

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 April 1, ~~2011~~2012 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 implemented by the materials specified in paragraph (A)(6) of this rule, multiplied by a bureau-specific payment adjustment factor, which shall be 2.53 for children's hospitals and ~~1.97~~1.81 for all hospitals other than children's hospitals, with the following additional adjustments for specific services:

(a) 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 in this paragraph shall be further multiplied by a ~~2011~~2012 bureau adjustment factor of ~~1.0025~~1.0217;

(b) For services reimbursed under the medicare clinical lab fee schedule, the applicable medicare rate specified in this paragraph shall be further multiplied by a ~~2011~~2012 bureau adjustment factor of 1.0175;

(c) For services reimbursed under the medicare physician fee schedule, the applicable medicare rate specified in this paragraph shall be further multiplied by a ~~2011~~2012 bureau adjustment factor of ~~1.3078~~1.274.

~~(a)~~ The medicare integrated outpatient code editor and medicare medically unlikely edits in effect as implemented by the materials specified in paragraph (A)(6) of this rule 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 to this rule shall not be applied.

~~(b)~~ The annual medicare outpatient prospective payment system outlier, hold harmless, and exempt cancer hospital reconciliation process shall not be applied to payments for hospital outpatient services under this rule.

The bureau shall apply a multiple procedure payment reduction of twenty-five per cent of the practice expense component of the relative value unit of secondary medicare designated "always therapy" codes when more than one always therapy service is provided on the same date of service.

~~(e)~~ For purposes of this rule, hospitals shall be identified as 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 implemented by the materials specified in paragraph (A)(6) of this rule.

(d) For purposes of this rule, the following hospitals shall be recognized as "children's hospitals": nationwide children's hospital (Columbus), Cincinnati children's hospital medical center, shriners hospital for children (Cincinnati), university hospitals rainbow babies and children's hospital (Cleveland), Toledo children's hospital, children's hospital medical center of Akron, and children's medical center of Dayton.

In the event the centers for medicare and medicaid services makes subsequent adjustments to the medicare reimbursement rates under the medicare outpatient prospective payment system as implemented by the materials specified in paragraph (A)(6) of this rule, the "applicable medicare reimbursement rate for the hospital outpatient service under the medicare outpatient prospective payment system" as specified in this paragraph shall be determined by the bureau without regard to such subsequent adjustments.

(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.

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 implemented by the materials specified in paragraph (A)(6) of this rule.

(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 to 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 implemented by the materials specified in paragraph (A)(6) of this rule, which shall be reimbursed in accordance with table 3 of appendix A to 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 to 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 implemented by the materials specified in paragraph (A)(6) of this rule. 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 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 to this rule.

(4) Add-on payments calculated using the applicable medicare outpatient prospective payment system methodology and formula in effect as implemented by the materials specified in paragraph (A)(6) of this rule. 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 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.

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, ~~2010~~2011 Code of Federal Regulations;

(b) Department of health and human services, centers for medicare and medicaid services' ~~"42 CFR Parts 410, 411, 412, 413, 416, 419, and 489 medicare program: hospital outpatient prospective 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. 71800 - 72580 (2010) "42 CFR Parts 410, 411, 416, 419, 489, and 495 medicare and medicaid programs: hospital outpatient prospective payment; ambulatory surgical center payment; hospital value-based purchasing program; physician self-referral; and patient notification requirements in provider agreements; final rule," 76 Fed. Reg. 74122 - 74584 (2011).~~

(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) 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 per cent of the hospital's allowed billed charges.

~~(a) 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 per cent of the hospital's allowed billed charges~~

(a) For hospitals the department of health and human services, centers for medicare and medicaid services maintained hospital-specific cost-to-charge ratio information on as of

January 1, 2012, based on the hospitals' submitted cost report (CMS-2552-96), the hospital's allowable billed charges multiplied by the hospital's reported cost-to-charge ratio (from the outpatient provider specific file in use by medicare on January 1, 2012) plus sixteen percentage points, not to exceed sixty per cent of the hospital's allowed billed charges;

(b) For hospitals the department of health and human services, centers for medicare and medicaid services did not maintain hospital-specific cost-to-charge ratio information on as of January 1, 2012, the hospital's allowable billed charges multiplied by the applicable FY12 urban or rural statewide average outpatient cost-to-charge ratio set forth in table 11 of the federal rule referenced in paragraph (A)(6)(b) of this rule (the Ohio average cost-to-charge ratio shall be used for hospitals outside the United States) plus sixteen percentage points, not to exceed sixty per cent of the hospital's allowed billed charges; or

(c) 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: 4/1/12

Prior Effective Dates: 9/1/07, 1/1/11, 4/1/11

Ohio Bureau of Workers' Compensation
2012 Hospital Outpatient Services
Appendix A

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2012 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix A) are obtained from Current Procedural Terminology (CPT®), copyright 2011 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 2012 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 2012 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 2012 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 2012 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. 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 and cost comparisons in order for the MCO to approve high quality, cost-effective medical care. 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.

Never Covered (NC)

The procedure or service is never covered.

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Table 1 - I/OCE Edits 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

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Table 2 - BWC-Specific Hospital Outpatient Vocational Rehab Codes			
Code	Description	Rate	Unit
W0648	Physical Reconditioning -- Unsupervised	BR	Not to exceed \$225 per 3-month period
W0637	Transitional Work Services	\$45.61	15 min
W0702	Occupational Rehabilitation - Comprehensive, Initial Session	\$18.13	15 min; max units 8 per day
W0703	Occupational Rehabilitation - Comprehensive, Each Additional Unit	\$18.13	15 min; max units 24 per day
W0710	Work Conditioning	\$16.25	15 min
W3050	Other Provider Travel Time	\$3.55	6 min up to 10 units of service one way
W3052	Other Provider Mileage	\$0.45	per mile up to 65 one way
Z3050	RAW Service – Other Provider Travel Time	\$3.55	6 min up to 10 units of service one way
Z3052	RAW Service – Other Provider Mileage	\$0.45	per mile up to 65 one way

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Table 3 - Medicare OPPTS Fee Schedule Items with BWC Rates		
Code	Coverage Status	Rate
81099	Covered	RC
84999	Covered	RC
85999	Covered	RC
86849	Covered	RC
87999	Covered	RC
97039	Covered	RC
97139	Covered	RC
97799	Covered	RC
A0999	Covered	RC
A4335	Covered	RC
A4387	Covered	\$3.83
A4606	Covered	\$120.00
L0999	Covered	RC
L1499	Covered	RC
L2999	Covered	RC
L3649	Covered	RC
L3999	Covered	RC
L4002	Covered	\$100.00
L5999	Covered	RC
L7499	Covered	RC
L8048	Covered	RC
L8499	Covered	RC
V2199	Covered	RC
V2299	Covered	RC
V2399	Covered	RC
V2499	Covered	RC
V2599	Covered	RC
V2797	Covered	RC
V2799	Covered	RC
A0420	Covered	\$24.00
A0424	Covered	\$24.00
A0425	Covered	\$12.48
A0426	Covered	\$370.45
A0427	Covered	\$586.54
A0428	Covered	\$308.71
A0429	Covered	\$493.93

