Washington State Department of
Labor & Industries

Professional Services Fee Schedule
Facility Only Fees

Effective for Dates of Service on or After

July 1, 2013

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&
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Field Key: Facility Only

Column Title	Column Description	Column Values	Value Definitions
FOL UP	Follow-up Days for Global Surgery	Number	The number of days following surgery during which charges for normal postoperative care are bundled in the global surgery fee.
PRE OP (-56)	Preoperative Percentage (Modifier –56)	Percent	The percent of the total global surgery dollar value that is allowed when modifier –56 is billed.
INTRA OP (-54)	Intraoperative Percentage (Modifier –54)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -54 is billed.
POST OP (-55)	Postoperative Percentage (Modifier –55)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -55 is billed.
PCTC (26/TC)	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether **professional and technical component modifiers** (-26/-TC) are valid with the procedure code.	0	**Modifiers -26 and -TC are *not valid*.** The procedure is for physician services only; the concept of PC/TC does not apply
		1	**Modifiers -26 and -TC are *valid*.** Diagnostic test or radiology service which has both a professional and technical component.
		2	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the professional component of a diagnostic test. An associated code describes the technical component of the diagnostic test or the global procedure (professional and technical components).

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
PCTC (26/TC) CONTINUED	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether **professional and technical component modifiers** (-26/-TC) are valid with the procedure code.	3	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the technical component of a diagnostic test. An associated code describes the professional component of the diagnostic test or the global procedure (professional and technical components).
		4	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the global procedure for a diagnostic test. Associated codes describe the professional and technical components of the diagnostic test.
		5	**Modifiers -26 and -TC are not valid. Covered service incident to a physician's service when provided by auxiliary personnel employed by and working under the direct supervision of the physician. This service not payable when provided to Facility inpatients or outpatients.**
		6	**Modifier -TC is *not valid*; modifier -26 *may be valid*.** Clinical laboratory or other service for which separate payment for interpretations by laboratory physicians or other physicians may be made.

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
PCTC (26/TC) CONTINUED	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether **professional and technical component modifiers** (-26/-TC) are valid with the procedure code.	7	This indicator is not currently in use.
		8	Professional component of a clinical laboratory code; payable only if the physician interprets an abnormal smear for a Facility inpatient. No -TC modifier billing is recognized; payment for the underlying clinical laboratory test is made to the Facility. Not payable when furnished to Facility outpatients or non-Facility patients.
		9	**Modifiers -26 and -TC are *not valid*.** Concept of a professional/technical component split does not apply.
MSI	Multiple Surgery Indicator (Modifier –51) This field indicates whether multiple surgery payment rules apply to the service.	0	**Modifier -51 is *not valid*.** Payment adjustment rules for multiple surgeries do not apply.
		1	This indicator is not currently in use.
		2	**Modifier -51 is *valid*.** Standard multiple surgery payment policy applies (100%, 50%, 50%, 50%, 50%).
		3	**Modifier -51 *may be valid*.** Multiple endoscopic procedures payment policy applies if this service is billed with another endoscopy in the same family.
		4	This indicator is not currently in use.
		5	This indicator is not currently in use.
		9	**Modifier -51 is *not valid*.** Concept of multiple surgery does not apply.

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
BSI	Bilateral Surgery Indicator (Modifier –50) This field indicates whether the procedure is subject to a payment adjustment for bilateral surgery.	0	**Modifier -50 is *not valid*.** Payment adjustment rule for bilateral surgery does not apply.
		1	**Modifier -50 is *valid*.** Payment adjustment for bilateral procedures (150%) applies to this procedure.
		2	**Modifier -50 is *not valid*.** Payment adjustment for bilateral procedures does not apply. Procedures in this category include services for which the code descriptor specifically states that the procedure is bilateral; procedures that are usually performed as bilateral procedures; or procedures for which the code descriptor indicates the procedures may be performed either unilaterally or bilaterally.
		3	**Modifier -50 is *not valid*.** Payment adjustment for bilateral procedure does not apply. This is a radiology procedure which is not subject to payment rules for bilateral surgeries.
		9	**Modifier -50 is *not valid*.** Concept of bilateral surgery does not apply.

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
ASI	Assistant Surgeon Indicator (Modifiers –80, -81, -82) This field indicates whether or not an assistant surgeon may be paid for the procedure.	0	**Modifiers -80, -81 and -82 are *not valid under normal situations*.** Assistant at surgery is not usually paid for this procedure. Supporting documentation is necessary to establish medical necessity.
		1	**Modifiers -80, -81 and -82 are *not valid.*** Assistant at surgery may not be paid for this procedure.
		2	**Modifiers -80, -81 and -82 are *valid*.** Assistant at surgery may be paid.
		9	**Modifiers -80, -81 and -82 are *not valid*.** Concept does not apply**.**
CSI	Co-surgeons Indicator (Modifier –62) This field indicates whether or not co-surgeons may be paid for the procedure.	0	**Modifier -62 is *not valid*.** Co-surgeons not permitted.
		1	**Modifier -62 is *not valid under normal situations*.** Supporting documentation is required to establish medical necessity of two surgeons.
		2	**Modifier -62 is *valid*.** Co-surgeons may be paid for this procedure. Supporting documentation is not required if two specialty requirement is met.
		9	**Modifier -62 is *not valid* with this procedure.** Concept of co-surgeons does not apply.

