

# **Professional Services Fee Schedule Hospital Only Fees**

Effective for Dates of Service on or After

**July 1, 2009**

[To Skip The Keys  
&  
Go To The Fees  
Click Here](#)

**Copyright Information**

Physicians' Current Procedural Terminology (CPT®) five -digit codes, descriptions, and other data only are copyright 2008 American Medical Association. All Rights Reserved.

CPT® is a registered trademark of the American Medical Association.

No fee schedules, basic units, relative values or related listings are included in CPT.

AMA does not directly or indirectly practice medicine or dispense medical services.

AMA assumes no liability for data contained or not contained herein.

This document is also on the department's Internet web site at <http://feeschedules.lni.wa.gov/>.

Updates to this manual can be found under 'Updates and Corrections' tab on the department's Internet web site at <http://feeschedules.lni.wa.gov/>

Updates to this manual are also announced on the Medical Provider e -News listserv. Individuals may join the listserv at <http://www.lni.wa.gov/Main/Listservs/Provider.asp>.

## HOSPITAL ONLY FEES

### FIELD KEY:

Column Title	Column Description	Column Values	Value Definitions
<b>CPT® CODE/ HCPCS CODE</b>	2009 CPT® or HCPCS code		2009 CPT® or HCPCS code
<b>ABBREVIATED DESCRIPTION</b>	Abbreviated HCPCS code description. No descriptions are provided for CPT® codes.		Abbreviated description for reference purposes only. Refer to a 2009 CPT® or HCPCS code book for complete code descriptions.
<b>DOLLAR VALUE NON-FACILITY SETTING</b>	This column indicates the: <ul style="list-style-type: none"> <li>• Maximum dollar amount for covered services provided in a non-facility setting, or</li> <li>• Pricing method for the procedure code, or</li> <li>• Coverage status for the procedure code.</li> </ul>	Dollar Value	Maximum dollar amount payable for covered
		Bundled	Bundled code, not separately payable.
		By Report	Service paid on a “by report” basis.
		Contracted	Contracted service. Payable only to department’s contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Hosp. Only	Procedure code for hospital outpatient use only.
		Not Covered	Procedure code is not covered.
<b>DOLLAR VALUE FACILITY SETTING</b>	This column indicates the: <ul style="list-style-type: none"> <li>• Maximum dollar amount for covered services provided in a facility setting, or</li> <li>• Pricing method for the procedure code, or</li> <li>• Coverage status for the procedure code.</li> </ul>		See “Dollar Value – Non-Facility Setting” above, for column values and definitions.

**Field Key: Hospital Only (continued)**

Column Title	Column Description	Column Values	Value Definitions
<b>FOL UP</b>	Follow-up Days for Global Surgery	Number	The number of days following surgery during which charges for normal postoperative care are bundled in the global surgery fee.
<b>PRE OP (-56)</b>	Preoperative Percentage (Modifier –56)	Percent	The percent of the total global surgery dollar value that is allowed when modifier –56 is billed.
<b>INTRA OP (-54)</b>	Intraoperative Percentage (Modifier –54)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -54 is billed.
<b>POST OP (-55)</b>	Postoperative Percentage (Modifier –55)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -55 is billed.
<b>PCTC (26/TC)</b>	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether <b>professional and technical component modifiers (-26/-TC)</b> are valid with the procedure code.	0	<b>Modifiers -26 and -TC are not valid.</b> The procedure is for physician services only; the concept of PC/TC does not apply
		1	<b>Modifiers -26 and -TC are valid.</b> Diagnostic test or radiology service which has both a professional and technical component.
		2	<b>Modifiers -26 and -TC are not valid.</b> Stand alone code for the professional component of a diagnostic test. An associated code describes the technical component of the diagnostic test or the global procedure (professional and technical components).