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A0430	Covered	\$5,016.36
A0431	Covered	\$5,832.25
A0433	Covered	\$848.95
A0434	Covered	\$1,003.30
A0435	Covered	\$14.51
A0436	Covered	\$38.72
A4216	Covered	\$0.48
A4217	Covered	\$3.95
A4310	Covered	\$9.72
A4311	Covered	\$18.67
A4312	Covered	\$22.70
A4313	Covered	\$23.32
A4314	Covered	\$31.82
A4315	Covered	\$33.22
A4320	Covered	\$5.99
A4322	Covered	\$3.66
A4326	Covered	\$13.06
A4330	Covered	\$7.66
A4331	Covered	\$4.01
A4333	Covered	\$2.77
A4334	Covered	\$6.20
A4336	Covered	\$1.81
A4338	Covered	\$15.43
A4340	Covered	\$33.97
A4344	Covered	\$20.16
A4346	Covered	\$24.66
A4349	Covered	\$2.54
A4351	Covered	\$2.16
A4352	Covered	\$6.86
A4353	Covered	\$8.80
A4354	Covered	\$14.86
A4355	Covered	\$11.22
A4356	Covered	\$57.43
A4357	Covered	\$12.22
A4358	Covered	\$8.34
A4360	Covered	\$0.61
A4361	Covered	\$23.12
A4362	Covered	\$4.26

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A4363	Covered	\$2.98
A4364	Covered	\$3.14
A4366	Covered	\$1.64
A4367	Covered	\$9.25
A4368	Covered	\$0.32
A4369	Covered	\$3.05
A4371	Covered	\$4.60
A4372	Covered	\$5.27
A4373	Covered	\$7.90
A4375	Covered	\$21.62
A4376	Covered	\$59.89
A4377	Covered	\$5.40
A4378	Covered	\$38.71
A4379	Covered	\$18.90
A4380	Covered	\$46.99
A4381	Covered	\$5.81
A4382	Covered	\$30.98
A4383	Covered	\$35.48
A4384	Covered	\$12.11
A4385	Covered	\$6.42
A4388	Covered	\$5.50
A4389	Covered	\$7.82
A4390	Covered	\$12.10
A4391	Covered	\$8.89
A4392	Covered	\$10.30
A4393	Covered	\$11.38
A4394	Covered	\$3.25
A4395	Covered	\$0.06
A4396	Covered	\$50.95
A4397	Covered	\$6.02
A4398	Covered	\$17.39
A4399	Covered	\$13.12
A4400	Covered	\$61.51
A4402	Covered	\$2.02
A4404	Covered	\$1.94
A4405	Covered	\$4.28
A4406	Covered	\$7.22
A4407	Covered	\$11.03

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A4408	Covered	\$12.42
A4409	Covered	\$7.82
A4410	Covered	\$11.38
A4411	Covered	\$6.42
A4412	Covered	\$3.41
A4413	Covered	\$6.92
A4414	Covered	\$6.20
A4415	Covered	\$7.55
A4416	Covered	\$3.47
A4417	Covered	\$4.69
A4418	Covered	\$2.28
A4419	Covered	\$2.20
A4420	Covered	\$5.00
A4422	Covered	\$0.16
A4423	Covered	\$2.34
A4424	Covered	\$5.99
A4425	Covered	\$4.51
A4426	Covered	\$3.44
A4427	Covered	\$3.50
A4428	Covered	\$8.20
A4429	Covered	\$10.38
A4430	Covered	\$10.73
A4431	Covered	\$7.82
A4432	Covered	\$4.52
A4433	Covered	\$4.21
A4434	Covered	\$4.74
A4450	Covered	\$0.11
A4452	Covered	\$0.46
A4455	Covered	\$1.80
A4456	Covered	\$0.31
A4461	Covered	\$4.14
A4463	Covered	\$16.76
A4481	Covered	\$0.47
A4623	Covered	\$7.01
A4625	Covered	\$8.72
A4626	Covered	\$4.02
A4629	Covered	\$5.83
A5051	Covered	\$2.60

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A5052	Covered	\$1.87
A5053	Covered	\$2.20
A5054	Covered	\$2.26
A5055	Covered	\$1.68
A5061	Covered	\$4.44
A5062	Covered	\$2.63
A5063	Covered	\$3.41
A5071	Covered	\$7.56
A5072	Covered	\$4.44
A5073	Covered	\$3.94
A5081	Covered	\$4.16
A5082	Covered	\$14.96
A5083	Covered	\$0.79
A5093	Covered	\$2.09
A5102	Covered	\$28.22
A5105	Covered	\$51.31
A5112	Covered	\$39.66
A5113	Covered	\$5.04
A5114	Covered	\$9.56
A5120	Covered	\$0.28
A5121	Covered	\$8.98
A5122	Covered	\$16.18
A5126	Covered	\$1.42
A5131	Covered	\$16.97
A5200	Covered	\$14.21
A6011	Covered	\$2.87
A6021	Covered	\$26.46
A6022	Covered	\$26.46
A6023	Covered	\$239.54
A6024	Covered	\$7.79
A6154	Covered	\$17.54
A6196	Covered	\$9.25
A6197	Covered	\$20.69
A6198	Covered	\$5.51
A6199	Covered	\$6.65
A6203	Covered	\$4.22
A6204	Covered	\$7.84
A6205	Covered	\$14.96

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A6206	Covered	\$3.69
A6207	Covered	\$9.24
A6208	Covered	\$17.62
A6209	Covered	\$9.41
A6210	Covered	\$25.08
A6211	Covered	\$36.97
A6212	Covered	\$12.22
A6213	Covered	\$16.32
A6214	Covered	\$12.95
A6215	Covered	\$2.61
A6216	Covered	\$0.06
A6217	Covered	\$0.76
A6218	Covered	\$1.00
A6219	Covered	\$1.20
A6220	Covered	\$3.25
A6221	Covered	\$5.17
A6222	Covered	\$2.69
A6223	Covered	\$3.05
A6224	Covered	\$4.55
A6228	Covered	\$4.08
A6229	Covered	\$4.55
A6230	Covered	\$2.20
A6231	Covered	\$5.87
A6232	Covered	\$8.65
A6233	Covered	\$24.16
A6234	Covered	\$8.23
A6235	Covered	\$21.17
A6236	Covered	\$34.30
A6237	Covered	\$9.96
A6238	Covered	\$28.69
A6239	Covered	\$13.69
A6240	Covered	\$15.41
A6241	Covered	\$3.24
A6242	Covered	\$7.63
A6243	Covered	\$15.50
A6244	Covered	\$49.44
A6245	Covered	\$9.14
A6246	Covered	\$12.49