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
TSI	Team Surgeons Indicator (Modifier -66) This field indicates whether or not team surgeons may be paid for the procedure.	0	**Modifier -66 is *not valid*** . Team surgeons not permitted.
		1	**Modifier -66 is *not valid under normal situations* .** Team surgeons may be payable. Supporting documentation is required to establish medical necessity of a team.
		2	**Modifier -66 is *valid.*** Team surgeons permitted.
		9	**Modifier -66 is *not valid* .** Concept of team surgery does not apply.
ENDO BASE	Endoscopy Base Code	Code number	This column contains the endoscopic base code for procedure codes that are part of an endoscopy family. The Multiple Surgery Indicator for procedures in an endoscopy family is 3.
FSI	Fee Schedule Indicator This column indicates the payment status for the procedure code.	B	Bundled code, not separately payable.
		C	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		D	Drug fee based on Average Wholesale Price (AWP) or Average Average Wholesale Price (AAWP).
		F	Flat fee developed by the department
		L	Clinical lab fee
		N	No fee or RVUs available, code paid by report.
		O	For Facility outpatient use only.
		R	RBRVS fee
		S	State Rate
		T	Tracking code
		X	Non-covered code

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Field Key: Facility Only (continued)

Column Title	Column Description	Column Values	Value Definitions
LIC REQ	Licensure Required	Y	Appropriate professional licensure is required to bill the department for these codes.
		blank	No special professional licensure is required to bill the department.

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Facility Only Fees

		DOLLAR VALUE			MODIFIERS												
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C1300	HYPERBARIC Oxygen	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		Y
C1713	Anchor/screw bn/bn,tis/bn	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1714	Cath, trans atherectomy, dir	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1715	Brachytherapy needle	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1716	Brachytx, non-str, Gold-198	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1717	Brachytx, non-str,HDR Ir-192	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1719	Brachytx, NS, Non-HDRIr-192	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1721	AICD, dual chamber	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1722	AICD, single chamber	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1724	Cath, trans atherec,rotation	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1725	Cath, translumin non-laser	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1726	Cath, bal dil, non-vascular	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1727	Cath, bal tis dis, non-vas	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1728	Cath, brachytx seed adm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1729	Cath, drainage	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1730	Cath, EP, 19 or few elect	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1731	Cath, EP, 20 or more elec	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1732	Cath, EP, diag/abl, 3D/vect	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1733	Cath, EP, othr than cool-tip	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1749	Endo, colon, retro imaging	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		Y
C1750	Cath, hemodialysis,long-term	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1751	Cath, inf, per/cent/midline	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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Facility Only Fees

		DOLLAR VALUE			MODIFIERS												
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C1752	Cath,hemodialysis,short-term	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1753	Cath, intravas ultrasound	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1754	Catheter, intradiscal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1755	Catheter, intraspinal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1756	Cath, pacing, transesoph	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1757	Cath, thrombectomy/embolect	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1758	Catheter, ureteral	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1759	Cath, intra echocardiography	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1760	Closure dev, vasc	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1762	Conn tiss, human(inc fascia)	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1763	Conn tiss, non-human	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1764	Event recorder, cardiac	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1765	Adhesion barrier	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1766	Intro/sheath,strble,non-peel	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1767	Generator, neuro non-recharg	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1768	Graft, vascular	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1769	Guide wire	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1770	Imaging coil, MR, insertable	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1771	Rep dev, urinary, w/sling	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1772	Infusion pump, programmable	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C1773	Ret dev, insertable	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1776	Joint device (implantable)	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1777	Lead, AICD, endo single coil	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1778	Lead, neurostimulator	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1779	Lead, pmkr, transvenous VDD	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1780	Lens, intraocular (new tech)	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1781	Mesh (implantable)	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1782	Morcellator	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1783	Ocular imp, aqueous drain de	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1784	Ocular dev, intraop, det ret	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1785	Pmkr, dual, rate-resp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1786	Pmkr, single, rate-resp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1787	Patient progr, neurostim	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1788	Port, indwelling, imp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1789	Prosthesis, breast, imp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1813	Prosthesis, penile, inflatab	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1814	Retinal tamp, silicone oil	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1815	Pros, urinary sph, imp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1816	Receiver/transmitter, neuro	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1817	Septal defect imp sys	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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Facility Only Fees

