

## **4123-6-37.2 Payment of hospital outpatient services.**

(A) HPP:

Unless an MCO has negotiated a different payment rate with a hospital pursuant to rule 4123-6-10 of the Administrative Code, reimbursement for hospital outpatient services with a date of service of ~~May 1, 2010~~ January 1, 2011 or after shall be as follows:

(1) Except as otherwise provided in this rule, reimbursement for hospital outpatient services shall be equal to the applicable medicare reimbursement rate for the hospital outpatient service under the medicare outpatient prospective payment system as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered, multiplied by a bureau-specific payment adjustment factor, which shall be 2.53 for children's hospitals and 1.97 for all hospitals other than children's hospitals.

(a) The medicare integrated outpatient code editor and medicare medically unlikely edits in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered shall be utilized to process bills for hospital outpatient services under this rule; however, the outpatient code edits identified in table 1 of appendix A of this rule shall not be applied.

(b) The annual medicare outpatient prospective payment system outlier reconciliation process shall not be applied to payments for hospital outpatient services under this rule.

(c) For purposes of this rule, hospitals shall be identified as "children's hospitals," "critical access hospitals," "rural sole community hospitals," "essential access community hospitals" and "exempt cancer hospitals" based on the hospitals' designation in the medicare outpatient provider specific file in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered.

(2) Services reimbursed via fee schedule. These services shall not be wage index adjusted.

(a) Services reimbursed via fee schedule to which the bureau-specific payment adjustment factor shall be applied.

(i) Except as otherwise provided in paragraphs (A)(2)(b)(ii) and (A)(2)(b)(iii) of this rule, hospital outpatient services reimbursed via fee schedule under the medicare outpatient prospective payment system shall be reimbursed under the applicable medicare fee schedule in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered.

(b) Services reimbursed via fee schedule to which the bureau-specific payment adjustment factor shall not be applied.

(i) Hospital outpatient vocational rehabilitation services for which the bureau has established a fee, which shall be reimbursed in accordance with table 2 of appendix A of this rule.

(ii) Hospital outpatient services reimbursed via fee schedule under the medicare outpatient prospective payment system that the bureau has determined shall be reimbursed at a rate other than the applicable medicare fee schedule in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered, which shall be reimbursed in accordance with table 3 of appendix A of this rule

(iii) Hospital outpatient services not reimbursed under the medicare outpatient prospective payment system that the bureau has determined are necessary for treatment of injured workers, which shall be reimbursed in accordance with tables 4 and 5 of appendix A of this rule.

(3) Services reimbursed at reasonable cost. To calculate reasonable cost, the line item charge shall be multiplied by the hospital's outpatient cost to charge ratio from the medicare outpatient provider specific file in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered. These services shall not be wage index adjusted.

(a) Services reimbursed at reasonable cost to which the bureau-specific payment adjustment factor shall be applied.

(i) Critical access hospitals shall be reimbursed at one hundred and one per cent of reasonable cost for all payable line items.

(b) Services reimbursed at reasonable cost to which the bureau-specific payment adjustment factor shall not be applied.

(i) Services designated as "inpatient only" under the medicare outpatient prospective payment system.

(ii) Hospital outpatient services reimbursed at reasonable cost as identified in tables 3 and 4 of appendix A of this rule.

(4) Add-on payments calculated using the applicable medicare outpatient prospective payment system methodology and formula in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered. These add-on payments shall be calculated prior to application of the bureau-specific payment adjustment factor.

(a) Outlier add-on payment. An outlier add-on payment shall be provided on a line item basis for partial hospitalization services and for ambulatory payment classification (APC) reimbursed services for all hospitals other than critical access hospitals.

(b) Rural hospital add-on payment. A rural hospital add-on payment shall be provided on a line item basis for rural sole community hospitals, including essential access community hospitals; however, drugs, biological, devices reimbursed via pass-through and reasonable cost items shall be excluded. The rural add-on payment shall be calculated prior to the outlier add-on payment calculation.

(c) Hold harmless add-on payment. A hold harmless add-on payment shall be provided on a line item basis to exempt cancer centers and children's hospitals. The hold harmless add-on payment shall be calculated after the outlier add-on payment calculation.

(5) Providers without a medicare provider number.

(a) Providers without a medicare provider number shall be reimbursed for hospital outpatient services at forty-seven per cent of billed charges for all payable line items.

(6) For purposes of this rule, the "applicable medicare reimbursement rate for the hospital outpatient service under the medicare outpatient prospective payment system " and the "medicare outpatient prospective payment system " shall be determined in accordance with the medicare program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C. 1395 et seq. as amended, as implemented by the following materials, which are incorporated by reference:

(a) 42 C.F.R. Part 419 as published in the October 1, 2009 Code of Federal Regulations;

(b) Department of health and human services, centers for medicare and medicaid services' "42 CFR Parts 410, 416, and 419 Medicare Program: Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates; Final Rule" 74 Fed. Reg. 60315 - 61012 (2009).

(B) QHP or self-insuring employer (non-QHP):

A QHP or self-insuring employer may reimburse hospital outpatient services at:

(1) The applicable rate under the methodology set forth in paragraph (A) of this rule; or

(2)(a) For Ohio hospitals that annually report a total outpatient cost-to-charge ratio to Ohio medicaid, reimbursement shall be equal to the hospital's allowable billed charges multiplied by the hospital's reported cost-to-charge ratio as set forth below plus sixteen percentage points, not to exceed sixty percent of the hospital's allowed billed charges.

