

## 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 ~~January 1, 2011~~ April 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~~ January 1, 2011, 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, with the following additional adjustments for specific services:

For services reimbursed under a medicare ambulatory payment classification, excluding drugs, biological, devices reimbursed via pass-through, and reasonable cost items, the applicable medicare rate specified above shall be further multiplied by a 2011 bureau adjustment factor of 1.0025;

For services reimbursed under the medicare clinical lab fee schedule, the applicable medicare rate specified above shall be further multiplied by a 2011 bureau adjustment factor of 1.0175;

For services reimbursed under the medicare physician fee schedule, the applicable medicare rate specified above shall be further multiplied by a 2011 bureau adjustment factor of 1.3078.

(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~~ January 1, 2011 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~~ January 1, 2011.

(d) For purposes of this rule, the following hospitals shall be recognized as "children's hospitals": nationwide children's hospital (Columbus, Ohio), Cincinnati children's hospital medical center, children's hospital medical center of Akron, and children's medical center of Dayton.

(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~~ January 1, 2011.

(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~~ January 1, 2011, 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~~ January 1, 2011. 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~~ January 1, 2011. 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~~ October 1, 2010 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) "42 CFR Parts 410, 411, 412, 413, 416, 419, and 489 Medicare Program: Hospital Outpatient Prospective Payment System and CY 2011 Payment Rates; Ambulatory Surgical Center Payment System and CY 2011 Payment Rates; Payments to Hospitals for Graduate Medical Education Costs; Physician Self-Referral Rules and Related Changes to Provider Agreement Regulations; Payment for Certified Registered Nurse Anesthetist Services Furnished in Rural Hospitals and Critical Access Hospitals; Final Rule." 75 Fed. Reg. - (2010).

(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: 04/01/2011

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, 1/1/11

**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 2010 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](mailto: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 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.

**Never Covered (NC)**

The procedure or service is never covered.

Table 1 - IOCE Edits that will be Bypassed/Ignored by BWC	
Edit Number	Edit Description
10	Service submitted for denial
11	Service submitted for FI/MAC 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 rehab 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
W0637	Transitional work services	\$45.00	1 unit = 15 min
W0648	Physical reconditioning, unsupervised	By Report: not to exceed \$200.00	1 unit = 3 month period
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
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
Z3050	Remain At Work (RAW) other provider travel time	\$3.50	1 unit = 6 min; units should not exceed 20
Z3052	Remain At Work (RAW) other provider mileage	\$0.45	1 unit = 1 mile; units should not exceed 130

Table 3 - OPPS Fee Schedule Items with BWC Rates

HCPCS Code	Coverage Flag	BWC Rate
81099		RC
82930	NRC	RC
83861	NRC	RC
84112	NRC	RC
84999		RC
85598	NRC	RC
85999		RC
86481	NRC	RC
86849		RC
87501		RC
87502		RC
87503		RC
87906		RC
87999		RC
88749	NRC	RC
92605	NRC	\$0.00
92606	NRC	\$0.00
95992	NRC	\$53.55
97010	NC	\$0.00
97039		RC
97139		RC
97545	NC	\$0.00
97546	NC	\$0.00
97799		RC
0019T	NRC	\$0.00
0030T	NRC	\$0.00
0103T	NRC	\$0.00
0111T	NRC	\$0.00
0233T	NRC	\$0.00
A0382	NRC	\$0.00
A0384	NRC	\$0.00
A0392	NRC	\$0.00
A0394	NRC	\$0.00
A0396	NRC	\$0.00
A0398	NRC	\$0.00
A0420		\$24.00
A0422	NRC	\$0.00
A0424		\$24.00
A0425		\$8.09
A0426		\$286.47
A0427		\$453.58
A0428		\$238.72
A0429		\$381.96
A0430		\$4,934.33
A0431		\$5,736.87
A0432	NRC	\$417.77
A0433		\$656.49
A0434		\$775.85

Table 3 - OPPS Fee Schedule Items with BWC Rates

A0435		\$14.53
A0436		\$38.75
A0999		RC
A4216		\$0.48
A4217		\$3.95
A4280	NRC	\$6.70
A4310		\$9.73
A4311		\$18.70
A4312		\$22.73
A4313		\$23.34
A4314		\$31.86
A4315		\$33.25
A4316	NRC	\$35.78
A4320		\$5.99
A4321	NRC	\$0.00
A4322		\$3.66
A4326		\$13.07
A4327	NRC	\$53.26
A4328	NRC	\$11.93
A4330		\$7.66
A4331		\$4.01
A4332	NRC	\$0.16
A4333		\$2.77
A4334		\$6.22
A4335		RC
A4336		\$1.81
A4338		\$15.44
A4340		\$34.01
A4344		\$20.18
A4346		\$24.68
A4349		\$2.54
A4351		\$2.16
A4352		\$6.88
A4353		\$8.81
A4354		\$14.87
A4355		\$11.25
A4356		\$57.49
A4357		\$12.23
A4358		\$8.35
A4360		\$0.61
A4361		\$23.15
A4362		\$4.26
A4363		\$2.98
A4364		\$3.14
A4366		\$1.64
A4367		\$9.26
A4368		\$0.32
A4369		\$3.05
A4371		\$4.60
A4372		\$5.27
A4373		\$7.91
A4375		\$21.65

