

# Industrial Commission of Arizona

## Arizona Physicians' and Pharmaceutical Fee Schedule 2010 Summary of Commission Action

by

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## I. REVIEW OF ISSUES AND PUBLIC COMMENTS RECEIVED

### A. Selection of Average Wholesale Price

Effective October 1, 2008, the Commission adopted a drug payment provision that utilizes a discount<sup>1</sup> from “average wholesale price” (plus a dispensing fee). AWP information is published in a variety of sources, including Red Book and Medi-Span. Depending on the publication, this data may be updated daily, weekly, monthly or quarterly.

Currently, the Fee Schedule does not address which publication/update should be used in selecting the AWP. This has resulted in some disagreements and confusion regarding the reimbursement of prescription medicines. To address this issue, staff initially recommended adding the following language to the Fee Schedule: AWP shall be determined on the date a drug is dispensed from the most recent issue, including updates, of a nationally recognized pharmaceutical publication that lists AWP. No later than October 1<sup>st</sup> of each year, each entity responsible for payment of prescription drugs shall select one publication it intends to use for selection of AWP. Except for good cause as determined by the Commission, this selection shall remain in effect until the following October 1<sup>st</sup>.

#### Summary of Public Comments Received

*Stone River* supports staff’s recommendation with one modification. They suggest that the Commission should choose the publication each year as part of its fee schedule process so as to create a uniform reimbursement model throughout the system. They assert that this will simplify the billing system and be much easier to monitor from a compliance and enforcement standpoint.

*CompPharma* states that the Commission should designate a specific publisher or source for determination of AWP. They assert that failure to establish a uniform reimbursement model causes discrepancies at the bill review and payment levels and disputes between payers and providers. This, in turn, causes delay in processing of prescriptions, late payments, increased fees through excess reviews, and general confusion on reimbursement amounts.

The *Arizona Self-Insurers Association (ASIA)* asks for clarification regarding staff’s proposal (e.g. “What happens if an employer or carrier does not select an AWP publication by October 1<sup>st</sup>?” “How will an employer or carrier document that it has met its obligation of selecting a publication?”).

*Heathesystems* contends that the selection of one AWP publisher will create challenges for payers, noting that two of the three major publishers will cease publication in the first quarter of 2011 (MediSpan and First Databank). They also note that entities across the country are reviewing an alternative to AWP, which is

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<sup>1</sup> A 15% discount from the average wholesale price (AWP) for generic drugs and a 5% discount from the average wholesale price (AWP) for brand name drugs.

currently the industry standard and applied for most government and private health plans in addition to workers' compensation. Migration to a new standard will create additional financial burden, inconsistency in multiyear data trending and potentially isolates Arizona data from other national benchmarking studies. It also creates the potential risk of representing higher pharmacy cost in Arizona as compared to other states because of a "unique pricing model."

The *Arizona Pharmacy Alliance (AzPA)* supports that AWP should be determined on the date a drug is dispensed from the most recent issue, including updates, of a nationally recognized pharmaceutical publication that lists AWP. For simplification purposes, they support the adoption of one source/publication. Because it is too early to determine whether or not AWP will continue to be published in the future, they suggest that it may be prudent to postpone requirements related to pharmacy price source reporting until the new benchmark is selected.

*SCF Arizona (SCF)* supports the Commission's efforts to ensure transparency and consistency in the utilization of AWP source. Due to electronic medical payment systems used by most payers, they express concern that compliance will be difficult if pricing is updated on a daily basis. An expectation for potential daily systems updates is not reasonable. Therefore, SCF suggests a window of 3 months (quarterly updates would be reasonable). SCF also shares the administrative questions surrounding compliance and enforcement of payers AWP selection as raised by ASIA.

#### B. Reimbursement of Generic Medication

The current Fee Schedule states that generic drugs shall be dispensed to workers' compensation claimants when they are available. The Fee Schedule also states that if a physician prescribes a brand name drug and a generic drug is not listed as a bio-equivalent drug in the Orange Book, then the prescription can be filled as "dispense as written" ("DAW"). If a brand name drug has a generic equivalent found in the Orange Book, then reimbursement shall be based upon the generic equivalent, unless there is a specific medical problem with taking the generic drug (such as an allergy to the binding substance in the generic drug). Several issues have been raised with respect to this language.

The first issue is the scope of the physician's discretion to prescribe a brand name drug. Some payers have interpreted the Fee Schedule to mean that a drug can only be reimbursed as a "brand" drug when there is a documented allergy to the binding substance in the generic drug. The language of the Fee Schedule is not intended to be read so strictly. To avoid such a strict construction, staff initially proposed that the applicable language be amended to state that when a generic drug exists, the generic drug shall be dispensed unless the physician has specifically ordered otherwise by stating that the brand name is medically necessary.

The second issue is the meaning of "brand" versus "generic." Because of the complexities involved, it can sometimes be difficult to identify whether a drug

should be treated as a generic or a brand. Staff invited input from the community on this issue.

### Summary of Public Comments Received

*Stone River* states that there are standard protocols when dealing with brand name drug prescriptions and pharmacists will dispense an equivalent generic medication when possible. A pharmacy will dispense a brand name drug, however, if ordered by the physician as medically necessary. In that situation, Stone River will reimburse the pharmacy based on the brand drug dispensed. In some instances, however, when the bill is subsequently submitted to the payer, the payer will refuse to reimburse based on the brand drug dispensed, but instead will reimburse based on the generic equivalent (even though the generic drug is not what was dispensed). The Pharmacy and/or agent should be reimbursed at the brand drug price when a pharmacist has dispensed a brand drug based on the doctor's order that a brand drug is medically necessary.

*Arizona Risk Management* agrees that the existing fee schedule language regarding the reimbursement of generic medication is confusing and appears to be in conflict with A.R.S. §§ 23-908 and 32-1963.01. The Commission's fee schedule should conform to these statutes. They also question whether the issue regarding the definition of "generic" is relevant since A.R.S. §32-1963.01 defines "generic equivalent" and the FDA approved "Orange Book" defines "generic." They support the recommendations submitted (at its request) by Modern Medical, Inc.

*Modern Medical, Inc* provides recommendations on behalf of its client, Arizona Risk Management stating that the definitions of "generic," "branded generic," and "authorized generic," are confusing, with various health groups using the terms interchangeably. They support treating "branded generics" as generics for purposes of reimbursement under the fee schedule. They describe the "generic substitution" debate and caution against a "more lenient generic substitution" approach because of the associated cost burden. They state that authorized generics and branded generics manufactured by the originator company should not be allowed to be "dispensed as written" as these products are identical, containing the same active and inactive ingredients. While recognizing that there are certain circumstances in which generic substitution is discouraged (allergy to an inactive ingredient with a non-authorized generic drug, antiepileptic for a seizure disorder, and narrow therapeutic index drugs such as Coumadin, Lanoxin, and Synthroid), they conclude that "prescribers must be held accountable for prescribing unnecessary, costly medications and recommend that prescribers be required to provide documentation to support the reason for medical necessity on multi-source brand drug use."

*ASIA* states that the current language regarding generic reimbursement has worked well and does not need to be changed. If language is added clarifying the reimbursement for brand name drugs (as proposed by Commission staff), then suggests that language also be included that requires the prescribing doctor to provide written documentation supporting the medical necessity for the brand name drug.

*Injured Workers' Pharmacy (IWP)* summarizes a recent report from WCRI regarding pharmaceutical costs in workers' compensation and describes the level of risk associated with providing prescription care to injured workers (e.g. coverage information not available at first fill, validity of claim in question for refills, uncertainty associated with the various stages through which workers' compensation claims are processed) and states that the end result is that many injured workers do not receive adequate prescription coverage which translates to a decline in return to work outcomes and increased workers' compensation costs. IWP recommends careful investigation before any changes are made to an already low Arizona Fee Schedule. IWP also recommends the use of a closed formulary that moves prescribers to increased use of generics, but urges the Commission to continue the ability of a patient to select their pharmacy. Patient choice "levels" the playing field and ensures that patients continue to receive optimal care with optimal outcomes.

*AzPA* recommends continuing the practice of having the prescriber write "dispense as written" (DAW), but suggests a requirement that all DAW prescriptions be subject to prior authorization. They do not oppose the suggestion of requiring that a prescription be medically necessary, but raise the concern that this may be difficult to enforce. Requiring prior authorization for all DAW prescriptions and clarifying the definition of a generic drug would address the issue of determining whether a brand name drug is medically necessary. They also provided definitions of "generic drug" and "multi-source drugs."

*SCF* states that a prescribing physician should be required to communicate to the payer the specific, medically based reason, that a patient cannot be prescribed a generic medication. Simply stating a brand is medically necessary, without an identified reason, is insufficient.

C. Use of Networks and/or other Fee Discount Agreements

The Arizona Workers' Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of self-insured employers do not have an unrestricted right to choose their own medical providers, while employees of all other employers do. Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private health-care networks. The following issues have been associated with these practices:

The first issue is that Claimants are "directed" into the networks. While some carriers, employers, or TPA's merely "encourage" employees to use their "network providers," others are accused of more heavy handed tactics that either directly or indirectly result in directing a claimant to a "network provider". Examples include: A claimant is told that they need to see a provider that is in "the network;" A

claimant is told that care from a non-network provider is not authorized; A “non-network” provider is told that care can only be provided by a “network” provider; and a “non-network” provider is told that reimbursement will be made according to “network” discounts. For purposes of this discussion, the Commission is focused on the actions or conduct that affect the right of an employee to choose their medical provider; more specifically, whether such actions or conduct rise to the level of bad faith and/or unfair claims processing practices. It would appear that increased direction, guidance, and oversight from the Commission is necessary to address this issue. Staff invited comment from the community on this issue.