To assist QHPs and self-insuring employers in determining reimbursement under this paragraph, the bureau shall make available to QHPs and self-insuring employer the hospital's most recently reported cost-to-charge ratio not later than thirty days following the bureau's receipt of the hospital's most recently reported cost-to-charge ratio from Ohio medicaid.

(b) For Ohio hospitals that do not annually report a total outpatient cost-to-charge ratio to Ohio medicaid and out-of-state hospitals, reimbursement shall be equal to fifty-six percent of the hospital's allowed billed charges; or

(3) The rate negotiated between the hospital and the QHP or self-insuring employer in accordance with rule 4123-6-46 of the Administrative Code.

Effective: ~~05/01/2010~~ 01/01/2011

Promulgated Under: 119.03

Statutory Authority: 4121.12, 4121.30, 4121.31, 4123.05

Rule Amplifies: 4121.121, 4121.44, 4121.441, 4123.66  
Prior Effective Dates: 9/1/07

**Ohio Bureau of Workers' Compensation  
2011 Hospital Outpatient Services**

**Appendix A**

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2011 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A) are obtained from Current Procedural Terminology (CPT®), copyright 2009 by the American Medical Association (AMA) and from the Health Care Procedure Coding System (HCPCS) National Level II Medicare codes.

CPT® is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.

HCPCS are released by the Center for Medicare and Medicaid Services (CMS) as a listing of five character codes and descriptive terminology used for reporting supplies, materials and services by health care providers.

The responsibility for the content of the BWC 2011 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A) is with the State of Ohio Bureau of Workers' Compensation and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the BWC 2011 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A). No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT. Any use of CPT outside of the BWC 2011 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A) should refer to the most current *Current Procedural Terminology* which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

For the purposes of the BWC 2011 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A), services and/or supplies must be medically necessary for the treatment of the work related injury. The following definitions apply:

**By Report (BR)**

The procedure or service is not typically covered and will not routinely be reimbursed. Many of the –BR codes are unclassified/unspecified generic codes and are currently assigned a dollar amount of \$0.00. A report is required to be obtained by the MCO for reimbursement consideration. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure and cost comparisons in order for the MCO to approve high quality, cost-effective medical care. Research information from the MCO is required to be submitted to the BWC Medical Policy with each request. After review by the MCO, the report must be imaged into the BWC claim and a request must be submitted, utilizing the sensitive data transmission policy, to the BWC Medical Policy email box Medpol@bwc.state.oh.us for an adjustment to be processed. MCOs should note that most CPT codes have an assigned Relative Value Unit which must be utilized to determine reimbursement. Fees for CPT codes that do not have an established RVU must be compared to a like service to assist in determining appropriate fees. HCPCS codes are priced through multiple cost comparisons.

**Reasonable Cost (RC)**

To calculate reasonable cost, the line item charge shall be multiplied by the hospital's outpatient cost to charge ratio from the medicare outpatient provider specific file in effect as of the calendar quarter immediately prior to the calendar quarter in which the hospital outpatient service was rendered. These services shall not be wage index adjusted.

**Not Covered (NC)**

Not Covered. The procedure or service is not covered unless application of the *Miller* criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3).

## Appendix A

Table 1 – OCE Edits that will be Bypassed/Ignored by BWC

Edit Number	Edit Description
10	Service submitted for denial
11	Service submitted for FI review
12	Questionable covered service
49	Service on same day as inpatient procedure
59	Clinical trial requires diagnosis code V70.7 as other than primary diagnosis
68	Service provided prior to date of NCD approval
69	Service provided outside approval period
75	Incorrect billing of modifier FB or FC
82	Charge exceed token charge (\$1.01)
83	Service provided on or after effective date of NCD non-coverage

Table 2 – BWC-specific hospital outpatient vocational rehabilitation codes (“Service Definitions” for these codes are the same as in the appendix to rule 4123-18-09 of the Administrative Code)

Code	Description	Rate	Unit of Service
W0702	Occupational rehab/work hardening, initial 2 hr session	\$145.00	1 unit = 2 hrs
W0703	Occupational rehab/work hardening, each add hr	\$74.00	1 unit = 1 hr
W0710	Work conditioning program, active treatment	\$65.00	1 unit = 1 hr
W0637	Transitional work services	\$45.00	1 unit = 15 min
W3050	Travel time, other voc rehab provider	\$3.50	1 unit = 6 min; units should not exceed 20
W3052	Mileage, other voc rehab provider	\$0.45	1 unit = 1 mile; units should not exceed 130
W0648	Physical reconditioning, unsupervised	By Report: not to exceed \$200.00	1 unit = 3 month period

Table 3 – OPSS Fee Schedule Items with BWC rates

OPSS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
81099	RC
84999	RC
85999	RC
86849	RC
87999	RC
92605	NC
92606	NC
97010	NC
97039	RC
97139	RC
97545	NC
97546	NC
97799	RC
0019T	NC
0030T	NC
0103T	NC
0104T	NC
0105T	NC
0111T	NC
0140T	NC
0194T	NC
A0382	NC
A0384	NC
A0392	NC
A0394	NC
A0396	NC
A0398	NC
A0420	\$ 24.00
A0422	NC
A0424	\$ 24.00
A0425	\$ 8.33
A0426	\$ 295.07
A0427	\$ 467.18
A0428	\$ 245.88
A0429	\$ 393.42
A0430	\$ 4,934.33