Ohio BWC

Table 3 - OPPS Fee Schedule Items with BWC Rates

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
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

Ohio BWC

Table 3 - OPSS Fee Schedule Items with BWC Rates		
A4432		\$4.52
A4433		\$4.21
A4434		\$4.74
A4450		\$0.11
A4452		\$0.46
A4455		\$1.80
A4456		\$0.31
A4461		\$4.14
A4463		\$16.78
A4481		\$0.47
A4483	NRC	\$0.00
A4606		\$120.00
A4623		\$7.02
A4625		\$8.74
A4626		\$4.02
A4629		\$5.83
A4634	NRC	\$0.00
A4651	NRC	\$0.00
A4652	NRC	\$0.00
A4653	NRC	\$0.00
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
A5122		\$16.19
A5126		\$1.42
A5131		\$16.98
A5200		\$14.22
A6010	NRC	\$39.01
A6011		\$2.87
A6021		\$26.48
A6022		\$26.48
A6023		\$239.78
A6024		\$7.80

Table 3 - OPSS Fee Schedule Items with BWC Rates

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
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

Table 3 - OPSS Fee Schedule Items with BWC Rates

A6254		\$1.52
A6255		\$3.82
A6256		\$9.85
A6257		\$1.93
A6258		\$5.42
A6259		\$13.79
A6260		\$20.00
A6261	NRC	\$0.00
A6262	NRC	\$0.00
A6266		\$2.42
A6402		\$0.16
A6403		\$0.54
A6404		\$2.36
A6407		\$2.36
A6410		\$0.49
A6411	NRC	\$0.00
A6412		\$10.00
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	NRC	\$10.00
A6451	NRC	\$6.33
A6452		\$7.45
A6453		\$0.77
A6454		\$0.97
A6455		\$1.75
A6456		\$1.61
A6457		\$1.44
A6501	NRC	\$500.00
A6502	NRC	\$100.00
A6503	NRC	\$250.00
A6504	NRC	\$100.00
A6505	NRC	\$200.00
A6506	NRC	\$300.00
A6507	NRC	\$200.00
A6508	NRC	\$300.00
A6509	NRC	\$400.00
A6510	NRC	\$400.00
A6511	NRC	\$400.00
A6512		\$100.00
A6531		\$54.52
A6532		\$76.81
A6545		\$54.52
A7040		\$50.95
A7041		\$95.78
A7043		\$36.29

Ohio BWC

2011 Hospital Outpatient Services  
Effective 4/1/2011

Table 3 - OPPS Fee Schedule Items with BWC Rates

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	NRC	\$0.00
B4087		\$41.51
B4088		\$41.51
C9399	NRC	\$0.00
C9899	NRC	\$0.00
E0604	NRC	\$0.00
E1500	NRC	\$0.00
E1510	NRC	\$0.00
E1520	NRC	\$0.00
E1530	NRC	\$0.00
E1540	NRC	\$0.00
E1550	NRC	\$0.00
E1560	NRC	\$0.00
E1570	NRC	\$0.00
E1575	NRC	\$0.00
E1580	NRC	\$0.00
E1590	NRC	\$0.00
E1592	NRC	\$0.00
E1594	NRC	\$0.00
E1600	NRC	\$0.00
E1610	NRC	\$0.00
E1615	NRC	\$0.00
E1620	NRC	\$0.00
E1625	NRC	\$0.00
E1630	NRC	\$0.00
E1632	NRC	\$0.00
E1635	NRC	\$0.00
E1636	NRC	\$0.00
E1637	NRC	\$0.00
E1639	NRC	\$0.00
E1699	NRC	\$0.00
G0432		RC
G0433		RC
G0434		RC
G0435		RC

Table 3 - OPSS Fee Schedule Items with BWC Rates		
G0438	NC	\$0.00
G0439	NC	\$0.00
G9017	NRC	\$0.00
G9018	NRC	\$0.00
G9019	NRC	\$0.00
G9020	NRC	\$0.00
G9033	NRC	\$0.00
G9034	NRC	\$0.00
G9035	NRC	\$0.00
G9036	NRC	\$0.00
G9140	NRC	\$0.00
G9143		RC
J0882	NRC	\$3.40
J0886	NRC	\$11.44
K0672		\$92.15
L0112	NRC	\$1,520.76
L0113		\$309.88
L0120		\$28.73
L0130		\$165.85
L0140		\$65.04
L0150		\$116.33
L0160		\$169.82
L0170		\$873.61
L0172		\$153.89
L0174		\$302.58
L0180		\$490.24
L0190		\$578.14
L0200		\$670.58
L0220		\$140.38
L0430		\$1,656.54
L0450		\$176.57
L0452	NRC	\$0.00
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		\$1,641.18
L0482		\$1,833.22
L0484		\$1,979.82
L0486		\$2,223.38
L0488		\$1,090.73
L0490		\$307.36
L0491		\$834.48
L0492		\$543.37
L0621		\$93.68
L0622		\$290.41