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A6247	Covered	\$29.94
A6248	Covered	\$20.44
A6250	Covered	\$12.00
A6251	Covered	\$2.51
A6252	Covered	\$4.09
A6253	Covered	\$7.98
A6254	Covered	\$1.52
A6255	Covered	\$3.82
A6256	Covered	\$9.85
A6257	Covered	\$1.93
A6258	Covered	\$5.42
A6259	Covered	\$13.78
A6260	Covered	\$20.00
A6266	Covered	\$2.42
A6402	Covered	\$0.16
A6403	Covered	\$0.54
A6404	Covered	\$2.36
A6407	Covered	\$2.36
A6410	Covered	\$0.49
A6412	Covered	\$10.00
A6441	Covered	\$0.84
A6442	Covered	\$0.22
A6443	Covered	\$0.36
A6444	Covered	\$0.71
A6445	Covered	\$0.41
A6446	Covered	\$0.52
A6447	Covered	\$0.84
A6448	Covered	\$1.46
A6449	Covered	\$2.21
A6452	Covered	\$7.44
A6453	Covered	\$0.77
A6454	Covered	\$0.97
A6455	Covered	\$1.75
A6456	Covered	\$1.61
A6457	Covered	\$1.44
A6512	Covered	\$100.00
A6531	Covered	\$54.46
A6532	Covered	\$76.74

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
A6545	Covered	\$54.52
A7040	Covered	\$50.90
A7041	Covered	\$95.69
A7043	Covered	\$36.25
A7501	Covered	\$132.20
A7502	Covered	\$62.83
A7503	Covered	\$14.27
A7504	Covered	\$0.84
A7505	Covered	\$5.89
A7506	Covered	\$0.42
A7507	Covered	\$3.13
A7508	Covered	\$3.61
A7509	Covered	\$1.78
A7520	Covered	\$59.76
A7521	Covered	\$59.22
A7522	Covered	\$56.84
A7523	Covered	\$13.00
A7524	Covered	\$97.43
A7525	Covered	\$2.60
A7526	Covered	\$4.25
A7527	Covered	\$4.51
B4087	Covered	\$41.51
B4088	Covered	\$41.51
K0672	Covered	\$92.05
L0113	Covered	\$309.56
L0120	Covered	\$28.70
L0130	Covered	\$165.68
L0140	Covered	\$64.98
L0150	Covered	\$116.21
L0160	Covered	\$169.66
L0170	Covered	\$872.74
L0172	Covered	\$153.73
L0174	Covered	\$302.28
L0180	Covered	\$489.74
L0190	Covered	\$577.56
L0200	Covered	\$669.91
L0220	Covered	\$140.23
L0430	Covered	\$1,654.88

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L0450	Covered	\$176.40
L0454	Covered	\$376.46
L0456	Covered	\$1,079.58
L0458	Covered	\$968.06
L0460	Covered	\$1,089.64
L0462	Covered	\$1,355.30
L0464	Covered	\$1,613.48
L0466	Covered	\$411.83
L0468	Covered	\$516.12
L0470	Covered	\$714.18
L0472	Covered	\$439.45
L0480	Covered	\$1,639.54
L0482	Covered	\$1,831.38
L0484	Covered	\$1,977.84
L0486	Covered	\$2,221.16
L0488	Covered	\$1,089.64
L0490	Covered	\$307.04
L0491	Covered	\$833.64
L0492	Covered	\$542.83
L0621	Covered	\$93.59
L0622	Covered	\$290.12
L0625	Covered	\$59.80
L0626	Covered	\$84.61
L0627	Covered	\$446.15
L0628	Covered	\$91.04
L0630	Covered	\$175.81
L0631	Covered	\$1,114.30
L0633	Covered	\$311.27
L0635	Covered	\$1,084.64
L0636	Covered	\$1,471.64
L0637	Covered	\$1,406.22
L0638	Covered	\$1,431.66
L0639	Covered	\$1,406.22
L0640	Covered	\$1,135.82
L0700	Covered	\$2,160.90
L0710	Covered	\$2,375.41
L0810	Covered	\$2,901.32
L0820	Covered	\$2,282.32

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L0830	Covered	\$3,492.26
L0859	Covered	\$1,236.44
L0861	Covered	\$233.96
L0970	Covered	\$116.00
L0972	Covered	\$105.58
L0974	Covered	\$189.70
L0976	Covered	\$162.29
L0980	Covered	\$18.56
L0982	Covered	\$16.97
L0984	Covered	\$73.46
L1200	Covered	\$1,942.46
L1210	Covered	\$265.57
L1220	Covered	\$258.49
L1230	Covered	\$724.14
L1240	Covered	\$98.72
L1250	Covered	\$85.81
L1260	Covered	\$102.37
L1652	Covered	\$386.93
L1660	Covered	\$196.15
L1680	Covered	\$1,236.64
L1685	Covered	\$1,207.26
L1686	Covered	\$1,017.12
L1690	Covered	\$2,099.03
L1810	Covered	\$111.73
L1820	Covered	\$154.26
L1830	Covered	\$90.28
L1831	Covered	\$319.48
L1832	Covered	\$747.68
L1834	Covered	\$787.87
L1836	Covered	\$144.80
L1840	Covered	\$1,020.78
L1843	Covered	\$973.94
L1844	Covered	\$1,653.00
L1845	Covered	\$909.25
L1846	Covered	\$1,270.03
L1847	Covered	\$624.32
L1850	Covered	\$309.24
L1860	Covered	\$1,353.55

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L1900	Covered	\$309.70
L1902	Covered	\$81.02
L1904	Covered	\$489.96
L1906	Covered	\$122.05
L1907	Covered	\$610.79
L1910	Covered	\$304.39
L1920	Covered	\$445.91
L1930	Covered	\$273.47
L1932	Covered	\$968.63
L1940	Covered	\$528.59
L1945	Covered	\$1,218.41
L1950	Covered	\$834.78
L1951	Covered	\$911.60
L1960	Covered	\$672.84
L1970	Covered	\$751.28
L1971	Covered	\$508.81
L1980	Covered	\$438.29
L1990	Covered	\$507.25
L2000	Covered	\$1,214.28
L2005	Covered	\$4,447.94
L2010	Covered	\$947.12
L2020	Covered	\$1,196.18
L2030	Covered	\$1,175.76
L2034	Covered	\$2,205.10
L2036	Covered	\$2,012.40
L2037	Covered	\$1,800.06
L2038	Covered	\$1,451.11
L2106	Covered	\$855.59
L2108	Covered	\$1,247.90
L2112	Covered	\$547.61
L2114	Covered	\$685.91
L2116	Covered	\$836.62
L2126	Covered	\$1,386.04
L2132	Covered	\$1,056.37
L2134	Covered	\$1,250.88
L2136	Covered	\$1,368.90
L2180	Covered	\$143.90
L2182	Covered	\$124.03