The second issue concerns reimbursement under a separate contract. Nothing in the Fee Schedule precludes an employer or insurance carrier from entering into a separate contract with a health care provider (including a pharmacy) to reduce costs. In this instance, reimbursement will be made at the lesser of the contracted charge or the fee schedule. Unfortunately, it is not always clear whether there is a separate contract, and if there is, whether it applies to the workers’ compensation payer seeking to use the discounts under the contract. There have been reports that when health care providers question the “contract” under which a discount is being taken by a workers’ compensation payer, the payer is unable to produce any contract. The provider is simply told that the payer is authorized to access the network discounts and that the provider is in the network. While there may be variations on a theme, the networks at issue are generally private healthcare networks that the healthcare provider has agreed to join as a contracted provider. It is generally understood that the “quid pro quo” of such an arrangement is that the provider will agree to reduce their fees in exchange for the referral of patients under the network. These contracts have been interpreted by some to allow the “owner” of the network (the private healthcare company) to “rent” or “sell” its network to other entities, including other insurance carriers, employers and bill review companies. These “other entities,” in turn, may provide access to the network to still others. The end result is that the network (and its associated discounts) is accessed by many different entities. Although the practice of “renting/selling” a network appears to be a business practice that has been around for years, it also appears to be the subject of growing criticism. Medical providers contend that when the discounts were negotiated with the private health insurer, they only intended to give the discount in exchange for referrals under that insurance plan. They did not intend the discount to apply to others who are not referring patients to them, but who are merely taking advantage of the network discount after the provider’s service has already been rendered. For purposes of addressing the issue in the context of the Fee Schedule, the issue appears to be a contractual one between the provider and private health insurer whose network is being accessed. If the provider has signed a contract that allows a private health insurer to “rent/sell” its network to workers’ compensation entities (either directly or indirectly), then the provider is entitled to be reimbursed at the lesser of the contracted fee or the Fee Schedule. If the contract signed by the provider with the private health insurance carrier does not allow the renting or selling of the network to workers’ compensation entities (either directly or indirectly), then reimbursement is required to be made under the Fee Schedule. As previously stated, though, it is not always clear whether there is a separate contract, and if

there is, whether it permits the workers' compensation payer to access network discounts. In order for the Commission to resolve disputes under the Fee Schedule, these two questions must be answered. Staff provided its perspective that, if the payer cannot provide verification of a contract, signed by the healthcare provider, that clearly authorizes their access to network discounts, then the payer is required to make payment as provided in the Arizona Fee Schedule. Staff invited comment from the community on this issue.

### Summary of Public Comments Received

The *Arizona Medical Association (ArMA)* supports steps to enforce the law that gives employees the right to choose their doctor. *ArMA* also supports staff's recommendation that if a payer cannot provide verification of a contract signed by the healthcare provider that clearly authorizes the payer's access to network discounts, then the payer is required to make payment as provided in the Arizona Fee Schedule.

*Arizona Hand and Wrist Specialists* described how they fell victim to a "silent PPO" when a contract signed in 1994 was subsequently "bought and sold" to workers' compensation entities. They advocate transparency in all contracts pertaining to compensation for treatment of the injured worker in Arizona and want all private health insurance plans that offer workers' compensation programs to follow the regulations set forth by the Commission. They recommend that any deviation from that plan be approved by the Commission.

*Stone River* describes network issues in the context of pharmaceutical billings. They described that as a "default biller," a pharmacy will send a workers' compensation bill to them for processing when there is no other identifiable option or place to send the bill. *Stone River* acts as the "back shop" operation for the pharmacy. They reimburse the pharmacy immediately and then begin the process of verifying employer information, carrier information, and workers' compensation information (compensability of claim, etc.). Once this process is completed, they send the bill to the appropriate payer, but as a "non-network" pharmacy provider, they are regularly denied payment or see their bills "arbitrarily reduced." They recommend that reimbursement for pharmaceuticals be based on the fee schedule unless a network card is presented at the time the medication is dispensed by the pharmacy. If a pharmacy dispenses medication without knowledge of a network, then the medication should be reimbursed at the fee schedule charge. Otherwise, it causes economic harm to providers and their agents who are not parties to the network contract and receive no benefit from that contract.

*Mark Hyland, STI PT and Rehabilitation* and *Arizona Occupational Therapy Association (ArizOTA)* supports staff's recommendation (and the views expressed by *ArMA* and others) regarding the use of networks. He states that occupational therapists have experienced a variety of abuse from these networks, including: the inability to get copies of contracts or any documentation to show that an OT is part of a network; the application of multiple network discounts resulting in reductions from the fee schedule as high as 40%; and the refusal or failure of networks to remove an OT from its network list despite formal written notice.

*Arizona Osteopathic Medical Association (AOMA)* agrees with the staff summary of the network issue and “strongly supports” the recommendation that if a payer cannot provide verification of a contract signed by the healthcare provider that clearly authorizes their access to network discounts, then the payer is required to make payment as provided in the Arizona Fee Schedule.

*SCF* agrees that directed care is limited to the self-insured population. If payment for medical services is based on a network contract, the payer should be required to produce a copy of the contract if the medical provider questions the provider’s membership within the network. Entities administering contracts should clearly state the population of patients covered by the contract. Conversely, physicians have the obligation to thoroughly review and understand all contract provisions. If a physician signs a contract that allows for the leasing of the network, then they should not be surprised when that happens.

*Arizona Risk Management* states that the Commission should not address the bad faith issue in the fee schedule context. The proper forum is the rulemaking process.

D. Documentation Guidelines for Evaluating Services

The Fee Schedule currently adopts by reference the respective Guidelines found in the 2008 CPT®-4. These guidelines include instructions for selecting the appropriate code or level of service (e.g. Evaluation and Management). Although not adopted by the Commission, other instruction guidelines or manuals have been published and are apparently used by payers to review billings. The use of such publications has been criticized by some health care providers who question the appropriateness of using a publication that has not been specifically adopted by the Commission. Others question the fairness and consistency of reviews utilizing these outside publications when a payer “bounces back and forth” between such publications (e.g. 1995 AMA guidelines vs. 1997 AMA guidelines). From staff’s perspective, there is a place for such publications in the bill review process if the publications conform to the Guidelines already adopted by the Commission and safeguards are in place to ensure consistency and continuity in their use. Therefore, staff invited comments on the use of such publications.

Summary of Public Comments Received

*ARMA* believes that the Commission should specify the use of the AMA CPT Evaluation and Management Guidelines, as published in the current edition of the AMA CPT book. Payers should be also required to disclose in advance which publication they choose to use and should disclose the specific rules they are using for all purposes including E&M services. They also support amending the introduction of fee schedule to state that AMA CPT and interpretive references be incorporated in their entirety and that the AMA CPT Interpretative References also be adopted (The CPT assistant, CPT changes, and clinical examples in radiology). Further, the AMA CPT codes, descriptors, and interpretive resources are identified

as the standard code data set as approved for the Administrative Simplification Act, HIPPA transactions.

*Arizona Hand and Wrist Specialists* believes that it is reasonable and appropriate for the Commission to adopt further guidelines, particularly with regard to documentation guidelines for E&M coding. However, it must be done carefully so as to avoid adopting guidelines that conflict with each other (which causes more confusion). In this regard, they support adopting the 1995 AMA Guidelines, rather than both.

*Concentra* states that the correct interpretation of any level of service requires consistency and verifiable references. Evaluation and management service guidelines give clear guidance for the selection of an appropriate level of service. Third party payers should be required to recognize and use both the 1995 and 1997 guidelines (consistent with how they are used and interpreted by CMS). Utilization of the industry standards will ensure the consistency and verifiable references necessary for correct application and interpretation of level of service. Additionally, the payer should identify within the EOR which specific guideline (1995 or 1997) was used in determining reimbursement. Developing a standard for the review of provider documentation and reimbursement will save insurers and providers money and valuable time as it will reduce inappropriate denials and downcoding while holding all providers and payers to the same standard.

*SCF* states that proper coding can be complex. Medical payment processing should be transparent and consistent. When questioned, payers should be required to identify the valid sources used to reach payable sources. SCF supports and uses the 1997 CMS E&M Documentation Guidelines.

#### E. Summary of Other Public Comments Received

1. *ArMA* states the following:

- a. The ICA should adopt the Category III chapter of the AMA CPT. These Category III codes deal with codes that indicate emerging technology and are helpful descriptors of clinical efficacy, utilization, and outcomes.
- b. Using a methodology to select values between the range of the 70<sup>th</sup> and 80<sup>th</sup> percentile creates ambiguity and significant disparity (due to the associated range). They recommend selecting one number, the 75<sup>th</sup> percentile of the surveyed values, for purposes of the ICA's methodology. They also question the formula used by staff in the initial study noting that it does not result in values between the 70<sup>th</sup> and 80<sup>th</sup> percentile. They suggest a formula that calculates a percentile based on the definition that states: percentile rank is the percentage of scores that fall below a given rank (versus percentile is the percentage of scores that fall at or below a given rank).

