

4123-6-37.2 Payment of hospital outpatient services.

(A) HPP:

Unless an MCO has negotiated a different payment rate with a hospital pursuant to rule 4123-6-10 of the Administrative Code, reimbursement for hospital outpatient services with a date of service of May 1, ~~2015~~ 2016 or after shall be the applicable rate set forth in paragraphs (A)(1) to (A)(6) of this rule as follows ~~multiplied by a payment adjustment factor of 1.04; provided, however, that the rates for services payable under paragraph (A)(2)(b) of this rule shall not be multiplied by the adjustment factor:~~

(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)(7) of this rule, multiplied by a bureau-specific payment adjustment factor, which shall be ~~2.53~~ 3.06 for children's hospitals and ~~1.62~~ 1.67 for all hospitals other than children's hospitals, ~~with the following additional adjustments for specific services.~~

~~For services reimbursed under the medicare clinical lab fee schedule, the applicable medicare rate specified in this paragraph shall be further multiplied by a 2015 bureau adjustment factor of 1.0175.~~

The medicare integrated outpatient code editor and medicare medically unlikely edits in effect as implemented by the materials specified in paragraph (A)(7) 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 the appendix A to this rule shall not be applied.

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

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)(7) of this rule.

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)(7) of this rule, other than technical corrections, including but not limited to adjustments related to federal budget sequestration pursuant to the Budget Control Act of 2011, 125 Stat. 239, 2 U.S.C. 900 et seq. as amended as of the effective date 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)(7) 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 the 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)(7) of this rule, which shall be reimbursed in accordance with table 3 of the 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 the 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)(7) 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.

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 the 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)(7) 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 not participating in the medicare program.

Reimbursement for outpatient services provided by hospitals and distinct-part units of hospitals that do not participate in the medicare program shall be calculated in

accordance with the methodologies set forth in this rule, using a default hospital outpatient cost-to-charge ratio of forty-seven per cent where applicable.

(6) Reimbursement for outpatient services provided by "new hospitals" as defined in 42 C.F.R. 412.300(b) as published in the October 1, ~~2014~~ 2015 Code of Federal Regulations shall be calculated in the same manner as provided under paragraph (A)(5) of this rule.

(7) 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, ~~2014~~ 2015 Code of Federal Regulations;

(b) Department of health and human services, centers for medicare and medicaid services' "42 CFR Parts ~~405, 410, 411, 412, 416~~, et al. ~~Medicare and Medicaid Programs Program~~: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; ~~Physician-Owned Hospitals: Data Sources for Expansion Exception; Physician Certification of Inpatient Hospital Services; Medicare Advantage Organizations and Part D Sponsors: CMS Identified Overpayments Associated with Submitted Payment Data; final rule~~ Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals under the Hospital Inpatient Prospective Payment System; Provider Administrative Appeals and Judicial Review; Final Rule", 79 80 Fed. Reg. ~~66770—67034~~ 70297 - 70607 (~~2014~~ 2015).

(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

(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, ~~2015~~ 2016, 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, ~~2015~~ 2016) multiplied by a payment adjustment factor of 1.16, 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, ~~2015~~ 2016, the hospital's allowable billed charges multiplied by the applicable ~~FY15~~ CY16 urban or rural statewide average outpatient cost-to-charge ratio set forth in table ~~14~~ 14 of the federal rule referenced in paragraph (A)(7)(b) of this rule (the Ohio average cost-to-charge ratio shall be used for hospitals outside the United States) multiplied by a payment adjustment factor of 1.16, not to exceed sixty per cent of the hospital's allowed billed charges; or

(2) 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: 5/1/16

Five Year Review (FYR) Date: 2/1/2020

Promulgated Under: 119.03

Statutory Authority: 4121.12, 4121.121, 4121.30, 4121.31, 4121.44, 4121.441, 4123.05, 4123.66

Rule Amplifies: 4121.12, 4121.121, 4121.44, 4121.441, 4123.66

Prior effective dates: 9/1/07, 1/1/11, 4/1/11, 4/1/12, 4/1/13, 5/5/14, 5/1/15

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The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2016 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) are obtained from Current Procedural Terminology (CPT®), copyright 2015 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 2016 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) is with the State of Ohio Bureau of Workers' Compensation and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the BWC 2016 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix). No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of CPT®. Any use of CPT® outside of the BWC 2016 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix) should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT® codes and descriptive terms. Applicable FARS/DFARS apply.

For the purposes of the BWC 2016 Hospital Outpatient Services Fee Schedule (Table 3 of this Appendix), services and/or supplies must be medically necessary for the treatment of the work related injury. The following definitions apply:

By Report (BR) The procedure or service is not typically covered and will not routinely be reimbursed. Many of the -BR codes are unclassified/unspecified generic codes and are currently assigned a dollar amount of \$0.00. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission to BWC. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. The provider must submit a report to the MCO for reimbursement consideration.

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

Not Routinely Covered (NRC) The procedure or service is not covered unless application of the Miller criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.

Never Covered (NC) The procedure or service is never covered.

