

**Ohio Bureau of Workers' Compensation**  
**2017 Hospital Outpatient Services**  
**Appendix**

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2017 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) are obtained from Current Procedural Terminology (CPT®), copyright 2016 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 2017 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) 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 2017 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix). 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 2017 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) 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 2017 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix), 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. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission to BWC. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. The provider must submit a report to the MCO for reimbursement consideration.
- 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 Routinely Covered (NRC)** 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). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.
- Never Covered (NC)** The procedure or service is never covered.

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 1 - I/OCE Edits Bypassed/Ignored by BWC</b>	
<b>Edit Number</b>	<b>Edit Description</b>
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 Z00.00 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
101	Item or service with modifier PN not allowed under PFS

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 2 - BWC-Specific Hospital Outpatient Vocational Rehab Codes</b>			
<b>Code</b>	<b>Description</b>	<b>Proposed Rate</b>	<b>Units of Service</b>
W0637	Transitional Work Services	\$47.40	1 unit = 15 min
W0648	Physical reconditioning unsupervised	By Report: not to exceed \$225.00	1 unit = 3 month period
W0702	Occupational rehab/work hardening Initial 2 hour session	\$18.48	15 min; max units 8 per day
W0703	Occupational rehab/work hardening each additional hour	\$18.13	15 min; max units 24 per day
W0710	Work Conditioning program, active treatment	\$16.57	15 min
W3050	Travel time, other voc rehab provider	\$3.89	1 unit = 6 min; units should not exceed 20
W3052	Mileage, other voc rehab provider	\$0.52	1 unit = 1 mile; units should not exceed 130
Z3050	Remain at Work (RAW) other provider travel time	\$3.89	1 unit = 6 min; units should not exceed 20
Z3052	Remain at Work (RAW) other provider mileage	\$0.52	1 unit = 1 mile; units should not exceed 130

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
<b>Code</b>	<b>Coverage Status</b>	<b>Rate</b>
0004M	NRC	RC
0006M	NRC	RC
0007M	NRC	RC
0111T	NRC	RC
0423T	NRC	RC
77295	NC	\$0.00
81200	NRC	RC
81201	NRC	\$0.00
81202	NRC	\$0.00
81203	NRC	\$0.00
81205	NRC	RC
81209	NRC	RC
81216	NRC	RC
81220	NRC	RC
81221	NRC	RC
81222	NRC	RC
81223	NRC	RC
81224	NRC	RC
81228	NRC	RC
81229	NRC	RC
81242	NRC	RC
81243	NRC	RC
81244	NRC	RC
81250	NRC	RC
81251	NRC	RC
81252	NRC	\$0.00
81253	NRC	\$0.00
81254	NRC	\$0.00
81255	NRC	RC
81257	NRC	RC
81260	NRC	RC
81266	NRC	RC
81290	NRC	RC
81302	NRC	RC
81303	NRC	RC
81304	NRC	RC
81324	NRC	\$0.00
81325	NRC	\$0.00
81326	NRC	\$0.00
81330	NRC	RC

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
81331	NRC	RC
81350	NRC	RC
81355	NRC	RC
81400	NRC	RC
81401	NRC	RC
81402	NRC	RC
81403	NRC	RC
81404	NRC	RC
81405	NRC	RC
81406	NRC	RC
81407	NRC	RC
81408	NRC	RC
81410	NRC	\$0.00
81411	NRC	\$0.00
81415	NRC	\$0.00
81416	NRC	\$0.00
81417	NRC	\$0.00
81425	NRC	\$0.00
81426	NRC	\$0.00
81427	NRC	\$0.00
81430	NRC	\$0.00
81431	NRC	\$0.00
81440	NRC	\$0.00
81455	NRC	\$0.00
81460	NRC	\$0.00
81465	NRC	\$0.00
81470	NRC	\$0.00
81471	NRC	\$0.00
81479	NRC	\$0.00
81504	NRC	\$0.00
81507	NRC	\$0.00
95782	NC	\$0.00
95783	NC	\$0.00
97010	NC	\$0.00
97039	BR	\$0.00
97139	BR	\$0.00
97545	NC	\$0.00
97546	NC	\$0.00
97799	BR	\$0.00
A0425		\$13.16
A0426		\$378.35