- c. The Anesthesia Values need to be updated. These values were last updated in 2002. They suggest a conversion factor of \$58.20.
  - d. Certain radiology codes in the current Fee Schedule contain 6 digits (xxxxx.1) and physician operating systems are unable to recognize a six digit number.
  - e. Code 99099 (Testimony time of \$110 for the first hour and \$55 for each additional hour) is substantially undervalued given the cost to the provider. This is a significant time issue and inadequate compensation is a potential deterrent to seeing workers' compensation patients.
2. *Mark Hyland, STI PT and Rehabilitation*, states that codes 97003 and 97004 should have been increased last year. Similar codes for Physical Therapy were increased last year. It is unfair and inequitable to increase the values for PT, but not OT.
  3. *ArizOTA* states that the 2009 Fee Schedule contains different reimbursements for similar PT and OT codes (97001 PT Evaluation v. 97003 OT Evaluation, and 97002 PT Re-Evaluation v. 97004 OT Re-evaluation). The disparate reimbursement levels are without explanation or justification and ArizOTA requests that these codes be restored to their historic parity.
  4. *Southern Arizona Anesthesia Services, P.C.*, states that the current conversion factor for anesthesia codes is \$40.50, which has not changed since 2002. The current rate represents 37% of the firm's usual and customary charges and only 50% to 55% of the rates paid by commercial carriers in Arizona. They support adjustment of the conversion factor to \$58.20, which represents 75% of the states surveyed. There is presently an acute shortage of anesthesiologists in Southern Arizona. Failing to provide adequate compensation for services performed by anesthesiologists contributes to the problem.
  5. *NCCI* analyzed the proposed fee changes to the Fee Schedule and estimated that the proposed changes will result in a negligible impact on overall workers' compensation system costs in Arizona.
  6. *Healthsystems* recommends adding the following language to the Fee Schedule:

“Fees for pharmaceuticals and pharmaceutical services shall be reimbursable at the applicable fee schedule amount. Where the employer or carrier has contracted with a Pharmacy Benefit Management (PBM) network, if the employee elects to obtain pharmaceutical and pharmaceutical services from a provider who is not a party to the network, the carrier shall reimburse at the fee schedule or the negotiated contract price, whichever is lower. No such contract shall rely on a provider that is not reasonably accessible to the employee.”

## II. 2010 RECOMMENDED CHANGES TO PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE

### A. Commission Action in Response to Issues Raised And Comments Received

#### 1. Selection of Average Wholesale Price (AWP)

Based on the comments received, staff modified their initial recommendation to provide that the Commission select the nationally recognized pharmaceutical publication for AWP pricing. Additionally, to address the administrative burden identified in the comments, staff recommended that AWP be determined on the date a drug is dispensed based on pricing published in the most recent issue, as updated in the most recent update, of the publication designated by Commission, unless the entity responsible for payment of the prescription drug notifies the Commission that it elects to use a quarterly update option. The Commission unanimously adopted the following language on motion of Mr. Delfs, second of Mr. Parker at its July 22, 2010, meeting:

Except as provided below, Average Wholesale Price shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most recent update, of a nationally recognized pharmaceutical publication designated by the Commission.

An entity responsible for payment of prescription drugs may select the following as an alternative to the foregoing if the selection is made no later than October 1<sup>st</sup> of each year. This selection shall be communicated in writing to the Commission and remain in effect until the following October 1<sup>st</sup>: AWP shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated quarterly, of the publication designated by the Commission. For purposes of this paragraph, quarterly means the first day of the month on January, April, July and October.

The Commission also unanimously adopted Medi-Span® as the publication for determining AWP on motion of Mr. Parker, second of Ms. Strickler.

#### 2. Reimbursement of Generic Medication

As reflected in the comments received, this is an area of confusion and complexity. As a starting point, however, it should be pointed out that A.R.S. § 23-908(C) (the Arizona Fee Schedule statute) specifically states that if the schedule of fees includes provisions related to the use of generic equivalent drugs, then those provisions shall comply with A.R.S. § 32-1963.01 subsection A and C through K (emphasis added). A.R.S. § 32-1963.01, in turn, is the statute that governs the substitution of prescription drugs. To improve the clarity of the fee schedule, the Commission unanimously agreed to include and adopt by reference A.R.S. § 32-1963.01 subsection A and C through K in the 2010 fee schedule on motion of Mr. Parker, second of Ms. Oster at its July 14, 2010, meeting.

The specific reference to A.R.S. § 32-1963.01 subsection A and C through K includes provisions that address the dispensing of generic drugs.<sup>2</sup> In this regard, while the issue of prescribing brand name drugs needs to be addressed, it is unfair to impose the financial burden for this issue upon an entity (the pharmacy or its agent) that does not have the discretion or authority to alter prescribing patterns. A pharmacy (or its agent) should be reimbursed based on the medication dispensed, if the medication is dispensed pursuant to A.R.S. § 32-1963.01. To ensure conformity between the fee schedule and the statutory requirements governing the substitution for prescription drugs, Mr. Parker made an additional motion to amend the fee schedule to include specific language stating that a pharmacy or its agent is entitled to be reimbursed based on the medication dispensed, including a brand name drug that is dispensed as provided in A.R.S. § 32-1963.01. The motion was seconded by Mr. McCarthy and unanimously approved by the Commission.

It appears that the real challenge in the “generic substitution” debate is not the dispensing practices of pharmacists (which is governed by statute), but rather the prescribing patterns of physicians. As noted above, if a physician writes a prescription for a brand name drug that clearly indicates an intent to prevent substitution as required under A.R.S. § 32-1963.01, then the pharmacist must dispense the medication as written. Unquestionably, considerable discretion is given to the physician to determine whether a medication should be dispensed as written. Several comments were received addressing this point and the suggestions given were not unreasonable. There are, however, issues that must be fully evaluated if these suggestions are to be considered. First, a claimant should not fall in the middle of the “generic substitution” debate. Whatever is determined, a claimant must continue to receive, without interruption, medications that are reasonably required to treat their industrial injury, regardless of whether there is a dispute over the medical necessity for a brand name drug. Second, requiring pre-authorization for all DAW prescriptions could potentially cause an unsafe, unreasonable and unnecessary delay in medical treatment, especially in the context of “first fills.” Third, a pharmacy must dispense according to the prescription. It is not the role of a pharmacist to determine the “medical necessity” for a brand name drug. For this reason, documentation to support the “medical necessity” must be submitted to the carrier or self-insured employer, not with the prescription that is submitted to the pharmacy. Additionally, the administrative burden of requiring medical documentation must be considered.

In light of the foregoing, the Commission agreed at its July 14, 2010, meeting to take no action at this time, but to continue to work on this issue with the goal of implementing a program that requires documentation from a physician regarding the need for a brand name drug as opposed to a generic drug.

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<sup>2</sup> Under A.R.S. § 32-1963.01, if a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution (by writing or clearly displaying “DAW,” “Dispense as written,” “Do Not substitute,” “Medically Necessary,” or any other statement that clearly indicates an intent to prevent substitution on the face of the prescription), then a pharmacist may fill the prescription with a generic equivalent drug. If, however, the medical practitioner clearly indicates intent to prevent substitution, then the pharmacist is required to fill the prescription as written.

The last issue considered by the Commission (related to reimbursement of generic medications) was raised by Stone River who asked that the Commission add a provision in the Fee Schedule stating that if a pharmacy dispenses a drug without knowledge of network, then reimbursement shall be based on the fee schedule as opposed to the network discount. The Commission considered this recommendation, but declined to adopt the proposal. Simply stated, if a pharmacy has entered into a network agreement (agreeing to certain network discounts), then those network discounts should apply to the pharmacy's agents or entities that have purchased the accounts of the pharmacy. Conversely, if a pharmacy has not entered into a network agreement, then neither the pharmacy, its agents, or entities that have purchased the pharmacy's accounts are subject to the network discounts. In this regard, the Commission unanimously agreed to add language to the fee schedule stating that reimbursement for pharmaceuticals shall be based on the fee schedule if no contractual agreement exists between the pharmacy and the payer on motion of Mr. Parker, second of Ms. Strickler at its July 14, 2010, meeting.

### 3. Use of Networks and/or other Fee Discount Agreements

As noted in Section I, the Arizona Workers' Compensation Act only permits private self-insured employers to direct medical care. This limitation on the scope of directed care means that employees of self-insured employers do not have an unrestricted right to choose their own medical providers, while employees of all other employers do. Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private health-care networks. Two specific issues have been raised from these practices. The first concerns the directing of claimants into networks. In this regard, the Commission unanimously approved adding language to the fee schedule, consistent with current law and Commission policy, that provides more guidance and direction regarding patient choice and directed care on motion of Mr. Parker, second of Mr. McCarthy at its July 8, 2010, meeting.

The second issue concerns reimbursement under a separate contract. The medical provider community supported staff's recommendation regarding this issue. To ensure that the recommended solution, however, did not create an unfair or disproportionate burden on payers (who may have difficulty obtaining copies of contracts between the medical provider and "owner" of the network), the Commission agreed that it would continue to work on this issue and create a stakeholders committee to assist in the process.

### 4. Documentation Guidelines

The AMA Guidelines, as published in the CPT-4 book, have already been adopted by the Commission. While these guidelines may reflect what is set forth in the 1995 E&M Guidelines (a separate publication), there are still many different publications on the market used by providers and payers: some of which are

directly linked to the AMA CPT book and others that are not. Based on the comments received, there is general support for formal adoption of documentation guidelines. The objective of such an adoption is to achieve consistency and verifiable references, while avoiding the adoption of guidelines that conflict with each other. For this reason, the Commission declined the wholesale adoption of all interpretative AMA tools and/or references as suggested by ARMA. Rather, the Commission unanimously agreed that the 1995 and 1997 Documentation Guidelines for Evaluation and Management Service be utilized, consistent with how they are used and interpreted by CMS, and that payers be required to disclose the guideline utilized in their Explanation Of Reviews (or other similar document) on motion of Mr. Parker, second of Ms. Oster at its July 8, 2010, meeting.