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

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**Table 3 - Medicare OPPS Fee Schedule Items
with BWC Rates**

Code	Coverage Status	Rate
0004M	NRC	RC
0006M	NRC	RC
0007M	NRC	RC
0009M	NRC	RC
0019T	NRC	RC
0111T	NRC	RC
0423T	NRC	RC
77295	NC	\$0.00
81200	NRC	RC
81201	NRC	RC
81202	NRC	RC
81203	NRC	RC
81205	NRC	RC
81209	NRC	RC
81216	NRC	RC
81220	NRC	RC
81221	NRC	RC
81222	NRC	RC
81223	NRC	RC
81224	NRC	RC
81228	NRC	RC
81229	NRC	RC
81242	NRC	RC
81243	NRC	RC
81244	NRC	RC
81250	NRC	RC
81251	NRC	RC
81252	NRC	RC
81253	NRC	RC
81254	NRC	RC
81255	NRC	RC
81257	NRC	RC
81260	NRC	RC
81266	NRC	RC
81280	NRC	RC
81281	NRC	RC
81282	NRC	RC
81290	NRC	RC
81302	NRC	RC
81303	NRC	RC

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Table 3 - Medicare OPPS Fee Schedule Items		
81304	NRC	RC
81324	NRC	RC
81325	NRC	RC
81326	NRC	RC
81330	NRC	RC
81331	NRC	RC
81350	NRC	RC
81355	NRC	RC
81400	NRC	RC
81401	NRC	RC
81402	NRC	RC
81403	NRC	RC
81404	NRC	RC
81405	NRC	RC
81406	NRC	RC
81407	NRC	RC
81408	NRC	RC
81410	NRC	RC
81411	NRC	RC
81412	NRC	RC
81415	NRC	RC
81416	NRC	RC
81417	NRC	RC
81420	NRC	RC
81425	NRC	RC
81426	NRC	RC
81427	NRC	RC
81430	NRC	RC
81431	NRC	RC
81432	NRC	RC
81433	NRC	RC
81434	NRC	RC
81437	NRC	RC
81438	NRC	RC
81440	NRC	RC
81442	NRC	RC
81455	NRC	RC
81460	NRC	RC
81465	NRC	RC
81470	NRC	RC
81471	NRC	RC
81479	NRC	RC
81493	NRC	RC

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Table 3 - Medicare OPPS Fee Schedule Items		
81504	NRC	RC
81507	NRC	RC
81525	NRC	RC
81540	NRC	RC
81545	NRC	RC
81595	NRC	RC
95782	NC	\$0.00
95783	NC	\$0.00
97010	NC	\$0.00
97039	NRC	RC
97139	NRC	RC
97545	NC	\$0.00
97546	NC	\$0.00
97799	NRC	RC
A0425		0 \$13.22
A0426		0 \$379.88
A0427		0 \$601.48
A0428		0 \$316.57
A0429		0 \$506.51
A0430		0 \$5,191.67
A0431		0 \$6,036.09
A0432	NRC	\$451.87
A0433		0 \$870.56
A0434		0 \$1,028.84
A0435		0 \$15.35
A0436		0 \$40.99
A0999	NRC	RC
A9901	NRC	RC
B4087		0 \$43.24
B4088		0 \$43.24
C9399	NRC	RC
C9899	NRC	RC
E0604	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

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Table 3 - Medicare OPPS Fee Schedule Items		
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
G0464	NRC	RC
G0466	NRC	RC
G0467	NRC	RC
G0468	NRC	RC
G0469	NRC	RC
G0470	NRC	RC
G0475	NRC	RC
G0476	NRC	RC
G9017	NRC	RC
G9018	NRC	RC
G9019	NRC	RC
G9020	NRC	RC
G9033	NRC	RC
G9034	NRC	RC
G9035	NRC	RC
G9036	NRC	RC
G9140	NRC	RC
K0672		0 \$97.40
K0744	NC	\$0.00
K0745	NC	\$0.00
K0746	NC	\$0.00
K0901		0 \$1,030.58
K0902		0 \$962.14
L0112		0 \$1,607.58
L0113		0 \$327.55
L0120		0 \$30.37
L0130		0 \$175.32
L0140		0 \$68.75

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Table 3 - Medicare OPPS Fee Schedule Items		
L0150		\$122.95
L0160		\$179.52
L0170		\$923.50
L0172		\$162.66
L0174		\$319.86
L0180		\$518.21
L0190		\$611.15
L0200		\$708.86
L0220		\$148.39
L0450		\$186.65
L0452	NRC	RC
L0454		\$398.36
L0455		\$398.36
L0456		\$1,142.36
L0457		\$1,142.36
L0458		\$1,024.37
L0460		\$1,153.00
L0462		\$1,434.12
L0464		\$1,707.31
L0466		\$435.78
L0467		\$435.78
L0468		\$546.13
L0469		\$546.13
L0470		\$755.71
L0472		\$465.01
L0480		\$1,734.88
L0482		\$1,937.88
L0484		\$2,092.85
L0486		\$2,350.32
L0488		\$1,153.00
L0490		\$324.90
L0491		\$882.11
L0492		\$574.40
L0621		\$99.04
L0622		\$307.00
L0623	NRC	RC
L0624	NRC	RC
L0625		\$63.28
L0626		\$89.53
L0627		\$472.09
L0628		\$96.34
L0629	NRC	RC
L0630		\$186.04