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
A0427		\$599.06
A0428		\$315.30
A0429		\$504.47
A0430		\$5,170.90
A0431		\$6,011.94
A0432	NRC	\$450.05
A0433		\$867.06
A0434		\$1,024.71
A0435		\$15.30
A0436		\$40.82
A0999	BR	\$0.00
A9285	NRC	RC
A9901	NRC	\$0.00
B4087		\$43.24
B4088		\$43.24
C9399	NRC	RC
C9899	NRC	RC
E0604	NRC	\$0.00
E1500	NRC	RC
E1510	NRC	RC
E1520	NRC	RC
E1530	NRC	RC
E1540	NRC	RC
E1550	NRC	RC
E1560	NRC	RC
E1570	NRC	RC
E1575	NRC	RC
E1580	NRC	RC
E1590	NRC	RC
E1592	NRC	RC
E1594	NRC	RC
E1600	NRC	RC
E1610	NRC	RC
E1615	NRC	RC
E1620	NRC	RC
E1625	NRC	RC
E1630	NRC	RC
E1632	NRC	RC
E1635	NRC	RC
E1636	NRC	RC
E1637	NRC	RC

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
E1639	NRC	RC
E1699	NRC	RC
G0466	NRC	RC
G0467	NRC	RC
G0468	NRC	RC
G0469	NRC	RC
G0470	NRC	RC
G0490	NRC	RC
G0499	NRC	RC
G9017	NRC	RC
G9018	NRC	RC
G9019	NRC	RC
G9020	NRC	RC
G9033	NRC	RC
G9034	NRC	RC
G9035	NRC	RC
G9036	NRC	RC
G9140	NRC	RC
K0672		\$97.02
K0744	NC	\$0.00
K0745	NC	\$0.00
K0746	NC	\$0.00
L0112		\$1,601.15
L0113		\$326.24
L0120		\$30.25
L0130		\$174.62
L0140		\$68.47
L0150		\$122.46
L0160		\$178.80
L0170		\$919.80
L0172		\$162.01
L0174		\$318.58
L0180		\$516.13
L0190		\$608.70
L0200		\$706.03
L0220		\$147.80
L0450		\$185.90
L0452	NRC	\$0.00
L0454		\$396.77
L0455		\$396.77
L0456		\$1,137.79

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L0457		\$1,137.79
L0458		\$1,020.28
L0460		\$1,148.39
L0462		\$1,428.38
L0464		\$1,700.48
L0466		\$434.04
L0467		\$434.04
L0468		\$543.95
L0469		\$543.95
L0470		\$752.69
L0472		\$463.15
L0480		\$1,727.94
L0482		\$1,930.13
L0484		\$2,084.47
L0486		\$2,340.92
L0488		\$1,148.39
L0490		\$323.60
L0491		\$878.58
L0492		\$572.11
L0621		\$98.64
L0622		\$305.77
L0623	NRC	\$0.00
L0624	NRC	\$0.00
L0625		\$63.02
L0626		\$89.17
L0627		\$470.21
L0628		\$95.95
L0629	NRC	\$0.00
L0630		\$185.29
L0631		\$1,174.38
L0632	NRC	\$0.00
L0633		\$328.06
L0634	NRC	\$0.00
L0635		\$1,143.11
L0636		\$1,551.00
L0637		\$1,482.05
L0638		\$1,508.84
L0639		\$1,482.05
L0640		\$1,197.06
L0641		\$89.17
L0642		\$470.21

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L0643		\$185.29
L0648		\$1,174.38
L0649		\$328.06
L0650		\$1,482.05
L0651		\$1,482.05
L0700		\$2,277.42
L0710		\$2,503.50
L0810		\$3,057.78
L0820		\$2,405.38
L0830		\$3,680.57
L0859		\$1,303.12
L0861		\$246.58
L0970		\$122.26
L0972		\$111.28
L0974		\$199.91
L0976		\$171.04
L0978	NRC	\$215.27
L0980		\$19.56
L0982		\$17.89
L0984		\$77.42
L0999	BR	\$0.00
L1000	NRC	\$2,319.77
L1001	NRC	\$0.00
L1005	NRC	\$3,661.51
L1010	NRC	\$95.71
L1020	NRC	\$123.28
L1025	NRC	\$177.85
L1030	NRC	\$89.57
L1040	NRC	\$101.42
L1050	NRC	\$114.78
L1060	NRC	\$123.90
L1070	NRC	\$128.34
L1080	NRC	\$59.86
L1085	NRC	\$200.38
L1090	NRC	\$115.12
L1100	NRC	\$217.25
L1110	NRC	\$364.26
L1120	NRC	\$43.51
L1200		\$2,047.20
L1210		\$279.89
L1220		\$272.42