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A0431	\$ 5,736.88
A0432	NC
A0433	\$ 676.19
A0434	\$ 799.13
A0435	\$ 14.53
A0436	\$ 38.76
A0999	RC
A4216	\$ 0.48
A4217	\$ 3.95
A4280	NC
A4310	\$ 9.73
A4311	\$ 18.70
A4312	\$ 22.73
A4313	\$ 23.34
A4314	\$ 31.86
A4315	\$ 33.25
A4316	NC
A4320	\$ 5.99
A4321	NC
A4322	\$ 3.66
A4326	\$ 13.07
A4327	NC
A4328	NC
A4330	\$ 7.66
A4331	\$ 4.01
A4332	NC
A4333	\$ 2.77
A4334	\$ 6.22
A4335	RC
A4338	\$ 15.44
A4340	\$ 34.01
A4344	\$ 20.18
A4346	\$ 24.68
A4349	\$ 2.54
A4351	\$ 2.16
A4352	\$ 6.88
A4353	\$ 8.81

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A4354	\$ 14.87
A4355	\$ 11.23
A4356	\$ 57.49
A4357	\$ 12.23
A4358	\$ 8.35
A4361	\$ 23.15
A4362	\$ 4.26
A4363	\$ 2.98
A4364	\$ 3.14
A4365	\$ 14.27
A4366	\$ 1.64
A4367	\$ 9.26
A4368	\$ 0.32
A4369	\$ 3.05
A4371	\$ 4.60
A4372	\$ 5.27
A4373	\$ 7.91
A4375	\$ 21.65
A4376	\$ 59.95
A4377	\$ 5.40
A4378	\$ 38.75
A4379	\$ 18.92
A4380	\$ 47.04
A4381	\$ 5.81
A4382	\$ 31.02
A4383	\$ 35.52
A4384	\$ 12.12
A4385	\$ 6.43
A4387	\$ 3.83
A4388	\$ 5.50
A4389	\$ 7.84
A4390	\$ 12.11
A4391	\$ 8.90
A4392	\$ 10.31
A4393	\$ 11.39
A4394	\$ 3.25
A4395	\$ 0.06

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A4396	\$ 51.00
A4397	\$ 6.04
A4398	\$ 17.40
A4399	\$ 13.13
A4400	\$ 61.57
A4402	\$ 2.02
A4404	\$ 1.94
A4405	\$ 4.28
A4406	\$ 7.24
A4407	\$ 11.04
A4408	\$ 12.43
A4409	\$ 7.84
A4410	\$ 11.39
A4411	\$ 6.43
A4412	\$ 3.41
A4413	\$ 6.94
A4414	\$ 6.22
A4415	\$ 7.56
A4416	\$ 3.47
A4417	\$ 4.69
A4418	\$ 2.28
A4419	\$ 2.20
A4420	\$ 5.00
A4422	\$ 0.16
A4423	\$ 2.34
A4424	\$ 5.99
A4425	\$ 4.51
A4426	\$ 3.44
A4427	\$ 3.50
A4428	\$ 8.21
A4429	\$ 10.39
A4430	\$ 10.74
A4431	\$ 7.84
A4432	\$ 4.52
A4433	\$ 4.21
A4434	\$ 4.74
A4450	\$ 0.11

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A4452	\$ 0.46
A4455	\$ 1.80
A4461	\$ 4.14
A4463	\$ 16.78
A4481	\$ 0.47
A4483	NC
A4606	\$ 120.00
A4623	\$ 7.02
A4625	\$ 8.74
A4626	\$ 4.02
A4629	\$ 5.83
A4634	NC
A4651	NC
A4652	NC
A4653	NC
A5051	\$ 2.60
A5052	\$ 1.87
A5053	\$ 2.20
A5054	\$ 2.26
A5055	\$ 1.68
A5061	\$ 4.44
A5062	\$ 2.63
A5063	\$ 3.41
A5071	\$ 7.57
A5072	\$ 4.44
A5073	\$ 3.94
A5081	\$ 4.16
A5082	\$ 14.98
A5083	\$ 0.79
A5093	\$ 2.09
A5102	\$ 28.25
A5105	\$ 51.36
A5112	\$ 39.70
A5113	\$ 5.04
A5114	\$ 9.58
A5120	\$ 0.28
A5121	\$ 8.99

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A5122	\$ 16.19
A5126	\$ 1.42
A5131	\$ 16.98
A5200	\$ 14.22
A6010	\$ 39.01
A6011	\$ 2.87
A6021	\$ 26.48
A6022	\$ 26.48
A6023	\$ 239.78
A6024	\$ 7.80
A6154	\$ 17.56
A6196	\$ 9.26
A6197	\$ 20.71
A6198	\$ 5.51
A6199	\$ 6.66
A6203	\$ 4.22
A6204	\$ 7.85
A6205	\$ 14.96
A6206	\$ 3.69
A6207	\$ 9.25
A6208	\$ 17.62
A6209	\$ 9.42
A6210	\$ 25.10
A6211	\$ 37.01
A6212	\$ 12.23
A6213	\$ 16.32
A6214	\$ 12.96
A6215	\$ 2.61
A6216	\$ 0.06
A6217	\$ 0.76
A6218	\$ 1.00
A6219	\$ 1.20
A6220	\$ 3.25
A6221	\$ 5.17
A6222	\$ 2.69
A6223	\$ 3.05
A6224	\$ 4.55