Table 3 - OPPS Fee Schedule Items with BWC Rates		
L0623	NRC	\$0.00
L0624	NRC	\$0.00
L0625		\$59.86
L0626		\$84.70
L0627		\$446.59
L0628		\$91.14
L0629	NRC	\$0.00
L0630		\$175.99
L0631		\$1,115.41
L0632	NRC	\$0.00
L0633		\$311.58
L0634	NRC	\$0.00
L0635		\$1,085.72
L0636		\$1,473.12
L0637		\$1,407.62
L0638		\$1,433.09
L0639		\$1,407.62
L0640		\$1,136.96
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	NRC	\$204.46
L0980		\$18.59
L0982		\$16.98
L0984		\$73.54
L0999		RC
L1000	NRC	\$2,203.30
L1001	NRC	\$0.00
L1005	NRC	\$3,477.67
L1010	NRC	\$90.91
L1020	NRC	\$117.08
L1025	NRC	\$168.92
L1030	NRC	\$85.07
L1040	NRC	\$96.34
L1050	NRC	\$109.01
L1060	NRC	\$117.68
L1070	NRC	\$121.88
L1080	NRC	\$56.84
L1085	NRC	\$190.31
L1090	NRC	\$109.34
L1100	NRC	\$206.34
L1110	NRC	\$345.97
L1120	NRC	\$41.32
L1200		\$1,944.41

Table 3 - OPSS Fee Schedule Items with BWC Rates

L1210		\$265.84
L1220		\$258.76
L1230		\$724.86
L1240		\$98.82
L1250		\$85.90
L1260		\$102.48
L1270	NRC	\$90.07
L1280	NRC	\$94.92
L1290	NRC	\$84.42
L1300	NRC	\$1,872.65
L1310	NRC	\$1,950.52
L1499		RC
L1500		\$2,097.92
L1510		\$1,292.40
L1520		\$2,317.79
L1600	NRC	\$140.02
L1610	NRC	\$59.47
L1620	NRC	\$170.74
L1630	NRC	\$229.55
L1640	NRC	\$514.34
L1650	NRC	\$267.95
L1652		\$387.31
L1660		\$196.34
L1680		\$1,237.88
L1685		\$1,208.47
L1686		\$1,018.14
L1690		\$2,101.13
L1700	NRC	\$1,690.49
L1710	NRC	\$2,152.66
L1720	NRC	\$1,602.86
L1730	NRC	\$1,353.16
L1755	NRC	\$1,945.46
L1810		\$111.84
L1820		\$154.42
L1830		\$90.37
L1831		\$319.80
L1832		\$748.43
L1834		\$788.65
L1836		\$144.95
L1840		\$1,021.80
L1843		\$974.92
L1844		\$1,654.66
L1845		\$910.16
L1846		\$1,271.30
L1847		\$624.95
L1850		\$309.55
L1860		\$1,354.91
L1900		\$310.01
L1902		\$81.11
L1904		\$490.45
L1906		\$122.18
L1907		\$611.40

Ohio BWC

2011 Hospital Outpatient Services  
Effective 4/1/2011

Table 3 - OPSS Fee Schedule Items with BWC Rates

L1910		\$304.69
L1920		\$446.35
L1930		\$273.74
L1932		\$969.60
L1940		\$529.12
L1945		\$1,219.63
L1950		\$835.62
L1951		\$912.52
L1960		\$673.51
L1970		\$752.04
L1971		\$509.32
L1980		\$438.73
L1990		\$507.76
L2000		\$1,215.49
L2005		\$4,452.40
L2010		\$948.07
L2020		\$1,197.38
L2030		\$1,176.94
L2034		\$2,207.30
L2035	NRC	\$188.23
L2036		\$2,014.42
L2037		\$1,801.86
L2038		\$1,452.56
L2040	NRC	\$219.79
L2050	NRC	\$529.49
L2060	NRC	\$662.27
L2070	NRC	\$168.62
L2080	NRC	\$405.49
L2090	NRC	\$540.26
L2106		\$856.44
L2108		\$1,249.15
L2112		\$548.16
L2114		\$686.59
L2116		\$837.46
L2126		\$1,387.43
L2128	NRC	\$1,742.11
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		\$105.54
L2240		\$103.43

Table 3 - OPSS Fee Schedule Items with BWC Rates

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	NRC	\$207.43
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
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	NRC	\$84.92
L2755		\$141.96

Ohio BWC

Table 3 - OPPS Fee Schedule Items with BWC Rates		
L2760	NRC	\$61.73
L2768		\$141.55
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		\$341.32
L3001		\$143.72
L3002		\$175.48
L3003		\$189.31
L3010		\$189.31
L3020		\$215.57
L3030		\$82.90
L3031	NRC	\$0.00
L3040		\$51.14
L3050		\$51.14
L3060		\$80.14
L3070		\$34.54
L3080		\$34.54
L3090		\$44.24
L3100	NRC	\$47.00
L3140	NRC	\$96.73
L3150	NRC	\$88.45
L3160	NRC	\$0.00
L3170		\$55.27
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		\$73.42
L3225		\$80.20
L3230		\$249.96
L3250		\$300.00
L3251		\$300.00
L3252		\$100.00
L3253		\$50.00
L3254		\$100.00
L3255		\$100.00

