

Ohio Bureau of Workers' Compensation 2015 Professional Provider Medical Services Fee Schedule

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2015 Professional Provider & Medical Services Fee Schedule are obtained from *Current Procedural Terminology* (CPT®), copyright 2014 by the American Medical Association (AMA), Health Care Procedure Coding System (HCPCS) National Level II Medicare codes, and *Current Dental Terminology* (CDT), copyright © American Dental Association. All rights reserved.

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 by physicians or non-physician providers.

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.

CDT is developed by the American Dental Association (ADA) as a listing of short written definitions and five digit alphanumeric codes and modifiers for reporting dental services and procedures by dentists.

The Level III HCPCS codes include BWC Local coded services.

The responsibility for the content of the BWC 2015 Professional Provider & Medical Services Fee Schedule 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 2015 Professional Provider & Medical Services Fee Schedule. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of the CPT®. Any use of CPT® outside of the BWC 2015 Professional Provider & Medical Services Fee Schedule should refer to the most recent edition of the *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 this fee schedule, services and/or supplies must be medically necessary and appropriate for the treatment of the work related injury. The following definitions apply:

Non-Facility Fee	The reimbursement fee for all bills with place of service codes 11 (Office), 15 (Mobile Unit), and 20 (Urgent Care Facility) for all in-state and out-of-state practitioners.
Facility Fee	The reimbursement fee for all bills with place of service codes other than 11 (Office), 15 (Mobile Unit), and 20 (Urgent Care Facility) for all in-state and out-of-state practitioners.
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.
Not Routinely Covered (NRC)	The procedure or service is not covered unless application of the <i>Miller</i> 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.
To Be Determined (TBD)	HCPCS codes noted as TBD (To Be Determined) will have pricing adopted when reimbursement rates are available from the Center for Medicare and Medicaid Services (CMS)
Negotiated	Negotiated reimbursement rates are required for designated all-inclusive per diem codes. Additionally, the MCO may need to negotiate a fee with a provider that will not accept the Ohio BWC fee schedule. In those situations, MCOs are required to attempt fee negotiation and document the provider discussion attempts. The services/supplies must be medically necessary for treatment of the work-related injury. Cost comparisons by the MCO for equitable reimbursements rates may often be necessary.
All Inclusive	All Inclusive means the service includes, but is not limited to, the examples noted for the code description
Modifier 22	Unusual procedural services. Modifier 22 must include a report documenting circumstances for its use. Reimbursement is 120% of fee schedule amount.
Modifier 26	Professional component reimbursement. Payment rates vary according to the RVU assigned to the CPT code when modified.
Modifier 50	Bilateral procedure. Reimbursement is 150% of fee schedule amount.

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Modifier 52	Reduced Services. Reimbursement is 50% of fee schedule amount.
Modifier 53	Discontinued procedures. Reimbursement is 50% of fee schedule amount unless justification for higher specified percentage is supported by medical records documentation submitted pursuant to By Report guidelines.
Modifier 54	Surgical care only. Reimbursement is 70% of fee schedule amount.
Modifier 55	Post operative management only. Reimbursement for all post op care is 20% of fee schedule amount. The post operative global surgical period for major surgery is 60 days.
Modifier 56	Pre-operative management only. Reimbursement is 10% of fee schedule amount.
Modifier 62	Two surgeons. Reimbursement is 62.5% of fee schedule amount to each surgeon.
Modifier 80	Assistant Surgeon Reimbursement is 20% of fee schedule amount.
Modifier 81	Minimum Assistant Surgeon Reimbursement is 10% of fee schedule amount.
Modifier 82	Assistant Surgeon (when qualified resident surgeon is not available). Reimbursement is 20% of fee schedule amount.
Modifier RR	Rental equipment component reimbursement (Monthly, until purchase price is met unless an exception is noted for an individual code)
Modifier NU	New Equipment
Modifier QK	Medical direction of 2, 3 or 4 concurrent anesthesia procedures involving qualified individuals is 50% of the fee schedule amount
Modifier QX	Qualified non-physician anesthetist with medial direction by a physician is 50% of the fee schedule amount
Modifier QY	Medical direction of qualified non-physician anesthetist by anesthesiologist is 50% of the fee schedule amount
Modifier TC	Technical component reimbursement. Payment rates vary according to the RVU assigned to the CPT code when modified.

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Reimbursement Methodology

The following dollar conversion factors, unique to BWC, will be applied to HCPCS level I CPT® and HCPCS level 2 coded services:

Service type	CPT® code range Percent of Medicare Reimbursement
Anesthesia 00100 - 01999	195% of Medicare rate or \$2.942 per timed minute. CPT code Anesthesia Base Units (ABU) are noted in a separate tab and reimbursed at \$44.13 per unit
Surgery 10021 - 69990	221% of Medicare fee schedule*
Radiology 70010 - 79999	142% of Medicare fee schedule
Pathology 80048 - 89399	125% of Medicare Fee Schedule
Physical medicine 97001 – 98943	142% of Medicare fee schedule
General medicine 90281 - 96999	142% of Medicare fee schedule
99000 - 99600	142% of Medicare fee schedule

* Injection codes shall be reimbursed at 142% of the Medicare fee schedule rate. The CPT® codes for immunizations, vaccinations, therapeutic injections and infusions are contained in the Medicine or Surgical sections of the manual.

**CPT® codes that do not have an assigned relative value unit (RVU) will be reimbursed based on historical and third party payer data.

Note: The total RVU adjustor for each CPT® code in BWC's payment system is carried out to five decimal places. BWC's maximum allowable rate may differ slightly from the amount listed in its fee schedule publications because BWC rounds the final product to two decimal places. This applies most frequently in cases where multiple units are billed.

HCPCS codes	120% of the Medicare rate when priced by CMS or the fee schedule rate set by BWC when services are not reimbursed by Medicare
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Reduced provider reimbursement

Physician Assistants are reimbursed at 85 percent of CPT® code fee schedule for professional services

Advanced Practice Nurses are reimbursed at 85 percent of CPT® code fee schedule for professional services

Independent Social Workers are reimbursed at 85 percent of CPT® code fee schedule for professional services

Professional Clinical Counselors are reimbursed at 85 percent of CPT® code fee schedule for professional services

Social Workers are reimbursed at 75 percent of CPT® code fee schedule for professional services

Professional Counselors are reimbursed at 75 percent of CPT® code fee schedule for professional services

Multiple Procedure Price Reduction

Surgical procedures	First (primary) procedure (determined by highest RVU) reimbursed at 100% of the surgical CPT® code fee schedule
	2nd-5th (secondary, tertiary, quaternary, quinary) procedures (determined by RVU) reimbursed at 50% of the surgical CPT® code fee schedule
	6th (senary) or more procedures when approved (determined by RVU) reimbursed at 25% of the surgical CPT® code fee schedule
Therapies (Physical, Occupational and Speech)	First unit of the primary therapy (determined by highest RVU) is reimbursed at 100% of the CPT® code fee schedule
	Subsequent units of therapies (same or different) are subject to 50% reduction of the practice expense portion only of the RVU

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
10021				317.03	158.88
10022				296.86	146.73
10030				1,630.84	346.69
10040			NRC	216.94	191.43
10060				245.96	207.34
10061				440.58	388.84
10080			NRC	376.19	223.87
10081			NRC	576.40	379.63
10120				320.18	223.25
10121				585.27	408.17
10140				345.58	257.39
10160				275.91	208.13
10180				526.82	391.26
11000				115.92	64.18
11001				46.01	32.16
11004				1,303.20	1,303.20
11005				1,759.68	1,759.68
11006				1,580.31	1,580.31
11008				617.10	617.10
11010				1,036.57	614.60
11011				1,150.02	671.93
11012				1,522.16	947.14
11042				246.30	136.25
11043				495.99	350.96
11044				691.42	524.52
11045				92.18	62.30
11046				160.46	126.20
11047				274.57	225.74
11055				99.36	35.96
11056				122.29	50.87
11057				138.66	66.51
11100			NRC	215.05	107.91
11101			NRC	69.58	54.27
11200			NRC	185.96	157.53
11201			NRC	41.73	37.36
11300			NRC	200.19	77.75
11301			NRC	247.66	117.93
11302			NRC	291.88	138.10
11303			NRC	325.05	164.71
11305			NRC	205.47	86.68
11306			NRC	253.13	115.38
11307			NRC	299.50	147.91
11308			NRC	316.24	163.92
11310			NRC	235.39	104.94
11311			NRC	233.30	144.39
11312			NRC	335.13	174.07