**Field Key: Hospital Only (continued)**

Column Title	Column Description	Column Values	Value Definitions
<p><b>PCTC (26/TC) CONTINUED</b></p>	<p>Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether <b>professional and technical component modifiers (-26/-TC)</b> are valid with the procedure code.</p>	3	<p><b>Modifiers -26 and -TC are not valid.</b> Stand alone code for the technical component of a diagnostic test. An associated code describes the professional component of the diagnostic test or the global procedure (professional and technical components).</p>
		4	<p><b>Modifiers -26 and -TC are not valid.</b> Stand alone code for the global procedure for a diagnostic test. Associated codes describe the professional and technical components of the diagnostic test.</p>
		5	<p><b>Modifiers -26 and -TC are not valid.</b> Covered service incident to a physician's service when provided by auxiliary personnel employed by and working under the direct supervision of the physician. This service not payable when provided to hospital inpatients or outpatients.</p>
		6	<p><b>Modifier -TC is not valid; modifier -26 may be valid.</b> Clinical laboratory or other service for which separate payment for interpretations by laboratory physicians or other physicians may be made.</p>

**Field Key: Hospital Only (continued)**

Column Title	Column Description	Column Values	Value Definitions
<p><b>PCTC (26/TC) CONTINUED</b></p>	<p>Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether <b>professional and technical component modifiers</b> (-26/-TC) are valid with the procedure code.</p>	7	This indicator is not currently in use.
		8	Professional component of a clinical laboratory code; payable <i>only</i> if the physician interprets an abnormal smear for a hospital inpatient. <b>No -TC modifier billing is recognized</b> ; payment for the underlying clinical laboratory test is made to the hospital. <i>Not payable when furnished to hospital outpatients or non-hospital patients.</i>
		9	<b>Modifiers -26 and -TC are not valid.</b> Concept of a professional/technical component split does not apply.
<p><b>MSI</b></p>	<p>Multiple Surgery Indicator (Modifier –51) This field indicates whether multiple surgery payment rules apply to the service.</p>	0	<b>Modifier -51 is not valid.</b> Payment adjustment rules for multiple surgeries do not apply.
		1	This indicator is not currently in use.
		2	<b>Modifier -51 is valid.</b> Standard multiple surgery payment policy applies (100%, 50%, 50%, 50%, 50%).
		3	<b>Modifier -51 may be valid.</b> Multiple endoscopic procedures payment policy applies if this service is billed with another endoscopy in the same family.
		4	This indicator is not currently in use.
		9	<b>Modifier -51 is not valid.</b> Concept of multiple surgery does not apply.

**Field Key: Hospital Only (continued)**

Column Title	Column Description	Column Values	Value Definitions
<b>BSI</b>	Bilateral Surgery Indicator (Modifier -50) This field indicates whether the procedure is subject to a payment adjustment for bilateral surgery.	0	<b>Modifier -50 is not valid.</b> Payment adjustment rule for bilateral surgery does not apply.
		1	<b>Modifier -50 is valid.</b> Payment adjustment for bilateral procedures (150%) applies to this procedure.
		2	<b>Modifier -50 is not valid.</b> Payment adjustment for bilateral procedures does not apply. Procedures in this category include services for which the code descriptor specifically states that the procedure is bilateral; procedures that are usually performed as bilateral procedures; or procedures for which the code descriptor indicates the procedures may be performed either unilaterally or bilaterally.
		3	<b>Modifier -50 is not valid.</b> Payment adjustment for bilateral procedure does not apply. This is a radiology procedure which is not subject to payment rules for bilateral surgeries.
		9	<b>Modifier -50 is not valid.</b> Concept of bilateral surgery does not apply.

Field Key: Hospital Only (continued)

Column Title	Column Description	Column Values	Value Definitions
ASI	Assistant Surgeon Indicator (Modifiers –80, -81, -82) This field indicates whether or not an assistant surgeon may be paid for the procedure.	0	<b>Modifiers -80, -81 and -82 are not valid under normal situations .</b> Assistant at surgery is not usually paid for this procedure. Supporting documentation is necessary to establish medical necessity.
		1	<b>Modifiers -80, -81 and -82 are not valid.</b> Assistant at surgery may not be paid for this procedure.
		2	<b>Modifiers -80, -81 and -82 are valid .</b> Assistant at surgery may be paid.
		9	<b>Modifiers -80, -81 and -82 are not valid .</b> Concept does not apply.
CSI	Co-surgeons Indicator (Modifier –62) This field indicates whether or not co-surgeons may be paid for the procedure.	0	<b>Modifier -62 is not valid .</b> Co-surgeons not permitted.
		1	<b>Modifier -62 is not valid under normal situations .</b> Supporting documentation is required to establish medical necessity of two surgeons.
		2	<b>Modifier -62 is valid .</b> Co-surgeons may be paid for this procedure. Supporting documentation is not required if two specialty requirement is met.
		9	<b>Modifier -62 is not valid with this procedure.</b> Concept of co-surgeons does not apply.