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L1230		\$763.19
L1240		\$104.04
L1250		\$90.46
L1260		\$107.89
L1270	NRC	\$94.81
L1280	NRC	\$99.96
L1290	NRC	\$88.90
L1300	NRC	\$1,971.65
L1310	NRC	\$2,053.62
L1499	BR	\$0.00
L1600	NRC	\$147.41
L1610	NRC	\$62.62
L1620	NRC	\$179.76
L1630	NRC	\$241.68
L1640	NRC	\$541.55
L1650	NRC	\$282.12
L1652		\$407.80
L1660		\$206.74
L1680		\$1,303.32
L1685		\$1,272.36
L1686		\$1,071.95
L1690		\$2,212.21
L1700	NRC	\$1,779.86
L1710	NRC	\$2,266.45
L1720	NRC	\$1,687.60
L1730	NRC	\$1,424.70
L1755	NRC	\$2,048.32
L1810		\$117.76
L1812		\$117.76
L1820		\$162.59
L1830		\$95.16
L1831		\$336.70
L1832		\$787.98
L1833		\$787.98
L1834		\$830.35
L1836		\$152.63
L1840		\$1,075.82
L1843		\$1,026.46
L1844		\$1,742.12
L1845		\$958.28
L1846		\$1,338.50

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L1847		\$658.00
L1848		\$658.00
L1850		\$325.91
L1851	NRC	RC
L1852	NRC	RC
L1860		\$1,426.54
L1900		\$326.39
L1902		\$85.39
L1904		\$516.36
L1906		\$128.64
L1907		\$643.73
L1910		\$320.82
L1920		\$469.96
L1930		\$288.22
L1932		\$1,020.84
L1940		\$557.10
L1945		\$1,284.11
L1950		\$879.80
L1951		\$960.74
L1960		\$709.13
L1970		\$791.80
L1971		\$536.26
L1980		\$461.92
L1990		\$534.60
L2000		\$1,279.75
L2005		\$4,687.76
L2010		\$998.20
L2020		\$1,260.68
L2030		\$1,239.16
L2034		\$2,323.99
L2035	NRC	\$198.18
L2036		\$2,120.90
L2037		\$1,897.12
L2038		\$1,529.35
L2040	NRC	\$231.42
L2050	NRC	\$557.47
L2060	NRC	\$697.28
L2070	NRC	\$177.55
L2080	NRC	\$426.92
L2090	NRC	\$568.81
L2106		\$901.72

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L2108		\$1,315.19
L2112		\$577.14
L2114		\$722.89
L2116		\$881.72
L2126		\$1,460.76
L2128	NRC	\$1,834.21
L2132		\$1,113.34
L2134		\$1,318.33
L2136		\$1,442.71
L2180		\$151.67
L2182		\$130.73
L2184		\$132.50
L2186		\$176.21
L2188		\$320.35
L2190		\$97.58
L2192		\$381.40
L2200		\$57.48
L2210		\$71.90
L2220		\$92.57
L2230		\$109.43
L2232		\$111.12
L2240		\$108.91
L2250		\$382.12
L2260		\$214.43
L2265		\$153.78
L2270		\$70.51
L2275		\$149.12
L2280		\$645.82
L2300		\$288.00
L2310		\$131.59
L2320		\$220.67
L2330		\$420.02
L2335		\$321.58
L2340		\$478.08
L2350		\$953.14
L2360		\$59.00
L2370		\$366.12
L2375		\$140.76
L2380		\$147.64
L2385		\$168.11
L2387	NRC	\$218.39

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L2390		\$117.10
L2395		\$167.36
L2397		\$139.64
L2405		\$99.74
L2415		\$138.98
L2425		\$163.99
L2430		\$163.99
L2492		\$134.17
L2500		\$357.98
L2510		\$922.64
L2520		\$614.89
L2525		\$1,303.92
L2526		\$732.67
L2530		\$274.37
L2540		\$519.14
L2550		\$389.24
L2570		\$509.50
L2580		\$496.44
L2600		\$244.00
L2610		\$269.62
L2620		\$286.01
L2622		\$364.03
L2624		\$446.38
L2627		\$2,444.99
L2628		\$1,792.13
L2630		\$264.88
L2640		\$359.47
L2650		\$158.30
L2660		\$204.97
L2670		\$182.47
L2680		\$167.39
L2750	NRC	\$89.41
L2755		\$149.47
L2760	NRC	\$64.99
L2768		\$149.04
L2780		\$72.40
L2785		\$33.90
L2795		\$93.82
L2800		\$115.21
L2810		\$93.43
L2820		\$92.89

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L2830		\$100.49
L2840		\$49.33
L2850		\$69.20
L2999	BR	\$0.00
L3000		\$359.36
L3001		\$151.32
L3002		\$184.75
L3003		\$199.31
L3010		\$199.31
L3020		\$226.97
L3030		\$87.29
L3031	NRC	\$140.11
L3040		\$53.86
L3050		\$53.86
L3060		\$84.37
L3070		\$36.37
L3080		\$36.37
L3090		\$46.57
L3100	NRC	\$49.48
L3140	NRC	\$101.84
L3150	NRC	\$93.13
L3160	NRC	\$0.00
L3170		\$58.19
L3201	NRC	\$0.00
L3202	NRC	\$0.00
L3203	NRC	\$0.00
L3204	NRC	\$0.00
L3206	NRC	\$0.00
L3207	NRC	\$0.00
L3208	NRC	\$0.00
L3209	NRC	\$0.00
L3211	NRC	\$0.00
L3212	NRC	\$0.00
L3213	NRC	\$0.00
L3214	NRC	\$0.00
L3224		\$77.30
L3225		\$84.43
L3230		\$249.96
L3250		\$300.00
L3251		\$300.00
L3252		\$100.00