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Table 3 - Medicare OPPS Fee Schedule Items		
L0631		0 \$1,179.10
L0632	NRC	RC
L0633		0 \$329.38
L0634	NRC	RC
L0635		0 \$1,147.70
L0636		0 \$1,557.23
L0637		0 \$1,488.00
L0638		0 \$1,514.90
L0639		0 \$1,488.00
L0640		0 \$1,201.87
L0641		0 \$89.53
L0642		0 \$472.09
L0643		0 \$186.04
L0648		0 \$1,179.10
L0649		0 \$329.38
L0650		0 \$1,488.00
L0651		0 \$1,488.00
L0700		0 \$2,286.56
L0710		0 \$2,513.56
L0810		0 \$3,070.06
L0820		0 \$2,415.04
L0830		0 \$3,695.35
L0859		0 \$1,308.35
L0861		0 \$247.57
L0970		0 \$122.75
L0972		0 \$111.72
L0974		0 \$200.71
L0976		0 \$171.72
L0978	NRC	\$216.13
L0980		0 \$19.64
L0982		0 \$17.96
L0984		0 \$77.74
L0999	NRC	RC
L1000	NRC	\$2,329.08
L1001	NRC	RC
L1005	NRC	\$3,676.21
L1010	NRC	\$96.11
L1020	NRC	\$123.77
L1025	NRC	\$178.56
L1030	NRC	\$89.93
L1040	NRC	\$101.83
L1050	NRC	\$115.24
L1060	NRC	\$124.39

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Table 3 - Medicare OPPS Fee Schedule Items		
L1070	NRC	\$128.84
L1080	NRC	\$60.10
L1085	NRC	\$201.18
L1090	NRC	\$115.58
L1100	NRC	\$218.12
L1110	NRC	\$365.72
L1120	NRC	\$43.69
L1200		0 \$2,055.42
L1210		0 \$281.02
L1220		0 \$273.52
L1230		0 \$766.25
L1240		0 \$104.46
L1250		0 \$90.82
L1260		0 \$108.32
L1270	NRC	\$95.20
L1280	NRC	\$100.36
L1290	NRC	\$89.26
L1300	NRC	\$1,979.57
L1310	NRC	\$2,061.86
L1499	NRC	RC
L1600	NRC	\$148.00
L1610	NRC	\$62.86
L1620	NRC	\$180.48
L1630	NRC	\$242.65
L1640	NRC	\$543.72
L1650	NRC	\$283.25
L1652		0 \$409.43
L1660		0 \$207.56
L1680		0 \$1,308.55
L1685		0 \$1,277.47
L1686		0 \$1,076.26
L1690		0 \$2,221.09
L1700	NRC	\$1,787.02
L1710	NRC	\$2,275.56
L1720	NRC	\$1,694.38
L1730	NRC	\$1,430.42
L1755	NRC	\$2,056.55
L1810		0 \$118.22
L1812		0 \$118.22
L1820		0 \$163.24
L1830		0 \$95.54
L1831		0 \$338.05
L1832		0 \$791.15

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Table 3 - Medicare OPPS Fee Schedule Items		
L1833	0	\$791.15
L1834	0	\$833.69
L1836	0	\$153.24
L1840	0	\$1,080.14
L1843	0	\$1,030.58
L1844	0	\$1,749.12
L1845	0	\$962.14
L1846	0	\$1,343.88
L1847	0	\$660.64
L1848	0	\$660.64
L1850	0	\$327.22
L1860	0	\$1,432.26
L1900	0	\$327.70
L1902	0	\$85.73
L1904	0	\$518.44
L1906	0	\$129.16
L1907	0	\$646.31
L1910	0	\$322.10
L1920	0	\$471.84
L1930	0	\$289.37
L1932	0	\$1,024.94
L1940	0	\$559.33
L1945	0	\$1,289.27
L1950	0	\$883.33
L1951	0	\$964.61
L1960	0	\$711.97
L1970	0	\$794.98
L1971	0	\$538.40
L1980	0	\$463.78
L1990	0	\$536.75
L2000	0	\$1,284.89
L2005	0	\$4,706.59
L2010	0	\$1,002.20
L2020	0	\$1,265.75
L2030	0	\$1,244.14
L2034	0	\$2,333.33
L2035	NRC	\$198.97
L2036	0	\$2,129.42
L2037	0	\$1,904.74
L2038	0	\$1,535.50
L2040	NRC	\$232.34
L2050	NRC	\$559.72
L2060	NRC	\$700.08

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Table 3 - Medicare OPPS Fee Schedule Items		
L2070	NRC	\$178.26
L2080	NRC	\$428.64
L2090	NRC	\$571.09
L2106	0	\$905.34
L2108	0	\$1,320.47
L2112	0	\$579.46
L2114	0	\$725.80
L2116	0	\$885.26
L2126	0	\$1,466.63
L2128	NRC	\$1,841.57
L2132	0	\$1,117.81
L2134	0	\$1,323.62
L2136	0	\$1,448.51
L2180	0	\$152.28
L2182	0	\$131.24
L2184	0	\$133.04
L2186	0	\$176.92
L2188	0	\$321.65
L2190	0	\$97.98
L2192	0	\$382.93
L2200	0	\$57.71
L2210	0	\$72.19
L2220	0	\$92.94
L2230	0	\$109.87
L2232	0	\$111.56
L2240	0	\$109.34
L2250	0	\$383.65
L2260	0	\$215.29
L2265	0	\$154.39
L2270	0	\$70.80
L2275	0	\$149.72
L2280	0	\$648.41
L2300	0	\$289.15
L2310	0	\$132.12
L2320	0	\$221.56
L2330	0	\$421.70
L2335	0	\$322.87
L2340	0	\$480.00
L2350	0	\$956.96
L2360	0	\$59.24
L2370	0	\$367.60
L2375	0	\$141.32
L2380	0	\$148.22