**Ohio Bureau of Workers' Compensation
2012 Hospital Outpatient Services
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L2184	Covered	\$125.72
L2186	Covered	\$167.20
L2188	Covered	\$303.97
L2190	Covered	\$92.59
L2192	Covered	\$361.88
L2200	Covered	\$54.54
L2210	Covered	\$68.22
L2220	Covered	\$87.83
L2230	Covered	\$103.84
L2232	Covered	\$105.43
L2240	Covered	\$103.32
L2250	Covered	\$362.57
L2260	Covered	\$203.46
L2265	Covered	\$145.90
L2270	Covered	\$66.90
L2275	Covered	\$141.49
L2280	Covered	\$612.78
L2300	Covered	\$273.26
L2310	Covered	\$124.86
L2320	Covered	\$209.38
L2330	Covered	\$398.53
L2335	Covered	\$305.14
L2340	Covered	\$453.61
L2350	Covered	\$904.37
L2360	Covered	\$55.99
L2370	Covered	\$347.40
L2375	Covered	\$133.56
L2380	Covered	\$140.08
L2385	Covered	\$159.50
L2390	Covered	\$111.11
L2395	Covered	\$158.80
L2397	Covered	\$132.50
L2405	Covered	\$94.64
L2415	Covered	\$131.88
L2425	Covered	\$155.60
L2430	Covered	\$155.60
L2492	Covered	\$127.30
L2500	Covered	\$339.67

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L2510	Covered	\$875.44
L2520	Covered	\$583.44
L2525	Covered	\$1,237.21
L2526	Covered	\$695.18
L2530	Covered	\$260.33
L2540	Covered	\$492.59
L2550	Covered	\$369.32
L2570	Covered	\$483.43
L2580	Covered	\$471.05
L2600	Covered	\$231.52
L2610	Covered	\$255.82
L2620	Covered	\$271.38
L2622	Covered	\$345.41
L2624	Covered	\$423.54
L2627	Covered	\$2,319.90
L2628	Covered	\$1,700.44
L2630	Covered	\$251.33
L2640	Covered	\$341.08
L2650	Covered	\$150.20
L2660	Covered	\$194.50
L2670	Covered	\$173.14
L2680	Covered	\$158.83
L2755	Covered	\$141.82
L2768	Covered	\$141.41
L2780	Covered	\$68.69
L2785	Covered	\$32.16
L2795	Covered	\$89.00
L2800	Covered	\$109.32
L2810	Covered	\$88.64
L2820	Covered	\$88.14
L2830	Covered	\$95.35
L2840	Covered	\$46.81
L2850	Covered	\$65.66
L3000	Covered	\$340.98
L3001	Covered	\$143.58
L3002	Covered	\$175.30
L3003	Covered	\$189.12
L3010	Covered	\$189.12

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L3020	Covered	\$215.35
L3030	Covered	\$82.81
L3040	Covered	\$51.10
L3050	Covered	\$51.10
L3060	Covered	\$80.05
L3070	Covered	\$34.50
L3080	Covered	\$34.50
L3090	Covered	\$44.20
L3170	Covered	\$55.21
L3224	Covered	\$73.34
L3225	Covered	\$80.11
L3230	Covered	\$249.96
L3250	Covered	\$300.00
L3251	Covered	\$300.00
L3252	Covered	\$100.00
L3253	Covered	\$50.00
L3254	Covered	\$100.00
L3255	Covered	\$100.00
L3257	Covered	\$50.00
L3265	Covered	\$40.00
L3300	Covered	\$56.60
L3310	Covered	\$88.37
L3320	Covered	\$69.10
L3330	Covered	\$614.30
L3332	Covered	\$80.05
L3334	Covered	\$41.40
L3340	Covered	\$92.52
L3350	Covered	\$24.84
L3360	Covered	\$38.66
L3370	Covered	\$53.84
L3390	Covered	\$53.84
L3400	Covered	\$44.20
L3410	Covered	\$100.76
L3420	Covered	\$59.36
L3430	Covered	\$173.93
L3440	Covered	\$82.81
L3450	Covered	\$114.55
L3455	Covered	\$44.20

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L3460	Covered	\$37.28
L3465	Covered	\$63.53
L3470	Covered	\$67.63
L3480	Covered	\$67.63
L3485	Covered	\$64.48
L3500	Covered	\$31.74
L3510	Covered	\$31.74
L3520	Covered	\$34.50
L3530	Covered	\$34.50
L3540	Covered	\$55.21
L3570	Covered	\$92.52
L3580	Covered	\$70.40
L3590	Covered	\$57.97
L3595	Covered	\$45.54
L3600	Covered	\$82.81
L3610	Covered	\$109.07
L3620	Covered	\$82.81
L3630	Covered	\$109.07
L3650	Covered	\$71.18
L3660	Covered	#N/A
L3670	Covered	#N/A
L3671	Covered	\$890.11
L3674	Covered	\$1,167.71
L3675	Covered	#N/A
L3677	Covered	\$300.00
L3702	Covered	\$285.25
L3710	Covered	\$141.07
L3720	Covered	\$674.96
L3730	Covered	\$895.31
L3740	Covered	\$1,061.46
L3760	Covered	\$494.04
L3762	Covered	\$106.22
L3763	Covered	\$739.27
L3764	Covered	\$773.66
L3765	Covered	\$1,266.70
L3766	Covered	\$1,341.34
L3806	Covered	\$448.72
L3807	Covered	\$247.01

**Ohio Bureau of Workers' Compensation
2012 Hospital Outpatient Services
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L3808	Covered	\$351.89
L3900	Covered	\$1,600.30
L3901	Covered	\$2,097.28
L3904	Covered	\$3,334.45
L3905	Covered	\$979.66
L3906	Covered	\$500.63
L3908	Covered	\$72.44
L3912	Covered	\$104.08
L3913	Covered	\$267.54
L3915	Covered	\$525.13
L3917	Covered	\$104.32
L3919	Covered	\$267.54
L3921	Covered	\$317.30
L3923	Covered	\$95.42
L3925	Covered	\$64.90
L3927	Covered	\$34.58
L3929	Covered	\$90.22
L3931	Covered	\$205.97
L3933	Covered	\$210.77
L3935	Covered	\$218.24
L3956	Covered	\$37.99
L3960	Covered	\$787.90
L3961	Covered	\$1,659.76
L3962	Covered	\$712.60
L3967	Covered	\$1,959.58
L3971	Covered	\$1,860.11
L3973	Covered	\$1,959.58
L3975	Covered	\$1,659.76
L3976	Covered	\$1,659.76
L3977	Covered	\$1,860.11
L3978	Covered	\$1,959.58
L3980	Covered	\$382.16
L3982	Covered	\$388.04
L3984	Covered	\$341.84
L3995	Covered	\$40.57
L4000	Covered	\$1,434.35
L4010	Covered	\$871.82
L4020	Covered	\$1,047.28

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L4030	Covered	\$665.54
L4040	Covered	\$450.71
L4045	Covered	\$332.94
L4050	Covered	\$446.38
L4055	Covered	\$271.33
L4060	Covered	\$352.70
L4070	Covered	\$285.64
L4080	Covered	\$107.81
L4090	Covered	\$91.73
L4100	Covered	\$110.23
L4110	Covered	\$86.06
L4130	Covered	\$520.27
L4205	Covered	\$37.99
L4210	Covered	\$99.98
L4350	Covered	\$105.04
L4360	Covered	\$281.03
L4370	Covered	\$255.48
L4386	Covered	\$172.12
L4392	Covered	\$25.54
L4394	Covered	\$18.66
L4396	Covered	\$182.16
L4398	Covered	\$83.86
L4631	Covered	\$1,600.15
L8681	Covered	\$1,240.40
L8683	Covered	\$5,860.84
L8684	Covered	\$919.66
L8689	Covered	\$1,876.03
L8695	Covered	\$18.13
Q4081	Covered	\$1.16
Q0478	Covered	\$199.85
Q0479	Covered	\$13,135.52
Q0480	Covered	RC
Q0481	Covered	RC
Q0482	Covered	RC
Q0483	Covered	RC
Q0484	Covered	RC
Q0485	Covered	RC
Q0486	Covered	RC