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L3253		\$50.00
L3254		\$100.00
L3255		\$100.00
L3257		\$50.00
L3265		\$40.00
L3300		\$59.66
L3310		\$93.13
L3320		\$69.10
L3330		\$647.42
L3332		\$84.37
L3334		\$43.63
L3340		\$97.51
L3350		\$26.17
L3360		\$40.73
L3370		\$56.75
L3380	NRC	\$56.75
L3390		\$56.75
L3400		\$46.57
L3410		\$106.20
L3420		\$62.57
L3430		\$183.32
L3440		\$87.29
L3450		\$120.73
L3455		\$46.57
L3460		\$39.30
L3465		\$66.96
L3470		\$71.27
L3480		\$71.27
L3485		\$64.48
L3500		\$33.44
L3510		\$33.44
L3520		\$36.37
L3530		\$36.37
L3540		\$58.19
L3550	NRC	\$10.22
L3560	NRC	\$26.17
L3570		\$97.51
L3580		\$74.21
L3590		\$61.12
L3595		\$47.99
L3600		\$87.29

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L3610		\$114.95
L3620		\$87.29
L3630		\$114.95
L3640	NRC	\$49.48
L3649	BR	\$0.00
L3650		\$75.02
L3660		\$107.58
L3670		\$118.37
L3671		\$938.11
L3674		\$1,230.66
L3675		\$182.72
L3677		\$300.00
L3678	BR	\$0.00
L3702		\$300.64
L3710		\$148.67
L3720		\$711.37
L3730		\$943.57
L3740		\$1,118.69
L3760		\$520.68
L3762		\$111.95
L3763		\$779.14
L3764		\$815.36
L3765		\$1,335.00
L3766		\$1,413.67
L3806		\$472.91
L3807		\$260.33
L3808		\$370.87
L3809		\$260.33
L3900		\$1,686.59
L3901		\$2,210.36
L3904		\$3,514.24
L3905		\$1,032.48
L3906		\$527.62
L3908		\$76.33
L3912		\$109.69
L3913		\$281.98
L3915		\$553.44
L3916		\$553.44
L3917		\$109.94
L3918		\$109.94
L3919		\$281.98

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L3921		\$334.43
L3923		\$100.56
L3924		\$100.56
L3925		\$68.40
L3927		\$36.46
L3929		\$95.09
L3930		\$95.09
L3931		\$217.07
L3933		\$222.14
L3935		\$230.00
L3956		\$37.99
L3960		\$830.39
L3961		\$1,749.26
L3962		\$751.03
L3967		\$2,065.25
L3971		\$1,960.40
L3973		\$2,065.25
L3975		\$1,749.26
L3976		\$1,749.26
L3977		\$1,960.40
L3978		\$2,065.25
L3980		\$402.77
L3981		\$1,047.97
L3982		\$408.97
L3984		\$360.28
L3995		\$42.77
L3999	BR	\$0.00
L4000		\$1,511.69
L4002	BR	\$0.00
L4010		\$918.83
L4020		\$1,103.76
L4030		\$701.41
L4040		\$475.01
L4045		\$350.89
L4050		\$470.46
L4055		\$285.96
L4060		\$371.72
L4070		\$301.03
L4080		\$113.64
L4090		\$96.68
L4100		\$116.17

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L4110		\$90.71
L4130		\$548.33
L4205		\$25.99
L4210		\$99.98
L4350		\$110.70
L4360		\$296.18
L4361		\$296.18
L4370		\$269.26
L4386		\$181.38
L4387		\$181.38
L4392		\$26.90
L4394		\$19.66
L4396		\$191.98
L4397		\$191.98
L4398		\$88.37
L4631		\$1,686.42
L5000		\$656.92
L5010		\$1,835.50
L5020		\$2,875.64
L5050		\$3,140.74
L5060		\$3,871.62
L5100		\$3,127.30
L5105		\$4,413.30
L5150		\$4,906.54
L5160		\$5,387.14
L5200		\$4,166.56
L5210		\$3,308.24
L5220		\$3,644.26
L5230		\$5,465.83
L5250		\$6,408.83
L5270		\$7,140.68
L5280		\$6,941.00
L5301		\$3,070.93
L5312		\$4,838.48
L5321		\$4,094.98
L5331		\$5,997.68
L5341		\$6,375.44
L5400		\$1,828.75
L5410		\$505.22
L5420		\$2,309.63
L5430		\$626.93