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
11313			NRC	390.68	223.06
11400			NRC	256.41	171.14
11401			NRC	312.42	224.23
11402			NRC	348.32	247.74
11403			NRC	404.96	318.96
11404			NRC	459.84	351.25
11406			NRC	669.63	539.18
11420			NRC	256.47	176.30
11421			NRC	332.10	241.00
11422			NRC	371.16	293.17
11423			NRC	429.20	341.74
11424			NRC	496.23	391.28
11426			NRC	716.71	602.29
11440			NRC	284.17	222.22
11441			NRC	355.36	283.94
11442			NRC	398.40	316.05
11443			NRC	476.70	387.79
11444			NRC	604.26	497.86
11446			NRC	843.39	718.03
11450			NRC	800.87	547.25
11451			NRC	1,028.36	709.88
11462			NRC	780.55	521.83
11463			NRC	1,051.38	716.13
11470			NRC	881.48	616.20
11471			NRC	1,095.45	773.32
11600			NRC	405.83	261.53
11601			NRC	480.70	324.73
11602			NRC	521.73	356.29
11603			NRC	596.84	426.30
11604			NRC	667.55	472.96
11606			NRC	961.68	707.33
11620			NRC	410.27	265.24
11621			NRC	483.67	326.25
11622			NRC	540.38	374.21
11623			NRC	638.30	465.58
11624			NRC	721.64	529.24
11626			NRC	875.76	652.74
11640			NRC	422.11	273.44
11641			NRC	502.02	341.68
11642			NRC	572.57	402.03
11643			NRC	683.22	508.31
11644			NRC	844.31	630.78
11646			NRC	1,110.87	879.11
11719			NRC	29.61	17.22
11720				68.73	33.74
11721				95.72	55.64

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
11730				210.52	114.32
11732				76.01	45.41
11740				104.01	70.49
11750				477.56	378.44
11752				688.03	567.05
11755			NRC	283.68	172.90
11760				489.65	290.68
11762				601.87	408.01
11765			NRC	348.26	201.78
11770			NRC	591.57	404.99
11771			NRC	1,224.98	950.22
11772			NRC	1,486.72	1,252.05
11900			NRC	116.47	69.10
11901			NRC	148.67	107.85
11920			NRC	365.67	254.89
11921			NRC	425.22	299.87
11922			NRC	130.29	66.88
11950			NRC	162.60	117.42
11951			NRC	223.57	169.64
11952			NRC	293.66	223.69
11954			NRC	342.81	258.26
11960				2,030.33	2,030.33
11970				1,347.08	1,347.08
11971				997.92	694.74
11976			NRC	314.07	217.87
11980			NRC	225.18	179.26
11981				294.57	182.33
11982				333.56	217.68
11983				469.69	378.59
12001				190.76	101.11
12002				232.70	133.58
12004				275.38	166.78
12005				359.42	226.05
12006				432.28	274.13
12007				503.08	339.83
12011				233.73	126.60
12013				255.93	141.51
12014				303.44	180.27
12015				371.14	224.65
12016				461.04	305.08
12017				350.46	350.46
12018				396.42	396.42
12020				609.05	418.10
12021				359.35	309.06
12031				497.92	333.21
12032				633.76	422.41

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
12034				659.47	453.94
12035				817.88	534.38
12036				905.51	622.01
12037				1,021.81	728.11
12041				508.00	341.10
12042				608.16	436.17
12044				758.77	474.54
12045				852.04	593.32
12046				1,014.26	675.37
12047				1,116.98	754.04
12051				544.11	374.30
12052				620.46	444.09
12053				729.19	478.48
12054				780.52	505.76
12055				1,011.76	669.95
12056				1,163.65	826.95
12057				1,195.52	839.14
13100				704.38	452.21
13101				832.38	554.71
13102				260.16	166.87
13120				737.57	516.75
13121				899.75	587.82
13122				285.88	191.87
13131				814.56	551.47
13132				1,006.60	692.48
13133				383.50	292.40
13151				895.14	632.77
13152				1,074.79	767.96
13153				417.91	316.61
13160				1,791.55	1,791.55
14000				1,329.22	1,097.46
14001				1,710.60	1,430.74
14020				1,489.39	1,242.32
14021				1,863.69	1,572.17
14040				1,634.14	1,386.34
14041				2,017.27	1,701.70
14060				1,673.02	1,477.71
14061				2,166.90	1,819.26
14301				2,320.95	1,946.35
14302				496.12	496.12
14350				1,568.59	1,568.59
15002				745.19	506.14
15003				163.13	102.63
15004				865.57	606.84
15005				273.05	206.00
15040				544.44	283.53

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
15050				1,210.93	974.07
15100				1,860.40	1,582.72
15101				396.68	247.27
15110				1,885.27	1,665.90
15111				252.89	230.30
15115				1,891.46	1,674.28
15116				335.78	305.17
15120				1,848.23	1,549.42
15121				443.14	293.01
15130				1,467.56	1,252.56
15131				225.07	209.03
15135				1,863.43	1,655.00
15136				202.33	189.21
15150				1,510.27	1,390.02
15151				264.62	246.40
15152				336.51	316.83
15155				1,523.88	1,415.28
15156				358.36	339.41
15157				361.08	339.21
15200				1,788.87	1,481.32
15201				317.22	179.48
15220				1,651.06	1,349.33
15221				291.92	161.47
15240				2,004.28	1,753.57
15241				397.37	251.61
15260				2,174.47	1,883.68
15261				462.76	313.36
15271				304.32	192.81
15272				57.28	38.33
15273				638.87	452.29
15274				148.51	98.22
15275				330.56	224.89
15276				74.65	56.43
15277				683.72	493.50
15278				177.73	122.34
15570				1,980.00	1,634.55
15572				1,914.56	1,641.26
15574				1,979.30	1,695.07
15576				1,749.90	1,487.53
15600				673.66	445.54
15610				747.07	520.41
15620				933.94	709.47
15630				975.19	753.63
15650				1,081.22	839.26
15731				2,467.94	2,239.10
15732				2,840.19	2,522.44

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15734				3,288.33	2,941.42
15736				2,890.88	2,549.07
15738				3,094.74	2,771.88
15740				2,186.37	1,869.35
15750				2,018.89	2,018.89
15756				5,216.73	5,216.73
15757				5,146.71	5,146.71
15758				5,148.10	5,148.10
15760				1,846.78	1,565.46
15770				1,492.97	1,492.97
15775			NRC	631.02	476.52
15776			NRC	1,024.48	744.62
15777				479.55	479.55
15780			NRC	1,787.75	1,377.43
15781			NRC	1,174.26	937.40
15782			NRC	1,334.91	956.66
15783			NRC	1,019.16	804.16
15786				526.25	306.15
15787				103.92	39.79
15788			NRC	960.10	535.94
15789			NRC	1,139.57	882.30
15792			NRC	896.87	551.42
15793			NRC	1,029.35	783.74
15819			NRC	1,629.67	1,629.67
15820			NRC	1,271.99	1,161.21
15821			NRC	1,357.58	1,232.95
15822			NRC	978.73	869.41
15823			NRC	1,357.93	1,232.58
15824			NRC	0.00	0.00
15825			NRC	0.00	0.00
15826			NRC	0.00	0.00
15828			NRC	0.00	0.00
15829			NRC	0.00	0.00
15830			NRC	2,603.16	2,603.16
15832			NRC	2,034.74	2,034.74
15833			NRC	1,936.53	1,936.53
15834			NRC	1,975.68	1,975.68
15835			NRC	2,087.19	2,087.19
15836			NRC	1,687.42	1,687.42
15837			NRC	1,726.55	1,447.42
15838			NRC	1,257.22	1,257.22
15839			NRC	1,921.47	1,631.41
15840				2,262.49	2,262.49
15841				3,560.40	3,560.40
15842				5,864.85	5,864.85
15845				2,245.77	2,245.77

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15847			NRC	1,424.08	1,424.08
15850			NRC	183.34	87.86
15851			NRC	209.52	103.84
15852			NRC	104.88	104.88
15860				250.59	250.59
15876			NRC	0.00	0.00
15877			NRC	0.00	0.00
15878			NRC	0.00	0.00
15879			NRC	0.00	0.00
15920				1,336.35	1,336.35
15922				1,730.44	1,730.44
15931				1,511.99	1,511.99
15933				1,879.24	1,879.24
15934				2,044.31	2,044.31
15935				2,417.10	2,417.10
15936				1,984.07	1,984.07
15937				2,310.22	2,310.22
15940				1,549.22	1,549.22
15941				1,996.43	1,996.43
15944				1,968.50	1,968.50
15945				2,168.02	2,168.02
15946				3,649.19	3,649.19
15950				1,300.86	1,300.86
15951				1,946.05	1,946.05
15952				2,025.82	2,025.82
15953				2,208.85	2,208.85
15956				2,579.08	2,579.08
15958				2,609.71	2,609.71
15999			BR	0.00	0.00
16000				149.21	103.30
16020				173.47	118.81
16025				318.78	248.81
16030				402.81	300.78
16035				447.35	447.35
16036				184.37	184.37
17000			NRC	157.98	113.53
17003			NRC	20.80	5.50
17004			NRC	315.15	216.76
17106			NRC	719.69	593.61
17107			NRC	931.90	763.54
17108			NRC	1,363.41	1,147.68
17110			NRC	227.77	147.60
17111			NRC	271.41	182.49
17250				165.91	81.37
17260			NRC	197.74	150.37
17261			NRC	300.08	198.78