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
Q0487	Covered	RC
Q0488	Covered	RC
Q0489	Covered	RC
Q0490	Covered	RC
Q0491	Covered	RC
Q0492	Covered	RC
Q0493	Covered	RC
Q0494	Covered	RC
Q0495	Covered	RC
Q0496	Covered	RC
Q0497	Covered	RC
Q0498	Covered	RC
Q0499	Covered	RC
Q0500	Covered	RC
Q0501	Covered	RC
Q0502	Covered	RC
Q0503	Covered	RC
Q0504	Covered	RC
Q0505	Covered	RC
Q0506	Covered	RC
97545	NC	\$0.00
97546	NC	\$0.00
97010	NC	\$0.00
G0438	NC	\$0.00
G0439	NC	\$0.00
L5961	NRC	RC
V2629	NRC	RC
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

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L0112	NRC	\$1,519.24
L5000	NRC	\$623.30
L5010	NRC	\$1,741.58
L5020	NRC	\$2,728.51
L5050	NRC	\$2,980.07
L5060	NRC	\$3,673.55
L5100	NRC	\$2,967.30
L5105	NRC	\$4,187.51
L5150	NRC	\$4,655.52
L5160	NRC	\$5,111.53
L5200	NRC	\$3,953.38
L5210	NRC	\$3,138.98
L5220	NRC	\$3,457.81
L5230	NRC	\$5,186.21
L5250	NRC	\$6,080.95
L5270	NRC	\$6,775.37
L5280	NRC	\$6,585.90
L5301	NRC	\$2,913.83
L5321	NRC	\$3,885.48
L5331	NRC	\$5,690.83
L5341	NRC	\$6,049.27
L5400	NRC	\$1,735.19
L5410	NRC	\$479.38
L5420	NRC	\$2,191.48
L5430	NRC	\$594.85
L5450	NRC	\$514.37
L5460	NRC	\$674.64
L5500	NRC	\$1,603.82
L5505	NRC	\$2,256.14
L5510	NRC	\$1,915.25
L5520	NRC	\$1,716.78
L5530	NRC	\$2,256.80
L5535	NRC	\$2,103.82
L5540	NRC	\$2,228.26
L5560	NRC	\$2,538.98
L5570	NRC	\$2,464.16
L5580	NRC	\$3,058.38
L5585	NRC	\$3,581.63

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L5590	NRC	\$3,188.69
L5595	NRC	\$4,983.08
L5600	NRC	\$5,671.46
L5610	NRC	\$2,735.32
L5611	NRC	\$1,742.17
L5613	NRC	\$2,649.95
L5614	NRC	\$1,835.26
L5616	NRC	\$1,597.86
L5617	NRC	\$608.53
L5618	NRC	\$363.38
L5620	NRC	\$322.42
L5622	NRC	\$434.35
L5624	NRC	\$434.22
L5626	NRC	\$687.40
L5628	NRC	\$696.10
L5629	NRC	\$343.63
L5630	NRC	\$597.07
L5631	NRC	\$475.10
L5632	NRC	\$292.82
L5634	NRC	\$366.22
L5636	NRC	\$279.91
L5637	NRC	\$416.51
L5638	NRC	\$701.65
L5639	NRC	\$1,212.34
L5640	NRC	\$796.88
L5642	NRC	\$738.68
L5643	NRC	\$2,178.71
L5644	NRC	\$638.66
L5645	NRC	\$1,059.52
L5646	NRC	\$671.42
L5647	NRC	\$860.14
L5648	NRC	\$793.34
L5649	NRC	\$2,665.74
L5650	NRC	\$527.87
L5651	NRC	\$1,546.63
L5652	NRC	\$471.42
L5653	NRC	\$735.54
L5654	NRC	\$426.38

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L5655	NRC	\$307.87
L5656	NRC	\$467.72
L5658	NRC	\$493.69
L5661	NRC	\$708.31
L5665	NRC	\$629.72
L5666	NRC	\$83.38
L5668	NRC	\$124.21
L5670	NRC	\$293.41
L5671	NRC	\$537.85
L5672	NRC	\$388.26
L5673	NRC	\$854.78
L5676	NRC	\$391.84
L5677	NRC	\$600.11
L5678	NRC	\$42.94
L5679	NRC	\$712.33
L5680	NRC	\$329.12
L5681	NRC	\$1,430.62
L5682	NRC	\$676.24
L5683	NRC	\$1,430.62
L5684	NRC	\$52.04
L5685	NRC	\$139.30
L5686	NRC	\$62.58
L5688	NRC	\$66.47
L5690	NRC	\$135.71
L5692	NRC	\$143.69
L5694	NRC	\$196.16
L5695	NRC	\$176.34
L5696	NRC	\$213.02
L5697	NRC	\$101.17
L5698	NRC	\$129.76
L5699	NRC	\$221.78
L5700	NRC	\$3,336.00
L5701	NRC	\$4,138.62
L5702	NRC	\$5,216.08
L5703	NRC	\$2,743.80
L5704	NRC	\$680.20
L5705	NRC	\$1,247.04
L5706	NRC	\$1,216.34

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L5707	NRC	\$1,634.16
L5710	NRC	\$388.91
L5711	NRC	\$652.70
L5712	NRC	\$465.92
L5714	NRC	\$474.08
L5716	NRC	\$937.44
L5718	NRC	\$1,002.43
L5722	NRC	\$1,219.00
L5724	NRC	\$1,878.89
L5726	NRC	\$2,236.91
L5728	NRC	\$2,621.39
L5780	NRC	\$1,443.29
L5781	NRC	\$4,351.64
L5782	NRC	\$4,587.60
L5785	NRC	\$561.79
L5790	NRC	\$810.82
L5795	NRC	\$1,160.99
L5810	NRC	\$618.58
L5811	NRC	\$853.63
L5812	NRC	\$642.37
L5814	NRC	\$4,039.18
L5816	NRC	\$919.58
L5818	NRC	\$1,038.40
L5822	NRC	\$1,904.93
L5824	NRC	\$1,800.72
L5826	NRC	\$3,396.43
L5828	NRC	\$3,204.82
L5830	NRC	\$2,160.90
L5840	NRC	\$4,241.29
L5845	NRC	\$1,949.35
L5848	NRC	\$1,169.52
L5850	NRC	\$138.32
L5855	NRC	\$333.94
L5856	NRC	\$26,108.41
L5857	NRC	\$9,264.24
L5858	NRC	\$20,213.00
L5910	NRC	\$391.62
L5920	NRC	\$573.73