5. Category III codes

Category III codes are temporary codes for emerging technology, services, and procedures. The use of these codes allow physicians and other qualified health care professionals, insurers, health services researchers, and health policy experts to identify emerging technology, services, and procedures for clinical efficacy, utilization and outcomes. Of the seven states used in the Arizona Fee survey, only two states have adopted Category III codes. For those two states, one assigned a “by report” value, while the other assigned no values to the adopted codes. The Commissioners unanimously agreed that no action would be taken on the adoption of these codes until there has been an opportunity for others to comment on the proposal. Therefore, this issue will be deferred until next year.

6. Methodology to Select the Current Value

The current Commission policy states that the Arizona Fee Schedule will reflect reimbursement levels between the 70<sup>th</sup> and 80<sup>th</sup> percentile of the selected state survey. As noted by ArMA, using a methodology that select values within a range creates ambiguity and significant disparity. The Commission agrees that its methodology needs to be more objective and transparent. The Commission unanimously agreed to select values of the Fee Schedule based on the 75th percentile of the surveyed values, subject to exceptions as recommended by staff, on motion of Mr. Parker, second of Ms. Oster at its July 8, 2010, meeting. Exceptions to this general methodology include:

1. If the survey sample size is less than four, then the code may be identified as RNE (Relative Value Not Established) or BR (By Report), except it if involves the professional component “PC” of a value in which case the PC value may be based on the current ICA PC to Total Value ratio; and
2. Codes specific to Arizona, the value of which may be determined through the hearing process; and
3. Codes otherwise designated as BR.

Regarding the formula to calculate the 75<sup>th</sup> percentile, the Commission considered three options. Wanting to ensure that the community could more easily use the methodology selected by the Commission, the Commission unanimously agreed to use the percentile formula in Microsoft Excel for purposes of selecting the 75<sup>th</sup> percentile on motion of Mr. McCarthy, which was seconded by Ms. Strickler at its July 8, 2010, meeting.

7. Anesthesia Values

The conversion factor for anesthesia was last reviewed in 2002. The Commission unanimously approved increasing the Anesthesia conversion factor (based on the above referenced methodology) and adding the Anesthesia conversion factor to the four year cycle for review on motion of Mr. Parker, second of Ms. Oster at its July 8, 2010, meeting.

8. Six Digit Radiology Codes

The codes containing a six digit number have been in place since as early as 1988 and were adopted as unique Arizona codes. Since that time, other AMA codes have been adopted that appear to adequately describe the corresponding procedures. Therefore, the Commission unanimously deleted codes 76499.1, 76499.2, 76499.3 and 76499.4 on motion of Mr. Parker, second of Ms. Strickler at its July 8, 2010, meeting.

9. Code 99099 (Physician Testimony at Commission Hearing)

This code was last updated in 1989 when it was increased from \$100 to \$110 for the first hour (or part thereof) and \$50 to \$55 for each additional hour (or part thereof). The Commission pays this cost, which results in a significant annual expenditure each fiscal year. In light of current budget constraints, but in recognition of the value of a physician's time, the Commission unanimously agreed to eliminate the \$55 for each additional hour for a flat \$110 per hour of testimony on motion of Mr. Parker, second of Mr. McCarthy at its July 8, 2010, meeting. The Commission also agreed to consider this code in next year's update to address whether a bifurcated system should be considered that takes into consideration the fee paid to a physician performing an IME. If testimony fees to IME doctors are reduced, it may be possible to consider an increase in the testimony fees of other doctors appearing before the Commission.

10. Codes 97003 and 97004

Occupational therapists request that the Commission reevaluate two codes, 97003 and 97004, since the corresponding physical therapy codes, 97001 and 97002, were valued higher last year. After considering this issue at its July 14, 2010, meeting, the Commission declined to consider these two codes out of cycle, but to evaluate them in accordance with the current four year cycle.

11. Imposition of Network Pharmacy Discounts

Healthsystems recommends that the Commission impose pharmaceutical network discounts on parties that have not agreed to the discounts. Because the Commission has concerns about the fairness of applying network discounts to parties that have not agreed to such discounts, the Commission decline to adopt the language at its July 14, 2010, meeting.

**B. Adoption of Deletions and Additions to CPT®-4**

This Section is intended to conform the Fee Schedule to the changes that have taken place in the 2009 edition of the CPT®-4. The Commission has adopted the changes contained in Tables 1 and 2 (set forth below). Additionally, although the Commission is not permitted to include in its Fee Schedule the descriptors associated with five-digit CPT® codes, the Commission has adopted by reference the terminology changes to CPT® codes to ensure that the 2010 Fee Schedule is current and reflects the latest changes to the 2009 edition of the CPT® .

Table 1 contains a listings of the procedural codes deleted from the 2009 edition of the CPT®-4 publication.

Table 2 contains a listing of the procedural codes that have been added to the 2009 edition of the CPT®-4 publication. The values associated with each code are based on the 75<sup>th</sup> percentile of the surveyed values subject to exception as noted herein. The follow-up days associated with each procedure are taken from the 2009 Ingenix publication entitled, *Relative Values for Physicians*. Codes that were not affected by these new codes are not included.

**TABLE 1**  
Codes deleted from the 2009 edition of the CPT®-4 publication.

20986	77782	90770	90922	93741	99298
20987	77783	90771	90923	93742	99299
46934	77784	90772	90924	93743	99300
46935	78890	90773	90925	93744	99431
46936	78891	90774	91100	93760	99432
52606	90760	90775	93727	93762	99433
52612	90761	90776	93731	99289	99435
52614	90765	90779	93732	99290	99436
52620	90766	90918	93733	99293	99440
53853	90767	90919	93734	99294	
61793	90768	90920	93735	99295	
77781	90769	90921	93736	99296	

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TABLE 2  
New Procedure Codes & Values

<u>Procedure Code</u>	<u>(\$)</u> Value	Follow-up <u>Days</u>
00211	ASA – 10 + TM	-
00567	18 + TM	-
20696	2,142	90
20697	2,162	90
22856	3,319	90
22861	4,498	90
22864	4,191	90
27027	1,849	10
27057	2,026	90
35535	4,374	90
35570	3,592	90
35632	3,596	90
35633	4,636	90
35634	4,320	90
41512	1,236	90
41530	5,090	90
43273	285	-
43279	2,820	90
46930	385	90
49652	1,651	90
49653	2,062	90
49654	1,896	90
49655	2,283	90
49656	1,906	90
49657	2,751	90
55706	927	10
61796	3,711	90
61797	803	-
61798	3,890	90
61799	1,015	-
61800	598	-
62267	466	0
63620	3,355	90
63621	816	90
64455	103	0
64632	176	10
65756	2,845	90
65757	BR	0
77785	PC – 136 Total – 363	-
77786	PC – 305 Total – 1,036	-
77787	PC – 468 Total – 1,570	-

TABLE 2  
New Procedure Codes & Values  
(Continued)

<u>Procedure Code</u>	<u>(\$ Value</u>	<u>Follow-up Days</u>
78808	PC – 0 Total – 85	-
83876	PC – RNE Total – 67	-
83951	PC – RNE Total – 153	-
85397	PC – RNE Total – 48	-
87905	RNE	-
88720	RNE	-
88740	RNE	-
88741	RNE	-
90650	RNE	-
90681	RNE	-
90738	RNE	-
90957	1,172	-
90958	791	-
90959	519	-
90960	521	-
90961	421	-
90962	304	-
90965	797	-
90966	416	-
90969	28	-
90970	15	-
93228	51	-
93229	RNE	-
93279	PC – 70 Total – 102	-
93280	PC – 83 Total – 121	-
93281	PC – 97 Total – 141	-
93282	PC – 91 Total – 130	-
93283	PC – 114 Total – 159	-
93284	PC – 136 Total – 186	-
93285	PC – 57 Total – 88	-
93286	PC – 29 Total – 50	-
93287	PC – 43 Total – 66	-
93288	PC – 46 Total – 79	-
93289	PC – 84 Total – 122	-
93290	PC – 41 Total – 58	-
93291	PC – 47 Total – 75	-
93292	PC – 46 Total – 68	-
93293	PC – 33 Total – 107	-
93294	68	-
93295	123	-

TABLE 2  
New Procedure Codes & Values  
(Continued)

<u>Procedure Code</u>	<u>(\$)</u> Value	Follow-up Days
93296	66	-
93297	49	-
93298	57	-
93299	RNE	-
93306	PC – 196 Total – 556	-
93351	506	-
93352	70	-
95803	RNE	-
95992	66	-
96360	104	-
96361	30	-
96365	124	-
96366	40	-
96367	62	-
96368	37	-
96369	271	-
96370	28	-
96371	131	-
96372	40	-
96373	29	-
96374	101	-
96375	44	-
96376	29	-
96379	BR	-

C. Updated Values for Select Codes

This section contains the conversion factor or values adopted by the Commission with respect to the codes in the following sections: Anesthesiology, Surgery (codes 40000-59899), Radiology, and Special Services. Presently, under the system adopted by the Commission, codes will be reviewed every four years as follows. The conversion factor for Anesthesiology has been added to this review system:

- 2010, 2014    Surgery Codes 40000 – 59899  
                  Radiology  
                  Special Services  
                  Anesthesiology
- 2011, 2015    Surgery Codes 60000 – 69999  
                  Pathology/Laboratory
- 2012, 2016    Surgery Codes 10021 – 24999  
                  Medicine
- 2013, 2017    Surgery Codes 25000 – 39599  
                  Evaluation & Management  
                  Physical Medicine

1.     Review of Anesthesiology Codes

The Commission adopts the values in the 2009 American Society of Anesthesiologists Relative Value Guide. The Commission has adopted a conversion factor of \$55.83 and the following changes in value.