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L2385		\$168.78
L2387	NRC	\$219.26
L2390		\$117.56
L2395		\$168.04
L2397		\$140.21
L2405		\$100.14
L2415		\$139.55
L2425		\$164.65
L2430		\$164.65
L2492		\$134.71
L2500		\$359.42
L2510		\$926.35
L2520		\$617.36
L2525		\$1,309.16
L2526		\$735.61
L2530		\$275.47
L2540		\$521.23
L2550		\$390.80
L2570		\$511.55
L2580		\$498.44
L2600		\$244.98
L2610		\$270.70
L2620		\$287.16
L2622		\$365.50
L2624		\$448.16
L2627		\$2,454.80
L2628		\$1,799.33
L2630		\$265.94
L2640		\$360.91
L2650		\$158.94
L2660		\$205.80
L2670		\$183.20
L2680		\$168.06
L2750	NRC	\$89.77
L2755		\$150.07
L2760	NRC	\$65.26
L2768		\$149.64
L2780		\$72.68
L2785		\$34.03
L2795		\$94.19
L2800		\$115.68
L2810		\$93.80
L2820		\$93.26

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L2830	0	\$100.90
L2840	0	\$49.54
L2850	0	\$69.48
L2999	NRC	RC
L3000	0	\$360.80
L3001	0	\$151.93
L3002	0	\$185.50
L3003	0	\$200.11
L3010	0	\$200.11
L3020	0	\$227.88
L3030	0	\$87.64
L3031	NRC	\$140.68
L3040	0	\$54.07
L3050	0	\$54.07
L3060	0	\$84.71
L3070	0	\$36.52
L3080	0	\$36.52
L3090	0	\$46.76
L3100	NRC	\$49.68
L3140	NRC	\$102.25
L3150	NRC	\$93.50
L3160	NRC	RC
L3170	0	\$58.42
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
L3224	0	\$77.62
L3225	0	\$84.77
L3230	0	\$249.96
L3250	0	\$300.00
L3251	0	\$300.00
L3252	0	\$100.00
L3253	0	\$50.00
L3254	0	\$100.00

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L3255	0	\$100.00
L3257	0	\$50.00
L3265	0	\$40.00
L3300	0	\$59.90
L3310	0	\$93.50
L3320	0	\$69.10
L3330	0	\$650.03
L3332	0	\$84.71
L3334	0	\$43.81
L3340	0	\$97.91
L3350	0	\$26.28
L3360	0	\$40.90
L3370	0	\$56.98
L3380	NRC	\$56.98
L3390	0	\$56.98
L3400	0	\$46.76
L3410	0	\$106.63
L3420	0	\$62.82
L3430	0	\$184.06
L3440	0	\$87.64
L3450	0	\$121.21
L3455	0	\$46.76
L3460	0	\$39.46
L3465	0	\$67.22
L3470	0	\$71.56
L3480	0	\$71.56
L3485	0	\$64.48
L3500	0	\$33.58
L3510	0	\$33.58
L3520	0	\$36.52
L3530	0	\$36.52
L3540	0	\$58.42
L3550	NRC	\$10.26
L3560	NRC	\$26.28
L3570	0	\$97.91
L3580	0	\$74.51
L3590	0	\$61.36
L3595	0	\$48.18
L3600	0	\$87.64
L3610	0	\$115.40
L3620	0	\$87.64
L3630	0	\$115.40
L3640	NRC	\$49.68

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L3649	NRC	RC
L3650		0 \$75.32
L3660		0 \$108.01
L3670		0 \$118.84
L3671		0 \$941.88
L3674		0 \$1,235.60
L3675		0 \$183.46
L3677		0 \$300.00
L3678	NRC	RC
L3702		0 \$301.85
L3710		0 \$149.27
L3720		0 \$714.23
L3730		0 \$947.36
L3740		0 \$1,123.18
L3760		0 \$522.77
L3762		0 \$112.39
L3763		0 \$782.27
L3764		0 \$818.64
L3765		0 \$1,340.36
L3766		0 \$1,419.35
L3806		0 \$474.80
L3807		0 \$261.37
L3808		0 \$372.36
L3809		0 \$261.37
L3900		0 \$1,693.36
L3901		0 \$2,219.24
L3904		0 \$3,528.35
L3905		0 \$1,036.63
L3906		0 \$529.74
L3908		0 \$76.64
L3912		0 \$110.14
L3913		0 \$283.10
L3915		0 \$555.66
L3916		0 \$555.66
L3917		0 \$110.39
L3918		0 \$110.39
L3919		0 \$283.10
L3921		0 \$335.77
L3923		0 \$100.97
L3924		0 \$100.97
L3925		0 \$68.68
L3927		0 \$36.60
L3929		0 \$95.47

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L3930	0	\$95.47
L3931	0	\$217.94
L3933	0	\$223.03
L3935	0	\$230.93
L3956	0	\$37.99
L3960	0	\$833.72
L3961	0	\$1,756.28
L3962	0	\$754.04
L3967	0	\$2,073.54
L3971	0	\$1,968.28
L3973	0	\$2,073.54
L3975	0	\$1,756.28
L3976	0	\$1,756.28
L3977	0	\$1,968.28
L3978	0	\$2,073.54
L3980	0	\$404.39
L3981	0	\$1,052.18
L3982	0	\$410.62
L3984	0	\$361.72
L3995	0	\$42.94
L3999	NRC	RC
L4000	0	\$1,517.76
L4002	NRC	RC
L4010	0	\$922.52
L4020	0	\$1,108.19
L4030	0	\$704.23
L4040	0	\$476.92
L4045	0	\$352.30
L4050	0	\$472.34
L4055	0	\$287.10
L4060	0	\$373.21
L4070	0	\$302.24
L4080	0	\$114.10
L4090	0	\$97.07
L4100	0	\$116.64
L4110	0	\$91.07
L4130	0	\$550.54
L4205	0	\$25.99
L4210	0	\$99.98
L4350	0	\$111.14
L4360	0	\$297.37
L4361	0	\$297.37
L4370	0	\$270.34