Ohio BWC

Table 3 - OPSS Fee Schedule Items with BWC Rates

L3257		\$50.00
L3265		\$40.00
L3300		\$56.66
L3310		\$88.45
L3320		\$69.10
L3330		\$614.92
L3332		\$80.14
L3334		\$41.44
L3340		\$92.62
L3350		\$24.86
L3360		\$38.70
L3370		\$53.89
L3380	NRC	\$53.89
L3390		\$53.89
L3400		\$44.24
L3410		\$100.86
L3420		\$59.42
L3430		\$174.11
L3440		\$82.90
L3450		\$114.67
L3455		\$44.24
L3460		\$37.32
L3465		\$63.59
L3470		\$67.70
L3480		\$67.70
L3485		\$64.48
L3500		\$31.78
L3510		\$31.78
L3520		\$34.54
L3530		\$34.54
L3540		\$55.27
L3550	NRC	\$9.71
L3560	NRC	\$24.86
L3570		\$92.62
L3580		\$70.48
L3590		\$58.03
L3595		\$45.59
L3600		\$82.90
L3610		\$109.18
L3620		\$82.90
L3630		\$109.18
L3640	NRC	\$47.00
L3649		RC
L3650		\$71.26
L3671		\$891.00
L3674		RC
L3677		\$300.00
L3702		\$285.54
L3710		\$141.22
L3720		\$675.64
L3730		\$896.20
L3740		\$1,062.52

Table 3 - OPPS Fee Schedule Items with BWC Rates

L3760		\$494.53
L3762		\$106.33
L3763		\$740.02
L3764		\$774.44
L3765		\$1,267.97
L3766		\$1,342.68
L3806		\$449.16
L3807		\$247.26
L3808		\$352.24
L3900		\$1,601.89
L3901		\$2,099.38
L3904		\$3,337.79
L3905		\$980.64
L3906		\$501.13
L3908		\$72.52
L3912		\$104.18
L3913		\$267.80
L3915		\$525.66
L3917		\$104.42
L3919		\$267.80
L3921		\$317.62
L3923		\$95.52
L3925		\$64.96
L3927		\$34.62
L3929		\$90.31
L3931		\$206.17
L3933		\$210.98
L3935		\$218.46
L3956		\$37.99
L3960		\$788.69
L3961		\$1,661.41
L3962		\$713.32
L3967		\$1,961.53
L3971		\$1,861.97
L3973		\$1,961.53
L3975		\$1,661.41
L3976		\$1,661.41
L3977		\$1,861.97
L3978		\$1,961.53
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		\$451.16
L4045		\$333.26
L4050		\$446.82

Ohio BWC

2011 Hospital Outpatient Services  
Effective 4/1/2011

Table 3 - OPSS Fee Schedule Items with BWC Rates

L4055		\$271.60
L4060		\$353.05
L4070		\$285.92
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
L4631		RC
L5000	NRC	\$623.93
L5010	NRC	\$1,743.32
L5020	NRC	\$2,731.25
L5050	NRC	\$2,983.06
L5060	NRC	\$3,677.22
L5100	NRC	\$2,970.28
L5105	NRC	\$4,191.70
L5150	NRC	\$4,660.18
L5160	NRC	\$5,116.64
L5200	NRC	\$3,957.34
L5210	NRC	\$3,142.13
L5220	NRC	\$3,461.27
L5230	NRC	\$5,191.40
L5250	NRC	\$6,087.04
L5270	NRC	\$6,782.15
L5280	NRC	\$6,592.49
L5301	NRC	\$2,916.74
L5311	NRC	\$4,595.53
L5321	NRC	\$3,889.37
L5331	NRC	\$5,696.53
L5341	NRC	\$6,055.33
L5400	NRC	\$1,736.93
L5410	NRC	\$479.86
L5420	NRC	\$2,193.67
L5430	NRC	\$595.45
L5450	NRC	\$514.88
L5460	NRC	\$675.31
L5500	NRC	\$1,605.43
L5505	NRC	\$2,258.40
L5510	NRC	\$1,917.17
L5520	NRC	\$1,718.50
L5530	NRC	\$2,259.06

Ohio BWC

2011 Hospital Outpatient Services  
Effective 4/1/2011

Table 3 - OPPS Fee Schedule Items with BWC Rates

L5535	NRC	\$2,105.92
L5540	NRC	\$2,230.49
L5560	NRC	\$2,541.53
L5570	NRC	\$2,466.64
L5580	NRC	\$3,061.44
L5585	NRC	\$3,585.22
L5590	NRC	\$3,191.88
L5595	NRC	\$4,988.08
L5600	NRC	\$5,677.14
L5610	NRC	\$2,738.05
L5611	NRC	\$1,743.91
L5613	NRC	\$2,652.60
L5614	NRC	\$1,837.09
L5616	NRC	\$1,599.46
L5617	NRC	\$609.14
L5618	NRC	\$363.74
L5620	NRC	\$322.74
L5622	NRC	\$434.78
L5624	NRC	\$434.65
L5626	NRC	\$688.09
L5628	NRC	\$696.79
L5629	NRC	\$343.98
L5630	NRC	\$597.67
L5631	NRC	\$475.57
L5632	NRC	\$293.11
L5634	NRC	\$366.59
L5636	NRC	\$280.19
L5637	NRC	\$416.92
L5638	NRC	\$702.35
L5639	NRC	\$1,213.55
L5640	NRC	\$797.68
L5642	NRC	\$739.43
L5643	NRC	\$2,180.89
L5644	NRC	\$639.30
L5645	NRC	\$1,060.57
L5646	NRC	\$672.10
L5647	NRC	\$860.99
L5648	NRC	\$794.14
L5649	NRC	\$2,668.40
L5650	NRC	\$528.40
L5651	NRC	\$1,548.18
L5652	NRC	\$471.90
L5653	NRC	\$736.27
L5654	NRC	\$426.82
L5655	NRC	\$308.18
L5656	NRC	\$468.19
L5658	NRC	\$494.18
L5661	NRC	\$709.02
L5665	NRC	\$630.36
L5666	NRC	\$83.46
L5668	NRC	\$124.33
L5670	NRC	\$293.70