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
17262			NRC	366.75	253.06
17263			NRC	401.28	281.03
17264			NRC	431.80	301.35
17266			NRC	491.12	353.38
17270			NRC	315.15	217.49
17271			NRC	343.61	242.31
17272			NRC	391.69	278.72
17273			NRC	438.46	316.75
17274			NRC	519.18	385.08
17276			NRC	605.47	466.27
17280			NRC	294.98	197.32
17281			NRC	374.62	272.59
17282			NRC	431.11	315.23
17283			NRC	518.18	392.83
17284			NRC	593.63	459.53
17286			NRC	769.49	622.27
17311			NRC	1,385.57	831.68
17312			NRC	809.38	441.34
17313			NRC	1,293.73	746.40
17314			NRC	775.40	409.54
17315			NRC	168.04	115.57
17340			NRC	113.35	108.25
17360			NRC	275.19	216.89
17380			NRC	0.00	0.00
17999			BR	0.00	0.00
19000			NRC	237.09	98.62
19001			NRC	58.71	48.51
19020			NRC	996.79	663.00
19030			NRC	346.54	173.09
19081				1,418.82	412.35
19082				1,134.60	195.18
19083				1,407.12	386.07
19084				1,118.38	183.33
19085				2,119.45	450.49
19086				1,674.38	197.83
19100			NRC	319.10	155.85
19101			NRC	723.99	484.94
19105			NRC	3,960.71	426.03
19110			NRC	1,031.07	743.19
19112			NRC	973.65	677.03
19120			NRC	1,065.22	905.61
19125			NRC	1,182.40	1,006.76
19126			NRC	362.25	362.25
19260			NRC	2,671.05	2,671.05
19271			NRC	3,576.69	3,576.69
19272			NRC	4,003.14	4,003.14

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
19281				515.03	228.61
19282				353.45	108.57
19283				582.81	230.80
19284				422.68	109.30
19285				973.35	195.72
19286				810.95	93.81
19287				1,803.66	321.28
19288				1,425.18	140.31
19296			NRC	8,124.67	467.89
19297			NRC	210.83	210.83
19298			NRC	2,188.15	722.53
19300			NRC	1,118.71	897.15
19301			NRC	1,438.51	1,438.51
19302			NRC	1,981.33	1,981.33
19303			NRC	2,229.49	2,229.49
19304			NRC	1,249.86	1,249.86
19305			NRC	2,493.73	2,493.73
19306			NRC	2,639.00	2,639.00
19307			NRC	2,633.78	2,633.78
19316			NRC	1,711.55	1,711.55
19318			NRC	2,466.41	2,466.41
19324			NRC	1,072.18	1,072.18
19325			NRC	1,429.27	1,429.27
19328			NRC	1,095.17	1,095.17
19330			NRC	1,402.70	1,402.70
19340			NRC	2,235.22	2,235.22
19342			NRC	2,050.36	2,050.36
19350			NRC	1,791.20	1,493.85
19355			NRC	1,516.38	1,254.01
19357			NRC	3,318.27	3,318.27
19361			NRC	3,532.03	3,532.03
19364			NRC	6,202.13	6,202.13
19366			NRC	3,146.19	3,146.19
19367			NRC	4,021.89	4,021.89
19368			NRC	4,957.96	4,957.96
19369			NRC	4,598.58	4,598.58
19370			NRC	1,520.02	1,520.02
19371			NRC	1,741.26	1,741.26
19380			NRC	1,714.59	1,714.59
19396			NRC	622.50	330.25
19499			NRC	0.00	0.00
20005				667.32	517.18
20100				1,353.31	1,353.31
20101				953.14	460.47
20102				1,043.92	565.83
20103				1,244.44	774.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
20150				2,034.74	2,034.74
20200			NRC	437.94	212.01
20205			NRC	612.89	344.69
20206			NRC	489.29	132.18
20220			NRC	354.86	161.73
20225			NRC	1,094.82	246.50
20240			NRC	485.29	485.29
20245			NRC	1,372.24	1,372.24
20250			NRC	855.53	855.53
20251			NRC	931.55	931.55
20500				225.19	185.11
20501				246.93	85.86
20520				435.05	320.63
20525				1,015.48	547.59
20526				106.00	81.09
20527				115.26	92.70
20550				81.26	59.65
20551				84.08	61.06
20552				76.58	54.50
20553				88.21	61.43
20555				479.43	479.43
20600				66.72	51.21
20604				99.10	64.80
20605				69.71	53.73
20606				108.93	73.22
20610				84.07	66.21
20611				125.22	86.22
20612				83.42	59.45
20615				335.19	230.40
20650				439.40	339.55
20660				545.46	545.46
20661				1,100.55	1,100.55
20662				957.95	957.95
20663				986.65	986.65
20664				1,912.69	1,912.69
20665				226.41	197.26
20670				792.96	321.42
20680				1,330.75	937.20
20690				1,310.26	1,310.26
20692				2,469.22	2,469.22
20693				987.67	987.67
20694				913.22	739.04
20696				2,477.71	2,477.71
20697				3,784.82	3,784.82
20802				5,139.45	5,139.45
20805				6,843.57	6,843.57

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
20808				8,845.62	8,845.62
20816				4,398.19	4,398.19
20822				4,043.63	4,043.63
20824				4,745.27	4,745.27
20827				4,042.75	4,042.75
20838				5,741.71	5,741.71
20900				892.33	426.62
20902				639.63	639.63
20910				899.65	899.65
20912				1,060.79	1,060.79
20920				867.88	867.88
20922				1,331.12	1,101.55
20924				1,106.97	1,106.97
20926				965.55	965.55
20930				233.07	233.07
20931				254.68	254.68
20936				354.68	354.68
20937				378.20	378.20
20938				415.27	415.27
20950				525.56	200.52
20955				5,608.82	5,608.82
20956				5,895.16	5,895.16
20957				5,165.34	5,165.34
20962				4,935.75	4,935.75
20969				6,211.64	6,211.64
20970				6,379.26	6,379.26
20972				4,920.32	4,920.32
20973				6,223.40	6,223.40
20974				160.69	108.22
20975				392.43	392.43
20979				114.32	73.50
20982			NRC	7,623.13	852.58
20983				14,367.95	886.59
20985				330.68	330.68
20999			BR	0.00	0.00
21010				1,648.32	1,648.32
21011			NRC	734.62	556.06
21012			NRC	732.17	732.17
21013			NRC	1,105.31	869.90
21014			NRC	1,134.61	1,134.61
21015			NRC	1,570.51	1,570.51
21016			NRC	2,297.72	2,297.72
21025				1,942.02	1,655.60
21026				1,333.82	1,090.40
21029			NRC	1,699.71	1,435.16
21030			NRC	1,126.95	919.24

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
21031			NRC	843.75	639.69
21032			NRC	858.72	634.25
21034			NRC	2,893.31	2,571.91
21040			NRC	1,134.81	920.54
21044			NRC	1,949.92	1,949.92
21045			NRC	2,715.44	2,715.44
21046			NRC	2,437.92	2,437.92
21047			NRC	2,893.75	2,893.75
21048			NRC	2,505.44	2,505.44
21049			NRC	2,702.08	2,702.08
21050				1,913.35	1,913.35
21060				1,836.16	1,836.16
21070			NRC	1,352.64	1,352.64
21073			NRC	845.73	570.25
21076				2,188.62	1,853.38
21077				5,498.91	4,687.03
21079				3,688.98	3,092.82
21080				4,146.88	3,453.79
21081			NRC	3,829.04	3,173.85
21082			NRC	3,626.11	2,984.77
21083			NRC	3,358.53	2,678.56
21084			NRC	3,937.53	3,202.90
21085			NRC	1,842.60	1,445.40
21086				4,094.31	3,457.34
21087				4,094.31	3,457.34
21088			BR	0.00	0.00
21089			BR	0.00	0.00
21100				1,510.28	831.04
21110			NRC	1,720.93	1,452.00
21116				300.85	95.33
21120			NRC	1,429.86	1,151.46
21121			NRC	1,644.24	1,377.49
21122			NRC	1,506.32	1,506.32
21123			NRC	1,907.84	1,907.84
21125			NRC	6,450.75	1,786.43
21127			NRC	8,908.66	1,907.07
21137			NRC	1,674.47	1,674.47
21138			NRC	2,013.63	2,013.63
21139			NRC	2,347.13	2,347.13
21141			NRC	3,043.92	3,043.92
21142			NRC	3,132.88	3,132.88
21143			NRC	3,184.70	3,184.70
21145			NRC	3,331.91	3,331.91
21146			NRC	3,872.16	3,872.16
21147			NRC	3,356.61	3,356.61
21150			NRC	3,954.15	3,954.15