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A6228	\$ 4.08
A6229	\$ 4.55
A6230	\$ 2.20
A6231	\$ 5.87
A6232	\$ 8.66
A6233	\$ 24.18
A6234	\$ 8.24
A6235	\$ 21.19
A6236	\$ 34.33
A6237	\$ 9.97
A6238	\$ 28.72
A6239	\$ 13.69
A6240	\$ 15.42
A6241	\$ 3.24
A6242	\$ 7.64
A6243	\$ 15.52
A6244	\$ 49.49
A6245	\$ 9.16
A6246	\$ 12.50
A6247	\$ 29.96
A6248	\$ 20.46
A6250	\$ 12.00
A6251	\$ 2.51
A6252	\$ 4.09
A6253	\$ 7.99
A6254	\$ 1.52
A6255	\$ 3.82
A6256	\$ 9.85
A6257	\$ 1.93
A6258	\$ 5.42
A6259	\$ 13.79
A6260	\$ 20.00
A6261	NC
A6262	NC
A6266	\$ 2.42
A6402	\$ 0.16
A6403	\$ 0.54

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A6404	\$ 2.36
A6407	\$ 2.26
A6410	\$ 0.49
A6411	\$ 0.45
A6441	\$ 0.84
A6442	\$ 0.22
A6443	\$ 0.36
A6444	\$ 0.71
A6445	\$ 0.41
A6446	\$ 0.52
A6447	\$ 0.84
A6448	\$ 1.46
A6449	\$ 2.21
A6450	\$ 10.00
A6451	\$ 6.33
A6452	\$ 7.45
A6453	\$ 0.77
A6454	\$ 0.97
A6455	\$ 1.75
A6456	\$ 1.61
A6457	\$ 1.44
A6501	\$ 500.00
A6502	\$ 100.00
A6503	\$ 250.00
A6504	\$ 100.00
A6505	\$ 200.00
A6506	\$ 300.00
A6507	\$ 200.00
A6508	\$ 300.00
A6509	\$ 400.00
A6510	\$ 400.00
A6511	\$ 400.00
A6512	\$ 100.00
A6531	\$ 54.52
A6532	\$ 76.81
A6545	\$ 54.52
A7040	\$ 48.53

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
A7041	\$ 91.22
A7043	\$ 34.56
A7501	\$ 132.34
A7502	\$ 62.89
A7503	\$ 14.28
A7504	\$ 0.84
A7505	\$ 5.89
A7506	\$ 0.42
A7507	\$ 3.13
A7508	\$ 3.61
A7509	\$ 1.78
A7520	\$ 59.82
A7521	\$ 59.28
A7522	\$ 56.90
A7523	\$ 13.00
A7524	\$ 97.52
A7525	\$ 2.60
A7526	\$ 4.25
A7527	\$ 4.51
A9901	NC
B4087	\$ 41.51
B4088	\$ 41.51
C9399	NC
C9899	NC
E0604	NC
E1500	NC
E1510	NC
E1520	NC
E1530	NC
E1540	NC
E1550	NC
E1560	NC
E1570	NC
E1575	NC
E1580	NC
E1590	NC
E1592	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
E1594	NC
E1600	NC
E1610	NC
E1615	NC
E1620	NC
E1625	NC
E1630	NC
E1632	NC
E1635	NC
E1636	NC
E1637	NC
E1639	NC
E1699	NC
G9017	NC
G9018	NC
G9019	NC
G9020	NC
G9033	NC
G9034	NC
G9035	NC
G9036	NC
G9140	NC
J0882	NC
J0886	NC
K0672	NC
L0112	NC
L0113	RC
L0120	\$ 27.36
L0130	\$ 157.96
L0140	\$ 61.94
L0150	\$ 110.78
L0160	\$ 161.74
L0170	\$ 873.61
L0172	\$ 153.89
L0174	\$ 302.58
L0180	\$ 490.24
L0190	\$ 578.14

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L0200	\$ 670.58
L0210	\$ 52.82
L0220	\$ 140.38
L0430	\$ 1,656.54
L0450	\$ 176.57
L0452	NC
L0454	\$ 376.84
L0456	\$ 1,080.66
L0458	\$ 969.04
L0460	\$ 1,090.73
L0462	\$ 1,356.66
L0464	\$ 1,615.10
L0466	\$ 412.24
L0468	\$ 516.64
L0470	\$ 714.90
L0472	\$ 439.90
L0480	NC
L0482	NC
L0484	NC
L0486	NC
L0488	\$ 1,090.73
L0490	\$ 307.36
L0491	\$ 834.48
L0492	\$ 543.37
L0621	\$ 93.68
L0622	NC
L0623	NC
L0624	NC
L0625	\$ 59.86
L0626	\$ 84.70
L0627	\$ 446.59
L0628	\$ 91.14
L0629	NC
L0630	\$ 175.99
L0631	\$ 1,115.41
L0632	NC
L0633	\$ 311.58

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L0634	NC
L0635	\$ 1,085.72
L0636	NC
L0637	\$ 1,407.62
L0638	NC
L0639	\$ 1,407.62
L0640	NC
L0700	\$ 2,163.06
L0710	\$ 2,377.79
L0810	\$ 2,904.23
L0820	\$ 2,284.60
L0830	\$ 3,495.76
L0859	\$ 1,237.68
L0861	\$ 234.20
L0970	\$ 116.11
L0972	\$ 105.68
L0974	\$ 189.89
L0976	\$ 162.46
L0978	NC
L0980	\$ 18.59
L0982	\$ 16.98
L0984	\$ 73.54
L0999	RC
L1000	NC
L1001	NC
L1005	NC
L1010	NC
L1020	NC
L1025	NC
L1030	NC
L1040	NC
L1050	NC
L1060	NC
L1070	NC
L1080	NC
L1085	NC
L1090	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L1100	NC
L1110	NC
L1120	NC
L1200	\$ 1,944.41
L1210	\$ 265.84
L1220	\$ 258.76
L1230	\$ 724.86
L1240	\$ 99.04
L1250	\$ 1,237.88
L1260	\$ 1,208.47
L1270	NC
L1280	NC
L1290	NC
L1300	NC
L1310	NC
L1499	RC
L1500	\$ 2,097.92
L1510	\$ 1,292.40
L1520	\$ 2,317.79
L1600	NC
L1610	NC
L1620	NC
L1630	NC
L1640	NC
L1650	NC
L1652	\$ 387.31
L1660	\$ 196.34
L1680	NC
L1685	NC
L1686	\$ 1,018.14
L1690	\$ 2,101.13
L1700	NC
L1710	NC
L1720	NC
L1730	NC
L1755	NC
L1800	\$ 68.30