Table 3

Procedure Code	Current Value	New Value
00142	6 units	4 Units
00540	13 units	12 units
00797	10 units	11 units
01916	6 units	5 units

2. The Commission has adopted the following values for Surgery Codes 40000-59899, Radiology Codes and Special Services Code (starting on next page).

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
40490		154
40500		1,029
40510		979
40520		917
40525		1,268
40527		1,711
40530		1,001
40650		642
40652		806
40654		1,074
40700		2,001
40701		2,642
40702		1,937
40720		2,090
40761		2,360
40799		BR
40800		257
40801		448
40804		270
40805		473
40806		203
40808		164
40810		188
40812		300
40814		538
40816		606
40818		389
40819		410
40820		316
40830		291
40831		424
40840		1,346
40842		1,337
40843		1,714
40844		2,153
40845		2,898
40899		BR
41000		212
41005		284

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
41006		499
41007		500
41008		508
41009		557
41010		316
41015		557
41016		618
41017		568
41018		718
41019		1,158
41100		233
41105		246
41108		192
41110		218
41112		400
41113		508
41114		1,169
41115		329
41116		650
41120		1,548
41130		1,890
41135		3,697
41140		3,294
41145		4,822
41150		3,764
41153		4,737
41155		5,152
41250		299
41251		360
41252		610
41500		775
41510		1,056
41512		1,236
41520		479
41530		5,090
41599		BR
41800		280
41805		286
41806		429
41820		506

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
41821		114
41822		402
41823		546
41825		207
41826		335
41827		540
41828		429
41830		421
41850		192
41870		523
41872		539
41874		543
41899		BR
42000		211
42100		177
42104		262
42106		369
42107		1,358
42120		1,931
42140		353
42145		1,460
42160		251
42180		368
42182		558
42200		1,851
42205		2,058
42210		2,338
42215		1,547
42220		1,491
42225		2,004
42226		2,008
42227		1,970
42235		1,212
42260		1,190
42280		255
42281		281
42299		BR
42300		368
42305		693
42310		269

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
42320		457
42330		269
42335		542
42340		967
42400		175
42405		479
42408		702
42409		552
42410		1,223
42415		2,441
42420		2,806
42425		1,875
42426		3,359
42440		1,110
42450		1,026
42500		831
42505		1,145
42507		1,230
42508		1,530
42509		2,047
42510		1,338
42550		238
42600		1,034
42650		109
42660		146
42665		344
42699		BR
42700		298
42720		592
42725		1,230
42800		217
42802		329
42804		253
42806		300
42808		433
42809		249
42810		708
42815		1,211
42821		653
42826		577

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
42831		470
42836		518
42842		2,058
42844		2,918
42845		3,807
42860		393
42870		1,012
42890		2,212
42892		2,896
42894		3,592
42900		749
42950		1,558
42953		1,876
42955		1,120
42960		288
42961		602
42962		922
42970		606
42971		716
42972		877
42999		BR
43020		1,241
43030		1,243
43045		2,734
43100		1,395
43101		2,190
43107		5,019
43108		8,167
43112		5,313
43113		8,169
43116		8,225
43117		5,001
43118		6,736
43121		5,364
43122		5,013
43123		7,964
43124		6,741
43130		1,746
43135		3,015
43200		407

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
43201		556
43202		534
43204		557
43205		542
43215		405
43216		436
43217		721
43219		427
43220		349
43226		375
43227		544
43228		570
43231		461
43232		651
43234		503
43235		573
43236		689
43237		421
43238		519
43239		663
43240		866
43241		407
43242		909
43243		671
43244		673
43245		506
43246		667
43247		505
43248		477
43249		435
43250		512
43251		536
43255		669
43256		759
43257		693
43258		670
43259		746
43260		809
43261		840
43262		1,054

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
43263		918
43264		1,204
43265		1,251
43267		999
43268		1,050
43269		1,006
43271		1,007
43272		988
43273		285
43279		2,820
43280		2,224
43289		BR
43300		1,666
43305		2,413
43310		3,387
43312		3,553
43313		5,855
43314		6,667
43320		2,602
43324		2,566
43325		2,529
43326		2,595
43330		2,457
43331		2,712
43340		2,599
43341		2,801
43350		2,146
43351		2,320
43352		2,073
43360		4,503
43361		5,089
43400		3,039
43401		2,887
43405		2,805
43410		1,913
43415		3,094
43420		1,909
43425		2,868
43450		291
43453		512

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
43456		875
43458		637
43460		443
43496		BR
43499		BR
43500		1,561
43501		2,462
43502		2,788
43510		1,784
43520		1,450
43600		210
43605		1,613
43610		1,860
43611		2,459
43620		3,639
43621		4,134
43622		4,198
43631		2,790
43632		3,618
43633		3,447
43634		3,867
*43635		265
43640		2,210
43641		2,294
43644		3,585
43645		3,845
43647		RNE
43648		RNE
43651		1,548
43652		2,210
43653		1,295
43659		BR
43752		95
43760		428
43761		249
43770		2,292
43771		2,620
43772		1,985
43773		2,622
43774		1,987

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
43800		1,778
43810		1,899
43820		2,382
43825		2,375
43830		1,356
43831		1,209
43832		1,998
43840		2,416
43842		2,634
43843		2,594
43845		4,227
43846		3,290
43847		3,575
43848		3,865
43850		2,965
43855		3,100
43860		3,011
43865		3,145
43870		1,292
43880		3,043
43881		RNE
43882		RNE
43886		668
43887		638
43888		901
43999		BR
44005		2,012
44010		1,691
*44015		624
44020		1,792
44021		1,796
44025		1,863
44050		1,719
44055		2,532
44100		254
44110		1,681
44111		2,016
44120		2,231
*44121		574
44125		2,230

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
44126		4,912
44127		5,712
*44128		527
44130		2,329
44132		2,079
44133		3,564
44135		5,940
44136		6,683
44137		2,970
*44139		285
44140		2,584
44141		3,161
44143		2,985
44144		3,029
44145		3,187
44146		3,681
44147		3,447
44150		3,367
44151		3,935
44155		3,769
44156		4,541
44157		4,291
44158		4,399
44160		2,398
44180		1,834
44186		1,291
44187		2,154
44188		2,375
44202		2,780
*44203		497
44204		2,991
44205		2,630
44206		3,168
44207		3,513
44208		3,798
44210		3,448
44211		4,359
44212		3,983
*44213		405
44227		3,321

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
44238		BR
44300		1,536
44310		1,922
44312		786
44314		1,910
44316		2,690
44320		2,061
44322		1,798
44340		773
44345		1,919
44346		2,146
44360		436
44361		493
44363		489
44364		597
44365		569
44366		671
44369		752
44370		704
44372		701
44373		636
44376		793
44377		837
44378		1,003
44379		880
44380		273
44382		317
44383		576
44385		498
44386		681
44388		676
44389		811
44390		902
44391		1,032
44392		871
44393		1,018
44394		962
44397		691
**44500		91
44602		2,401

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
44603		2,893
44604		2,044
44605		2,617
44615		2,201
44620		1,718
44625		2,386
44626		3,295
44640		2,373
44650		2,516
44660		2,483
44661		2,931
44680		2,069
44700		2,156
*44701		345
44715		BR
44720		571
44721		686
44799		BR
44800		1,551
44820		1,659
44850		1,372
44899		BR
44900		1,388
44901		1,541
44950		1,228
*44955		177
44960		1,585
44970		1,676
44979		BR
45000		732
45005		408
45020		899
45100		550
45108		747
45110		3,514
45111		2,242
45112		3,655
45113		3,735
45114		3,389
45116		2,946

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
45119		3,691
45120		3,254
45121		3,268
45123		2,196
45126		5,301
45130		2,043
45135		2,688
45136		3,457
45150		891
45160		2,040
45170		1,015
45190		1,367
45300		147
45303		1,104
45305		244
45307		360
45308		330
45309		373
45315		401
45317		387
45320		416
45321		281
45327		413
45330		226
45331		300
45332		406
45333		407
45334		384
45335		357
45337		348
45338		497
45339		597
45340		659
45341		430
45342		556
45345		456
45355		418
45378		756
45379		960
45380		907

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
45381		962
45382		1,195
45383		1,080
45384		909
45385		1,023
45386		1,450
45387		771
45391		626
45392		791
45395		3,935
45397		4,269
45400		2,284
45402		3,075
45499		BR
45500		1,047
45505		1,111
45520		169
45540		2,022
45541		1,814
45550		2,689
45560		1,187
45562		2,038
45563		2,958
45800		2,286
45805		2,605
45820		2,265
45825		2,733
45900		360
45905		334
45910		351
45915		535
45990		221
45999		BR
46020		485
46030		171
46040		644
46045		580
46050		250
46060		893
46070		375

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
46080		352
46083		250
46200		692
46210		466
46211		817
46220		225
46221		338
46230		352
46250		770
46255		888
46257		872
46258		953
46260		997
46261		1,070
46262		1,108
46270		832
46275		910
46280		942
46285		598
46288		1,146
46320		272
46500		254
46505		505
46600		126
46604		641
46606		271
46608		355
46610		326
46611		311
46612		422
46614		320
46615		381
46700		1,176
46706		300
46710		2,189
46712		4,506
46715		1,111
46716		2,200
46730		3,712
46735		4,327