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L4386	0	\$182.11
L4387	0	\$182.11
L4392	0	\$27.01
L4394	0	\$19.74
L4396	0	\$192.74
L4397	0	\$192.74
L4398	0	\$88.73
L4631	0	\$1,693.19
L5000	0	\$659.56
L5010	0	\$1,842.86
L5020	0	\$2,887.19
L5050	0	\$3,153.35
L5060	0	\$3,887.17
L5100	0	\$3,139.86
L5105	0	\$4,431.02
L5150	0	\$4,926.24
L5160	0	\$5,408.77
L5200	0	\$4,183.28
L5210	0	\$3,321.53
L5220	0	\$3,658.90
L5230	0	\$5,487.78
L5250	0	\$6,434.57
L5270	0	\$7,169.36
L5280	0	\$6,968.88
L5301	0	\$3,083.27
L5312	0	\$4,857.91
L5321	0	\$4,111.42
L5331	0	\$6,021.77
L5341	0	\$6,401.05
L5400	0	\$1,836.10
L5410	0	\$507.25
L5420	0	\$2,318.92
L5430	0	\$629.45
L5450	0	\$544.27
L5460	0	\$713.87
L5500	0	\$1,697.10
L5505	0	\$2,387.34
L5510	0	\$2,026.61
L5520	0	\$1,816.62
L5530	0	\$2,388.05
L5535	0	\$2,226.17
L5540	0	\$2,357.84
L5560	0	\$2,686.63

**Ohio Bureau of Workers' Compensation
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Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L5570	0	\$2,607.46
L5580	0	\$3,236.24
L5585	0	\$3,789.90
L5590	0	\$3,374.11
L5595	0	\$5,272.86
L5600	0	\$6,001.27
L5610	0	\$2,894.39
L5611	0	\$1,843.48
L5613	0	\$2,804.05
L5614	0	\$1,942.00
L5616	0	\$1,690.78
L5617	0	\$643.91
L5618	0	\$384.53
L5620	0	\$341.16
L5622	0	\$459.62
L5624	0	\$459.46
L5626	0	\$727.37
L5628	0	\$736.57
L5629	0	\$363.61
L5630	0	\$631.80
L5631	0	\$502.73
L5632	0	\$309.86
L5634	0	\$387.50
L5636	0	\$296.20
L5637	0	\$440.72
L5638	0	\$742.44
L5639	0	\$1,282.84
L5640	0	\$843.22
L5642	0	\$781.63
L5643	0	\$2,305.39
L5644	0	\$675.80
L5645	0	\$1,121.12
L5646	0	\$710.47
L5647	0	\$910.15
L5648	0	\$839.48
L5649	0	\$2,820.76
L5650	0	\$558.58
L5651	0	\$1,636.56
L5652	0	\$498.84
L5653	0	\$778.32
L5654	0	\$451.19
L5655	0	\$325.78
L5656	0	\$494.90

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

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Table 3 - Medicare OPPS Fee Schedule Items		
L5658	0	\$522.40
L5661	0	\$749.51
L5665	0	\$666.35
L5666	0	\$88.24
L5668	0	\$131.44
L5670	0	\$310.48
L5671	0	\$569.12
L5672	0	\$410.84
L5673	0	\$904.50
L5676	0	\$414.62
L5677	0	\$635.00
L5678	0	\$45.43
L5679	0	\$753.76
L5680	0	\$348.26
L5681	0	\$1,513.81
L5682	0	\$715.56
L5683	0	\$1,513.81
L5684	0	\$55.07
L5685	0	\$147.41
L5686	0	\$66.23
L5688	0	\$70.33
L5690	0	\$143.60
L5692	0	\$152.04
L5694	0	\$207.58
L5695	0	\$186.60
L5696	0	\$225.41
L5697	0	\$107.05
L5698	0	\$137.32
L5699	0	\$234.68
L5700	0	\$3,529.98
L5701	0	\$4,379.28
L5702	0	\$5,519.40
L5703	0	\$2,903.36
L5704	0	\$719.74
L5705	0	\$1,319.56
L5706	0	\$1,287.07
L5707	0	\$1,729.20
L5710	0	\$411.52
L5711	0	\$690.66
L5712	0	\$493.02
L5714	0	\$501.66
L5716	0	\$991.96
L5718	0	\$1,060.72