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L1810	\$ 111.84
L1815	\$ 102.37
L1820	\$ 154.42
L1825	\$ 64.52
L1830	\$ 90.37
L1831	\$ 319.80
L1832	\$ 748.43
L1834	NC
L1836	\$ 144.95
L1840	NC
L1843	\$ 974.92
L1844	NC
L1845	\$ 910.16
L1846	NC
L1847	\$ 624.95
L1850	\$ 309.55
L1860	NC
L1900	NC
L1901	\$ 19.21
L1902	\$ 81.11
L1904	NC
L1906	\$ 122.18
L1907	NC
L1910	\$ 304.69
L1920	NC
L1930	\$ 273.74
L1932	\$ 969.60
L1940	NC
L1945	NC
L1950	NC
L1951	\$ 912.52
L1960	NC
L1970	NC
L1971	\$ 509.32
L1980	NC
L1990	NC
L2000	\$ 1,215.49

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L2005	NC
L2010	NC
L2020	NC
L2030	NC
L2034	NC
L2035	NC
L2036	NC
L2037	NC
L2038	NC
L2040	NC
L2050	NC
L2060	NC
L2070	NC
L2080	NC
L2090	NC
L2106	NC
L2108	NC
L2112	\$ 548.16
L2114	\$ 686.59
L2116	\$ 837.46
L2126	NC
L2128	NC
L2132	\$ 1,057.43
L2134	\$ 1,252.13
L2136	\$ 1,370.27
L2180	\$ 144.05
L2182	\$ 124.15
L2184	\$ 125.86
L2186	\$ 167.36
L2188	\$ 304.27
L2190	\$ 92.69
L2192	\$ 362.24
L2200	\$ 54.60
L2210	\$ 68.29
L2220	\$ 87.91
L2230	\$ 103.94
L2232	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L2240	\$ 103.43
L2250	\$ 362.93
L2260	\$ 203.66
L2265	\$ 146.04
L2270	\$ 66.97
L2275	\$ 141.64
L2280	\$ 613.39
L2300	\$ 273.54
L2310	\$ 124.98
L2320	\$ 209.58
L2330	\$ 398.93
L2335	\$ 305.44
L2340	\$ 454.07
L2350	\$ 905.28
L2360	\$ 56.05
L2370	\$ 347.75
L2375	\$ 133.69
L2380	\$ 140.22
L2385	\$ 159.66
L2387	NC
L2390	\$ 111.22
L2395	\$ 158.95
L2397	\$ 132.64
L2405	\$ 94.74
L2415	\$ 132.01
L2425	\$ 155.76
L2430	\$ 155.76
L2492	\$ 127.43
L2500	\$ 340.01
L2510	\$ 876.31
L2520	\$ 584.03
L2525	\$ 1,238.46
L2526	\$ 695.88
L2530	\$ 260.59
L2540	\$ 493.08
L2550	\$ 369.70
L2570	\$ 483.91

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L2580	\$ 471.52
L2600	\$ 231.74
L2610	\$ 256.07
L2620	\$ 271.64
L2622	\$ 345.76
L2624	\$ 423.96
L2627	\$ 2,322.22
L2628	\$ 1,702.14
L2630	\$ 251.58
L2640	\$ 341.42
L2650	\$ 150.36
L2660	\$ 194.69
L2670	\$ 173.30
L2680	\$ 158.99
L2750	NC
L2755	NC
L2760	NC
L2768	\$ 141.55
L2770	\$ 62.88
L2780	\$ 68.76
L2785	\$ 32.20
L2795	\$ 89.09
L2800	\$ 109.43
L2810	\$ 88.73
L2820	\$ 88.22
L2830	\$ 95.45
L2840	\$ 46.86
L2850	\$ 65.72
L2999	RC
L3000	NC
L3001	NC
L3002	NC
L3003	NC
L3010	NC
L3020	NC
L3030	NC
L3031	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L3040	NC
L3050	NC
L3060	NC
L3070	NC
L3080	NC
L3090	NC
L3100	NC
L3140	NC
L3150	NC
L3160	NC
L3170	NC
L3201	NC
L3202	NC
L3203	NC
L3204	NC
L3206	NC
L3207	NC
L3208	NC
L3209	NC
L3211	NC
L3212	NC
L3213	NC
L3214	NC
L3224	NC
L3225	NC
L3230	NC
L3250	NC
L3251	NC
L3252	NC
L3253	NC
L3254	NC
L3255	NC
L3257	NC
L3265	NC
L3300	NC
L3310	NC
L3320	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L3330	NC
L3332	NC
L3334	NC
L3340	NC
L3350	NC
L3360	NC
L3370	NC
L3380	NC
L3390	NC
L3400	NC
L3410	NC
L3420	NC
L3430	NC
L3440	NC
L3450	NC
L3455	NC
L3460	NC
L3465	NC
L3470	NC
L3480	NC
L3485	NC
L3500	NC
L3510	NC
L3520	NC
L3530	NC
L3540	NC
L3550	NC
L3560	NC
L3570	NC
L3580	NC
L3590	NC
L3595	NC
L3600	NC
L3610	NC
L3620	NC
L3630	NC
L3640	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L3649	NC
L3650	\$ 71.26
L3651	\$ 65.10
L3652	\$ 196.21
L3660	\$ 102.18
L3670	\$ 112.43
L3671	NC
L3672	NC
L3673	NC
L3675	\$ 173.54
L3700	\$ 75.02
L3701	\$ 20.15
L3702	NC
L3710	\$ 141.22
L3720	NC
L3730	NC
L3740	\$ 1,062.52
L3760	\$ 494.53
L3762	\$ 106.33
L3763	NC
L3764	NC
L3765	NC
L3766	NC
L3806	NC
L3807	\$ 247.26
L3808	NC
L3900	NC
L3901	NC
L3904	NC
L3905	NC
L3906	NC
L3908	\$ 72.52
L3909	\$ 14.00
L3911	\$ 24.49
L3912	\$ 104.18
L3913	NC
L3915	\$ 525.66