		DOLLAR VALUE			MODIFIERS												
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C1818	Integrated keratoprosthesis	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1819	Tissue localization-excision	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1820	Generator neuro rechg bat sy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		Y
C1821	Interspinous implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1830	Power bone marrow bx needle	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1840	Telescopic intraocular lens	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1874	Stent, coated/cov w/del sys	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1875	Stent, coated/cov w/o del sy	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1876	Stent, non-coa/non-cov w/del	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1877	Stent, non-coat/cov w/o del	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1878	Matrl for vocal cord	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1879	Tissue marker, implantable	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1880	Vena cava filter	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1881	Dialysis access system	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1882	AICD, other than sing/dual	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1883	Adapt/ext, pacing/neuro lead	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1884	Embolization Protect syst	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1885	Cath, translumin angio laser	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1886	Catheter, ablation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C1887	Catheter, guiding	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1888	Endovas non-cardiac abl cath	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1891	Infusion pump,non-prog, perm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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		DOLLAR VALUE			MODIFIERS												
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C1892	Intro/sheath,fixed,peel-away	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1893	Intro/sheath, fixed,non-peel	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1894	Intro/sheath, non-laser	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1895	Lead, AICD, endo dual coil	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1896	Lead, AICD, non sing/dual	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1897	Lead, neurostim test kit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1898	Lead, pmkr, other than trans	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1899	Lead, pmkr/AICD combination	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C1900	Lead, coronary venous	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2614	Probe, perc lumb disc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2615	Sealant, pulmonary, liquid	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2616	Brachytx, non-str,Yttrium-90	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2617	Stent, non-cor, tem w/o del	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2618	Probe, cryoablation	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2619	Pmkr, dual, non rate-resp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2620	Pmkr, single, non rate-resp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2621	Pmkr, other than sing/dual	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2622	Prosthesis, penile, non-inf	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2625	Stent, non-cor, tem w/del sy	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2626	Infusion pump, non-prog,temp	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2627	Cath, suprapubic/cystoscopic	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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Facility Only Fees