Ohio BWC

2011 Hospital Outpatient Services  
Effective 4/1/2011

Table 3 - OPPS Fee Schedule Items with BWC Rates		
L5671	NRC	\$538.39
L5672	NRC	\$388.64
L5673	NRC	\$855.64
L5676	NRC	\$392.22
L5677	NRC	\$600.71
L5678	NRC	\$42.97
L5679	NRC	\$713.04
L5680	NRC	\$329.45
L5681	NRC	\$1,432.04
L5682	NRC	\$676.91
L5683	NRC	\$1,432.04
L5684	NRC	\$52.09
L5685	NRC	\$139.44
L5686	NRC	\$62.64
L5688	NRC	\$66.54
L5690	NRC	\$135.84
L5692	NRC	\$143.83
L5694	NRC	\$196.36
L5695	NRC	\$176.52
L5696	NRC	\$213.24
L5697	NRC	\$101.27
L5698	NRC	\$129.89
L5699	NRC	\$222.01
L5700	NRC	\$3,339.34
L5701	NRC	\$4,142.76
L5702	NRC	\$5,221.30
L5703	NRC	\$2,746.55
L5704	NRC	\$680.88
L5705	NRC	\$1,248.29
L5706	NRC	\$1,217.56
L5707	NRC	\$1,635.79
L5710	NRC	\$389.29
L5711	NRC	\$653.35
L5712	NRC	\$466.39
L5714	NRC	\$474.56
L5716	NRC	\$938.38
L5718	NRC	\$1,003.44
L5722	NRC	\$1,220.22
L5724	NRC	\$1,880.77
L5726	NRC	\$2,239.15
L5728	NRC	\$2,624.02
L5780	NRC	\$1,444.73
L5781	NRC	\$4,356.00
L5782	NRC	\$4,592.20
L5785	NRC	\$562.36
L5790	NRC	\$811.63
L5795	NRC	\$1,162.15
L5810	NRC	\$619.20
L5811	NRC	\$854.48
L5812	NRC	\$643.02
L5814	NRC	\$4,043.22
L5816	NRC	\$920.51

Table 3 - OPSS Fee Schedule Items with BWC Rates		
L5818	NRC	\$1,039.44
L5822	NRC	\$1,906.84
L5824	NRC	\$1,802.52
L5826	NRC	\$3,399.83
L5828	NRC	\$3,208.02
L5830	NRC	\$2,163.06
L5840	NRC	\$4,245.54
L5845	NRC	\$1,951.31
L5848	NRC	\$1,170.70
L5850	NRC	\$138.47
L5855	NRC	\$334.27
L5856	NRC	\$26,134.55
L5857	NRC	\$9,273.52
L5858	NRC	\$20,233.24
L5910	NRC	\$392.02
L5920	NRC	\$574.30
L5925	NRC	\$363.68
L5930	NRC	\$3,664.39
L5940	NRC	\$542.94
L5950	NRC	\$842.11
L5960	NRC	\$1,259.16
L5961	NRC	RC
L5962	NRC	\$636.22
L5964	NRC	\$1,220.39
L5966	NRC	\$1,572.06
L5968	NRC	\$3,956.12
L5970	NRC	\$236.48
L5971	NRC	\$236.48
L5972	NRC	\$430.76
L5973	NRC	\$19,220.46
L5974	NRC	\$252.23
L5975	NRC	\$504.71
L5976	NRC	\$639.78
L5978	NRC	\$339.02
L5979	NRC	\$2,714.35
L5980	NRC	\$4,135.57
L5981	NRC	\$3,714.77
L5982	NRC	\$697.84
L5984	NRC	\$700.01
L5985	NRC	\$307.42
L5986	NRC	\$844.39
L5987	NRC	\$7,831.68
L5988	NRC	\$2,174.83
L5990	NRC	\$1,975.03
L5999		RC
L6000	NRC	\$1,917.54
L6010	NRC	\$2,133.91
L6020	NRC	\$1,989.54
L6025	NRC	\$8,711.98
L6050	NRC	\$2,706.17
L6055	NRC	\$3,451.85
L6100	NRC	\$2,738.54

