VIEWS		177.57	152.20			AS
73592	X-RAY LEG, INFANT MINIMUM 2 VIEWS		177.57	152.20			AS
73600	X-RAY ANKLE 2 VIEWS		177.57	152.20			AS
73610	X-RAY ANKLE MINIMUM 3 VIEWS		177.57	152.20			AS
73615	CONTRAST X-RAY ANKLE		1,084.37	929.42			
73620	X-RAY FOOT 2 VIEWS		177.57	152.20			AS
73630	X-RAY FOOT MINIMUM 3 VIEWS		177.57	152.20			AS
73650	X-RAY HEEL		177.57	152.20			AS
73660	X-RAY TOE(S)		177.57	152.20			AS
73700	CT LOWER EXTREMITY W/O DYE		764.27	655.06			
73701	CT LOWER EXTREMITY W/DYE		1,182.03	1,013.12			
73706	CT ANGIO LWR EXTREMITY W/O & W/DYE		1,334.69	1,143.96			
73718	MRI LOWER EXTREMITY W/O DYE		1,352.04	1,158.83			
73719	MRI LOWER EXTREMITY W/DYE		1,722.84	1,476.64			
73720	MRI LOWER EXTREMITY W/O & W/DYE		2,103.77	1,803.14			
73721	MRI JOINT LOWER EXTREMITY W/O DYE		1,352.04	1,158.83			
73722	MRI JOINT LOWER EXTREMITY W/DYE		1,722.84	1,476.64			
73723	MRI JOINT LWR EXTREMITY W/O & W/DYE		2,103.77	1,803.14			
74000	X-RAY ABDOMEN SINGLE ANTEROPOST		177.57	152.20			AS
74010	X-RAY ABDOMEN ANTEROPOST & ADDED VW		177.57	152.20			AS
74020	X-RAY ABDOMEN COMPLETE		177.57	152.20			AS
74022	X-RAY EXAM SERIES, ABDOMEN		299.09	256.35			AS
74150	CT ABDOMEN W/O DYE		764.27	655.06			
74160	CT ABDOMEN W/DYE		1,182.03	1,013.12			
74170	CT ABDOMEN W/O & W/DYE		1,317.77	1,129.46			
74175	CT ANGIO ABDOM W/O & W/DYE		1,334.69	1,143.96			
74176	CT ANGIO ABDOM & PELVIS		764.27	655.06			
74177	CT ANGIO ABDOM & PELVIS W/CONTRAST		1,182.03	1,013.12			
74178	CT ANGIO ABDOM & PELVIS 1+ REGNS		1,317.77	1,129.46			
74181	MRI ABDOMEN W/O DYE		1,352.04	1,158.83			

74183	MRI ABDOMEN W/O & W/DYE		2,103.77	1,803.14			
74220	CONTRAST X-RAY, ESOPHAGUS		341.90	293.04	X		
74230	CINE/VIDEO X-RAY, THROAT/ESOPH		341.90	293.04	X		
74241	X-RAY EXAM, UPPER GI TRACT W/KUB		341.90	293.04	X		
74246	CONTRAST X-RAY UGI TRACT W/O KUB		341.90	293.04	X		
74280	CONTRAST X-RAY COLON W/WO GLUCOGEN		559.77	479.78	X		
74290	CONTRAST X-RAY, GALLBLADDER		341.90	293.04	X		
74330	X-RAY BILE/PANCREAS ENDOSCOPY					N1	
74400	CONTRAST X-RAY URINARY TRACT		694.37	595.14	X		
74410	CONTRAST X-RAY URINARY TRACT		694.37	595.14	X		
74415	CONTRAST X-RAY URINARY TRACT		694.37	595.14	X		
74420	CONTRAST X-RAY URINARY TRACT		694.37	595.14	X		
74425	CONTRAST X-RAY URINARY TRACT		694.37	595.14			
74430	CONTRAST X-RAY BLADDER		694.37	595.14			
74450	X-RAY URETHRA/BLADDER		694.37	595.14			
74455	X-RAY URETHRA/BLADDER		694.37	595.14			