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
21151			NRC	4,496.22	4,496.22
21154			NRC	4,892.83	4,892.83
21155			NRC	4,946.41	4,946.41
21159			NRC	5,568.09	5,568.09
21160			NRC	5,818.12	5,818.12
21172			NRC	4,143.95	4,143.95
21175			NRC	4,858.68	4,858.68
21179			NRC	3,463.77	3,463.77
21180			NRC	3,416.33	3,416.33
21181			NRC	1,591.72	1,591.72
21182			NRC	4,278.69	4,278.69
21183			NRC	5,314.31	5,314.31
21184			NRC	4,988.94	4,988.94
21188			NRC	3,472.76	3,472.76
21193			NRC	2,891.74	2,891.74
21194			NRC	3,034.26	3,034.26
21195			NRC	2,945.10	2,945.10
21196			NRC	3,262.38	3,262.38
21198			NRC	2,561.57	2,561.57
21199			NRC	2,334.25	2,334.25
21206			NRC	2,660.32	2,660.32
21208				4,070.69	1,903.23
21209			NRC	1,805.34	1,402.31
21210				4,870.42	1,893.27
21215				8,706.52	2,040.18
21230				1,642.80	1,642.80
21235				1,571.03	1,248.17
21240				2,437.14	2,437.14
21242				2,234.17	2,234.17
21243			NRC	3,703.85	3,703.85
21244				2,350.75	2,350.75
21245				2,426.24	1,962.72
21246				1,823.45	1,823.45
21247			NRC	3,539.93	3,539.93
21248				2,412.38	1,988.95
21249				3,321.09	2,842.27
21255			NRC	3,046.60	3,046.60
21256				2,713.85	2,713.85
21260			NRC	2,927.42	2,927.42
21261				4,857.73	4,857.73
21263				4,148.21	4,148.21
21267				3,658.27	3,658.27
21268				3,991.81	3,991.81
21270				2,092.35	1,618.63
21275				1,869.63	1,869.63
21280			NRC	1,293.36	1,293.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
21282			NRC	845.69	845.69
21295			NRC	443.26	443.26
21296			NRC	1,002.88	1,002.88
21299			BR	0.00	0.00
21310				275.44	63.36
21315				592.63	333.90
21320				549.62	298.19
21325				1,015.45	1,015.45
21330				1,217.11	1,217.11
21335				1,595.96	1,595.96
21336				1,400.58	1,400.58
21337				870.76	646.29
21338				1,559.37	1,559.37
21339				1,692.52	1,692.52
21340				1,661.45	1,661.45
21343				2,675.74	2,675.74
21344				3,500.78	3,500.78
21345				1,686.53	1,375.34
21346				1,991.35	1,991.35
21347				2,414.77	2,414.77
21348				2,608.63	2,608.63
21355				932.48	708.01
21356				1,079.05	828.34
21360				1,175.02	1,175.02
21365				2,486.84	2,486.84
21366				2,659.35	2,659.35
21385				1,506.01	1,506.01
21386				1,552.83	1,552.83
21387				1,628.76	1,628.76
21390				1,787.55	1,787.55
21395				2,176.54	2,176.54
21400				413.21	338.15
21401				1,058.37	680.12
21406				1,133.30	1,133.30
21407				1,451.91	1,451.91
21408				2,014.60	2,014.60
21421				1,652.17	1,408.75
21422				1,465.27	1,465.27
21423				1,833.37	1,833.37
21431				1,582.24	1,582.24
21432				1,456.18	1,456.18
21433				3,919.18	3,919.18
21435				2,809.78	2,809.78
21436				4,592.02	4,592.02
21440				1,248.54	1,022.62
21445				1,659.05	1,360.97

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
21450				1,307.46	1,058.21
21451				1,639.54	1,385.19
21452				1,326.92	792.71
21453				1,967.33	1,696.22
21454				1,287.14	1,287.14
21461				4,569.46	2,055.82
21462				4,817.69	2,270.53
21465				2,178.08	2,178.08
21470				2,701.33	2,701.33
21480				212.95	72.29
21485				1,504.96	1,265.92
21490				2,076.01	2,076.01
21495				1,536.22	1,536.22
21497				1,582.80	1,324.80
21499			BR	0.00	0.00
21501				975.38	705.00
21502				1,175.81	1,175.81
21510				986.18	986.18
21550			NRC	559.50	345.96
21552			NRC	979.35	979.35
21554			NRC	1,611.14	1,611.14
21555			NRC	891.91	671.81
21556			NRC	1,176.95	1,176.95
21557			NRC	2,134.05	2,134.05
21558			NRC	2,997.56	2,997.56
21600			NRC	1,237.57	1,237.57
21610			NRC	2,670.11	2,670.11
21615			NRC	1,423.04	1,423.04
21616			NRC	1,901.46	1,901.46
21620			NRC	1,129.87	1,129.87
21627			NRC	1,201.14	1,201.14
21630			NRC	2,720.71	2,720.71
21632			NRC	2,736.93	2,736.93
21685			NRC	2,220.37	2,220.37
21700			NRC	837.90	837.90
21705			NRC	1,257.06	1,257.06
21720			NRC	1,074.25	1,074.25
21725			NRC	1,044.78	1,044.78
21740			NRC	2,289.42	2,289.42
21742			NRC	1,583.88	1,583.88
21743			NRC	1,750.01	1,750.01
21750				1,552.74	1,552.74
21805				596.51	596.51
21811				1,185.33	1,224.69
21812				1,417.41	1,456.76
21813				1,933.01	1,963.62

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
21820				307.26	314.55
21825				1,218.05	1,218.05
21899			BR	0.00	0.00
21920			NRC	550.64	354.59
21925			NRC	958.61	774.23
21930			NRC	1,017.27	800.81
21931			NRC	1,034.88	1,034.88
21932			NRC	1,458.15	1,458.15
21933			NRC	1,626.06	1,626.06
21935			NRC	2,277.99	2,277.99
21936			NRC	3,138.65	3,138.65
22010				2,100.82	2,100.82
22015				1,991.41	1,991.41
22100				1,945.48	1,945.48
22101				1,976.73	1,976.73
22102				1,807.45	1,807.45
22103				321.65	321.65
22110				2,416.05	2,416.05
22112				2,388.20	2,388.20
22114				2,196.81	2,196.81
22116				315.81	315.81
22206				5,257.06	5,257.06
22207				5,353.01	5,353.01
22208				1,328.39	1,328.39
22210				3,943.18	3,943.18
22212				3,267.90	3,267.90
22214				3,292.97	3,292.97
22216				820.32	820.32
22220				3,602.77	3,602.77
22222				3,464.76	3,464.76
22224				3,530.22	3,530.22
22226				824.30	824.30
22305				413.93	377.49
22310				671.38	621.82
22315				1,929.59	1,706.58
22318				3,649.70	3,649.70
22319				4,081.56	4,081.56
22325				3,205.34	3,205.34
22326				3,316.32	3,316.32
22327				3,305.21	3,305.21
22328				639.67	639.67
22505				270.74	270.74
22510				3,627.10	985.20
22511				3,589.50	922.82
22512				2,004.54	450.74
22513				15,116.68	1,120.06

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
22514				15,056.09	1,046.36
22515				9,129.45	469.84
22526				4,895.22	758.55
22527				4,050.03	344.08
22532				4,003.30	4,003.30
22533				3,741.68	3,741.68
22534				819.11	819.11
22548				4,383.17	4,383.17
22551				3,840.59	3,840.59
22552				891.29	891.29
22554				2,836.86	2,836.86
22556				3,728.04	3,728.04
22558				3,442.13	3,442.13
22585				758.68	758.68
22586				NC	4,187.96
22590				3,524.62	3,524.62
22595				3,353.35	3,353.35
22600				2,868.66	2,868.66
22610				2,804.35	2,804.35
22612				3,563.52	3,563.52
22614				884.88	884.88
22630				3,459.90	3,459.90
22632				721.95	721.95
22633				4,128.85	4,128.85
22634				1,122.55	1,122.55
22800			NRC	3,024.71	3,024.71
22802			NRC	4,687.49	4,687.49
22804			NRC	5,396.30	5,396.30
22808			NRC	4,083.89	4,083.89
22810			NRC	4,575.49	4,575.49
22812			NRC	4,996.30	4,996.30
22818			NRC	4,848.11	4,848.11
22819			NRC	6,153.92	6,153.92
22830				1,803.65	1,803.65
22840				1,726.12	1,726.12
22841				582.68	582.68
22842				1,727.21	1,727.21
22843				1,835.51	1,835.51
22844				2,203.29	2,203.29
22845				1,669.81	1,669.81
22846				1,732.59	1,732.59
22847				1,997.92	1,997.92
22848				806.73	806.73
22849				2,910.34	2,910.34
22850				1,605.89	1,605.89
22851				924.80	924.80