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
46740		3,938
46742		4,798
46744		6,600
46746		7,301
46748		7,882
46750		1,389
46753		1,314
46754		454
46760		1,966
46761		1,927
46762		2,166
46900		237
46910		232
46916		238
46917		504
46922		239
46924		735
46930		385
46937		386
46938		672
46940		341
46942		329
46945		406
46946		533
46947		721
46999		BR
47000		449
*47001		235
47010		2,179
47011		555
47015		2,069
47100		1,519
47120		4,278
47122		6,368
47125		5,704
47130		6,133
47133		5,707
47135		15,184
47136		13,123
47140		5,289

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
47141		6,360
47142		6,996
47143		BR
47144		BR
47145		BR
47146		699
47147		816
47300		2,038
47350		2,503
47360		3,403
47361		5,598
47362		2,542
47370		2,292
47371		2,335
47379		BR
47380		2,906
47381		2,944
47382		1,797
47399		BR
47400		3,835
47420		2,460
47425		2,660
47460		2,497
47480		1,582
47490		970
47500		241
47505		191
47510		985
47511		1,267
47525		939
47530		2,131
*47550		442
47552		686
47553		745
47554		1,096
47555		823
47556		920
47560		576
47561		635
47562		1,654

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
47563		1,781
47564		2,150
47570		2,108
47579		BR
47600		1,932
47605		1,909
47610		2,420
47612		2,588
47620		2,658
47630		1,191
47700		2,171
47701		4,182
47711		3,157
47712		4,119
47715		2,431
47720		2,070
47721		2,469
47740		2,360
47741		2,939
47760		3,762
47765		4,188
47780		4,217
47785		5,704
47800		2,923
47801		1,941
47802		2,763
47900		2,641
47999		BR
48000		3,126
48001		3,652
48020		2,273
48100		1,716
48102		794
48105		5,695
48120		2,086
48140		2,941
48145		3,134
48146		3,525
48148		2,409
48150		5,870

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
48152		5,467
48153		5,865
48154		5,475
48155		3,523
48160		4,153
*48400		233
48500		2,058
48510		2,169
48511		1,492
48520		2,144
48540		2,539
48545		2,413
48547		3,257
48548		3,392
48550		BR
48551		BR
48552		483
48554		5,497
48556		2,834
48999		BR
49000		1,466
49002		1,854
49010		1,755
49020		2,293
49021		1,558
49040		1,822
49041		1,316
49060		1,935
49061		1,298
49062		1,541
49080		275
49081		248
49180		379
49203		2,686
49204		3,427
49205		3,926
49215		3,339
49220		2,207
49250		1,100
49255		1,440

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
49320		841
49321		841
49322		873
49323		1,419
49324		922
49325		953
*49326		454
49329		BR
49400		262
49402		1,732
49419		894
49420		286
49421		715
49422		735
49423		835
49424		300
49425		1,577
49426		1,821
49427		177
49428		808
49429		931
*49435		276
49436		447
49440		1,960
49441		2,236
49442		1,902
49446		1,867
49450		1,346
49451		1,360
49452		1,685
49460		1,449
49465		303
49505		1,009
49507		1,286
49520		1,267
49521		1,699
49525		1,112
49540		1,273
49550		1,089
49553		1,300

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
49555		1,203
49557		1,489
49560		1,409
49561		1,765
49565		1,521
49566		1,859
*49568		523
49570		773
49572		998
49585		896
49587		1,131
49590		1,097
49650		973
49651		1,227
49652		1,651
49653		2,062
49654		1,896
49655		2,283
49656		1,906
49657		2,751
49659		BR
49900		1,288
49904		2,748
*49905		983
49906		4,269
49999		BR
50010		1,618
50020		2,065
50021		1,373
50040		1,973
50045		2,100
50060		2,716
50065		2,891
50070		2,847
50075		3,529
50080		2,103
50081		2,977
50100		2,256
50120		2,189
50125		2,254

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
50130		2,490
50135		2,762
50200		354
50205		1,542
50220		2,411
50225		2,849
50230		3,108
50234		3,086
50236		3,427
50240		3,054
50250		2,850
50280		2,252
50290		2,067
50300		3,651
50320		3,111
50323		4,158
50325		4,455
50327		451
50328		395
50329		385
50340		2,151
50360		4,746
50365		5,532
50370		2,192
50380		3,875
50382		2,586
50384		2,225
50385		2,325
50386		1,505
50387		1,197
50389		708
50390		291
50391		283
50392		497
50393		613
50394		170
50395		522
50396		193
50398		875
50400		2,670

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
50405		3,290
50500		2,602
50520		2,330
50525		2,917
50526		2,866
50540		2,739
50541		2,256
50542		2,638
50543		3,126
50544		2,978
50545		2,973
50546		2,752
50547		3,758
50548		3,135
50549		BR
50551		782
50553		896
50555		984
50557		995
50561		1,126
50562		1,382
50570		1,166
50572		1,368
50574		1,423
50575		1,840
50576		1,482
50580		1,447
50590		2,875
50592		8,108
50593		7,900
50600		2,117
50605		1,980
50610		2,227
50620		2,124
50630		2,135
50650		2,390
50660		2,714
50684		305
50686		192
50688		167

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
50690		171
50700		2,190
50715		2,498
50722		2,286
50725		2,605
50727		1,273
50728		1,601
50740		2,522
50750		2,694
50760		2,543
50770		2,698
50780		2,558
50782		2,578
50783		2,669
50785		2,849
50800		2,220
50810		2,966
50815		3,005
50820		3,153
50825		4,263
50830		4,543
50840		2,869
50845		2,892
50860		2,147
50900		1,960
50920		2,017
50930		2,494
50940		2,011
50945		2,417
50947		3,131
50948		2,883
50949		BR
50951		633
50953		695
50955		789
50957		748
50961		686
50970		802
50972		650
50974		1,022

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
50976		1,006
50980		709
51020		1,176
51030		1,186
51040		941
51045		1,058
51050		1,150
51060		1,890
51065		1,886
51080		912
51100		126
51101		234
51102		643
51500		1,299
51520		1,418
51525		1,989
51530		1,556
51535		1,453
51550		2,150
51555		2,420
51565		2,990
51570		3,290
51575		4,389
51580		4,342
51585		5,063
51590		4,534
51595		5,410
51596		5,702
51597		5,532
51600		293
51605		104
51610		189
51700		123
51701		109
51702		156
51703		246
51705		175
51710		352
51715		616
51720		187

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
51725	185	496
51726	212	692
51736	72	104
51741	134	166
51772	194	538
51784	194	460
51785	194	495
51792	259	606
51795	197	651
51797	175	539
51798		37
51800		2,403
51820		2,713
51840		1,537
51841		1,845
51845		1,699
51860		1,617
51865		2,064
51880		1,047
51900		2,401
51920		1,815
51925		2,500
51940		4,126
51960		3,377
51980		1,715
51990		1,634
51992		1,836
51999		BR
52000		366
52001		647
52005		533
52007		949
52010		693
52204		799
52214		1,224
52224		1,680
52234		675
52235		876
52240		1,431
52250		560

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
52260		428
52265		770
52270		714
52275		990
52276		666
52277		838
52281		543
52282		805
52283		507
52285		506
52290		527
52300		699
52301		721
52305		696
52310		482
52315		930
52317		1,713
52318		1,266
52320		684
52325		916
52327		1,123
52330		1,638
52332		743
52334		643
52341		791
52342		828
52343		896
52344		938
52345		975
52346		1,101
52351		804
52352		985
52353		1,120
52354		1,065
52355		1,177
52400		1,390
52402		617
52450		1,088
52500		1,199
52601		1,949

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
52630		1,538
52640		950
52647		3,552
52648		3,882
52649		2,491
52700		944
53000		343
53010		692
53020		226
53040		693
53060		299
53080		861
53085		1,486
53200		281
53210		1,786
53215		2,214
53220		1,088
53230		1,405
53235		1,451
53240		880
53250		872
53260		330
53265		388
53270		367
53275		557
53400		1,744
53405		2,035
53410		2,161
53415		2,628
53420		2,017
53425		2,127
53430		2,059
53431		2,457
53440		2,046
53442		1,205
53444		1,721
53445		2,427
53446		1,474
53447		1,849
53448		2,814

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
53449		1,443
53450		795
53460		1,113
53500		1,355
53502		1,165
53505		1,167
53510		1,429
53515		1,916
53520		1,098
53600		136
53601		130
53605		160
53620		196
53621		185
53660		111
53661		111
53665		108
53850		4,077
53852		3,651
53899		BR
54000		179
54001		305
54015		437
54050		153
54055		186
54056		191
54057		261
54060		329
54065		390
54100		261
54105		417
54110		1,464
54111		2,043
54112		2,325
54115		988
54120		1,393
54125		1,956
54130		2,889
54135		3,670
54164		442

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
54200		151
54205		1,130
54220		351
54230		196
54231		311
54235		171
54240	164	231
54250	263	284
54300		1,538
54304		1,818
54308		1,687
54312		2,000
54316		2,414
54318		1,722
54322		1,860
54324		2,343
54326		2,211
54328		2,239
54332		2,464
54336		2,922
54340		1,332
54344		2,453
54348		2,462
54352		3,492
54360		1,355
54380		1,743
54385		2,134
54390		2,579
54400		1,434
54401		1,728
54405		2,325
54406		1,574
54408		1,679
54410		1,907
54411		2,174
54415		1,146
54416		1,519
54417		1,911
54420		1,603
54430		1,492