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L5925	NRC	\$363.32
L5930	NRC	\$3,660.73
L5940	NRC	\$542.39
L5950	NRC	\$841.26
L5960	NRC	\$1,257.90
L5962	NRC	\$635.58
L5964	NRC	\$1,219.16
L5966	NRC	\$1,570.49
L5968	NRC	\$3,952.16
L5970	NRC	\$236.24
L5971	NRC	\$236.24
L5972	NRC	\$430.33
L5973	NRC	\$19,201.24
L5974	NRC	\$251.98
L5975	NRC	\$504.20
L5976	NRC	\$639.14
L5978	NRC	\$338.69
L5979	NRC	\$2,711.64
L5980	NRC	\$4,131.43
L5981	NRC	\$3,711.05
L5982	NRC	\$697.14
L5984	NRC	\$699.31
L5985	NRC	\$307.10
L5986	NRC	\$843.55
L5987	NRC	\$7,823.84
L5988	NRC	\$2,172.66
L5990	NRC	\$1,973.05
L6000	NRC	\$1,915.62
L6010	NRC	\$2,131.78
L6020	NRC	\$1,987.55
L6025	NRC	\$8,703.26
L6050	NRC	\$2,703.46
L6055	NRC	\$3,448.39
L6100	NRC	\$2,735.81
L6110	NRC	\$2,894.29
L6120	NRC	\$3,273.47
L6130	NRC	\$3,453.58
L6200	NRC	\$3,557.59

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L6205	NRC	\$4,907.64
L6250	NRC	\$3,500.05
L6300	NRC	\$4,827.54
L6310	NRC	\$4,375.10
L6320	NRC	\$2,280.18
L6350	NRC	\$5,289.48
L6360	NRC	\$4,592.20
L6370	NRC	\$2,663.16
L6380	NRC	\$1,540.28
L6382	NRC	\$1,833.66
L6384	NRC	\$2,319.67
L6386	NRC	\$508.46
L6388	NRC	\$559.97
L6400	NRC	\$2,959.46
L6450	NRC	\$3,867.86
L6500	NRC	\$3,798.16
L6550	NRC	\$4,919.40
L6570	NRC	\$5,491.85
L6580	NRC	\$2,195.76
L6582	NRC	\$1,844.15
L6584	NRC	\$2,730.68
L6586	NRC	\$2,433.22
L6588	NRC	\$3,875.23
L6590	NRC	\$3,377.39
L6600	NRC	\$246.70
L6605	NRC	\$253.92
L6610	NRC	\$240.04
L6611	NRC	\$447.76
L6615	NRC	\$233.00
L6616	NRC	\$70.14
L6620	NRC	\$407.34
L6621	NRC	\$2,487.65
L6623	NRC	\$775.96
L6624	NRC	\$4,095.94
L6625	NRC	\$575.09
L6628	NRC	\$619.02
L6629	NRC	\$210.94
L6630	NRC	\$310.73

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L6632	NRC	\$70.26
L6635	NRC	\$224.58
L6637	NRC	\$439.68
L6638	NRC	\$2,719.76
L6640	NRC	\$366.18
L6641	NRC	\$213.23
L6642	NRC	\$313.50
L6645	NRC	\$396.01
L6646	NRC	\$3,430.25
L6647	NRC	\$564.74
L6648	NRC	\$3,537.80
L6650	NRC	\$429.50
L6655	NRC	\$83.30
L6660	NRC	\$111.49
L6665	NRC	\$49.80
L6670	NRC	\$51.85
L6672	NRC	\$237.98
L6675	NRC	\$129.85
L6676	NRC	\$135.85
L6677	NRC	\$322.62
L6680	NRC	\$334.50
L6682	NRC	\$369.83
L6684	NRC	\$502.55
L6686	NRC	\$745.73
L6687	NRC	\$623.71
L6688	NRC	\$690.26
L6689	NRC	\$822.68
L6690	NRC	\$968.62
L6691	NRC	\$382.33
L6692	NRC	\$695.57
L6693	NRC	\$3,087.66
L6694	NRC	\$854.78
L6695	NRC	\$712.33
L6696	NRC	\$1,430.62
L6697	NRC	\$1,430.62
L6698	NRC	\$537.85
L6703	NRC	\$380.40
L6704	NRC	\$734.29

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L6706	NRC	\$455.69
L6707	NRC	\$1,611.94
L6708	NRC	\$1,065.55
L6709	NRC	\$1,512.29
L6711	NRC	\$731.18
L6712	NRC	\$1,346.30
L6713	NRC	\$1,699.12
L6714	NRC	\$1,439.16
L6721	NRC	\$2,557.98
L6722	NRC	\$2,205.14
L6805	NRC	\$417.12
L6810	NRC	\$221.75
L6881	NRC	\$4,446.32
L6882	NRC	\$3,372.76
L6883	NRC	\$2,160.46
L6884	NRC	\$2,956.01
L6885	NRC	\$4,592.20
L6890	NRC	\$217.22
L6895	NRC	\$726.29
L6900	NRC	\$2,109.16
L6905	NRC	\$2,087.48
L6910	NRC	\$2,052.14
L6915	NRC	\$881.72
L6920	NRC	\$9,110.64
L6925	NRC	\$9,733.18
L6930	NRC	\$8,774.78
L6935	NRC	\$9,687.46
L6940	NRC	\$11,331.17
L6945	NRC	\$12,641.38
L6950	NRC	\$11,310.14
L6955	NRC	\$13,116.23
L6960	NRC	\$13,797.77
L6965	NRC	\$16,345.57
L6970	NRC	\$17,496.14
L6975	NRC	\$19,284.86
L7007	NRC	\$3,972.41
L7009	NRC	\$4,064.26
L7040	NRC	\$3,308.05

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L7170	NRC	\$6,542.05
L7180	NRC	\$42,324.90
L7181	NRC	\$43,577.47
L7260	NRC	\$2,374.93
L7261	NRC	\$5,112.90
L7360	NRC	\$287.72
L7362	NRC	\$314.32
L7364	NRC	\$556.15
L7366	NRC	\$764.87
L7367	NRC	\$423.43
L7368	NRC	\$548.90
L7400	NRC	\$333.32
L7401	NRC	\$373.14
L7402	NRC	\$402.98
L7403	NRC	\$400.52
L7404	NRC	\$604.51
L7405	NRC	\$790.56
L7510	NRC	\$250.00
L7520	NRC	\$40.00
L8040	NRC	\$2,696.28
L8041	NRC	\$3,249.62
L8042	NRC	\$3,651.24
L8043	NRC	\$4,089.41
L8044	NRC	\$4,527.56
L8045	NRC	\$3,545.38
L8046	NRC	\$2,921.02
L8047	NRC	\$1,497.02
L8049	NRC	\$50.00
L8300	NRC	\$91.21
L8310	NRC	\$161.60
L8320	NRC	\$67.06
L8330	NRC	\$53.39
L8400	NRC	\$17.02
L8410	NRC	\$22.40
L8415	NRC	\$23.18
L8417	NRC	\$81.79
L8420	NRC	\$22.68
L8430	NRC	\$25.69