Field Key: Hospital Onlyl (continued)

Column Title	Column Description	Column Values	Value Definitions
TSI	Team Surgeons Indicator (Modifier -66) This field indicates whether or not team surgeons may be paid for the procedure.	0	<b>Modifier -66 is not valid.</b> Team surgeons not permitted.
		1	<b>Modifier -66 is not valid under normal situations.</b> Team surgeons may be payable. Supporting documentation is required to establish medical necessity of a team.
		2	<b>Modifier -66 is valid.</b> Team surgeons permitted.
		9	<b>Modifier -66 is not valid.</b> Concept of team surgery does not apply.
ENDO BASE	Endoscopy Base Code	Code number	This column contains the endoscopic base code for procedure codes that are part of an endoscopy family. The Multiple Surgery Indicator for procedures in an endoscopy family is 3.
FSI	Fee Schedule Indicator This column indicates the payment status for the procedure code.	B	Bundled code, not separately payable.
		C	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		D	Drug fee based on Average Wholesale Price (AWP) or Average Average Wholesale Price (AAWP).
		F	Flat fee developed by the department
		L	Clinical lab fee
		N	No fee or RVUs available, code paid by report.
		O	For hospital outpatient use only.
		R	RBRVS fee
		S	State Rate
		T	Tracking code
X	Non-covered code		

**Field Key: Hospital Only (continued)**

Column Title	Column Description	Column Values	Value Definitions
LIC REQ	Licensure Required	Y	Appropriate professional licensure is required to bill the department for these codes.
		blank	No special professional licensure is required to bill the department.

**Hospital Only Fees**

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS											LIC REQ
		NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	
C1300	HYPERBARIC Oxygen	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0	
C1713	Anchor/screw bn/bn,tis/bn	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1714	Cath, trans atherectomy, dir	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1715	Brachytherapy needle	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1716	Brachytx, non-str, Gold-198	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1717	Brachytx, non-str,HDR Ir-192	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1719	Brachytx, NS, Non-HDRIr-192	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1721	AICD, dual chamber	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1722	AICD, single chamber	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1724	Cath, trans atherec,rotation	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1725	Cath, translumin non-laser	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1726	Cath, bal dil, non-vascular	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1727	Cath, bal tis dis, non-vas	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1728	Cath, brachytx seed adm	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1729	Cath, drainage	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1730	Cath, EP, 19 or few elect	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1731	Cath, EP, 20 or more elec	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1732	Cath, EP, diag/abl, 3D/vect	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1733	Cath, EP, othr than cool-tip	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1750	Cath, hemodialysis,long-term	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1751	Cath, inf, per/cent/midline	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1752	Cath,hemodialysis,short-term	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1753	Cath, intravas ultrasound	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1754	Catheter, intradiscal	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1755	Catheter, intraspinal	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1756	Cath, pacing, transesoph	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1757	Cath, thrombectomy/embolact	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1758	Catheter, ureteral	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1759	Cath, intra echocardiography	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1760	Closure dev, vasc	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1762	Conn tiss, human(inc fascia)	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1763	Conn tiss, non-human	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1764	Event recorder, cardiac	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		
C1765	Adhesion barrier	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	0		