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
22852				1,533.77	1,533.77
22855				2,499.59	2,499.59
22856				3,713.91	3,713.91
22857				4,064.20	4,064.20
22858				1,524.27	1,524.27
22861				4,938.78	4,938.78
22862				4,742.50	4,742.50
22864				4,436.14	4,436.14
22865				4,566.35	4,566.35
22899			BR	0.00	0.00
22900			NRC	1,241.06	1,241.06
22901			NRC	1,462.40	1,462.40
22902			NRC	924.24	707.06
22903			NRC	952.32	952.32
22904			NRC	2,328.87	2,328.87
22905			NRC	2,970.23	2,970.23
22999			BR	0.00	0.00
23000				1,237.22	807.23
23020				1,514.62	1,514.62
23030				936.95	560.89
23031				896.42	479.55
23035				1,501.74	1,501.74
23040				1,579.90	1,579.90
23044				1,245.06	1,245.06
23065			NRC	464.80	367.14
23066			NRC	1,178.24	774.49
23071			NRC	920.25	920.25
23073			NRC	1,525.01	1,525.01
23075			NRC	999.45	713.03
23076			NRC	1,183.63	1,183.63
23077			NRC	2,538.72	2,538.72
23078			NRC	3,211.11	3,211.11
23100			NRC	1,091.24	1,091.24
23101				995.12	995.12
23105				1,400.14	1,400.14
23106				1,081.92	1,081.92
23107				1,452.11	1,452.11
23120				1,280.56	1,280.56
23125				1,555.60	1,555.60
23130				1,331.01	1,331.01
23140				1,161.70	1,161.70
23145				1,525.10	1,525.10
23146				1,358.01	1,358.01
23150				1,447.98	1,447.98
23155				1,742.33	1,742.33
23156				1,486.86	1,486.86

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
23170				1,224.92	1,224.92
23172				1,239.99	1,239.99
23174				1,660.47	1,660.47
23180				1,462.97	1,462.97
23182				1,448.04	1,448.04
23184				1,612.15	1,612.15
23190				1,249.28	1,249.28
23195				1,658.90	1,658.90
23200			NRC	3,361.53	3,361.53
23210			NRC	3,957.99	3,957.99
23220			NRC	4,344.98	4,344.98
23330				512.19	329.99
23333				1,001.81	1,001.81
23334				2,376.81	2,376.81
23335				2,838.77	2,838.77
23350				274.35	115.47
23395				2,842.88	2,842.88
23397				2,524.16	2,524.16
23400				2,141.78	2,141.78
23405				1,383.02	1,383.02
23406				1,702.74	1,702.74
23410				1,809.31	1,809.31
23412				1,879.56	1,879.56
23415				1,527.10	1,527.10
23420				2,136.21	2,136.21
23430				1,645.16	1,645.16
23440				1,667.04	1,667.04
23450				2,093.65	2,093.65
23455				2,217.72	2,217.72
23460				2,407.83	2,407.83
23462				2,372.08	2,372.08
23465				2,470.28	2,470.28
23466				2,475.33	2,475.33
23470				2,674.60	2,674.60
23472				3,247.84	3,247.84
23473				NC	3,624.85
23474				NC	3,920.82
23480				1,806.46	1,806.46
23485				2,111.84	2,111.84
23490				1,899.83	1,899.83
23491				2,238.07	2,238.07
23500				470.54	477.83
23505				761.20	721.84
23515				1,585.05	1,585.05
23520				494.81	502.09
23525				823.06	764.75

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
23530				1,252.99	1,252.99
23532				1,365.61	1,365.61
23540				482.54	489.82
23545				731.42	668.74
23550				1,255.69	1,255.69
23552				1,438.54	1,438.54
23570				497.42	511.99
23575				861.36	811.08
23585				2,168.33	2,168.33
23600				698.62	661.45
23605				1,003.54	924.83
23615				1,950.97	1,950.97
23616				2,752.05	2,752.05
23620				577.32	551.08
23625				819.88	767.40
23630				1,721.28	1,721.28
23650				676.79	625.05
23655				866.81	866.81
23660				1,279.02	1,279.02
23665				919.40	860.37
23670				1,935.54	1,935.54
23675				1,189.75	1,090.63
23680				2,049.68	2,049.68
23700				428.04	428.04
23800				2,265.65	2,265.65
23802				2,833.86	2,833.86
23900				3,076.45	3,076.45
23920				2,488.65	2,488.65
23921				1,038.57	1,038.57
23929			BR	0.00	0.00
23930				750.76	473.09
23931				608.76	348.58
23935				1,111.59	1,111.59
24000				1,042.38	1,042.38
24006				1,562.42	1,562.42
24065			NRC	543.47	365.64
24066			NRC	1,315.69	901.00
24071			NRC	891.97	891.97
24073			NRC	1,523.09	1,523.09
24075			NRC	1,043.05	719.46
24076			NRC	1,192.07	1,192.07
24077			NRC	2,297.21	2,297.21
24079			NRC	2,949.46	2,949.46
24100			NRC	910.04	910.04
24101				1,090.24	1,090.24
24102				1,349.75	1,349.75

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
24105				755.06	755.06
24110				1,285.09	1,285.09
24115				1,619.66	1,619.66
24116				1,898.80	1,898.80
24120				1,154.97	1,154.97
24125				1,356.92	1,356.92
24126				1,421.86	1,421.86
24130				1,106.85	1,106.85
24134				1,640.10	1,640.10
24136				1,395.13	1,395.13
24138				1,471.69	1,471.69
24140				1,533.69	1,533.69
24145				1,295.84	1,295.84
24147				1,357.52	1,357.52
24149				2,578.65	2,578.65
24150			NRC	3,453.66	3,453.66
24152			NRC	3,044.78	3,044.78
24155				1,880.88	1,880.88
24160				2,786.93	2,786.93
24164				1,602.28	1,602.28
24200				438.30	304.21
24201				1,194.44	805.99
24220				337.61	153.22
24300				885.64	885.64
24301				1,655.38	1,655.38
24305				1,260.02	1,260.02
24310				1,039.86	1,039.86
24320				1,717.55	1,717.55
24330				1,575.19	1,575.19
24331				1,730.07	1,730.07
24332				1,338.88	1,338.88
24340				1,347.66	1,347.66
24341				1,634.97	1,634.97
24342				1,709.92	1,709.92
24343				1,542.18	1,542.18
24344				2,417.74	2,417.74
24345				1,534.16	1,534.16
24346				2,417.74	2,417.74
24357				959.97	959.97
24358				1,141.87	1,141.87
24359				1,447.79	1,447.79
24360				1,979.07	1,979.07
24361				2,220.21	2,220.21
24362				2,342.34	2,342.34
24363				3,232.02	3,232.02
24365				1,401.46	1,401.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
24366				1,495.94	1,495.94
24370				NC	3,423.56
24371				NC	3,956.80
24400				1,799.74	1,799.74
24410				2,332.28	2,332.28
24420				2,185.66	2,185.66
24430				2,338.35	2,338.35
24435				2,376.55	2,376.55
24470			NRC	1,296.55	1,296.55
24495				1,424.30	1,424.30
24498				1,912.95	1,912.95
24500				765.44	700.57
24505				1,077.16	980.95
24515				1,929.27	1,929.27
24516				1,898.25	1,898.25
24530				813.82	740.94
24535				1,334.32	1,239.58
24538				1,626.81	1,626.81
24545				2,051.72	2,051.72
24546				2,298.35	2,298.35
24560				688.14	621.09
24565				1,149.41	1,060.50
24566				1,566.73	1,566.73
24575				1,610.53	1,610.53
24576				724.65	656.14
24577				1,184.22	1,090.93
24579				1,836.27	1,836.27
24582				1,764.08	1,764.08
24586				2,398.50	2,398.50
24587				2,390.89	2,390.89
24600				791.33	730.11
24605				1,020.26	1,020.26
24615				1,562.55	1,562.55
24620				1,210.21	1,210.21
24635				1,474.39	1,474.39
24640			NRC	298.12	207.02
24650				558.03	515.03
24655				944.36	865.65
24665				1,424.58	1,424.58
24666				1,607.49	1,607.49
24670				622.05	565.21
24675				980.72	899.83
24685				1,431.66	1,431.66
24800				1,823.00	1,823.00
24802				2,209.30	2,209.30
24900				1,616.68	1,616.68

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
24920				1,609.52	1,609.52
24925				1,236.71	1,236.71
24930				1,703.52	1,703.52
24931				1,704.85	1,704.85
24935				2,320.06	2,320.06
24940				1,520.73	1,520.73
24999			BR	0.00	0.00
25000				721.83	721.83
25001				739.05	739.05
25020				1,233.70	1,233.70
25023				2,409.01	2,409.01
25024				1,707.35	1,707.35
25025				2,684.11	2,684.11
25028				1,124.37	1,124.37
25031				789.40	789.40
25035				1,270.06	1,270.06
25040				1,227.95	1,227.95
25065			NRC	536.21	356.20
25066			NRC	774.57	774.57
25071			NRC	932.75	932.75
25073			NRC	1,161.57	1,161.57
25075			NRC	1,016.95	689.72
25076			NRC	1,129.55	1,129.55
25077			NRC	1,953.49	1,953.49
25078			NRC	2,594.86	2,594.86
25085				981.05	981.05
25100			NRC	750.15	750.15
25101				876.29	876.29
25105				1,050.41	1,050.41
25107				1,339.22	1,339.22
25109				1,173.30	1,173.30
25110				737.43	737.43
25111				690.83	690.83
25112				839.14	839.14
25115				1,656.80	1,656.80
25116				1,304.38	1,304.38
25118				824.13	824.13
25119				1,084.02	1,084.02
25120				1,083.62	1,083.62
25125				1,295.26	1,295.26
25126				1,304.59	1,304.59
25130				971.69	971.69
25135				1,217.11	1,217.11
25136				1,074.69	1,074.69
25145				1,126.87	1,126.87
25150				1,232.32	1,232.32