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L8435	NRC	\$24.41
L8440	NRC	\$50.70
L8460	NRC	\$72.06
L8465	NRC	\$66.61
L8470	NRC	\$7.21
L8480	NRC	\$9.95
L8485	NRC	\$13.40
L8500	NRC	\$715.69
L8501	NRC	\$130.62
L8505	NRC	\$28.97
L8507	NRC	\$45.55
L8509	NRC	\$118.78
L8510	NRC	\$274.85
L8511	NRC	\$79.08
L8512	NRC	\$2.38
L8513	NRC	\$5.65
L8514	NRC	\$102.56
L8515	NRC	\$68.65
L8693	NRC	\$1,649.14
V2020	NRC	\$81.34
V2100	NRC	\$50.28
V2101	NRC	\$48.29
V2102	NRC	\$83.52
V2103	NRC	\$42.31
V2104	NRC	\$43.61
V2105	NRC	\$51.86
V2106	NRC	\$57.48
V2107	NRC	\$51.19
V2108	NRC	\$51.31
V2109	NRC	\$71.48
V2110	NRC	\$57.73
V2111	NRC	\$69.96
V2112	NRC	\$79.02
V2113	NRC	\$79.91
V2114	NRC	\$94.70
V2115	NRC	\$95.45
V2118	NRC	\$103.86
V2121	NRC	\$93.65

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
V2200	NRC	\$56.60
V2201	NRC	\$60.66
V2202	NRC	\$75.19
V2203	NRC	\$58.30
V2204	NRC	\$60.00
V2205	NRC	\$66.50
V2206	NRC	\$78.10
V2207	NRC	\$65.99
V2208	NRC	\$64.84
V2209	NRC	\$76.13
V2210	NRC	\$82.02
V2211	NRC	\$79.85
V2212	NRC	\$83.59
V2213	NRC	\$87.88
V2214	NRC	\$91.85
V2215	NRC	\$114.68
V2218	NRC	\$116.87
V2219	NRC	\$53.93
V2220	NRC	\$47.89
V2221	NRC	\$95.51
V2300	NRC	\$77.38
V2301	NRC	\$94.90
V2302	NRC	\$88.67
V2303	NRC	\$74.50
V2304	NRC	\$75.38
V2305	NRC	\$84.19
V2306	NRC	\$86.69
V2307	NRC	\$82.54
V2308	NRC	\$90.05
V2309	NRC	\$94.21
V2310	NRC	\$98.41
V2311	NRC	\$113.60
V2312	NRC	\$104.16
V2313	NRC	\$113.69
V2314	NRC	\$116.22
V2315	NRC	\$129.02
V2318	NRC	\$158.62
V2319	NRC	\$71.59

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
V2320	NRC	\$75.53
V2321	NRC	\$127.18
V2410	NRC	\$111.18
V2430	NRC	\$117.72
V2500	NRC	\$99.48
V2501	NRC	\$141.20
V2502	NRC	\$191.29
V2503	NRC	\$184.75
V2510	NRC	\$132.66
V2511	NRC	\$196.64
V2512	NRC	\$226.33
V2513	NRC	\$228.01
V2520	NRC	\$132.20
V2521	NRC	\$261.78
V2522	NRC	\$191.57
V2523	NRC	\$201.12
V2530	NRC	\$321.55
V2531	NRC	\$588.86
V2600	NRC	\$33.60
V2610	NRC	\$80.00
V2623	NRC	\$1,019.64
V2624	NRC	\$65.83
V2625	NRC	\$521.34
V2626	NRC	\$215.74
V2627	NRC	\$1,546.62
V2628	NRC	\$328.99
V2700	NRC	\$48.48
V2745	NRC	\$11.10
V2755	NRC	\$18.12
V2760	NRC	\$17.87
V2762	NRC	\$64.84
V2770	NRC	\$21.10
V2780	NRC	\$13.55
V2782	NRC	\$70.02
V2783	NRC	\$78.95
V2784	NRC	\$51.34
V2786	NRC	\$100.00
88749	NRC	RC

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
92605	NRC	RC
A0382	NRC	RC
A0384	NRC	RC
A0392	NRC	RC
A0394	NRC	RC
A0396	NRC	RC
A0398	NRC	RC
A0422	NRC	RC
A0432	NRC	\$440.65
A4280	NRC	\$6.68
A4316	NRC	\$35.75
A4321	NRC	RC
A4327	NRC	\$53.21
A4328	NRC	\$11.92
A4332	NRC	\$0.16
A4483	NRC	RC
A4634	NRC	RC
A4651	NRC	RC
A4652	NRC	RC
A4653	NRC	RC
A6010	NRC	\$38.98
A6261	NRC	RC
A6262	NRC	RC
A6411	NRC	RC
A6450	NRC	\$10.00
A6451	NRC	\$6.33
A9901	NRC	RC
E0604	NRC	RC
J0882	NRC	\$3.55
J0886	NRC	\$11.61
L0452	NRC	RC
L0623	NRC	RC
L0624	NRC	RC
L0629	NRC	RC
L0632	NRC	RC
L0634	NRC	RC
L0978	NRC	\$204.25
L1000	NRC	\$2,201.09

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L1001	NRC	RC
L1005	NRC	\$3,474.19
L1010	NRC	\$90.82
L1020	NRC	\$116.96
L1025	NRC	\$168.74
L1030	NRC	\$84.98
L1040	NRC	\$96.24
L1050	NRC	\$108.90
L1060	NRC	\$117.56
L1070	NRC	\$121.76
L1080	NRC	\$56.78
L1085	NRC	\$190.12
L1090	NRC	\$109.24
L1100	NRC	\$206.14
L1110	NRC	\$345.62
L1120	NRC	\$41.28
L1270	NRC	\$89.98
L1280	NRC	\$94.82
L1290	NRC	\$84.34
L1300	NRC	\$1,870.78
L1310	NRC	\$1,948.56
L1600	NRC	\$139.87
L1610	NRC	\$59.41
L1620	NRC	\$170.57
L1630	NRC	\$229.31
L1640	NRC	\$513.83
L1650	NRC	\$267.68
L1700	NRC	\$1,688.80
L1710	NRC	\$2,150.51
L1720	NRC	\$1,601.26
L1730	NRC	\$1,351.80
L1755	NRC	\$1,943.52
L2035	NRC	\$188.04
L2040	NRC	\$219.58
L2050	NRC	\$528.96
L2060	NRC	\$661.61
L2070	NRC	\$168.46
L2080	NRC	\$405.08