74475	X-RAY CONTROL, CATH INSERT		4,772.16	4,090.22			
74480	X-RAY CONTROL, CATH INSERT		4,772.16	4,090.22			
74485	X-RAY GUIDE, GU DILATION		4,772.16	4,090.22			
75561	CARDIAC MRI FOR MORPH W/DYE		2,103.77	1,803.14			
75572	CT HEART W/3D IMAGE		1,012.70	867.98	X		
75574	CT ANGIO HEART W/3D IMAGE		1,012.70	867.98	X		
75605	CONTRAST X-RAY AORTA		7,990.03	6,848.25			
75625	CONTRAST X-RAY AORTA		7,990.03	6,848.25			
75630	X-RAY AORTA, LEG ARTERIES		7,990.03	6,848.25			
75635	CT ANGIO ABDOMINAL ARTERIES		1,334.69	1,143.96			
75650	ARTERY X-RAYS HEAD & NECK		12,970.25	11,116.79			
75665	ARTERY X-RAYS HEAD & NECK		7,990.03	6,848.25			
75671	ARTERY X-RAYS HEAD & NECK		12,970.25	11,116.79			
75676	ARTERY X-RAYS NECK UNILATERAL		7,990.03	6,848.25			
75680	ARTERY X-RAYS NECK BILATERAL		7,990.03	6,848.25			
75685	ARTERY X-RAYS SPINE		7,990.03	6,848.25			
75705	ARTERY X-RAYS SPINE		7,990.03	6,848.25			
75710	ARTERY X-RAYS ARM/LEG		7,990.03	6,848.25			
75716	ARTERY X-RAYS ARMS/LEGS		7,990.03	6,848.25			
75722	ARTERY X-RAYS KIDNEY		7,990.03	6,848.25			
75724	ARTERY X-RAYS KIDNEYS		7,990.03	6,848.25			
75726	ARTERY X-RAYS ABDOMEN		7,990.03	6,848.25			
75736	ARTERY X-RAYS PELVIS		7,990.03	6,848.25			
75743	ARTERY X-RAYS LUNGS		7,990.03	6,848.25			
75774	ARTERY X-RAY, EACH VESSEL					N1	
75809	NONVASCULAR SHUNT, X-RAY		299.09	256.35			
75820	VEIN X-RAY ARM/LEG		2,833.55	2,428.63			
75822	VEIN X-RAY ARMS/LEGS		2,833.55	2,428.63			
75825	VEIN X-RAY TRUNK		7,990.03	6,848.25			
75894	X-RAYS, TRANSCATH THERAPY					N1	
75898	F/U ANGIOGRAPHY		299.09	256.35			
75940	X-RAY PLACE VEIN FILTER					N1	

75960	TRANSCATH IV STENT RS & I					N1	
75961	RETRIEVE BROKEN CATHETER					N1	
75962	REPAIR ARTERIAL BLOCKAGE		12,095.18	10,542.37			
75964	REPAIR ARTERY BLOCKAGE, EACH					N1	
75978	REPAIR VENOUS BLOCKAGE		8,317.24	7,228.17			
75984	X-RAY CONTROL CATHETER CHANGE					N1	
75989	ABSCESS DRAIN UNDER X-RAY					N1	
76000	FLUOROSCOPE EXAM		329.21	282.16			
76001	FLUOROSCOPE EXAM, EXTENSIVE					N1	
76010	X-RAY NOSE TO RECTUM		177.57	152.20			AS
76080	X-RAY FISTULA		906.64	777.08			
76098	X-RAY EXAM, BREAST SPECIMEN		1,605.07	1,375.71			
76100	X-RAY BODY SECTION		299.09	256.35			AS
76102	COMPLEX BODY SECTION X-RAYS		906.64	777.08			AS
76120	CINE/VIDEO X-RAYS		329.21	282.16			AS
76125	CINE/VIDEO X-RAYS, ADDED					N1	
76376	3D RENDER W/O POST PROCESS					N1	
76377	3D RENDERING W/POST PROCESS					N1	