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
25151				1,277.83	1,277.83
25170			NRC	3,278.25	3,278.25
25210				1,060.19	1,060.19
25215				1,343.23	1,343.23
25230				932.04	932.04
25240				928.19	928.19
25246				343.87	167.50
25248				904.67	904.67
25250				1,163.14	1,163.14
25251				1,579.17	1,579.17
25259				890.74	890.74
25260				1,375.92	1,375.92
25263				1,365.63	1,365.63
25265				1,639.64	1,639.64
25270				1,071.19	1,071.19
25272				1,207.35	1,207.35
25274				1,468.61	1,468.61
25275				1,473.10	1,473.10
25280				1,226.06	1,226.06
25290				948.21	948.21
25295				1,137.52	1,137.52
25300				1,501.31	1,501.31
25301				1,404.54	1,404.54
25310				1,347.09	1,347.09
25312				1,568.86	1,568.86
25315				1,693.25	1,693.25
25316				1,933.50	1,933.50
25320				2,148.33	2,148.33
25332				1,852.36	1,852.36
25335				1,934.84	1,934.84
25337				1,932.93	1,932.93
25350				1,473.05	1,473.05
25355				1,682.41	1,682.41
25360				1,434.37	1,434.37
25365				2,014.39	2,014.39
25370				2,215.22	2,215.22
25375				1,954.04	1,954.04
25390				1,682.87	1,682.87
25391				2,197.40	2,197.40
25392				2,237.31	2,237.31
25393				2,498.44	2,498.44
25394				1,723.32	1,723.32
25400				1,762.04	1,762.04
25405				2,281.36	2,281.36
25415				2,131.58	2,131.58
25420				2,580.72	2,580.72

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
25425				2,121.46	2,121.46
25426				2,482.58	2,482.58
25430				1,542.42	1,542.42
25431				1,733.92	1,733.92
25440				1,682.90	1,682.90
25441				2,010.82	2,010.82
25442				1,717.58	1,717.58
25443				1,714.27	1,714.27
25444				1,693.34	1,693.34
25445				1,576.81	1,576.81
25446				2,576.74	2,576.74
25447				1,807.60	1,807.60
25449				2,292.74	2,292.74
25450			NRC	1,346.08	1,346.08
25455			NRC	1,485.05	1,485.05
25490			NRC	1,520.57	1,520.57
25491			NRC	1,622.76	1,622.76
25492			NRC	1,987.75	1,987.75
25500				582.11	537.66
25505				1,083.20	997.93
25515				1,464.92	1,464.92
25520				1,227.20	1,168.17
25525				1,722.42	1,722.42
25526				2,098.97	2,098.97
25530				557.45	507.16
25535				1,054.80	981.92
25545				1,360.31	1,360.31
25560				596.36	541.70
25565				1,122.99	1,023.87
25574				1,473.40	1,473.40
25575				1,977.68	1,977.68
25600				698.70	662.99
25605				1,187.44	1,121.85
25606				1,444.26	1,444.26
25607				1,607.24	1,607.24
25608				1,805.22	1,805.22
25609				2,298.62	2,298.62
25622				649.93	596.00
25624				1,020.65	934.65
25628				1,575.35	1,575.35
25630				654.92	604.63
25635				956.58	856.73
25645				1,244.45	1,244.45
25650				689.39	650.04
25651				1,053.57	1,053.57
25652				1,358.39	1,358.39

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
25660				879.39	879.39
25670				1,325.36	1,325.36
25671				1,152.47	1,152.47
25675				942.51	865.99
25676				1,373.83	1,373.83
25680				1,030.98	1,030.98
25685				1,613.34	1,613.34
25690				1,044.10	1,044.10
25695				1,387.21	1,387.21
25800				1,602.90	1,602.90
25805				1,856.33	1,856.33
25810				1,900.97	1,900.97
25820				1,336.09	1,336.09
25825				1,649.19	1,649.19
25830				2,061.82	2,061.82
25900				1,552.16	1,552.16
25905				1,403.70	1,403.70
25907				1,340.58	1,340.58
25909				1,503.27	1,503.27
25915				2,317.86	2,317.86
25920				1,522.51	1,522.51
25922				1,076.83	1,076.83
25924				1,349.71	1,349.71
25927				1,756.40	1,756.40
25929				1,304.65	1,304.65
25931				1,462.95	1,462.95
25999			BR	0.00	0.00
26010				553.69	299.34
26011				815.14	401.18
26020				938.03	938.03
26025				912.21	912.21
26030				1,073.87	1,073.87
26034				1,163.82	1,163.82
26035				1,896.06	1,896.06
26037				1,241.99	1,241.99
26040				667.74	667.74
26045				1,017.89	1,017.89
26055				1,166.30	664.88
26060				571.53	571.53
26070				680.57	680.57
26075				712.82	712.82
26080				842.53	842.53
26100			NRC	723.94	723.94
26105			NRC	723.03	723.03
26110			NRC	692.56	692.56
26111			NRC	908.95	908.95

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
26113			NRC	1,195.02	1,195.02
26115			NRC	1,065.02	720.29
26116			NRC	1,145.97	1,145.97
26117			NRC	1,634.49	1,634.49
26118			NRC	2,321.68	2,321.68
26121				1,300.66	1,300.66
26123				1,815.76	1,815.76
26125				611.30	611.30
26130				1,001.27	1,001.27
26135				1,198.81	1,198.81
26140				1,095.24	1,095.24
26145				1,112.07	1,112.07
26160				1,202.39	717.00
26170				879.81	879.81
26180				958.16	958.16
26185				1,196.72	1,196.72
26200				978.74	978.74
26205				1,317.44	1,317.44
26210				956.56	956.56
26215				1,230.69	1,230.69
26230				1,086.41	1,086.41
26235				1,071.98	1,071.98
26236				957.14	957.14
26250			NRC	2,406.81	2,406.81
26260			NRC	1,795.06	1,795.06
26262			NRC	1,397.65	1,397.65
26320				748.11	748.11
26340				709.76	709.76
26341				207.94	159.84
26350				1,495.87	1,495.87
26352				1,733.64	1,733.64
26356				2,319.97	2,319.97
26357				1,852.34	1,852.34
26358				1,956.31	1,956.31
26370				1,605.59	1,605.59
26372				1,885.33	1,885.33
26373				1,805.51	1,805.51
26390				1,792.91	1,792.91
26392				2,082.34	2,082.34
26410				1,185.93	1,185.93
26412				1,436.75	1,436.75
26415				1,692.66	1,692.66
26416				1,638.04	1,638.04
26418				1,208.85	1,208.85
26420				1,507.47	1,507.47
26426				1,089.29	1,089.29

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
26428				1,608.73	1,608.73
26432				1,044.68	1,044.68
26433				1,116.85	1,116.85
26434				1,373.96	1,373.96
26437				1,311.68	1,311.68
26440				1,295.17	1,295.17
26442				2,045.91	2,045.91
26445				1,203.17	1,203.17
26449				1,504.92	1,504.92
26450				858.73	858.73
26455				852.14	852.14
26460				830.45	830.45
26471				1,298.74	1,298.74
26474				1,270.63	1,270.63
26476				1,233.76	1,233.76
26477				1,229.47	1,229.47
26478				1,313.78	1,313.78
26479				1,310.27	1,310.27
26480				1,586.56	1,586.56
26483				1,789.40	1,789.40
26485				1,703.20	1,703.20
26489				1,984.63	1,984.63
26490				1,692.85	1,692.85
26492				1,884.66	1,884.66
26494				1,707.80	1,707.80
26496				1,794.89	1,794.89
26497				1,854.87	1,854.87
26498				2,469.09	2,469.09
26499				1,776.72	1,776.72
26500				1,319.89	1,319.89
26502				1,503.08	1,503.08
26508				1,352.38	1,352.38
26510				1,261.17	1,261.17
26516				1,485.24	1,485.24
26517				1,765.81	1,765.81
26518				1,784.04	1,784.04
26520				1,364.75	1,364.75
26525				1,362.86	1,362.86
26530				1,167.53	1,167.53
26531				1,356.14	1,356.14
26535				908.62	908.62
26536				1,501.64	1,501.64
26540				1,393.33	1,393.33
26541				1,701.73	1,701.73
26542				1,444.63	1,444.63
26545				1,468.35	1,468.35