		DOLLAR VALUE			MODIFIERS												
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C2628	Catheter, occlusion	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2629	Intro/sheath, laser	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2630	Cath, EP, cool-tip	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2631	Rep dev, urinary, w/o sling	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C2634	Brachytx, non-str, HA, I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2635	Brachytx, non-str, HA, P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2636	Brachy linear, non-str,P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2637	Brachy,non-str,Ytterbium-169	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2638	Brachytx, stranded, I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2639	Brachytx, non-stranded,I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2640	Brachytx, stranded, P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2641	Brachytx, non-stranded,P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2642	Brachytx, stranded, C-131	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2643	Brachytx, non-stranded,C-131	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2698	Brachytx, stranded, NOS	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C2699	Brachytx, non-stranded, NOS	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C8900	MRA w/cont, abd	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8901	MRA w/o cont, abd	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8902	MRA w/o fol w/cont, abd	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8903	MRI w/cont, breast, uni	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8904	MRI w/o cont, breast, uni	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8905	MRI w/o fol w/cont, brst, un	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8906	MRI w/cont, breast, bi	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8907	MRI w/o cont, breast, bi	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8908	MRI w/o fol w/cont, breast,	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8909	MRA w/cont, chest	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
C8910	MRA w/o cont, chest	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8911	MRA w/o fol w/cont, chest	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8912	MRA w/cont, lwr ext	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8913	MRA w/o cont, lwr ext	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8914	MRA w/o fol w/cont, lwr ext	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8918	MRA w/cont, pelvis	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8919	MRA w/o cont, pelvis	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8920	MRA w/o fol w/cont, pelvis	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8921	TTE w or w/o fol w/cont, com	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C8922	TTE w or w/o fol w/cont, f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C8923	2D TTE w or w/o fol w/con,co	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8924	2D TTE w or w/o fol w/con,fu	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8925	2D TEE w or w/o fol w/con,in	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8926	TEE w or w/o fol w/cont,cong	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C8927	TEE w or w/o fol w/cont, mon	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8928	TTE w or w/o fol w/con,stres	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8929	TTE w or wo fol wcon,Doppler	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8930	TTE w or w/o contr, cont ECG	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8931	MRA, w/dye, spinal canal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8932	MRA, w/o dye, spinal canal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8933	MRA, w/o&w/dye, spinal canal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8934	MRA, w/dye, upper extremity	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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C8935	MRA, w/o dye, upper extr	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8936	MRA, w/o&w/dye, upper extr	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C8957	Prolonged IV inf, req pump	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9113	Inj pantoprazole sodium, via	$ 5.07	$ 5.07	0	0%	0%	0%	9	9	9	9	9	9		D		
C9121	Injection, argatroban	$ 25.53	$ 25.53	0	0%	0%	0%	9	9	9	9	9	9		D		
C9130	Injection, IVIG Bivigam	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9248	Inj, clevidipine butyrate	$ 3.67	$ 3.67	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9250	Artiss fibrin sealant	$ 168.18	$ 168.18	0	0%	0%	0%	9	9	9	9	9	9		D		
C9254	Injection, lacosamide	$ 0.23	$ 0.23	0	0%	0%	0%	9	9	9	9	9	9		D		
C9257	Bevacizumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9275	Hexaminolevulinate HCl	$ 648.00	$ 648.00	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9285	Patch, lidocaine/tetracaine	$ 13.82	$ 13.82	0	0%	0%	0%	9	9	9	9	9	9		D		
C9290	Inj, bupivacaine liposome	$ 1.16	$ 1.16	0	0%	0%	0%	9	9	9	9	9	9		D		
C9292	Injection, pertuzumab	$ 104.80	$ 104.80	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9293	Injection, glucarpidase	$ 243.00	$ 243.00	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9294	Inj, taliglucerase alfa	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9295	Injection, carfilzomib	$ 29.84	$ 29.84	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9296	Injection, ziv-aflibercept	$ 17.28	$ 17.28	0	0%	0%	0%	9	9	9	9	9	9		D		Y
C9297	Omacetaxine mepesuccinate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9298	Injection, ocriplasmin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9352	Neuragen nerve guide, per cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9353	Neurawrap nerve protector,cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9354	Veritas collagen matrix, cm2	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9355	Neuromatrix nerve cuff, cm	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9356	TenoGlide tendon prot, cm2	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9358	SurgiMend, fetal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9359	Implnt,bon void filler-putty	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9360	SurgiMend, neonatal	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9361	NeuroMend nerve wrap	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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C9362	Implnt,bon void filler-strip	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9363	Integra Meshed Bil Wound Mat	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9364	Porcine implant, Permacol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9367	Endoform Dermal Template	$ 3.69	$ 3.69	0	0%	0%	0%	9	9	9	9	9	9		D		
C9399	Unclassified drugs or biolog	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9600	Perc drug-el cor stent sing	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9601	Perc drug-el cor stent bran	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9602	Perc d-e cor stent ather s	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9603	Perc d-e cor stent ather br	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9604	Perc d-e cor revasc t cabg s	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9605	Perc d-e cor revasc t cabg b	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9606	Perc d-e cor revasc w AMI s	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9607	Perc d-e cor revasc chro sin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9608	Perc d-e cor revasc chro add	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9724	EPS stomach plic	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9725	Place endorectal app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9726	Rxt breast appl place/remov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9727	Insert palate implants	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9728	Place device/marker, non pro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9733	Non-ophthalmic FVA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9734	U/S trtmt, not leiomyomata	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9735	Anoscopy, submucosal inj	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9800	Dermal filler inj px/suppl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
C9898	Inpnt stay radiolabeled item	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
C9899	Inpt implant pros dev,no cov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0175	OPPS Service,sched team conf	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0176	OPPS/PHP;activity therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0177	OPPS/PHP; train & educ serv	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0257	Unsched dialysis ESRD pt hos	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0259	Inject for sacroiliac joint	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		

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G0260	Inj for sacroiliac jt anesth	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0269	Occlusive device in vein art	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0283	Elec stim other than wound	$ 22.69	$ 22.69	0	0%	0%	0%	0	5	0	0	0	0		R		
G0293	Non-cov surg proc,clin trial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0294	Non-cov proc, clinical trial	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		
G0339	Robot lin-radsurg com, first	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
G0340	Robt lin-radsurg fractx 2-5	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X		
G0378	Hospital observation per hr	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0379	Direct refer hospital observ	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0380	Lev 1 hosp type B ED visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0381	Lev 2 hosp type B ED visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0382	Lev 3 hosp type B ED visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0383	Lev 4 hosp type B ED visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0384	Lev 5 hosp type B ED visit	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0390	Trauma Respons w/hosp criti	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0410	Grp psych partial hosp 45-50	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
G0411	Inter active grp psych parti	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
Q0081	Infusion ther other than che	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
Q0083	Chemo by other than infusion	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
Q0084	Chemotherapy by infusion	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
Q0085	Chemo by both infusion and o	Facility Only	Facility Only	0	0%	0%	0%	9	9	9	9	9	9		O		
S0092	Hydromorphone 250 mg	$ 103.32	$ 103.32	0	0%	0%	0%	9	9	9	9	9	9		D		Y
S0093	Morphine 500 mg	$ 4.35	$ 4.35	0	0%	0%	0%	9	9	9	9	9	9		D		Y
S0201	Partial hospitalization serv	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X		

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