76380	CAT SCAN F/U STUDY		447.45	383.51	X		
76506	ECHO EXAM HEAD		245.43	210.36	X		
76510	OPHTHALMIC US, B & QUANT A		691.93	593.05			
76511	OPHTHALMIC US, QUANT A ONLY		379.59	325.35	X		
76512	OPHTHALMIC US, B W/NON-QUANT A		379.59	325.35	X		
76514	ECHO EXAM EYE, THICKNESS		72.62	62.24			AS
76516	ECHO EXAM EYE		245.43	210.36	X		
76519	ECHO EXAM EYE		379.59	325.35	X		
76536	US EXAM HEAD & NECK		379.59	325.35	X		
76604	US EXAM, CHEST		245.43	210.36			
76645	US EXAM, BREAST(S)		245.43	210.36	X		
76700	US EXAM, ABDOM, COMPLETE		379.59	325.35			
76705	ECHO EXAM ABDOMEN		379.59	325.35			
76770	US EXAM ABDOM BACK WALL, COMP		379.59	325.35			
76775	US EXAM ABDOM BACK WALL, LIM		379.59	325.35			
76776	US EXAM K TRANSPLANT W/DOPPLER		379.59	325.35			
76800	US EXAM, SPINAL CANAL		379.59	325.35	X		
76801	OBSTET US < 14 WKS, SINGLE FETUS		379.59	325.35	X		
76805	OBSTET US >/= 14 WKS, SINGLE FETUS		379.59	325.35	X		
76810	OBSTET US >/= 14 WKS, ADDED FETUS		379.59	325.35	X		
76811	OBSTET US, DETAILED, SINGLE FETUS		603.18	516.98	X		
76814	OBSTET US NUCHAL MEAS, ADDED		245.43	210.36	X		
76815	OBSTET US, LIMITED, FETUS(S)		245.43	210.36	X		
76816	OBSTET US, F/U, PER FETUS		245.43	210.36	X		
76817	TRANSVAGINAL US, OBSTETRIC		245.43	210.36	X		
76818	FETAL BIOPHYS PROFILE W/NST		379.59	325.35	X		
76819	FETAL BIOPHYS PROFILE W/O NST		379.59	325.35	X		
76820	UMBILICAL ARTERY ECHO		245.43	210.36	X		
76821	MIDDLE CEREBRAL ARTERY ECHO		245.43	210.36	X		
76826	ECHO EXAM FETAL HEART		1,586.46	1,359.76	X		

76827	ECHO EXAM FETAL HEART		245.43	210.36	X		
76828	ECHO EXAM FETAL HEART		245.43	210.36	X		
76830	TRANSVAGINAL US, NON-OB		379.59	325.35	X		
76856	US EXAM, PELVIC, COMPLETE		379.59	325.35			
76857	US EXAM, PELVIC, LIMITED		245.43	210.36			
76870	US EXAM, SCROTUM		379.59	325.35			
76872	US, TRANSRECTAL		379.59	325.35	X		
76881	US XTR NON-VASC COMPLETE		379.59	325.35	X		
76882	US XTR NON-VASC LMTD		245.43	210.36	X		
76937	US GUIDE VASCULAR ACCESS					N1	
76942	ECHO GUIDE FOR BIOPSY					N1	
76998	US GUIDE, INTRAOP					N1	
77001	FLUOROGUIDE FOR VEIN DEVICE					N1	
77002	NEEDLE LOCALIZATION BY X-RAY					N1	
77003	FLUOROGUIDE FOR SPINE INJECT					N1	
77011	CT SCAN FOR LOCALIZATION					N1	
77012	CT SCAN FOR NEEDLE BIOPSY					N1	
77032	GUIDANCE FOR NEEDLE, BREAST					N1	
77072	X-RAYS FOR BONE AGE		177.57	152.20			AS
77073	X-RAYS, BONE LENGTH STUDIES		177.57	152.20			AS
77074	X-RAYS, BONE SURVEY, LIMITED		299.09	256.35			AS