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L2090	NRC	\$539.72
L2128	NRC	\$1,740.37
L2387	NRC	\$207.23
L2750	NRC	\$84.84
L2760	NRC	\$61.67
L3031	NRC	RC
L3100	NRC	\$46.96
L3140	NRC	\$96.64
L3150	NRC	\$88.37
L3160	NRC	RC
L3201	NRC	RC
L3202	NRC	RC
L3203	NRC	RC
L3204	NRC	RC
L3206	NRC	RC
L3207	NRC	RC
L3208	NRC	RC
L3209	NRC	RC
L3211	NRC	RC
L3212	NRC	RC
L3213	NRC	RC
L3214	NRC	RC
L3380	NRC	\$53.84
L3550	NRC	\$9.70
L3560	NRC	\$24.84
L3640	NRC	\$46.96
L7008	NRC	\$6,160.04
L7045	NRC	\$1,747.75
L7185	NRC	\$6,877.82
L7186	NRC	\$11,562.58
L7190	NRC	\$9,126.23
L7191	NRC	\$12,162.01
L7900	NRC	\$571.42
L8000	NRC	\$46.04
L8001	NRC	\$136.44
L8002	NRC	\$179.44
L8015	NRC	\$65.20
L8020	NRC	\$245.90

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
L8030	NRC	\$380.14
L8031	NRC	\$380.14
L8032	NRC	\$42.59
L8035	NRC	\$3,984.49
L8039	NRC	RC
L8615	NRC	\$490.50
L8616	NRC	\$114.24
L8617	NRC	\$99.78
L8618	NRC	\$28.52
L8619	NRC	\$9,141.60
L8621	NRC	\$0.67
L8622	NRC	\$0.36
L8623	NRC	\$70.34
L8624	NRC	\$175.38
L8627	NRC	\$7,759.20
L8628	NRC	\$1,382.40
L8629	NRC	\$194.75
L8691	NRC	\$2,900.10
Q0139	NRC	\$0.88
V2615	NRC	RC
V2710	NRC	\$79.50
V2715	NRC	\$15.58
V2718	NRC	\$33.65
V2730	NRC	\$28.20
V2744	NRC	\$19.26
V2750	NRC	\$21.65
82930	NRC	\$9.59
83861	NRC	\$29.48
84112	NRC	\$113.30
85598	NRC	\$31.63
86481	NRC	\$109.03
92606	NRC	\$100.20
95992	NRC	\$54.10
L5312	NRC	RC
L6715	NRC	RC
L6880	NRC	RC
86386	NRC	RC
87389	NRC	RC

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
92618	NRC	RC
A5056	NRC	RC
A5057	NRC	RC
0019T	NRC	RC
0030T	NRC	RC
0103T	NRC	RC
0111T	NRC	RC
0233T	NRC	RC
C9399	NRC	RC
C9899	NRC	RC
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
E1639	NRC	RC
E1699	NRC	RC
G9017	NRC	RC
G9018	NRC	RC
G9019	NRC	RC

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Table 3 - Medicare OPPS Fee Schedule Items with BWC Rates		
G9020	NRC	RC
G9033	NRC	RC
G9034	NRC	RC
G9035	NRC	RC
G9036	NRC	RC
G9140	NRC	RC
L8010	NRC	RC
P2028	NRC	RC
P2029	NRC	RC
P2033	NRC	RC
P9603	NRC	RC
P9604	NRC	RC
Q3014	NRC	RC
K0744	NRC	RC
K0745	NRC	RC
K0746	NRC	RC

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Table 4 - Medicare OPPTS Non-Covered Items with BWC Rates		
Code	Coverage Status	Rate
J0350	BR	\$2,517.58
88000	Covered	\$268.75
88005	Covered	\$281.25
88007	Covered	\$302.50
88020	Covered	\$405.00
88025	Covered	\$405.00
88027	Covered	\$372.50
88036	Covered	\$190.00
88037	Covered	\$92.50
22527	Covered	\$4,201.10
22526	Covered	\$4,201.10
J7330	BR	\$30,119.47
90284	Covered	RC
90389	Covered	RC
90393	Covered	RC
90399	Covered	RC
90581	Covered	RC
90644	Covered	RC
90661	Covered	RC
A4600	Covered	RC
J7633	Covered	\$0.06
J7634	Covered	\$0.06
J7670	Covered	\$0.06
J7613	Covered	\$0.07
J7611	Covered	\$0.11
J7612	Covered	\$0.19
J7614	Covered	\$0.26
A4620	Covered	\$0.78
A4615	Covered	\$0.90
J2460	Covered	\$1.16
J7608	Covered	\$2.35
99173	Covered	\$3.85
J7606	Covered	\$5.56
J7605	Covered	\$6.39
99172	Covered	\$10.25
93042	Covered	\$10.64

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
93010	Covered	\$12.53
95120	Covered	\$14.72
92551	Covered	\$15.93
93040	Covered	\$18.66
97014	Covered	\$20.45
93018	Covered	\$21.60
92592	Covered	\$23.63
92370	Covered	\$23.76
92594	Covered	\$26.03
92560	Covered	\$26.84
92340	Covered	\$27.11
93000	Covered	\$27.53
92015	Covered	\$27.59
98943	Covered	\$29.02
A4614	Covered	\$29.94
93016	Covered	\$32.57
99058	Covered	\$32.74
92341	Covered	\$33.80
85060	Covered	\$34.63
99401	Covered	\$34.75
92593	Covered	\$35.67
97811	Covered	\$35.72
93272	Covered	\$36.42
93228	Covered	\$36.68
93297	Covered	\$36.68
93227	Covered	\$38.28
92342	Covered	\$38.69
92595	Covered	\$39.00
93298	Covered	\$39.47
97814	Covered	\$40.12
97810	Covered	\$43.47
99364	Covered	\$45.38
88045	Covered	\$46.25
97813	Covered	\$46.82
92615	Covered	\$48.04
93294	Covered	\$49.14
92314	Covered	\$49.68
93352	Covered	\$50.21

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
97006	Covered	\$52.97
92613	Covered	\$53.90
92590	Covered	\$53.90
A4222	Covered	\$56.57
92617	Covered	\$59.63
94004	Covered	\$67.85
99402	Covered	\$71.06
92591	Covered	\$80.94
92310	Covered	\$85.02
90875	Covered	\$86.94
80050	Covered	\$88.98
J7682	Covered	\$90.18
97005	Covered	\$96.09
93295	Covered	\$96.87
99403	Covered	\$105.81
99060	Covered	\$109.21
99363	Covered	\$118.84
95830	Covered	\$123.05
93015	Covered	\$128.19
94005	Covered	\$129.12
93224	Covered	\$133.79
90876	Covered	\$137.10
99404	Covered	\$140.45
99183	Covered	\$169.95
93268	Covered	\$344.28
76390	Covered	\$652.06
88040	Covered	\$821.25
72159	Covered	\$845.90
E0100	Covered	\$22.55
E0110	Covered	\$83.02
E0111	Covered	\$62.04
E0112	Covered	\$41.96
E0114	Covered	\$50.50
E0130	Covered	\$69.79
E0135	Covered	\$83.12
E0144	Covered	\$345.49
E0149	Covered	\$242.16
E0720	Covered	\$462.40

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
E0730	Covered	\$461.74

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Table 5 - BWC Hospital Outpatient Local Codes			
Code	Description	Rate	Unit
W5000	Monitored smoking cessation program with 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 without FDA approved prescription smoking deterrent drugs. Services for smoking cessation, without prescription drugs when the lung condition presents a barrier to meeting Monitored smoking cessation program without 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.	\$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