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L5722	0	\$1,289.89
L5724	0	\$1,988.15
L5726	0	\$2,366.99
L5728	0	\$2,773.84
L5780	0	\$1,527.22
L5781	0	\$4,604.70
L5782	0	\$4,854.37
L5785	0	\$594.47
L5790	0	\$857.98
L5795	0	\$1,228.50
L5810	0	\$654.54
L5811	0	\$903.26
L5812	0	\$679.74
L5814	0	\$4,274.05
L5816	0	\$973.07
L5818	0	\$1,098.79
L5822	0	\$2,015.70
L5824	0	\$1,905.43
L5826	0	\$3,593.94
L5828	0	\$3,391.19
L5830	0	\$2,286.56
L5840	0	\$4,487.93
L5845	0	\$2,062.72
L5848	0	\$1,237.52
L5850	0	\$146.38
L5855	0	\$353.35
L5856	0	\$27,626.65
L5857	0	\$9,802.97
L5858	0	\$21,388.42
L5859	NRC	\$16,697.74
L5910	0	\$414.40
L5920	0	\$607.09
L5925	0	\$384.46
L5930	0	\$3,873.60
L5940	0	\$573.94
L5950	0	\$890.18
L5960	0	\$1,331.05
L5961	0	\$5,493.23
L5962	0	\$672.54
L5964	0	\$1,290.06
L5966	0	\$1,661.82
L5968	0	\$4,181.98
L5969	0	\$16,450.97

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L5970	0	\$249.97
L5971	0	\$249.97
L5972	0	\$455.36
L5973	0	\$20,317.81
L5974	0	\$266.63
L5975	0	\$533.52
L5976	0	\$676.31
L5978	0	\$358.37
L5979	0	\$2,869.32
L5980	0	\$4,371.68
L5981	0	\$3,926.84
L5982	0	\$737.68
L5984	0	\$739.98
L5985	0	\$324.96
L5986	0	\$892.61
L5987	0	\$8,278.82
L5988	0	\$2,299.00
L5990	0	\$2,087.78
L5999	NRC	RC
L6000	0	\$2,027.02
L6010	0	\$2,255.74
L6020	0	\$2,103.12
L6026	0	\$5,005.98
L6050	0	\$2,860.67
L6055	0	\$3,648.92
L6100	0	\$2,894.90
L6110	0	\$3,062.62
L6120	0	\$3,463.84
L6130	0	\$3,654.42
L6200	0	\$3,764.47
L6205	0	\$5,193.01
L6250	0	\$3,703.58
L6300	0	\$5,108.27
L6310	0	\$4,629.53
L6320	0	\$2,412.77
L6350	0	\$5,597.08
L6360	0	\$4,859.24
L6370	0	\$2,818.02
L6380	0	\$1,629.86
L6382	0	\$1,940.29
L6384	0	\$2,454.56
L6386	0	\$538.03
L6388	0	\$592.54

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

Appendix

Table 3 - Medicare OPPS Fee Schedule Items		
L6400	0	\$3,131.57
L6450	0	\$4,092.78
L6500	0	\$4,019.03
L6550	0	\$5,205.47
L6570	0	\$5,811.22
L6580	0	\$2,323.45
L6582	0	\$1,951.38
L6584	0	\$2,889.47
L6586	0	\$2,574.71
L6588	0	\$4,100.57
L6590	0	\$3,573.79
L6600	0	\$261.02
L6605	0	\$268.68
L6610	0	\$253.99
L6611	0	\$473.81
L6615	0	\$246.55
L6616	0	\$74.22
L6620	0	\$431.03
L6621	0	\$2,632.31
L6623	0	\$821.08
L6624	0	\$4,334.12
L6625	0	\$608.53
L6628	0	\$655.02
L6629	0	\$223.20
L6630	0	\$328.79
L6632	0	\$74.34
L6635	0	\$237.64
L6637	0	\$465.24
L6638	0	\$2,877.92
L6640	0	\$387.47
L6641	0	\$225.62
L6642	0	\$331.73
L6645	0	\$419.04
L6646	0	\$3,629.72
L6647	0	\$597.59
L6648	0	\$3,743.53
L6650	0	\$454.48
L6655	0	\$88.16
L6660	0	\$117.97
L6665	0	\$52.69
L6670	0	\$54.88
L6672	0	\$251.82
L6675	0	\$137.41

**Ohio Bureau of Workers' Compensation
2016 Hospital Outpatient Services**

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Table 3 - Medicare OPPS Fee Schedule Items		
L6676	0	\$143.76
L6677	0	\$341.38
L6680	0	\$353.95
L6682	0	\$391.33
L6684	0	\$531.77
L6686	0	\$789.08
L6687	0	\$659.98
L6688	0	\$730.42
L6689	0	\$870.53
L6690	0	\$1,024.93
L6691	0	\$404.57
L6692	0	\$736.01
L6693	0	\$3,267.22
L6694	0	\$904.50
L6695	0	\$753.76
L6696	0	\$1,513.81
L6697	0	\$1,513.81
L6698	0	\$569.12
L6703	0	\$402.53
L6704	0	\$777.00
L6706	0	\$482.18
L6707	0	\$1,705.68
L6708	0	\$1,127.52
L6709	0	\$1,600.24
L6711	0	\$773.70
L6712	0	\$1,424.59
L6713	0	\$1,797.92
L6714	0	\$1,522.84
L6715	0	\$3,633.36
L6721	0	\$2,706.72
L6722	0	\$2,333.38
L6805	0	\$441.38
L6810	0	\$234.64
L6880	0	\$27,496.20
L6881	0	\$4,704.89
L6882	0	\$3,568.88
L6883	0	\$2,286.08
L6884	0	\$3,127.91
L6885	0	\$4,859.24
L6890	0	\$229.85
L6895	0	\$768.53
L6900	0	\$2,231.81
L6905	0	\$2,208.88