77075	X-RAYS, BONE SURVEY COMPLETE		299.09	256.35			AS
77076	X-RAYS, BONE SURVEY, INFANT		299.09	256.35			AS
77077	JOINT SURVEY, SINGLE VIEW		177.57	152.20			AS
77080	DIAG BONE DENSITY, AXIAL		278.03	238.30	X		
77081	DIAG BONE DENSITY/PERIPHERAL		126.60	108.51	X		
77082	DIAG BONE DENSITY, VERTEBRAL FX		177.57	152.20	X		
77280	SET RADIATION THERAPY FIELD		411.92	353.06			AS
77285	SET RADIATION THERAPY FIELD		1,070.85	917.82			AS
77290	SET RADIATION THERAPY FIELD		1,070.85	917.82			AS
77295	SET RADIATION THERAPY FIELD		3,653.77	3,131.64			AS
77300	RADIATION THERAPY DOSE PLAN		411.92	353.06			AS
77305	TELETX ISODOSE PLAN SIMPLE		411.92	353.06			AS
77310	TELETX ISODOSE PLAN INTERMED		411.92	353.06			AS
77315	TELETX ISODOSE PLAN COMPLEX		1,070.85	917.82			AS
77321	SPECIAL TELETX PORT PLAN		1,070.85	917.82			AS
77331	SPECIAL RADIATION DOSIMETRY		411.92	353.06			AS
77332	RADIATION TREAT AID(S)		787.38	674.86			AS
77333	RADIATION TREAT AID(S)		787.38	674.86			AS
77334	RADIATION TREAT AID(S)		787.38	674.86			AS
77336	RADIATION PHYSICS CONSULT		411.92	353.06			AS
77371	SRS, MULTISOURCE		30,204.85	25,888.56	X		
77403	RADIATION TX SING AREA 6-10MEV		385.67	330.55	X		
77413	RADIATION TX 3/MORE AREA 6-10MEV		632.95	542.50	X		
77414	RADIATION TX 3/MORE AREA 11-19MEV		632.95	542.50	X		
77417	RADIOLOGY PORT FILM(S)					N1	
77470	SPECIAL RADIATION TREAT		1,532.02	1,313.09	X		
78006	THYROID IMAGING W/UPTAKE		865.36	741.70	X		

78007	THYROID IMAGE, MULT UPTAKES		865.36	741.70	X		
78102	BONE MARROW IMAGING, LTD		1,013.33	868.52	X		
78103	BONE MARROW IMAGING, MULT		1,013.33	868.52	X		
78215	LIVER & SPLEEN IMAGING		1,045.30	895.93	X		
78220	LIVER FUNCTION STUDY		1,045.30	895.93	X		
78223	HEPATOBILIARY IMAGING		1,045.30	895.93	X		
78232	SALIVARY GLAND FUNCTION EXAM		943.46	808.64	X		
78300	BONE IMAGING, LIMITED AREA		964.75	826.89	X		
78305	BONE IMAGING, MULTIPLE AREAS		964.75	826.89	X		
78306	BONE IMAGING, WHOLE BODY		964.75	826.89	X		
78315	BONE IMAGING, 3 PHASE		964.75	826.89	X		
78320	BONE IMAGING (3D)		964.75	826.89	X		
78445	VASCULAR FLOW IMAGING		789.90	677.02	X		
78451	HEART MUSCLE IMAGE SPECT, SING		2,995.98	2,567.85	X		
78452	HEART MUSCLE IMAGE SPECT, MULT		2,995.98	2,567.85	X		
78469	HEART INFARCT IMAGE (3D)		1,148.83	984.67	X		
78472	GATED HEART, PLANAR, SING		1,148.83	984.67	X		
78481	HEART FIRST PASS, SING		1,148.83	984.67	X		
78494	HEART IMAGE, SPECT		1,148.83	984.67	X		