Y

**Hospital Only Fees**

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS											LIC REQ
		NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	
C1766	Intro/sheath, strble, non-peel	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1767	Generator, neuro non-recharg	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1768	Graft, vascular	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1769	Guide wire	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1770	Imaging coil, MR, insertable	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1771	Rep dev, urinary, w/sling	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1772	Infusion pump, programmable	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1773	Ret dev, insertable	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1776	Joint device (implantable)	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1777	Lead, AICD, endo single coil	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1778	Lead, neurostimulator	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1779	Lead, pmkr, transvenous VDD	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1780	Lens, intraocular (new tech)	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1781	Mesh (implantable)	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1782	Morcellator	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1783	Ocular imp, aqueous drain de	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1784	Ocular dev, intraop, det ret	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1785	Pmkr, dual, rate- resp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1786	Pmkr, single, rate- resp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1787	Patient progr, neurostim	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1788	Port, indwelling, imp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1789	Prosthesis, breast, imp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1813	Prosthesis, penile, inflatab	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1814	Retinal tamp, silicone oil	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1815	Pros, urinary sph, imp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1816	Receiver/transmitter, neuro	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1817	Septal defect imp sys	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1818	Integrated keratoprosthesis	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1819	Tissue localization-excision	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1820	Generator neuro rechg bat sy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
C1821	Interspinous implant	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
C1874	Stent, coated/cov w/del sys	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1875	Stent, coated/cov w/o del sy	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	
C1876	Stent, non-coa/non-cov w/del	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O	

Y

**Hospital Only Fees**

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										
		NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C1877	Stent, non-coat/cov w/o del	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1878	Matrl for vocal cord	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1879	Tissue marker, implantable	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1880	Vena cava filter	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1881	Dialysis access system	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1882	AICD, other than sing/dual	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1883	Adapt/ext, pacing/neuro lead	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1884	Embolization Protect syst	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1885	Cath, translumin angio laser	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1887	Catheter, guiding	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1888	Endovas non-cardiac abl cath	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1891	Infusion pump,non-prog, perm	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1892	Intro/sheath,fixed,peel-away	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1893	Intro/sheath, fixed,non-peel	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1894	Intro/sheath, non-laser	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1895	Lead, AICD, endo dual coil	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1896	Lead, AICD, non sing/dual	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1897	Lead, neurostim test kit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1898	Lead, pmkr, other than trans	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1899	Lead, pmkr/AICD combination	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C1900	Lead, coronary venous	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2614	Probe, perc lumb disc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	9	X
C2615	Sealant, pulmonary, liquid	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2616	Brachytx, non-str,Yttrium-90	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2617	Stent, non-cor, tem w/o del	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2618	Probe, cryoablation	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2619	Pmkr, dual, non rate-resp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2620	Pmkr, single, non rate-resp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2621	Pmkr, other than sing/dual	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2622	Prosthesis, penile, non-inf	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2625	Stent, non-cor, tem w/del sy	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2626	Infusion pump, non-prog,temp	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2627	Cath, suprapubic/cystoscopic	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
C2628	Catheter, occlusion	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0

### Hospital Only Fees

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										
		NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C2629	Intro/sheath, laser	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C2630	Cath, EP, cool-tip	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C2631	Rep dev, urinary, w/o sling	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C2634	Brachytx, non-str, HA, I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2635	Brachytx, non-str, HA, P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2636	Brachy linear, non-str,P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2637	Brachy,non-str,Ytterbium-169	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2638	Brachytx, stranded, I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2639	Brachytx, non-stranded,I-125	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2640	Brachytx, stranded, P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2641	Brachytx, non-stranded,P-103	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2642	Brachytx, stranded, C-131	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2643	Brachytx, non-stranded,C-131	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2698	Brachytx, stranded, NOS	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C2699	Brachytx, non-stranded, NOS	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C8900	MRA w/cont, abd	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8901	MRA w/o cont, abd	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8902	MRA w/o fol w/cont, abd	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8903	MRI w/cont, breast, uni	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8904	MRI w/o cont, breast, uni	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8905	MRI w/o fol w/cont, brst, un	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8906	MRI w/cont, breast, bi	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8907	MRI w/o cont, breast, bi	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8908	MRI w/o fol w/cont, breast,	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8909	MRA w/cont, chest	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8910	MRA w/o cont, chest	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8911	MRA w/o fol w/cont, chest	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8912	MRA w/cont, lwr ext	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8913	MRA w/o cont, lwr ext	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8914	MRA w/o fol w/cont, lwr ext	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8918	MRA w/cont, pelvis	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8919	MRA w/o cont, pelvis	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8920	MRA w/o fol w/cont, pelvis	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8921	TTE w or w/o fol w/cont, com	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X