Ohio BWC

Table 3 - OPSS Fee Schedule Items with BWC Rates

L6110	NRC	\$2,897.18
L6120	NRC	\$3,276.74
L6130	NRC	\$3,457.03
L6200	NRC	\$3,561.16
L6205	NRC	\$4,912.55
L6250	NRC	\$3,503.56
L6300	NRC	\$4,832.38
L6310	NRC	\$4,379.48
L6320	NRC	\$2,282.46
L6350	NRC	\$5,294.77
L6360	NRC	\$4,596.79
L6370	NRC	\$2,665.82
L6380	NRC	\$1,541.82
L6382	NRC	\$1,835.50
L6384	NRC	\$2,321.99
L6386	NRC	\$508.97
L6388	NRC	\$560.53
L6400	NRC	\$2,962.43
L6450	NRC	\$3,871.74
L6500	NRC	\$3,801.96
L6550	NRC	\$4,924.32
L6570	NRC	\$5,497.34
L6580	NRC	\$2,197.96
L6582	NRC	\$1,846.00
L6584	NRC	\$2,733.42
L6586	NRC	\$2,435.65
L6588	NRC	\$3,879.11
L6590	NRC	\$3,380.77
L6600	NRC	\$246.95
L6605	NRC	\$254.17
L6610	NRC	\$240.28
L6611	NRC	\$448.20
L6615	NRC	\$233.23
L6616	NRC	\$70.20
L6620	NRC	\$407.75
L6621	NRC	\$2,490.14
L6623	NRC	\$776.74
L6624	NRC	\$4,100.04
L6625	NRC	\$575.68
L6628	NRC	\$619.64
L6629	NRC	\$211.15
L6630	NRC	\$311.04
L6632	NRC	\$70.32
L6635	NRC	\$224.81
L6637	NRC	\$440.12
L6638	NRC	\$2,722.49
L6640	NRC	\$366.55
L6641	NRC	\$213.44
L6642	NRC	\$313.81
L6645	NRC	\$396.41
L6646	NRC	\$3,433.68
L6647	NRC	\$565.31

Ohio BWC

Table 3 - OPPS Fee Schedule Items with BWC Rates

L6648	NRC	\$3,541.34
L6650	NRC	\$429.94
L6655	NRC	\$83.39
L6660	NRC	\$111.60
L6665	NRC	\$49.85
L6670	NRC	\$51.91
L6672	NRC	\$238.22
L6675	NRC	\$129.98
L6676	NRC	\$135.98
L6677	NRC	\$322.94
L6680	NRC	\$334.84
L6682	NRC	\$370.20
L6684	NRC	\$503.05
L6686	NRC	\$746.47
L6687	NRC	\$624.34
L6688	NRC	\$690.96
L6689	NRC	\$823.51
L6690	NRC	\$969.59
L6691	NRC	\$382.72
L6692	NRC	\$696.26
L6693	NRC	\$3,090.76
L6694	NRC	\$855.64
L6695	NRC	\$713.04
L6696	NRC	\$1,432.04
L6697	NRC	\$1,432.04
L6698	NRC	\$538.39
L6703	NRC	\$380.78
L6704	NRC	\$735.02
L6706	NRC	\$456.14
L6707	NRC	\$1,613.54
L6708	NRC	\$1,066.62
L6709	NRC	\$1,513.80
L6711	NRC	\$731.92
L6712	NRC	\$1,347.65
L6713	NRC	\$1,700.82
L6714	NRC	\$1,440.60
L6721	NRC	\$2,560.54
L6722	NRC	\$2,207.35
L6805	NRC	\$417.54
L6810	NRC	\$221.96
L6881	NRC	\$4,450.78
L6882	NRC	\$3,376.13
L6883	NRC	\$2,162.62
L6884	NRC	\$2,958.97
L6885	NRC	\$4,596.79
L6890	NRC	\$217.44
L6895	NRC	\$727.02
L6900	NRC	\$2,111.27
L6905	NRC	\$2,089.57
L6910	NRC	\$2,054.20
L6915	NRC	\$882.61
L6920	NRC	\$9,119.76

Ohio BWC

Table 3 - OPPTS Fee Schedule Items with BWC Rates		
L6925	NRC	\$9,742.92
L6930	NRC	\$8,783.57
L6935	NRC	\$9,697.15
L6940	NRC	\$11,342.51
L6945	NRC	\$12,654.04
L6950	NRC	\$11,321.46
L6955	NRC	\$13,129.36
L6960	NRC	\$13,811.58
L6965	NRC	\$16,361.93
L6970	NRC	\$17,513.65
L6975	NRC	\$19,304.17
L7007	NRC	\$3,976.38
L7008	NRC	\$6,166.21
L7009	NRC	\$4,068.32
L7040	NRC	\$3,311.36
L7045	NRC	\$1,749.50
L7170	NRC	\$6,548.60
L7180	NRC	\$42,367.27
L7181	NRC	\$43,621.09
L7185	NRC	\$6,884.71
L7186	NRC	\$11,574.16
L7190	NRC	\$9,135.36
L7191	NRC	\$12,174.19
L7260	NRC	\$2,377.31
L7261	NRC	\$5,118.02
L7266	NRC	\$1,095.22
L7272	NRC	\$2,569.58
L7274	NRC	\$7,967.96
L7360	NRC	\$288.01
L7362	NRC	\$314.63
L7364	NRC	\$556.70
L7366	NRC	\$765.64
L7367	NRC	\$423.85
L7368	NRC	\$549.46
L7400	NRC	\$333.66
L7401	NRC	\$373.51
L7402	NRC	\$403.39
L7403	NRC	\$400.92
L7404	NRC	\$605.11
L7405	NRC	\$791.35
L7499		RC
L7500	NRC	\$160.00
L7510	NRC	\$250.00
L7520	NRC	\$40.00
L7900	NRC	\$571.99
L8000	NRC	\$46.09
L8001	NRC	\$136.57
L8002	NRC	\$179.62
L8010	NRC	RC
L8015	NRC	\$65.26
L8020	NRC	\$246.16
L8030	NRC	\$380.52