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L5450		\$542.10
L5460		\$711.01
L5500		\$1,690.31
L5505		\$2,377.79
L5510		\$2,018.50
L5520		\$1,809.35
L5530		\$2,378.50
L5535		\$2,217.26
L5540		\$2,348.41
L5560		\$2,675.88
L5570		\$2,597.03
L5580		\$3,223.30
L5585		\$3,774.74
L5590		\$3,360.61
L5595		\$5,251.76
L5600		\$5,977.27
L5610		\$2,882.81
L5611		\$1,836.11
L5613		\$2,792.83
L5614		\$1,934.23
L5616		\$1,684.01
L5617		\$641.33
L5618		\$382.99
L5620		\$339.79
L5622		\$457.79
L5624		\$457.62
L5626		\$724.46
L5628		\$733.62
L5629		\$362.16
L5630		\$629.27
L5631		\$500.72
L5632		\$308.63
L5634		\$385.96
L5636		\$295.01
L5637		\$438.96
L5638		\$739.48
L5639		\$1,277.71
L5640		\$839.84
L5642		\$778.50
L5643		\$2,296.18
L5644		\$673.10

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L5645		\$1,116.64
L5646		\$707.63
L5647		\$906.50
L5648		\$836.12
L5649		\$2,809.48
L5650		\$556.34
L5651		\$1,630.01
L5652		\$496.85
L5653		\$775.21
L5654		\$449.39
L5655		\$324.47
L5656		\$492.92
L5658		\$520.31
L5661		\$746.51
L5665		\$663.68
L5666		\$87.89
L5668		\$130.91
L5670		\$309.23
L5671		\$566.86
L5672		\$409.20
L5673		\$900.89
L5676		\$412.96
L5677		\$632.46
L5678		\$45.25
L5679		\$750.74
L5680		\$346.87
L5681		\$1,507.75
L5682		\$712.69
L5683		\$1,507.75
L5684		\$54.85
L5685		\$146.82
L5686		\$65.96
L5688		\$70.06
L5690		\$143.03
L5692		\$151.43
L5694		\$206.74
L5695		\$185.86
L5696		\$224.51
L5697		\$106.62
L5698		\$136.76
L5699		\$233.75

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L5700		\$3,515.86
L5701		\$4,361.76
L5702		\$5,497.32
L5703		\$2,891.75
L5704		\$716.86
L5705		\$1,314.28
L5706		\$1,281.92
L5707		\$1,722.29
L5710		\$409.87
L5711		\$687.90
L5712		\$491.05
L5714		\$499.66
L5716		\$987.98
L5718		\$1,056.47
L5722		\$1,284.73
L5724		\$1,980.19
L5726		\$2,357.52
L5728		\$2,762.74
L5780		\$1,521.11
L5781		\$4,586.28
L5782		\$4,834.96
L5785		\$592.09
L5790		\$854.54
L5795		\$1,223.58
L5810		\$651.92
L5811		\$899.65
L5812		\$677.02
L5814		\$4,256.95
L5816		\$969.18
L5818		\$1,094.39
L5822		\$2,007.64
L5824		\$1,897.81
L5826		\$3,579.56
L5828		\$3,377.63
L5830		\$2,277.42
L5840		\$4,469.98
L5845		\$2,054.46
L5848		\$1,232.57
L5850		\$145.79
L5855		\$351.95
L5856		\$27,516.14

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L5857		\$9,763.75
L5858		\$21,302.87
L5859	NRC	\$16,630.94
L5910		\$412.74
L5920		\$604.67
L5925		\$382.92
L5930		\$3,858.11
L5940		\$571.63
L5950		\$886.63
L5960		\$1,325.72
L5961		\$5,471.26
L5962		\$669.85
L5964		\$1,284.90
L5966		\$1,655.17
L5968		\$4,165.25
L5969		\$16,730.64
L5970		\$248.98
L5971		\$248.98
L5972		\$453.54
L5973		\$20,236.54
L5974		\$265.56
L5975		\$531.38
L5976		\$673.61
L5978		\$356.94
L5979		\$2,857.85
L5980		\$4,354.20
L5981		\$3,911.14
L5982		\$734.72
L5984		\$737.02
L5985		\$323.66
L5986		\$889.03
L5987		\$8,245.70
L5988		\$2,289.80
L5990		\$2,079.43
L5999	BR	\$0.00
L6000		\$2,018.92
L6010		\$2,246.72
L6020		\$2,094.71
L6026		\$4,985.95
L6050		\$2,849.22
L6055		\$3,634.33