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items		
L6910		\$2,171.47
L6915		\$932.99
L6920		\$9,640.44
L6925		\$10,299.18
L6930		\$9,285.06
L6935		\$10,250.80
L6940		\$11,990.09
L6945		\$13,376.51
L6950		\$11,967.85
L6955		\$13,878.95
L6960		\$14,600.12
L6965		\$17,296.10
L6970		\$18,513.56
L6975		\$20,406.31
L7007		\$4,203.42
L7008	NRC	\$6,518.26
L7009		\$4,300.61
L7040		\$3,500.41
L7045	NRC	\$1,849.38
L7170		\$6,922.48
L7180		\$44,786.16
L7181		\$46,111.58
L7185	NRC	\$7,277.78
L7186	NRC	\$12,234.96
L7190	NRC	\$9,656.93
L7191	NRC	\$12,869.26
L7259		\$4,716.38
L7360		\$304.44
L7362		\$332.60
L7364		\$588.49
L7366		\$809.35
L7367		\$448.06
L7368		\$580.82
L7400		\$352.72
L7401		\$394.84
L7402		\$426.42
L7403		\$423.82
L7404		\$639.67
L7405		\$836.53
L7499	NRC	RC
L7510		\$250.00
L7520		\$35.32
L8000	NRC	\$48.72

**Ohio Bureau of Workers' Compensation
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Table 3 - Medicare OPPS Fee Schedule Items		
L8001	NRC	\$144.37
L8002	NRC	\$189.86
L8010	NRC	RC
L8015	NRC	\$68.99
L8020	NRC	\$260.21
L8030	NRC	\$402.24
L8031	NRC	\$402.24
L8032	NRC	\$45.07
L8035	NRC	\$4,216.19
L8039	NRC	RC
L8040		0 \$2,853.08
L8041		0 \$3,438.59
L8042		0 \$3,863.57
L8043		0 \$4,327.22
L8044		0 \$4,790.84
L8045		0 \$3,751.55
L8046		0 \$3,090.89
L8047		0 \$1,584.08
L8048	NRC	RC
L8049		0 \$50.00
L8300		0 \$96.52
L8310		0 \$171.00
L8320		0 \$70.96
L8330		0 \$56.48
L8400		0 \$18.01
L8410		0 \$23.70
L8415		0 \$24.53
L8417		0 \$86.56
L8420		0 \$24.00
L8430		0 \$27.18
L8435		0 \$25.84
L8440		0 \$53.65
L8460		0 \$76.26
L8465		0 \$70.48
L8470		0 \$7.63
L8480		0 \$10.54
L8485		0 \$14.18
L8499	NRC	RC
L8500		0 \$757.32
L8501		0 \$138.22
L8505		0 \$28.97
L8507		0 \$48.19
L8509		0 \$125.69

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Table 3 - Medicare OPPS Fee Schedule Items		
L8510	0	\$290.83
L8511	0	\$83.68
L8512	0	\$2.52
L8513	0	\$5.98
L8514	0	\$108.53
L8515	0	\$72.64
L8615	NRC	\$519.02
L8616	NRC	\$120.88
L8617	NRC	\$105.59
L8618	NRC	\$30.18
L8619	NRC	\$9,673.20
L8621	NRC	\$0.71
L8622	NRC	\$0.37
L8623	NRC	\$74.45
L8624	NRC	\$185.59
L8627	NRC	\$8,210.40
L8628	NRC	\$1,462.79
L8629	NRC	\$206.08
L8681	0	\$1,312.54
L8683	0	\$6,201.66
L8684	0	\$973.13
L8689	0	\$1,985.14
L8691	NRC	\$3,068.75
L8693	0	\$1,745.04
L8695	0	\$19.19
L8696	0	\$249.41
P2028	NRC	RC
P2029	NRC	RC
P2033	NRC	RC
P9603	NRC	RC
P9604	NRC	RC
Q0478	NRC	\$211.46
Q0479	NRC	\$13,899.37
Q0480	0	\$103,649.10
Q0481	0	\$16,722.60
Q0482	0	\$5,237.82
Q0483	0	\$21,577.48
Q0484	0	\$4,190.27
Q0485	0	\$404.59
Q0486	0	\$336.71
Q0487	0	\$392.82
Q0488	NRC	RC
Q0489	0	\$18,706.51

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Table 3 - Medicare OPPS Fee Schedule Items		
Q0490	0	\$809.15
Q0491	0	\$1,272.07
Q0492	0	\$102.49
Q0493	0	\$291.79
Q0494	0	\$246.91
Q0495	0	\$4,807.08
Q0496	0	\$1,725.37
Q0497	0	\$538.75
Q0498	0	\$591.12
Q0499	0	\$192.06
Q0500	0	\$35.14
Q0501	0	\$587.71
Q0502	0	\$748.27
Q0503	0	\$1,496.50
Q0504	0	\$789.68
Q0506	0	\$982.93
Q0507	NRC	RC
Q0508	NRC	RC
Q0509	NRC	RC
Q3014	NRC	RC
V2020	0	\$86.08
V2100	0	\$53.21
V2101	0	\$51.11
V2102	0	\$88.38
V2103	0	\$44.77
V2104	0	\$46.15
V2105	0	\$54.89
V2106	0	\$60.82
V2107	0	\$54.17
V2108	0	\$54.30
V2109	0	\$75.64
V2110	0	\$61.08
V2111	0	\$74.03
V2112	0	\$83.62
V2113	0	\$84.56
V2114	0	\$100.20
V2115	0	\$100.99
V2118	0	\$109.90
V2121	0	\$99.10
V2199	NRC	RC
V2200	0	\$59.90
V2201	0	\$64.18
V2202	0	\$79.56