Ohio BWC

Table 3 - OPPS Fee Schedule Items with BWC Rates

L8031	NRC	\$380.52
L8032	NRC	\$42.64
L8035	NRC	\$3,988.48
L8039	NRC	\$0.00
L8040	NRC	\$2,698.98
L8041	NRC	\$3,252.88
L8042	NRC	\$3,654.90
L8043	NRC	\$4,093.50
L8044	NRC	\$4,532.10
L8045	NRC	\$3,548.93
L8046	NRC	\$2,923.94
L8047	NRC	\$1,498.52
L8048		RC
L8049	NRC	\$50.00
L8300	NRC	\$91.30
L8310	NRC	\$161.76
L8320	NRC	\$67.13
L8330	NRC	\$53.44
L8400	NRC	\$17.04
L8410	NRC	\$22.43
L8415	NRC	\$23.21
L8417	NRC	\$81.88
L8420	NRC	\$22.70
L8430	NRC	\$25.72
L8435	NRC	\$24.43
L8440	NRC	\$50.75
L8460	NRC	\$72.14
L8465	NRC	\$66.68
L8470	NRC	\$7.22
L8480	NRC	\$9.96
L8485	NRC	\$13.42
L8499		RC
L8500	NRC	\$716.41
L8501	NRC	\$130.75
L8505	NRC	\$28.97
L8507	NRC	\$45.60
L8509	NRC	\$118.90
L8510	NRC	\$275.12
L8511	NRC	\$79.16
L8512	NRC	\$2.38
L8513	NRC	\$5.65
L8514	NRC	\$102.67
L8515	NRC	\$68.72
L8615	NRC	\$490.99
L8616	NRC	\$114.36
L8617	NRC	\$99.88
L8618	NRC	\$28.55
L8619	NRC	\$9,150.76
L8621	NRC	\$0.67
L8622	NRC	\$0.36
L8623	NRC	\$70.42
L8624	NRC	\$175.56

Ohio BWC

Table 3 - OPSS Fee Schedule Items with BWC Rates		
L8627	NRC	\$7,766.96
L8628	NRC	\$1,383.78
L8629	NRC	\$194.94
L8681		\$1,241.64
L8683		\$5,866.70
L8684		\$920.58
L8689		\$1,877.90
L8691	NRC	\$2,903.00
L8693	NRC	RC
L8695		\$18.16
P2028	NRC	\$0.00
P2029	NRC	\$0.00
P2033	NRC	\$0.00
P9603	NRC	\$0.00
P9604	NRC	\$0.00
Q0139	NRC	\$0.00
Q0478		RC
Q0479		RC
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
Q0505		RC
Q0506		RC
Q3014	NRC	\$0.00
Q4081		RC
V2020	NRC	\$81.42
V2100	NRC	\$50.33
V2101	NRC	\$48.34
V2102	NRC	\$83.60
V2103	NRC	\$42.36

Table 3 - OPPS Fee Schedule Items with BWC Rates		
V2104	NRC	\$43.66
V2105	NRC	\$51.91
V2106	NRC	\$57.54
V2107	NRC	\$51.24
V2108	NRC	\$51.36
V2109	NRC	\$71.56
V2110	NRC	\$57.79
V2111	NRC	\$70.03
V2112	NRC	\$79.10
V2113	NRC	\$79.99
V2114	NRC	\$94.80
V2115	NRC	\$95.54
V2118	NRC	\$103.97
V2121	NRC	\$93.74
V2199		RC
V2200	NRC	\$56.66
V2201	NRC	\$60.72
V2202	NRC	\$75.26
V2203	NRC	\$58.36
V2204	NRC	\$60.06
V2205	NRC	\$66.58
V2206	NRC	\$78.18
V2207	NRC	\$66.06
V2208	NRC	\$64.91
V2209	NRC	\$76.20
V2210	NRC	\$82.10
V2211	NRC	\$79.93
V2212	NRC	\$83.68
V2213	NRC	\$87.96
V2214	NRC	\$91.94
V2215	NRC	\$114.80
V2218	NRC	\$116.99
V2219	NRC	\$53.98
V2220	NRC	\$47.94
V2221	NRC	\$95.60
V2299		RC
V2300	NRC	\$77.45
V2301	NRC	\$94.99
V2302	NRC	\$88.76
V2303	NRC	\$74.57
V2304	NRC	\$75.46
V2305	NRC	\$84.28
V2306	NRC	\$86.77
V2307	NRC	\$82.62
V2308	NRC	\$90.14
V2309	NRC	\$94.31
V2310	NRC	\$98.51
V2311	NRC	\$113.71
V2312	NRC	\$104.27
V2313	NRC	\$113.80
V2314	NRC	\$116.33
V2315	NRC	\$129.16