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L6100		\$2,883.32
L6110		\$3,050.36
L6120		\$3,449.98
L6130		\$3,639.80
L6200		\$3,749.41
L6205		\$5,172.24
L6250		\$3,688.76
L6300		\$5,087.83
L6310		\$4,611.01
L6320		\$2,403.12
L6350		\$5,574.68
L6360		\$4,839.80
L6370		\$2,806.75
L6380		\$1,623.35
L6382		\$1,932.53
L6384		\$2,444.75
L6386		\$535.88
L6388		\$590.16
L6400		\$3,119.04
L6450		\$4,076.41
L6500		\$4,002.95
L6550		\$5,184.65
L6570		\$5,787.97
L6580		\$2,314.16
L6582		\$1,943.58
L6584		\$2,877.91
L6586		\$2,564.41
L6588		\$4,084.16
L6590		\$3,559.50
L6600		\$259.98
L6605		\$267.60
L6610		\$252.97
L6611		\$471.91
L6615		\$245.57
L6616		\$73.92
L6620		\$429.30
L6621		\$2,621.78
L6623		\$817.79
L6624		\$4,316.78
L6625		\$606.10
L6628		\$652.40

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L6629		\$222.30
L6630		\$327.48
L6632		\$74.04
L6635		\$236.69
L6637		\$463.38
L6638		\$2,866.42
L6640		\$385.92
L6641		\$224.72
L6642		\$330.41
L6645		\$417.36
L6646		\$3,615.20
L6647		\$595.20
L6648		\$3,728.56
L6650		\$452.66
L6655		\$87.82
L6660		\$117.50
L6665		\$52.49
L6670		\$54.65
L6672		\$250.81
L6675		\$136.86
L6676		\$143.18
L6677		\$340.01
L6680		\$352.52
L6682		\$389.77
L6684		\$529.64
L6686		\$785.93
L6687		\$657.34
L6688		\$727.50
L6689		\$867.05
L6690		\$1,020.83
L6691		\$402.95
L6692		\$733.07
L6693		\$3,254.15
L6694		\$900.89
L6695		\$750.74
L6696		\$1,507.75
L6697		\$1,507.75
L6698		\$566.86
L6703		\$400.92
L6704		\$773.89
L6706		\$480.25

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L6707		\$1,698.85
L6708		\$1,123.01
L6709		\$1,593.84
L6711		\$770.60
L6712		\$1,418.89
L6713		\$1,790.74
L6714		\$1,516.74
L6715		\$3,618.83
L6721		\$2,695.90
L6722		\$2,324.04
L6805		\$439.62
L6810		\$233.70
L6880		\$27,386.22
L6881		\$4,686.07
L6882		\$3,554.60
L6883		\$2,276.94
L6884		\$3,115.39
L6885		\$4,839.80
L6890		\$228.92
L6895		\$765.46
L6900		\$2,222.88
L6905		\$2,200.04
L6910		\$2,162.78
L6915		\$929.26
L6920		\$9,601.88
L6925		\$10,257.98
L6930		\$9,247.92
L6935		\$10,209.79
L6940		\$11,942.12
L6945		\$13,323.00
L6950		\$11,919.98
L6955		\$13,823.44
L6960		\$14,541.72
L6965		\$17,226.92
L6970		\$18,439.51
L6975		\$20,324.69
L7007		\$4,186.61
L7008	NRC	\$6,492.18
L7009		\$4,283.40
L7040		\$3,486.41
L7045	NRC	\$1,841.98

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L7170		\$6,894.79
L7180		\$44,607.01
L7181		\$45,927.13
L7185	NRC	\$7,248.67
L7186	NRC	\$12,186.02
L7190	NRC	\$9,618.30
L7191	NRC	\$12,817.78
L7259		\$4,697.52
L7360		\$303.23
L7362		\$331.27
L7364		\$586.14
L7366		\$806.11
L7367		\$446.27
L7368		\$578.50
L7400		\$351.30
L7401		\$393.25
L7402		\$424.72
L7403		\$422.12
L7404		\$637.12
L7405		\$833.18
L7499	BR	\$0.00
L7510		\$250.00
L7520		\$35.32
L8000	NRC	\$48.53
L8001	NRC	\$143.80
L8002	NRC	\$189.11
L8010	NRC	RC
L8015	NRC	\$68.71
L8020	NRC	\$259.16
L8030	NRC	\$400.63
L8031	NRC	\$400.63
L8032	NRC	\$44.89
L8035	NRC	\$4,199.33
L8039	NRC	\$0.00
L8040		\$2,841.67
L8041		\$3,424.84
L8042		\$3,848.11
L8043		\$4,309.92
L8044		\$4,771.68
L8045		\$3,736.55
L8046		\$3,078.53