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
26546				2,111.74	2,111.74
26548				1,624.23	1,624.23
26550			NRC	3,573.61	3,573.61
26551				6,553.62	6,553.62
26553				6,702.63	6,702.63
26554				7,026.48	7,026.48
26555				2,974.51	2,974.51
26556				6,038.62	6,038.62
26560				1,211.93	1,211.93
26561				2,036.19	2,036.19
26562				2,740.22	2,740.22
26565				1,447.38	1,447.38
26567				1,443.99	1,443.99
26568				1,918.86	1,918.86
26580			NRC	3,312.36	3,312.36
26587			NRC	2,084.50	2,084.50
26590			NRC	3,062.54	3,062.54
26591				912.01	912.01
26593				1,257.61	1,257.61
26596				1,648.26	1,648.26
26600				627.76	593.51
26605				687.72	630.14
26607				989.67	989.67
26608				1,032.79	1,032.79
26615				1,249.77	1,249.77
26641				800.19	737.51
26645				918.19	847.50
26650				1,032.15	1,032.15
26665				1,370.05	1,370.05
26670				731.28	669.33
26675				977.63	904.02
26676				1,082.35	1,082.35
26685				1,262.24	1,262.24
26686				1,363.97	1,363.97
26700				704.74	663.92
26705				889.82	819.85
26706				953.58	953.58
26715				1,246.92	1,246.92
26720				424.46	396.04
26725				723.59	658.00
26727				1,013.90	1,013.90
26735				1,297.58	1,297.58
26740				487.72	459.29
26742				792.78	725.00
26746				1,618.29	1,618.29
26750				396.28	397.01

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
26755				676.12	593.77
26756				899.20	899.20
26765				1,087.19	1,087.19
26770				597.04	556.23
26775				818.01	745.13
26776				954.67	954.67
26785				1,186.81	1,186.81
26820				1,682.01	1,682.01
26841				1,546.71	1,546.71
26842				1,681.52	1,681.52
26843				1,574.79	1,574.79
26844				1,745.95	1,745.95
26850				1,466.77	1,466.77
26852				1,688.85	1,688.85
26860				1,181.04	1,181.04
26861				231.63	231.63
26862				1,535.10	1,535.10
26863				513.50	513.50
26910				1,531.24	1,531.24
26951				1,381.29	1,381.29
26952				1,371.19	1,371.19
26989			BR	0.00	0.00
26990				1,361.44	1,361.44
26991				1,515.07	1,148.48
26992				2,122.31	2,122.31
27000				923.05	923.05
27001				1,187.02	1,187.02
27003				1,303.86	1,303.86
27005				1,599.37	1,599.37
27006				1,617.68	1,617.68
27025				2,022.60	2,022.60
27027				1,854.85	1,854.85
27030				2,030.05	2,030.05
27033				2,153.33	2,153.33
27035				2,604.62	2,604.62
27036				2,232.38	2,232.38
27040			NRC	735.38	443.13
27041			NRC	1,519.03	1,519.03
27043			NRC	1,031.97	1,031.97
27045			NRC	1,654.56	1,654.56
27047			NRC	1,007.79	797.17
27048			NRC	1,344.78	1,344.78
27049			NRC	3,036.03	3,036.03
27050			NRC	872.56	872.56
27052			NRC	1,264.13	1,264.13
27054				1,505.84	1,505.84

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27057				2,084.09	2,084.09
27059			NRC	4,025.23	4,025.23
27060				1,015.59	1,015.59
27062				995.30	995.30
27065				1,121.83	1,121.83
27066				1,788.89	1,788.89
27067				2,281.31	2,281.31
27070				1,871.60	1,871.60
27071				2,016.84	2,016.84
27075				4,676.97	4,676.97
27076				5,632.00	5,632.00
27077				6,331.99	6,331.99
27078				4,610.45	4,610.45
27080				1,123.86	1,123.86
27086				616.07	358.81
27087				1,382.48	1,382.48
27090				1,826.78	1,826.78
27091				3,558.45	3,558.45
27093				253.55	101.30
27095				323.33	118.46
27096				223.61	121.17
27097				1,496.89	1,496.89
27098				1,522.28	1,522.28
27100				1,801.20	1,801.20
27105				1,904.89	1,904.89
27110				2,135.77	2,135.77
27111				1,978.33	1,978.33
27120				2,878.68	2,878.68
27122				2,433.98	2,433.98
27125				2,512.77	2,512.77
27130				3,023.67	3,023.67
27132				3,736.59	3,736.59
27134				4,285.65	4,285.65
27137				3,284.79	3,284.79
27138				3,416.37	3,416.37
27140				1,973.06	1,973.06
27146				2,846.03	2,846.03
27147				3,260.18	3,260.18
27151				3,533.12	3,533.12
27156				3,811.22	3,811.22
27158			NRC	3,109.04	3,109.04
27161				2,695.74	2,695.74
27165				3,055.54	3,055.54
27170				2,611.80	2,611.80
27175				1,310.71	1,310.71
27176				2,024.08	2,024.08

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27177				2,460.37	2,460.37
27178				2,024.08	2,024.08
27179				2,153.48	2,153.48
27181				2,268.24	2,268.24
27185			NRC	1,292.56	1,292.56
27187			NRC	2,193.72	2,193.72
27193				1,031.24	1,044.35
27194				1,542.52	1,542.52
27200				388.42	403.72
27202				1,172.21	1,172.21
27215				1,327.07	1,327.07
27216				1,971.35	1,971.35
27217				1,849.14	1,849.14
27218				2,558.57	2,558.57
27220				1,160.74	1,151.27
27222				2,154.48	2,154.48
27226				2,347.39	2,347.39
27227				3,696.96	3,696.96
27228				4,215.32	4,215.32
27230				1,035.17	1,028.61
27232				1,688.60	1,688.60
27235				2,008.54	2,008.54
27236				2,654.80	2,654.80
27238				1,004.05	1,004.05
27240				2,112.96	2,112.96
27244				2,729.60	2,729.60
27245				2,730.33	2,730.33
27246				838.85	843.22
27248				1,645.34	1,645.34
27250				416.38	416.38
27252				1,677.78	1,677.78
27253				2,083.56	2,083.56
27254				2,811.01	2,811.01
27256			NRC	659.45	528.26
27257			NRC	797.77	797.77
27258			NRC	2,454.82	2,454.82
27259			NRC	3,442.05	3,442.05
27265				874.87	874.87
27266				1,274.95	1,274.95
27267				956.00	956.00
27268				1,178.88	1,178.88
27269				2,765.06	2,765.06
27275				395.83	395.83
27279				1,240.02	1,240.02
27280				2,301.04	2,301.04
27282				1,879.07	1,879.07

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27284				3,602.08	3,602.08
27286				3,672.29	3,672.29
27290				3,606.35	3,606.35
27295				2,817.19	2,817.19
27299			BR	0.00	0.00
27301				1,419.04	1,088.17
27303				1,402.97	1,402.97
27305				1,059.05	1,059.05
27306				809.15	809.15
27307				1,047.82	1,047.82
27310				1,608.27	1,608.27
27323			NRC	577.67	389.64
27324			NRC	864.40	864.40
27325				1,218.30	1,218.30
27326				1,120.46	1,120.46
27327			NRC	980.40	685.23
27328			NRC	1,364.45	1,364.45
27329			NRC	2,303.04	2,303.04
27330			NRC	909.37	909.37
27331				1,039.98	1,039.98
27332				1,403.51	1,403.51
27333				1,280.53	1,280.53
27334				1,502.81	1,502.81
27335				1,682.53	1,682.53
27337			NRC	918.79	918.79
27339			NRC	1,656.75	1,656.75
27340				806.68	806.68
27345				1,050.91	1,050.91
27347				1,156.34	1,156.34
27350				1,433.77	1,433.77
27355				1,323.12	1,323.12
27356				1,622.08	1,622.08
27357				1,790.11	1,790.11
27358				624.40	624.40
27360				1,873.02	1,873.02
27364			NRC	3,479.40	3,479.40
27365			NRC	4,611.49	4,611.49
27370				337.67	116.11
27372				1,300.38	886.42
27380				1,300.03	1,300.03
27381				1,757.45	1,757.45
27385				1,254.37	1,254.37
27386				1,824.76	1,824.76
27390				976.59	976.59
27391				1,261.80	1,261.80
27392				1,562.10	1,562.10