Ohio BWC

Table 3 - OPPTS Fee Schedule Items with BWC Rates		
V2318	NRC	\$158.77
V2319	NRC	\$71.66
V2320	NRC	\$75.61
V2321	NRC	\$127.31
V2399		RC
V2410	NRC	\$111.29
V2430	NRC	\$117.84
V2499		RC
V2500	NRC	\$99.58
V2501	NRC	\$141.35
V2502	NRC	\$191.48
V2503	NRC	\$184.93
V2510	NRC	\$132.79
V2511	NRC	\$196.84
V2512	NRC	\$226.56
V2513	NRC	\$228.25
V2520	NRC	\$132.34
V2521	NRC	\$262.04
V2522	NRC	\$191.76
V2523	NRC	\$201.32
V2530	NRC	\$321.88
V2531	NRC	\$589.45
V2599		RC
V2600	NRC	\$33.60
V2610	NRC	\$80.00
V2615	NRC	\$0.00
V2623	NRC	\$1,020.66
V2624	NRC	\$65.89
V2625	NRC	\$521.86
V2626	NRC	\$215.95
V2627	NRC	\$1,548.17
V2628	NRC	\$329.32
V2629	NRC	RC
V2700	NRC	\$48.53
V2710	NRC	\$79.58
V2715	NRC	\$15.59
V2718	NRC	\$33.68
V2730	NRC	\$28.22
V2744	NRC	\$19.28
V2745	NRC	\$11.11
V2750	NRC	\$21.67
V2755	NRC	\$18.14
V2760	NRC	\$17.88
V2762	NRC	\$64.90
V2770	NRC	\$21.12
V2780	NRC	\$13.56
V2782	NRC	\$70.09
V2783	NRC	\$79.03
V2784	NRC	\$51.38
V2786	NRC	\$100.00
V2797		RC
V2799		RC

Table 4 - OPPS Non-Covered Items with BWC Rates		
HCPCS Code	Coverage Flag	BWC Rate
22526		\$9,919.63
22527		\$9,919.63
72159		\$742.51
76390		\$98.00
80050		\$88.98
85060		\$32.07
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		\$31.48
90581		RC
90644		RC
90661		RC
90663		RC
90875		\$86.11
90876		\$135.99
92015		\$27.03
92310		\$84.09
92314		\$49.37
92340		\$26.52
92341		\$33.58
92342		\$38.26
92370		\$22.98
92551		\$14.39
92560		\$28.31
92590		\$56.85
92591		\$85.38
92592		\$24.92
92593		\$37.62
92594		\$27.46
92595		\$41.14
92613		\$52.84
92615		\$46.66
92617		\$58.40

Ohio BWC

Table 4 - OPPS Non-Covered Items with BWC Rates		
93000		\$27.63
93010		\$12.74
93015		\$127.65
93016		\$33.41
93018		\$22.32
93040		\$18.76
93042		\$11.25
93224		\$144.92
93227		\$38.95
93228		\$36.63
93268		\$334.21
93272		\$37.47
93294		\$50.28
93295		\$98.57
93297		\$36.63
93298		\$40.56
93352		\$49.16
94004		\$66.92
94005		\$125.64
95120		\$15.53
95830		\$121.01
97005		\$92.51
97006		\$49.92
97014		\$19.15
97810		\$43.30
97811		\$35.61
97813		\$46.83
97814		\$39.77
98943		\$28.54
99058		\$35.53
99060		\$115.20
99172		\$10.81
99173		\$3.58
99183		\$165.20
99363		\$117.20
99364		\$44.83
99401		\$34.09
99402		\$70.33
99403		\$104.42
99404		\$139.52
A4222		\$56.63
A4600		RC
A4614		\$29.96
A4615		\$0.90
A4620		\$0.78
E0100		\$22.56

Ohio BWC

Table 4 - OPPS Non-Covered Items with BWC Rates		
E0110		\$83.10
E0111		\$62.10
E0112		\$42.01
E0114		\$50.54
E0130		\$69.86
E0135		\$83.21
E0144		\$345.84
E0149		\$242.40
E0720		\$462.86
E0730		\$462.20
J0350	BR	\$2,517.58
J2460		\$1.16
J7330	BR	\$30,119.47
J7605		\$6.00
J7606		\$5.43
J7608		\$2.19
J7611		\$0.11
J7612		\$0.25
J7613		\$0.05
J7614		\$0.23
J7633		\$0.06
J7634		\$0.06
J7670		\$0.06
J7682		\$83.06

Table 5 – OPPS Fee Schedule Local Codes with BWC rates

Code	Description	Rate	Unit of Service
W0750	<p>Nutritional consultation/weight control</p> <p>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 9 units. Other programs operate within their customary timeframes during the rehabilitation plan.</p>	\$60.00	1 unit = 1 hr
W0751	<p>Weight control Program with FDA approved Drugs</p> <p>Services for weight reduction and weight maintenance when the condition presents a barrier to participation in plan services and return to work.</p>	\$2,000.00	1 unit = completed program
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