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L3917	\$ 104.42
L3919	NC
L3921	NC
L3923	\$ 95.52
L3925	\$ 64.96
L3927	\$ 34.62
L3929	\$ 90.31
L3931	\$ 206.17
L3933	NC
L3935	NC
L3956	\$ 37.99
L3960	\$ 788.69
L3961	NC
L3962	\$ 713.32
L3967	NC
L3971	NC
L3973	NC
L3975	NC
L3976	NC
L3977	NC
L3978	NC
L3980	\$ 382.55
L3982	\$ 388.43
L3984	\$ 342.18
L3995	\$ 40.61
L3999	RC
L4000	\$ 1,435.79
L4002	\$ 100.00
L4010	\$ 872.70
L4020	\$ 1,048.32
L4030	\$ 666.22
L4040	NC
L4045	NC
L4050	NC
L4055	NC
L4060	\$ 353.05
L4070	\$ 285.92

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L4080	\$ 107.92
L4090	\$ 91.82
L4100	\$ 110.34
L4110	\$ 86.16
L4130	\$ 520.79
L4205	\$ 37.99
L4210	\$ 99.98
L4350	\$ 105.14
L4360	\$ 281.30
L4370	\$ 255.73
L4380	\$ 124.32
L4386	\$ 172.28
L4392	\$ 25.56
L4394	\$ 18.68
L4396	\$ 182.34
L4398	\$ 83.94
L5000	NC
L5010	NC
L5020	NC
L5050	NC
L5060	NC
L5100	NC
L5105	NC
L5150	NC
L5160	NC
L5200	NC
L5210	NC
L5220	NC
L5230	NC
L5250	NC
L5270	NC
L5280	NC
L5301	NC
L5311	NC
L5321	NC
L5331	NC
L5341	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L5400	NC
L5410	NC
L5420	NC
L5430	NC
L5450	NC
L5460	NC
L5500	NC
L5505	NC
L5510	NC
L5520	NC
L5530	NC
L5535	NC
L5540	NC
L5560	NC
L5570	NC
L5580	NC
L5585	NC
L5590	NC
L5595	NC
L5600	NC
L5610	NC
L5611	NC
L5613	NC
L5614	NC
L5616	NC
L5617	NC
L5618	NC
L5620	NC
L5622	NC
L5624	NC
L5626	NC
L5628	NC
L5629	NC
L5630	NC
L5631	NC
L5632	NC
L5634	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L5636	NC
L5637	NC
L5638	NC
L5639	NC
L5640	NC
L5642	NC
L5643	NC
L5644	NC
L5645	NC
L5646	NC
L5647	NC
L5648	NC
L5649	NC
L5650	NC
L5651	NC
L5652	NC
L5653	NC
L5654	NC
L5655	NC
L5656	NC
L5658	NC
L5661	NC
L5665	NC
L5666	NC
L5668	NC
L5670	NC
L5671	NC
L5672	NC
L5673	NC
L5676	NC
L5677	NC
L5678	NC
L5679	NC
L5680	NC
L5681	NC
L5682	NC
L5683	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L5684	NC
L5685	NC
L5686	NC
L5688	NC
L5690	NC
L5692	NC
L5694	NC
L5695	NC
L5696	NC
L5697	NC
L5698	NC
L5699	NC
L5700	NC
L5701	NC
L5702	NC
L5703	NC
L5704	NC
L5705	NC
L5706	NC
L5707	NC
L5710	NC
L5711	NC
L5712	NC
L5714	NC
L5716	NC
L5718	NC
L5722	NC
L5724	NC
L5726	NC
L5728	NC
L5780	NC
L5781	NC
L5782	NC
L5785	NC
L5790	NC
L5795	NC
L5810	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L5811	NC
L5812	NC
L5814	NC
L5816	NC
L5818	NC
L5822	NC
L5824	NC
L5826	NC
L5828	NC
L5830	NC
L5840	NC
L5845	NC
L5848	NC
L5850	NC
L5855	NC
L5856	NC
L5857	NC
L5858	NC
L5910	NC
L5920	NC
L5925	NC
L5930	NC
L5940	NC
L5950	NC
L5960	NC
L5962	NC
L5964	NC
L5966	NC
L5968	NC
L5970	NC
L5971	NC
L5972	NC
L5974	NC
L5975	NC
L5976	NC
L5978	NC
L5979	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L5980	NC
L5981	NC
L5982	NC
L5984	NC
L5985	NC
L5986	NC
L5987	NC
L5988	NC
L5990	NC
L5999	RC
L6000	NC
L6010	NC
L6020	NC
L6025	NC
L6050	NC
L6055	NC
L6100	NC
L6110	NC
L6120	NC
L6130	NC
L6200	NC
L6205	NC
L6250	NC
L6300	NC
L6310	NC
L6320	NC
L6350	NC
L6360	NC
L6370	NC
L6380	NC
L6382	NC
L6384	NC
L6386	NC
L6388	NC
L6400	NC
L6450	NC
L6500	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L6550	NC
L6570	NC
L6580	NC
L6582	NC
L6584	NC
L6586	NC
L6588	NC
L6590	NC
L6600	NC
L6605	NC
L6610	NC
L6611	NC
L6615	NC
L6616	NC
L6620	NC
L6621	NC
L6623	NC
L6624	NC
L6625	NC
L6628	NC
L6629	NC
L6630	NC
L6632	NC
L6635	NC
L6637	NC
L6638	NC