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
54435		747
54440		1,114
54450		145
54500		135
54505		472
54512		1,180
54520		799
54522		1,309
54530		1,228
54535		1,694
54550		1,154
54560		1,584
54600		1,162
54620		663
54640		1,188
54650		2,029
54660		741
54670		927
54680		1,744
54690		1,543
54692		1,787
54699		BR
54700		367
54800		282
54830		791
54840		826
54860		952
54861		1,337
54865		844
54900		1,862
54901		2,731
55000		178
55040		843
55041		1,265
55060		831
55100		365
55110		815
55120		607
55150		901
55175		889

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
55180		1,514
55200		814
55250		880
55300		454
55400		1,704
55450		554
55500		838
55520		840
55530		863
55535		1,031
55540		1,085
55550		1,005
55559		BR
55600		935
55605		1,138
55650		1,951
55680		1,810
55700		352
55705		715
55706		927
55720		1,093
55725		1,571
55801		2,591
55810		3,210
55812		3,857
55815		4,345
55821		2,145
55831		2,326
55840		3,235
55842		3,493
55845		4,072
55860		2,032
55862		2,629
55865		3,532
55866		4,041
55873		2,936
55875		1,889
55876		347
55899		BR
55920		1,090

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
56405		244
56420		219
56440		470
56441		277
56442		112
56501		235
56515		498
56605		162
*56606		86
56620		1,123
56625		1,530
56630		1,960
56631		2,637
56632		3,124
56633		2,513
56634		2,928
56637		3,306
56640		3,211
56700		407
56740		635
56800		542
56805		2,176
56810		560
56820		225
56821		296
57000		413
57010		830
57020		165
57022		384
57023		604
57061		190
57065		461
57100		144
57105		274
57106		1,001
57107		2,908
57109		3,411
57110		1,880
57111		3,415
57112		3,629

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
57120		1,209
57130		451
57135		421
57150		90
57155		912
57160		135
57170		144
57180		260
57200		698
57210		812
57220		817
57230		874
57240		1,276
57250		1,248
57260		1,577
57265		1,767
*57267		590
57268		1,073
57270		1,549
57280		1,879
57282		1,386
57283		1,443
57284		1,797
57285		1,552
57287		1,589
57288		1,750
57289		1,528
57291		2,223
57292		2,840
57295		1,036
57296		2,063
57300		1,230
57305		1,823
57307		2,037
57308		1,417
57310		1,437
57311		1,055
57320		1,563
57330		1,773
57400		290

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
57410		215
57415		299
57420		253
57421		336
57423		2,170
57425		1,667
57452		231
57454		300
57455		309
57456		292
57460		578
57461		695
57500		212
57505		196
57510		212
57511		301
57513		344
57520		672
57522		587
57530		746
57531		3,678
57540		1,528
57545		1,738
57550		1,102
57555		1,533
57556		1,481
57558		315
57700		931
57720		645
57800		105
58100		180
*58110		101
58120		525
58140		1,923
58145		1,238
58146		2,517
58150		2,036
58152		2,654
58180		1,883
58200		2,883

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
58210		3,651
58240		5,808
58260		1,958
58262		2,120
58263		2,309
58267		2,379
58270		2,077
58275		2,190
58280		2,269
58285		2,844
58290		2,550
58291		2,725
58292		2,923
58293		2,981
58294		2,684
58300		192
58301		122
58340		216
58345		634
58346		981
58350		211
58353		1,710
58356		2,970
58400		1,154
58410		1,794
58520		1,516
58540		2,035
58541		1,861
58542		2,054
58543		2,093
58544		2,249
58545		2,459
58546		2,476
58548		4,034
58550		1,936
58552		2,209
58553		2,364
58554		2,678
58555		473
58558		678

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
58559		753
58560		875
58561		1,072
58562		706
58563		2,907
58565		3,834
58570		2,156
58571		2,355
58572		2,676
58573		3,022
58578		BR
58579		BR
58600		1,007
58605		786
*58611		323
58615		817
58660		1,474
58661		1,450
58662		1,577
58670		1,113
58671		1,113
58672		1,668
58673		1,798
58679		BR
58700		1,574
58720		1,619
58740		1,934
58750		2,203
58752		2,038
58760		1,866
58770		1,872
58800		693
58805		1,197
58820		683
58822		1,471
58823		1,337
58825		1,554
58900		1,030
58920		1,495
58925		1,544

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
58940		1,168
58943		2,501
58950		2,326
58951		3,120
58952		3,439
58953		4,229
58954		4,593
58956		2,975
58957		3,619
58958		3,750
58960		2,382
58999		BR
59000		195
59012		478
59015		321
59020		164
59025		110
59030		252
59050		151
59051		119
59070		708
59072		885
59074		673
59076		885
59100		1,859
59120		1,658
59121		1,663
59130		1,846
59135		2,015
59136		2,079
59140		1,200
59150		1,517
59151		1,828
59160		471
59200		197
59300		353
59320		350
59325		561
59350		827
59400		3,326

**TABLE 4  
Surgery Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
59409		1,817
59410		2,040
59412		284
59414		227
59425		806
59426		1,356
59430		275
59510		3,904
59514		2,129
59515		2,398
*59525		1,063
59610		4,005
59612		1,998
59614		2,233
59618		4,503
59620		2,315
59622		2,687
59866		559
59870		947
59871		302
59897		BR
59898		BR
59899		BR

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
70010	127	370
70015	117	260
70030	19	55
70100	23	63
70110	25	76
70120	21	65
70130	34	104
70134	32	93
70140	21	62
70150	28	76
70160	19	57
70170	30	95
70190	22	66
70200	29	84
70210	20	57
70220	28	80
70240	18	56
70250	24	68
70260	35	92
70300	10	28
70310	16	60
70320	27	84
70328	19	58
70330	29	92
70332	61	172
70336	169	960
70350	17	45
70355	21	62
70360	17	52
70370	41	132
70371	85	227
70373	52	161
70380	22	71
70390	48	176
70450	106	442
70460	119	560
70470	135	675
70480	129	594

**TABLE 5**  
**Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
70481	138	691
70482	146	801
70486	117	532
70487	130	639
70488	141	777
70490	129	534
70491	138	635
70492	146	768
70496	234	1110
70498	176	1113
70540	172	1059
70542	196	1116
70543	247	1860
70544	161	1065
70545	187	1099
70546	240	2042
70547	161	1063
70548	187	1122
70549	240	1762
70551	172	1079
70552	206	1220
70553	325	1669
70554	205	1137
70555	247	1452
70557	279	1940
70558	305	2135
70559	311	2286
71010	18	50
71015	21	60
71020	23	62
71021	28	80
71022	31	90
71023	37	118
71030	31	93
71034	51	163
71035	25	64
71040	60	170
71060	77	247
71090	58	181
71100	25	66

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
71101	29	78
71110	30	83
71111	34	102
71120	22	67
71130	24	74
71250	136	511
71260	144	612
71270	163	756
71275	181	930
71550	172	1101
71551	198	1235
71552	250	1875
71555	188	1084
72010	44	133
72020	17	47
72040	23	71
72050	32	101
72052	40	122
72069	21	66
72070	24	69
72072	26	78
72074	28	91
72080	26	71
72090	28	88
72100	25	73
72110	33	105
72114	41	133
72120	28	93
72125	135	571
72126	141	671
72127	154	812
72128	135	571
72129	141	671
72130	154	813
72131	135	570
72132	141	671
72133	154	812
72141	172	1031
72142	207	1242
72146	179	1012

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
72147	207	1158
72148	178	1006
72149	206	1203
72156	328	1679
72157	328	1640
72158	325	1659
72159	190	1163
72170	19	56
72190	24	77
72191	171	897
72192	130	512
72193	134	598
72194	148	743
72195	165	1010
72196	199	1150
72197	250	1871
72198	187	1077
72200	22	57
72202	24	69
72220	22	60
72240	120	342
72255	113	323
72265	106	302
72270	162	476
72275	96	243
72285	139	620
72291	131	443
72292	133	458
72295	131	579
73000	18	55
73010	19	57
73020	16	48
73030	21	60
73040	63	189
73050	23	68
73060	19	59
73070	17	53
73080	19	64
73085	63	180
73090	19	53

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
73092	18	56
73100	18	52
73110	20	60
73115	55	181
73120	17	51
73130	19	57
73140	15	51
73200	117	483
73201	123	580
73202	136	742
73206	172	859
73218	163	1010
73219	196	1123
73220	248	1526
73221	169	1013
73222	196	1094
73223	247	1856
73225	186	1133
73500	18	50
73510	22	67
73520	26	78
73525	63	180
73530	30	83
73540	22	71
73542	61	197
73550	19	59
73560	18	56
73562	20	66
73564	23	74
73565	18	57
73580	70	218
73590	18	55
73592	18	56
73600	17	53
73610	19	60
73615	63	182
73620	18	53
73630	20	59
73650	17	51
73660	14	49

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
73700	117	484
73701	123	584
73702	136	744
73706	181	933
73718	126	1000
73719	196	1117
73720	248	1525
73721	169	990
73722	196	1099
73723	247	1778
73725	188	1078
74000	19	54
74010	23	71
74020	28	77
74022	33	93
74150	133	506
74160	140	651
74170	156	852
74175	180	949
74181	172	969
74182	198	1213
74183	250	1871
74185	187	1076
74190	87	226
74210	40	136
74220	46	154
74230	54	158
74235	117	319
74240	69	190
74241	70	203
74245	92	305
74246	69	218
74247	70	240
74249	96	327
74250	49	184
74251	72	494
74260	54	412
74270	70	257
74280	96	356
74283	189	353