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L8047		\$1,577.75
L8048	BR	\$0.00
L8049		\$50.00
L8300		\$96.13
L8310		\$170.32
L8320		\$70.67
L8330		\$56.26
L8400		\$17.94
L8410		\$23.60
L8415		\$24.43
L8417		\$86.21
L8420		\$23.90
L8430		\$27.07
L8435		\$25.73
L8440		\$53.44
L8460		\$75.95
L8465		\$70.20
L8470		\$7.61
L8480		\$10.49
L8485		\$14.12
L8499	BR	\$0.00
L8500		\$754.30
L8501		\$137.66
L8505		\$28.97
L8507		\$48.00
L8509		\$125.18
L8510		\$289.67
L8511		\$83.34
L8512		\$2.51
L8513		\$5.95
L8514		\$108.10
L8515		\$72.35
L8615	NRC	\$516.95
L8616	NRC	\$120.40
L8617	NRC	\$105.17
L8618	NRC	\$30.06
L8619	NRC	\$9,634.51
L8621	NRC	\$0.71
L8622	NRC	\$0.37
L8623	NRC	\$74.15
L8624	NRC	\$184.85

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
L8627	NRC	\$8,177.56
L8628	NRC	\$1,456.93
L8629	NRC	\$205.25
L8681		\$1,307.28
L8683		\$6,176.86
L8684		\$969.24
L8689		\$1,977.19
L8691	NRC	\$3,056.47
L8693		\$1,738.06
L8695		\$19.12
L8696		\$248.41
P2028	NRC	RC
P2029	NRC	RC
P2033	NRC	RC
P2038	NRC	RC
P3000	NRC	RC
P9603	NRC	RC
P9604	NRC	RC
P9612	NRC	RC
Q0111		\$7.28
Q0112		\$7.28
Q0113		\$9.21
Q0114		\$12.19
Q0115		\$16.85
Q0478	NRC	\$210.62
Q0479	NRC	\$13,843.78
Q0480		\$103,234.50
Q0481		\$16,655.71
Q0482		\$5,216.87
Q0483		\$21,491.17
Q0484		\$4,173.50
Q0485		\$402.97
Q0486		\$335.36
Q0487		\$391.25
Q0488	NRC	RC
Q0489		\$18,631.68
Q0490		\$805.91
Q0491		\$1,266.98
Q0492		\$102.08
Q0493		\$290.63
Q0494		\$245.93

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
Q0495		\$4,787.86
Q0496		\$1,718.47
Q0497		\$536.59
Q0498		\$588.76
Q0499		\$191.29
Q0500		\$34.99
Q0501		\$585.36
Q0502		\$745.28
Q0503		\$1,490.51
Q0504		\$786.53
Q0506		\$979.00
Q0507	NRC	RC
Q0508	NRC	RC
Q0509	NRC	RC
Q3014	NRC	RC
V2020		\$85.73
V2100		\$52.99
V2101		\$50.90
V2102		\$88.03
V2103		\$44.59
V2104		\$45.97
V2105		\$54.67
V2106		\$60.58
V2107		\$53.95
V2108		\$54.08
V2109		\$75.34
V2110		\$60.84
V2111		\$73.73
V2112		\$83.28
V2113		\$84.23
V2114		\$99.80
V2115		\$100.58
V2118		\$109.45
V2121		\$98.70
V2199	BR	\$0.00
V2200		\$59.66
V2201		\$63.92
V2202		\$79.24
V2203		\$61.44
V2204		\$63.24
V2205		\$70.09

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
V2206		\$82.30
V2207		\$69.55
V2208		\$68.34
V2209		\$80.22
V2210		\$86.45
V2211		\$84.16
V2212		\$88.10
V2213		\$92.63
V2214		\$96.82
V2215		\$120.86
V2218		\$123.18
V2219		\$56.83
V2220		\$50.47
V2221		\$100.66
V2299	BR	\$0.00
V2300		\$81.56
V2301		\$100.03
V2302		\$93.46
V2303		\$78.52
V2304		\$79.44
V2305		\$88.73
V2306		\$91.36
V2307		\$86.99
V2308		\$94.88
V2309		\$99.29
V2310		\$103.72
V2311		\$119.74
V2312		\$109.78
V2313		\$119.82
V2314		\$122.48
V2315		\$135.97
V2318		\$167.17
V2319		\$75.46
V2320		\$79.61
V2321		\$134.03
V2399	BR	\$0.00
V2410		\$117.18
V2430		\$124.04
V2499	BR	\$0.00
V2500		\$104.86
V2501		\$148.80

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates</b>		
V2502		\$201.62
V2503		\$194.72
V2510		\$139.81
V2511		\$207.24
V2512		\$238.55
V2513		\$240.31
V2520		\$139.32
V2521		\$275.89
V2522		\$201.90
V2523		\$211.96
V2530		\$338.89
V2531		\$620.62
V2599	BR	\$0.00
V2600		\$33.60
V2610		\$80.00
V2615	NRC	\$0.00
V2623		\$1,074.61
V2624		\$69.38
V2625		\$549.44
V2626		\$227.36
V2627		\$1,630.00
V2628		\$346.73
V2629	BR	\$0.00
V2700		\$51.10
V2710	NRC	\$83.78
V2715	NRC	\$16.42
V2718	NRC	\$35.46
V2730	NRC	\$29.71
V2744	NRC	\$20.30
V2745		\$11.70
V2750	NRC	\$22.81
V2755		\$19.10
V2770		\$22.24
V2780		\$14.28
V2782		\$73.79
V2783		\$83.21
V2784		\$54.11
V2799	BR	\$0.00