L6639	NC
L6640	NC
L6641	NC
L6642	NC
L6645	NC
L6646	NC
L6647	NC
L6648	NC
L6650	NC
L6655	NC
L6660	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L6665	NC
L6670	NC
L6672	NC
L6675	NC
L6676	NC
L6677	NC
L6680	NC
L6682	NC
L6684	NC
L6686	NC
L6687	NC
L6688	NC
L6689	NC
L6690	NC
L6691	NC
L6692	NC
L6693	NC
L6694	NC
L6695	NC
L6696	NC
L6697	NC
L6698	NC
L6703	NC
L6704	NC
L6706	NC
L6707	NC
L6708	NC
L6709	NC
L6711	NC
L6712	NC
L6713	NC
L6714	NC
L6721	NC
L6722	NC
L6805	NC
L6810	NC
L6881	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L6882	NC
L6883	NC
L6884	NC
L6885	NC
L6890	NC
L6895	NC
L6900	NC
L6905	NC
L6910	NC
L6915	NC
L6920	NC
L6925	NC
L6930	NC
L6935	NC
L6940	NC
L6945	NC
L6950	NC
L6955	NC
L6960	NC
L6965	NC
L6970	NC
L6975	NC
L7007	NC
L7008	NC
L7009	NC
L7040	NC
L7045	NC
L7170	NC
L7180	NC
L7181	NC
L7185	NC
L7186	NC
L7190	NC
L7191	NC
L7260	NC
L7261	NC
L7266	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L7272	NC
L7274	NC
L7360	NC
L7362	NC
L7364	NC
L7366	NC
L7367	NC
L7368	NC
L7400	NC
L7401	NC
L7402	NC
L7403	NC
L7404	NC
L7405	NC
L7499	RC
L7500	NC
L7510	NC
L7520	NC
L7900	NC
L8000	NC
L8001	NC
L8002	NC
L8015	NC
L8020	NC
L8030	NC
L8035	NC
L8039	NC
L8040	NC
L8041	NC
L8042	NC
L8043	NC
L8044	NC
L8045	NC
L8046	NC
L8047	NC
L8048	RC
L8049	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L8300	NC
L8310	NC
L8320	NC
L8330	NC
L8400	NC
L8410	NC
L8415	NC
L8417	NC
L8420	NC
L8430	NC
L8435	NC
L8440	NC
L8460	NC
L8465	NC
L8470	NC
L8480	NC
L8485	NC
L8499	RC
L8500	NC
L8501	NC
L8505	NC
L8507	NC
L8509	NC
L8510	NC
L8511	NC
L8512	NC
L8513	NC
L8514	NC
L8515	NC
L8615	NC
L8616	NC
L8617	NC
L8618	NC
L8619	NC
L8621	NC
L8622	NC
L8623	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
L8624	NC
L8681	\$ 1,081.18
L8683	\$ 4,780.20
L8684	\$ 682.45
L8689	\$ 1,553.71
L8691	NC
L8695	\$ 15.01
P2028	NC
P2029	NC
P2033	NC
P9603	NC
P9604	NC
Q0480	RC
Q0481	RC
Q0482	RC
Q0483	RC
Q0484	RC
Q0485	RC
Q0486	RC
Q0487	RC
Q0488	RC
Q0489	RC
Q0490	RC
Q0491	RC
Q0492	RC
Q0493	RC
Q0494	RC
Q0495	RC
Q0496	RC
Q0497	RC
Q0498	RC
Q0499	RC
Q0500	RC
Q0501	RC
Q0502	RC
Q0503	RC
Q0504	RC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
Q0505	RC
Q3014	NC
Q4081	RC
V2020	NC
V2100	NC
V2101	NC
V2102	NC
V2103	NC
V2104	NC
V2105	NC
V2106	NC
V2107	NC
V2108	NC
V2109	NC
V2110	NC
V2111	NC
V2112	NC
V2113	NC
V2114	NC
V2115	NC
V2118	NC
V2121	NC
V2199	RC
V2200	NC
V2201	NC
V2202	NC
V2203	NC
V2204	NC
V2205	NC
V2206	NC
V2207	NC
V2208	NC
V2209	NC
V2210	NC
V2211	NC
V2212	NC
V2213	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
V2214	NC
V2215	NC
V2218	NC
V2219	NC
V2220	NC
V2221	NC
V2299	RC
V2300	NC
V2301	NC
V2302	NC
V2303	NC
V2304	NC
V2305	NC
V2306	NC
V2307	NC
V2308	NC
V2309	NC
V2310	NC
V2311	NC
V2312	NC
V2313	NC
V2314	NC
V2315	NC
V2318	NC
V2319	NC
V2320	NC
V2321	NC
V2399	RC
V2410	NC
V2430	NC
V2499	RC
V2500	NC
V2501	NC
V2502	NC
V2503	NC
V2510	NC
V2511	NC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
V2512	NC
V2513	NC
V2520	NC
V2521	NC
V2522	NC
V2523	NC
V2530	NC
V2531	NC
V2599	RC
V2600	NC
V2610	NC
V2615	NC
V2623	NC
V2624	NC
V2625	NC
V2626	NC
V2627	NC
V2628	NC
V2629	RC
V2700	NC
V2710	NC
V2715	NC
V2718	NC
V2730	NC
V2744	NC
V2745	NC
V2750	NC
V2755	NC
V2760	NC
V2762	NC
V2770	NC
V2780	NC
V2782	NC
V2783	NC
V2784	NC
V2786	NC
V2797	RC