78580	LUNG PERFUSION IMAGING		776.02	665.13	X		
78584	LUNG V/Q IMAGE SINGLE BREATH		1,261.32	1,081.07	X		
78585	LUNG V/Q IMAGING		1,261.32	1,081.07	X		
78588	PERFUSION LUNG IMAGE		1,261.32	1,081.07	X		
78594	VENT IMAGE, MULT PROJ, GAS		776.02	665.13	X		
78596	LUNG DIFFERENTIAL FUNCTION		1,261.32	1,081.07	X		
78607	BRAIN IMAGING (3D)		2,350.85	2,014.92	X		
78707	KID FLOW/FUNCT IMAGE W/O DRUG		1,267.39	1,086.28	X		
78708	KID FLOW/FUNCT IMAGE W/DRUG		1,267.39	1,086.28	X		
78709	KIDNEY IMG MORPHOLOGY VASCULAR FLOW MULTIPLE		1,267.39	1,086.28	X		
78802	TUMOR IMAGING, WHOLE BODY		1,872.66	1,605.05	X		
78803	TUMOR IMAGING (3D)		1,872.66	1,605.05	X		
78805	ABSCESS IMAGING, LTD AREA		1,872.66	1,605.05	X		
78806	ABSCESS IMAGING, WHOLE BODY		1,872.66	1,605.05	X		
78815	PET IMAGE W/CT, SKULL-THIGH		4,108.15	3,521.09	X		
79101	NUCLEAR RX, IV ADMIN		883.62	757.35	X		
88141	CYTOPATH, C/V, INTERPRET					N1	
92070	FIT CONTACT LENS					N1	
92504	EAR MICROSCOPY EXAM					N1	
92547	SUPPLEMENTAL ELECTRICAL TEST					N1	
92621	AUDITORY FUNCTION, + 15 MIN					N1	
93314	ECHO TRANSESOPHAGEAL					N1	
93320	DOPPLER ECHO EXAM, HEART					N1	
93321	DOPPLER ECHO EXAM, HEART					N1	
93325	DOPPLER COLOR FLOW, ADDED					N1	
93463	DRUG ADMIN & HEMODYNMIC MEAS					N1	
93464	EXERCISE W/HEMODYNAMIC MEAS					N1	
93563	INJECT CONGENITAL CARD CATH					N1	
93564	INJECT HEART CONGNTL ART/GRAFT					N1	

93565	INJECT L VENTR/ATRIAL ANGIO					N1	
93566	INJECT R VENTR/ATRIAL ANGIO					N1	
93567	INJECT SUPRVLV AORTOGRAPHY					N1	
93568	INJECT PULM ART HEART CATH					N1	
93609	MAP TACHYCARDIA, ADDED					N1	
93623	STIMULATION, PACING HEART					N1	
93641	ELECTROPHYSIOLOGY EVAL					N1	
94760	MEASURE BLOOD OXYGEN LEVEL					N1	
94761	MEASURE BLOOD OXYGEN LEVEL					N1	
95873	GUIDE NERVE DESTROY, ELECT STIM					N1	
95874	GUIDE NERVE DESTROY, NEEDLE EMG					N1	
95920	INTRAOP NERVE TEST, ADDED					N1	
95955	EEG DURING SURG					N1	
95957	EEG DIGITAL ANALYSIS					N1	
96368	THER/DIAG CONCURRENT INF					N1	
99143	MOD SEDATION SAME PHYS, < 5 YRS					N1	
99144	MOD SEDATION BY SAME PHYS, 5 YRS +					N1	
99145	MOD SEDATION BY SAME PHYS, ADDED					N1	
99148	MOD SEDATION DIFF PHYS < 5 YRS					N1	
99149	MOD SEDATION DIFF PHYS 5 YRS +					N1	
99150	MOD SEDATION DIFF PHYS, ADDED					N1	
99175	INDUCTION VOMITING					N1	
99292	CRITICAL CARE, ADDED 30 MIN					N1	
99354	PROLONGED SERVICE, OFFICE					N1	
99355	PROLONGED SERVICE, OFFICE					N1	