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Table 3 - Medicare OPPS Fee Schedule Items		
V2203	0	\$61.69
V2204	0	\$63.49
V2205	0	\$70.37
V2206	0	\$82.63
V2207	0	\$69.83
V2208	0	\$68.62
V2209	0	\$80.54
V2210	0	\$86.80
V2211	0	\$84.50
V2212	0	\$88.45
V2213	0	\$93.00
V2214	0	\$97.20
V2215	0	\$121.34
V2218	0	\$123.67
V2219	0	\$57.06
V2220	0	\$50.68
V2221	0	\$101.06
V2299	NRC	RC
V2300	0	\$81.89
V2301	0	\$100.43
V2302	0	\$93.83
V2303	0	\$78.83
V2304	0	\$79.76
V2305	0	\$89.09
V2306	0	\$91.73
V2307	0	\$87.34
V2308	0	\$95.27
V2309	0	\$99.68
V2310	0	\$104.14
V2311	0	\$120.22
V2312	0	\$110.22
V2313	0	\$120.30
V2314	0	\$122.98
V2315	0	\$136.52
V2318	0	\$167.84
V2319	0	\$75.77
V2320	0	\$79.92
V2321	0	\$134.57
V2399	NRC	RC
V2410	0	\$117.65
V2430	0	\$124.55
V2499	NRC	RC
V2500	0	\$105.28

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Table 3 - Medicare OPPS Fee Schedule Items		
V2501		\$149.40
V2502		\$202.43
V2503		\$195.50
V2510		\$140.38
V2511		\$208.07
V2512		\$239.51
V2513		\$241.27
V2520		\$139.88
V2521		\$277.01
V2522		\$202.72
V2523		\$212.81
V2530		\$340.26
V2531		\$623.11
V2599	NRC	RC
V2600		\$33.60
V2610		\$80.00
V2615	NRC	RC
V2623		\$1,078.93
V2624		\$69.66
V2625		\$551.65
V2626		\$228.28
V2627		\$1,636.55
V2628		\$348.12
V2629	NRC	RC
V2700		\$51.30
V2710	NRC	\$84.12
V2715	NRC	\$16.48
V2718	NRC	\$35.60
V2730	NRC	\$29.83
V2744	NRC	\$20.39
V2745		\$11.75
V2750	NRC	\$22.91
V2755		\$19.18
V2770		\$22.33
V2780		\$14.34
V2782		\$74.09
V2783		\$83.54
V2784		\$54.32
V2799	NRC	RC
V2770		\$22.33
V2780		\$14.34
V2782		\$74.09
V2783		\$83.54

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Table 3 - Medicare OPPS Fee Schedule Items		
V2784		\$54.32
V2799	NRC	BR

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
Code	Coverage Status	Rate
22526		\$4,906.66
22527		\$4,069.59
72159		\$553.79
76390		\$588.18
80050		\$88.98
85060		\$34.57
88000	BR	\$0.00
88005	BR	\$0.00
88007	BR	\$0.00
88020	BR	\$0.00
88025	BR	\$0.00
88027	BR	\$0.00
88036	BR	\$0.00
88037	BR	\$0.00
88040		\$821.25
88045		\$46.25
90284	BR	\$0.00
90389	BR	\$0.00
90393	BR	\$0.00
90399	BR	\$0.00
90875		\$85.89
90876		\$151.53
92015		\$27.76
92310		\$130.98
92314		\$107.89
92340		\$48.22
92341		\$55.20
92342		\$59.65
92370		\$41.96
92551		\$15.88
92560		\$26.84
92590		\$53.90
92591		\$80.94
92592		\$23.63
92593		\$35.67
92594		\$26.03
92595		\$39.00
92613		\$53.99
92615		\$47.05
92617		\$58.44
93000		\$23.16

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
Code	Coverage Status	Rate
93010		\$11.93
93015		\$103.48
93016		\$31.31
93018		\$20.40
93040		\$17.48
93042		\$9.98
93224		\$123.03
93227		\$37.66
93228		\$36.77
93268		\$271.74
93272		\$35.80
93294		\$47.60
93295		\$94.73
93297		\$37.23
93298		\$37.23
93352		\$45.61
94004		\$68.71
94005		\$129.20
95120		\$14.72
95830		\$331.10
97005		\$96.09
97006		\$52.97
97014		\$21.76
97810		\$50.66
97811		\$38.08
97813		\$54.13
97814		\$42.95
98943		\$37.92
99058		\$32.74
99060		\$109.21
99172		\$10.25
99173		\$4.23
99183		\$156.59
99363		\$175.07
99364		\$59.64
99401		\$49.65
99402		\$85.40
99403		\$120.18
99404		\$155.93
A4600	BR	\$0.00
E0100		\$23.86

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Table 4 - Medicare OPPS Non-Covered Items with BWC Rates		
Code	Coverage Status	Rate
E0110		\$87.84
E0111		\$65.64
E0112		\$44.41
E0114		\$53.42
E0130		\$73.86
E0135		\$87.96
E0144		\$365.80
E0149		\$256.24
E0720		\$489.30
E0730		\$488.58
J7330	BR	\$38,286.65
J7605		\$8.60
J7606		\$10.17
J7608		\$5.83
J7611		\$0.15
J7612		\$0.31
J7613		\$0.06
J7614		\$0.10
J7633		\$0.06
J7634		\$0.06
J7670		\$0.06
J7682		\$81.42

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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