**Hospital Only Fees**

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE			MODIFIERS										
		NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI
C8922	TTE w or w/o fol w/cont, f/u	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C8923	2D TTE w or w/o fol w/con,co	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8924	2D TTE w or w/o fol w/con,fu	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8925	2D TEE w or w/o fol w/con,in	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8926	TEE w or w/o fol w/cont,cong	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C8927	TEE w or w/o fol w/cont, mon	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8928	TTE w or w/o fol w/con,stres	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8929	TTE w or wo fol wcon,Doppler	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8930	TTE w or w/o contr, cont ECG	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C8957	Prolonged IV inf, req pump	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9113	Inj pantoprazole sodium, via	\$ 13.50	\$ 13.50	0	0%	0%	0%	9	9	9	9	9	9		D
C9121	Injection, argatroban	\$ 25.91	\$ 25.91	0	0%	0%	0%	9	9	9	9	9	9		D
C9245	Injection, romiplostim	\$ 47.81	\$ 47.81	0	0%	0%	0%	9	9	9	9	9	9		D
C9246	Inj, gadoxetate disodium	\$ 14.63	\$ 14.63	0	0%	0%	0%	9	9	9	9	9	9		D
C9247	Inj, iobenguane, I-123, dx	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9248	Inj, clevidipine butyrate	\$ 6.53	\$ 6.53	0	0%	0%	0%	9	9	9	9	9	9		D
C9249	Inj, certolizumab pegol	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C9352	Neuragen nerve guide, per cm	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9353	Neurawrap nerve protector,cm	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9354	Veritas collagen matrix, cm2	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9355	Neuromatrix nerve cuff, cm	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9356	TenoGlide tendon prot, cm2	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9358	SurgiMend, 0.5cm2	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9359	Implant, bone void filler	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9399	Unclassified drugs or biolog	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9716	Radiofrequency energy to anu	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9724	EPS gast cardia plic	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9725	Place endorectal app	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C9726	Rxt breast appl place/remov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C9727	Insert palate implants	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9728	Place device/marker, non pro	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
C9898	Inpnt stay radiolabeled item	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O
C9899	Inpt implant pros dev,no cov	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X
G0175	OPPS Service,sched team conf	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9		O

Y

Y

**Hospital Only Fees**

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE		FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	MODIFIERS							LIC REQ
		NON- FACILITY SETTING	FACILITY SETTING					PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	
G0177	OPPS/PHP; train & educ serv	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0257	Unsched dialysis ESRD pt hos	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0259	Inject for sacroiliac joint	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0260	Inj for sacroiliac jt anesth	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0269	Occlusive device in vein art	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0283	Elec stim other than wound	\$ 19.69	\$ 19.69	0	0%	0%	0%	0	0	0	0	0	0	0	R
G0339	Robot lin-radsurg com, first	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0	0	0
G0340	Robt lin-radsurg fractx 2-5	Hosp. Only	Hosp. Only	0	0%	0%	0%	0	0	0	0	0	0	0	0
G0378	Hospital observation per hr	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0379	Direct admit hospital observ	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0380	Lev 1 hosp type B ED visit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0381	Lev 2 hosp type B ED visit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0382	Lev 3 hosp type B ED visit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0383	Lev 4 hosp type B ED visit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0384	Lev 5 hosp type B ED visit	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
G0390	Trauma Respons w/hosp criti	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
Q0081	Infusion ther other than che	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
Q0083	Chemo by other than infusion	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
Q0084	Chemotherapy by infusion	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
Q0085	Chemo by both infusion and o	Hosp. Only	Hosp. Only	0	0%	0%	0%	9	9	9	9	9	9	9	0
S0092	Hydromorphone 250 mg	78.57	78.57	0	0%	0%	0%	9	9	9	9	9	9	9	D
S0093	Morphine 500 mg	4.86	4.86	0	0%	0%	0%	9	9	9	9	9	9	9	D