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 4 - Medicare OPPS Non-Covered Items with BWC Rates</b>		
<b>Code</b>	<b>Coverage Status</b>	<b>Rate</b>
22526		\$4,942.24
22527		\$4,085.93
72159		\$554.18
76390		\$588.14
80050		\$88.98
85060		\$35.14
88000	BR	\$0.00
88005	BR	\$0.00
88007	BR	\$0.00
88020	BR	\$0.00
88025	BR	\$0.00
88027	BR	\$0.00
88036	BR	\$0.00
88037	BR	\$0.00
88040		\$821.25
88045		\$46.25
90284	BR	\$0.00
90389	BR	\$0.00
90393	BR	\$0.00
90399	BR	\$0.00
90875		\$85.89
90876		\$150.01
92015		\$27.76
92310		\$130.98
92314		\$107.42
92340		\$48.22
92341		\$55.20
92342		\$59.65
92370		\$41.96
92551		\$15.88
92560		\$26.84
92590		\$53.90
92591		\$80.94
92592		\$23.63
92593		\$35.67
92594		\$26.03
92595		\$39.00
92613		\$53.99
92615		\$47.52
92617		\$58.94

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 4 - Medicare OPPS Non-Covered Items with BWC Rates</b>		
<b>Code</b>	<b>Coverage Status</b>	<b>Rate</b>
93000		\$23.16
93010		\$11.93
93015		\$103.48
93016		\$31.31
93018		\$20.40
93040		\$17.48
93042		\$9.98
93224		\$122.10
93227		\$37.20
93228		\$36.77
93268		\$272.17
93272		\$35.80
93294		\$47.60
93295		\$94.73
93297		\$37.23
93298		\$37.23
93352		\$45.61
94004		\$69.21
94005		\$128.70
95120		\$14.72
95830		\$331.53
97014		\$21.76
97810		\$50.66
97811		\$38.08
97813		\$54.13
97814		\$42.95
98943		\$37.92
99058		\$32.74
99060		\$109.21
99172		\$10.25
99173		\$4.23
99183		\$155.62
99363		\$174.10
99364		\$59.64
99401		\$49.65
99402		\$85.40
99403		\$119.68
99404		\$154.92
A4600	BR	\$0.00
E0100-NU		\$23.77

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 4 - Medicare OPPS Non-Covered Items with BWC Rates</b>		
<b>Code</b>	<b>Coverage Status</b>	<b>Rate</b>
E0110-NU		\$87.49
E0111-NU		\$65.38
E0112-NU		\$44.23
E0114-NU		\$53.21
E0130-NU		\$66.52
E0135-NU		\$72.30
E0144-NU		\$334.60
E0149-NU		\$207.40
E0720-NU		\$379.03
E0730-NU		\$352.96
J7330	BR	\$38,286.65
J7605		\$10.20
J7606		\$11.78
J7608		\$6.37
J7611		\$0.13
J7612		\$0.27
J7613		\$0.06
J7614		\$0.10
J7633		\$0.06
J7634		\$0.06
J7670		\$0.06
J7682		\$60.92

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 5 - BWC Hospital Outpatient Local Codes</b>			
<b>Code</b>	<b>Description</b>	<b>Rate</b>	<b>Unit</b>
W5000	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.	1,150.00	1 unit = completed program
W5001	Monitored smoking cessation program <b>without</b> FDA approved prescription smoking deterrent drugs. Services for smoking cessation, without 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.	575.00	1 unit = completed program
W0750	Nutritional counseling/weight control program, per hour	60.00	1 hour
W0751	Weight Control Program with FDA Approved Drugs	2,000.00	1 unit = completed program
W1930	Translator/Interpreter Services, per 15 minutes. Each 15 minutes is equal to one (1) unit of service.	20.00	15 min

**Ohio Bureau of Workers' Compensation  
2017 Hospital Outpatient Services  
Appendix**

<b>Table 6 - Base Payment for Inpatient-Only Services Covered in the Hospital Outpatient Setting</b>					
<b>CPT Code</b>	<b>Description</b>	<b>Status Indicator</b>	<b>APC</b>	<b>Relative Weight</b>	<b>Medicare Base Rate</b>
27130	Total hip arthroplasty	J1	5115	127.4814	\$9,561.23
27447	Total knee arthroplasty	J1	5115	127.4814	\$9,561.23