OPPS Fee Schedule Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
V2799	RC

Table 4 – OPSS Non-Covered Items with BWC rates

OPSS NonCovered Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
22526	\$ 9,919.63
22527	\$ 9,919.63
72159	\$ 888.80
74263	RC
76390	\$ 98.02
80050	\$ 88.98
80100	\$ 15.77
80101	\$ 25.14
85060	\$ 31.30
88000	\$ 268.75
88005	\$ 281.25
88007	\$ 302.50
88020	\$ 405.00
88025	\$ 405.00
88027	\$ 372.50
88036	\$ 190.00
88037	\$ 92.50
88040	\$ 821.25
88045	\$ 46.25
90284	RC
90389	RC
90393	RC
90399	RC
90470	RC
90581	RC
90644	RC
90661	RC
90662	RC
90663	RC
90670	RC
90875	\$ 98.23
90876	\$ 145.43
92015	\$ 42.70
92310	\$ 120.33
92314	\$ 93.02
92340	\$ 45.97
92341	\$ 52.96
92342	\$ 56.97
92370	\$ 40.27
92551	\$ 13.87

OPPS NonCovered Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
92560	\$ 28.31
92590	\$ 56.85
92591	\$ 85.38
92592	\$ 24.92
92593	\$ 37.62
92594	\$ 27.46
92595	\$ 41.14
92617	\$ 58.09
93000	\$ 28.52
93010	\$ 12.61
93015	\$ 136.40
93040	\$ 18.40
93352	\$ 51.92
97005	\$ 92.51
97006	\$ 49.92
97014	\$ 18.32
97810	\$ 48.56
97811	\$ 37.79
97813	\$ 52.05
97814	\$ 42.23
98943	\$ 31.90
99172	\$ 10.81
99173	\$ 3.46
99401	\$ 47.80
99402	\$ 82.91
99403	\$ 117.16
99404	\$ 151.29
99605	RC
99606	RC
99607	RC
A4222	RC
A4556	RC
A4600	RC
A4614	\$ 29.96
A4615	\$ 0.90
A4620	\$ 0.78
E0100	\$ 22.56
E0110	\$ 83.10
E0111	\$ 62.10
E0112	\$ 42.01
E0114	\$ 50.54

OPPS NonCovered Service or Item Paid by BWC at BWC Set Rate	
HCPCS Code	BWC Rate
E0130	\$ 69.86
E0135	\$ 83.21
E0144	\$ 34.60
E0149	\$ 242.40
E0230	\$ 10.68
E0720	RC
E0730	RC
J0350	\$ 2,517.58
J2460	\$ 1.16
J7330	BR
J7605	\$ 5.95
J7606	\$ 5.02
J7608	\$ 2.42
J7611	\$ 0.11
J7612	\$ 0.20
J7613	\$ 0.05
J7614	\$ 0.29
J7633	\$ 0.06
J7634	\$ 0.06
J7670	\$ 0.06
J7682	\$ 76.23

Table 5 – OPPS Fee Schedule Local Codes with BWC rates

Code	Description	Rate	Unit of Service
W0750	Nutritional consultation/weight control Services for weight reduction and weight maintenance when the condition presents a barrier to participation in plan services and return to work. These services must focus on behaviorally oriented nutritional counseling and not on quick weight loss techniques primarily based on dieting supplements or packaged foods. If provided by registered dietician, this service is provided in one-hour units, up to <b>9</b> units. Other programs operate within their customary timeframes during the rehabilitation plan	\$60.00	1 unit = 1 hr
W0751	Weight control Program with FDA approved Drugs Services for weight reduction and weight maintenance when the condition presents a barrier to participation in plan services and return to work.	\$ 2,000.00	1 unit = completed program
W0710	Work conditioning program, active treatment	\$65.00	1 unit = 1 hr
W1930	Translator/Interpreter Services	\$20.00	1 unit = 15 min
W0500	Monitored smoking cessation program <b>with</b> FDA approved prescription smoking deterrent drugs. Services for smoking cessation with prescription drugs, when the allowed lung condition presents a barrier to meeting established treatment and return to work goals and when the Miller Criteria have been met.	\$1000.00 Maximum Reimbursement:	1 unit = completed program (includes prescription drugs)
W0501	Monitored smoking cessation program <b>without</b> FDA approved prescription smoking deterrent drugs. Services for smoking cessation, without prescription drugs when the lung condition presents a barrier to meeting established treatment and return to work goals and when the Miller Criteria have been met	\$500 Maximum Reimbursement	1 unit = completed program