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
74290	31	114
74291	21	89
74300	40	108
*74301	20	58
74305	43	108
74320	78	230
74327	213	305
74328	85	301
74329	85	272
74330	89	311
74340	70	237
74355	80	262
74360	77	329
74363	262	490
74400	57	194
74410	63	205
74415	66	234
74420	58	225
74425	38	136
74430	35	139
74440	37	150
74445	113	218
74450	40	143
74455	43	162
74470	56	145
74475	98	344
74480	137	379
74485	78	233
74710	39	109
74740	40	141
74742	86	261
74775	61	200
75557	232	1106
75558	243	1188
75559	296	1608
75560	279	1544
75561	256	1489
75562	267	1531
75563	306	1845
75564	313	1800

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
75600	73	638
75605	123	597
75625	126	643
75630	201	815
75635	229	1074
75650	144	650
75658	131	643
75660	132	643
75662	172	881
75665	132	685
75671	171	805
75676	132	684
75680	171	820
75685	132	683
75705	197	912
75710	109	610
75716	131	654
75722	127	680
75724	149	733
75726	131	721
75731	128	679
75733	135	763
75736	126	679
75741	132	651
75743	159	736
75746	126	599
75756	128	623
*75774	67	509
75790	179	389
75801	86	445
75803	111	497
75805	89	509
75807	111	546
75809	44	139
75810	111	850
75820	67	212
75822	100	266
75825	126	581
75827	125	580
75831	126	584

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
75833	141	633
75840	126	584
75842	142	633
75860	126	592
75870	126	588
75872	128	618
75880	65	214
75885	139	628
75887	139	629
75889	126	584
75891	126	584
75893	151	765
75894	150	1778
75896	136	1570
75898	165	238
75900	137	821
75901	51	305
75902	42	195
75940	74	948
75945	39	361
*75946	38	267
75952	384	445
75953	116	215
75954	190	286
75956	676	676
75957	579	579
75958	382	382
75959	331	336
75960	94	1018
75961	359	1019
75962	93	1031
*75964	66	456
75966	127	1103
*75968	79	456
75970	80	892
75978	94	1035
75980	139	522
75982	182	585
75984	70	209
75989	225	362

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
75992	76	1335
*75993	46	795
75994	166	1324
75995	122	1336
*75996	46	625
76000	29	164
76001	75	261
76010	18	52
76080	55	124
76098	16	40
76100	58	229
76101	59	292
76102	63	392
76120	40	134
*76125	29	87
76140	RNE	RNE
76150	0	37
76350	27	60
76376	21	243
76377	81	313
76380	94	367
76390	139	903
76496	BR	BR
76497	BR	BR
76498	BR	BR
76499	BR	BR
76506	66	207
76510	160	297
76511	89	184
76512	89	188
76513	69	177
76514	17	23
76516	57	143
76519	57	150
76529	62	147
76536	62	196
76604	58	166
76645	59	164
76700	88	244
76705	63	185

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
76770	84	233
76775	63	199
76776	73	248
76800	100	222
76801	92	206
*76802	76	138
76805	99	261
*76810	125	267
76811	183	414
*76812	161	319
76813	108	234
*76814	91	153
76815	66	162
76816	78	198
76817	72	183
76818	96	216
76819	74	178
76820	51	149
76821	70	186
76825	142	342
76826	75	204
76827	81	188
76828	60	133
76830	74	214
76831	75	214
76856	71	215
76857	43	170
76870	67	213
76872	127	254
76873	150	325
76880	63	223
76885	78	241
76886	70	182
76930	71	175
76932	73	182
76936	222	525
*76937	29	61
76940	197	301
76941	123	241
76942	71	297

**TABLE 5**  
**Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
76945	80	191
76946	55	126
76948	58	139
76950	61	157
76965	223	513
76970	45	148
76975	96	215
76977	44	73
76998	117	220
76999	BR	BR
*77001	33	170
77002	53	135
77003	66	136
77011	122	1150
77012	122	551
77013	348	1075
77014	84	340
77021	213	959
77022	350	1310
77031	164	460
77032	58	160
*77051	6	23
*77052	6	23
77053	43	171
77054	54	232
77055	61	148
77056	79	197
77057	67	150
77058	192	1544
77059	305	1662
77071	0	66
77072	22	56
77073	26	70
77074	49	126
77075	61	183
77076	54	136
77077	30	84
77078	24	313
77079	24	176
77080	23	163

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
77081	20	93
77082	16	55
77083	18	52
77084	174	1064
77261	166	166
77262	230	230
77263	330	330
77280	79	340
77285	125	568
77290	161	836
77295	586	2230
77299	BR	BR
77300	68	155
77301	766	3702
77305	78	193
77310	116	259
77315	167	325
77321	111	349
77326	104	260
77327	154	373
77328	250	519
77331	90	115
77332	64	154
77333	94	205
77334	137	347
77336	-	174
77370	-	217
77371	-	2504
77372	-	1525
77373	-	2823
77399	BR	BR
77401	-	110
77402	-	223
77403	-	214
77404	-	235
77406	-	237
77407	-	337
77408	-	285
77409	-	316
77411	-	314

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
77412	-	349
77413	-	359
77414	-	395
77416	-	412
77417	-	33
77418	-	1147
77421	39	268
77422	-	271
77423	-	315
77427	474	474
77431	200	200
77432	857	857
77435	-	977
77470	187	828
77499	BR	BR
77520	BR	BR
77522	BR	BR
77523	BR	BR
77525	BR	BR
77600	164	605
77605	218	1046
77610	164	977
77615	218	1382
77620	164	620
77750	462	607
77761	368	629
77762	545	858
77763	824	1215
77776	460	741
77777	711	1042
77778	1059	1471
77785	136	363
77786	305	1036
77787	468	1570
77789	107	187
77790	103	156
77799	BR	BR
78000	22	123
78001	30	156
78003	31	136

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
78006	56	348
78007	59	234
78010	43	255
78011	54	303
78015	66	358
78016	86	508
78018	120	554
*78020	58	143
78070	78	282
78075	110	677
78099	BR	BR
78102	57	284
78103	74	382
78104	83	438
78110	19	129
78111	38	180
78120	30	155
78121	47	202
78122	71	299
78130	61	271
78135	83	565
78140	72	287
78185	45	306
78190	110	647
78191	102	489
78195	113	540
78199	BR	BR
78201	46	298
78202	55	351
78205	98	437
78206	91	588
78215	55	325
78216	64	295
78220	64	271
78223	83	509
78230	44	277
78231	58	246
78232	61	257
78258	73	385
78261	77	426

**TABLE 5**  
**Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
78262	78	420
78264	80	483
78267	RNE	22
78268	RNE	207
78270	28	140
78271	30	142
78272	42	169
78278	97	582
78282	50	165
78290	69	460
78291	85	424
78299	BR	BR
78300	63	298
78305	88	396
78306	97	438
78315	112	583
78320	128	466
78350	21	80
78351	21	124
78399	BR	BR
78414	85	391
78428	78	346
78445	51	278
78456	100	542
78457	77	333
78458	96	372
78459	174	3445
78460	84	333
78461	121	421
78464	147	497
78465	229	883
78466	69	318
78468	87	401
78469	114	457
78472	120	465
78473	181	655
*78478	52	147
*78480	51	147
78481	117	420
78483	177	612

**TABLE 5  
Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
78491	174	3446
78492	191	3455
78494	116	519
*78496	50	252
78499	BR	BR
78580	76	367
78584	96	292
78585	110	607
78586	48	281
78587	52	350
78588	103	548
78591	50	285
78593	60	335
78594	79	393
78596	136	623
78599	BR	BR
78600	52	305
78601	61	364
78605	61	340
78606	71	501
78607	126	639
78608	BR	BR
78609	BR	BR
78610	31	272
78630	87	565
78635	61	453
78645	65	467
78647	108	596
78650	79	539
78660	52	287
78699	BR	BR
78700	62	303
78701	72	363
78707	104	422
78708	121	381
78709	144	621
78710	108	431
78725	41	187
78730	39	135
78740	60	336

**TABLE 5**  
**Radiology Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
78761	78	362
78799	BR	BR
78800	67	323
78801	82	433
78802	100	567
78803	120	624
78804	101	881
78805	70	324
78806	109	593
78807	124	625
78808	0	85
78811	155	3573
78812	192	3592
78813	198	3596
78814	217	3606
78815	241	3620
78816	246	3622
78999	BR	BR
79005	177	327
79101	197	354
79200	207	347
79300	366	517
79403	213	428
79440	207	375
79445	238	427
79999	BR	BR

**TABLE 6**  
**Special Services Codes**  
**New PC \$ Value      New Total \$ Value**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
99000		20
99001		12
99002		14
99024		BR
99026		91.5
99027		RNE
99028		BR
99030		2.44
99031		BR
99044		RNE
99050		26
99051		BR
99053		RNE
99056		34
99058		36
99060		BR
99070		BR
99071		BR
99080		BR
99082		BR
99090		RNE
99091		87
99099		\$110 per hour
99100		RNE
99116		RNE
99135		RNE
99140		RNE
99143		180
99144		117
99145		47
99148		180
99149		133
99150		47
99172	13	62
99173		4
99174		34
99175		64
99183		279
99185	51	84

**TABLE 6**  
**Special Services Codes**

<b>Code</b>	<b>New PC \$ Value</b>	<b>New Total \$ Value</b>
99186	67	138
99190		729
99191		543
99192		361
99195		104
99199		BR
99500		RNE
99501		RNE
99502		RNE
99503		RNE
99504		RNE
99505		RNE
99506		RNE
99507		RNE
99509		RNE
99510		RNE
99511		RNE
99512		RNE
99600		BR
99601		RNE
99602		RNE
99605		BR
99606		BR
99607		BR