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27393				1,114.21	1,114.21
27394				1,431.07	1,431.07
27395				1,932.38	1,932.38
27396				1,349.27	1,349.27
27397				2,014.72	2,014.72
27400				1,523.07	1,523.07
27403				1,406.25	1,406.25
27405				1,486.68	1,486.68
27407				1,740.82	1,740.82
27409				2,127.96	2,127.96
27412				3,670.06	3,670.06
27415				3,040.47	3,040.47
27416				2,165.45	2,165.45
27418				1,830.87	1,830.87
27420				1,618.48	1,618.48
27422				1,636.24	1,636.24
27424				1,641.68	1,641.68
27425				973.82	973.82
27427				1,573.00	1,573.00
27428				2,455.47	2,455.47
27429				2,761.50	2,761.50
27430				1,630.10	1,630.10
27435				1,780.51	1,780.51
27437				1,449.60	1,449.60
27438				1,859.22	1,859.22
27440				1,754.39	1,754.39
27441				1,813.75	1,813.75
27442				1,921.66	1,921.66
27443				1,797.50	1,797.50
27445				2,781.16	2,781.16
27446				2,582.28	2,582.28
27447				3,022.06	3,022.06
27448				1,783.96	1,783.96
27450				2,240.41	2,240.41
27454				2,877.16	2,877.16
27455				2,077.39	2,077.39
27457				2,117.55	2,117.55
27465				2,777.72	2,777.72
27466				2,609.75	2,609.75
27468				2,688.27	2,688.27
27470				2,606.98	2,606.98
27472				2,804.84	2,804.84
27475			NRC	1,452.51	1,452.51
27477				1,610.30	1,610.30
27479				1,890.14	1,890.14
27485				1,473.29	1,473.29

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27486				3,131.39	3,131.39
27487				3,925.00	3,925.00
27488				2,665.67	2,665.67
27495				2,499.31	2,499.31
27496				1,185.22	1,185.22
27497				1,276.77	1,276.77
27498				1,433.77	1,433.77
27499				1,536.37	1,536.37
27500				1,126.83	1,048.85
27501				1,099.21	1,091.19
27502				1,705.17	1,705.17
27503				1,768.91	1,768.91
27506				2,967.45	2,967.45
27507				2,160.45	2,160.45
27508				1,144.14	1,081.46
27509				1,408.67	1,408.67
27510				1,511.96	1,511.96
27511				2,217.71	2,217.71
27513				2,764.99	2,764.99
27514				2,148.06	2,148.06
27516				1,098.09	1,035.41
27517				1,502.23	1,502.23
27519				1,973.65	1,973.65
27520				693.19	636.34
27524				1,656.77	1,656.77
27530				645.28	601.56
27532				1,340.87	1,264.35
27535				1,991.69	1,991.69
27536				2,639.73	2,639.73
27538				1,023.55	962.33
27540				1,792.00	1,792.00
27550				1,099.73	1,026.85
27552				1,371.32	1,371.32
27556				1,935.08	1,935.08
27557				2,325.38	2,325.38
27558				2,653.67	2,653.67
27560				781.00	726.34
27562				1,053.58	1,053.58
27566				1,968.68	1,968.68
27570				327.86	327.86
27580				3,183.74	3,183.74
27590				1,824.66	1,824.66
27591				2,147.57	2,147.57
27592				1,538.27	1,538.27
27594				1,136.14	1,136.14
27596				1,630.71	1,630.71

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27598				1,632.86	1,632.86
27599			BR	0.00	0.00
27600				921.01	921.01
27601				976.52	976.52
27602				1,120.26	1,120.26
27603				1,137.67	854.90
27604				998.50	730.30
27605				728.29	409.80
27606				631.41	631.41
27607				1,347.30	1,347.30
27610				1,441.53	1,441.53
27612				1,242.84	1,242.84
27613			NRC	538.46	356.99
27614			NRC	1,249.31	898.02
27615			NRC	2,274.00	2,274.00
27616			NRC	2,814.90	2,814.90
27618			NRC	956.00	668.86
27619			NRC	1,042.36	1,042.36
27620				999.42	999.42
27625				1,277.78	1,277.78
27626				1,382.09	1,382.09
27630				1,206.88	807.49
27632			NRC	910.27	910.27
27634			NRC	1,506.91	1,506.91
27635				1,298.03	1,298.03
27637				1,657.56	1,657.56
27638				1,702.62	1,702.62
27640				1,843.32	1,843.32
27641				1,479.26	1,479.26
27645			NRC	3,957.99	3,957.99
27646			NRC	3,427.17	3,427.17
27647			NRC	2,335.65	2,335.65
27648				342.77	116.84
27650				1,460.59	1,460.59
27652				1,525.52	1,525.52
27654				1,563.36	1,563.36
27656				1,347.97	860.41
27658				821.71	821.71
27659				1,072.94	1,072.94
27664				791.91	791.91
27665				909.63	909.63
27675				1,072.73	1,072.73
27676				1,359.28	1,359.28
27680				942.93	942.93
27681				1,195.06	1,195.06
27685				1,437.27	1,025.49

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27686				1,216.74	1,216.74
27687				1,001.69	1,001.69
27690				1,392.73	1,392.73
27691				1,660.27	1,660.27
27692				238.71	238.71
27695				1,055.70	1,055.70
27696				1,239.62	1,239.62
27698				1,419.29	1,419.29
27700				1,313.85	1,313.85
27702				2,153.95	2,153.95
27703				2,489.74	2,489.74
27704				1,269.38	1,269.38
27705				1,676.21	1,676.21
27707				881.09	881.09
27709				2,593.59	2,593.59
27712				2,441.81	2,441.81
27715				2,367.37	2,367.37
27720				1,934.57	1,934.57
27722				1,959.63	1,959.63
27724				2,822.20	2,822.20
27725				2,694.66	2,694.66
27726				2,150.35	2,150.35
27727			NRC	2,050.75	2,050.75
27730				1,283.21	1,283.21
27732				843.37	843.37
27734				1,345.57	1,345.57
27740				1,376.13	1,376.13
27742				1,514.82	1,514.82
27745				1,668.59	1,668.59
27750				744.06	687.21
27752				1,167.31	1,083.50
27756				1,259.79	1,259.79
27758				1,966.88	1,966.88
27759				2,210.98	2,210.98
27760				718.27	659.97
27762				1,037.10	954.02
27766				1,336.68	1,336.68
27767				607.17	610.82
27768				956.53	956.53
27769				1,608.85	1,608.85
27780				656.89	601.50
27781				904.98	843.76
27784				1,578.95	1,578.95
27786				680.06	618.84
27788				910.65	837.04
27792				1,437.50	1,437.50

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
27808				717.60	649.09
27810				1,017.24	929.78
27814				1,703.63	1,703.63
27816				684.74	618.42
27818				1,054.20	953.63
27822				1,853.36	1,853.36
27823				2,108.47	2,108.47
27824				677.64	660.15
27825				1,188.28	1,085.51
27826				1,844.37	1,844.37
27827				2,390.18	2,390.18
27828				2,867.72	2,867.72
27829				1,504.58	1,504.58
27830				818.72	766.25
27831				867.09	867.09
27832				1,659.32	1,659.32
27840				809.99	809.99
27842				1,083.20	1,083.20
27846				1,615.64	1,615.64
27848				1,804.97	1,804.97
27860				389.70	389.70
27870				2,296.37	2,296.37
27871				1,518.67	1,518.67
27880				2,080.62	2,080.62
27881				1,970.46	1,970.46
27882				1,365.75	1,365.75
27884				1,292.52	1,292.52
27886				1,479.23	1,479.23
27888				1,503.80	1,503.80
27889				1,496.91	1,496.91
27892				1,230.24	1,230.24
27893				1,344.30	1,344.30
27894				1,906.76	1,906.76
27899			BR	0.00	0.00
28001				595.30	373.74
28002				971.88	714.61
28003				1,558.77	1,265.79
28005				1,288.05	1,288.05
28008				934.68	646.07
28010				507.42	460.05
28011				710.28	639.58
28020				1,168.57	796.88
28022				1,056.04	714.96
28024				992.71	668.39
28035				1,149.07	789.04
28039			NRC	1,109.34	773.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
28041			NRC	1,015.36	1,015.36
28043			NRC	862.03	577.07
28045			NRC	1,078.49	770.94
28046			NRC	1,639.58	1,639.58
28047			NRC	2,274.05	2,274.05
28050			NRC	922.22	621.23
28052			NRC	948.72	620.03
28054			NRC	808.42	517.63
28055				834.62	834.62
28060				1,120.15	784.17
28062				1,273.06	900.65
28070				1,150.09	779.86
28072				1,099.90	735.50
28080				1,126.88	799.65
28086				1,179.60	793.33
28088				1,005.11	645.09
28090				1,016.40	678.24
28092				910.50	589.83
28100				1,309.64	903.70
28102				1,247.90	1,247.90
28103				867.08	867.08
28104				1,133.15	771.66
28106				985.10	985.10
28107				1,185.91	805.48
28108				952.86	634.38
28110			NRC	996.56	634.35
28111				1,077.86	726.57
28112				1,058.32	691.00
28113				1,283.84	936.21
28114				2,338.95	1,846.28
28116				1,624.04	1,247.98
28118				1,277.06	904.64
28119				1,139.19	795.93
28120				1,477.55	1,102.22
28122				1,302.29	972.15
28124				1,031.34	725.24
28126				855.83	547.55
28130				1,471.93	1,471.93
28140				1,312.31	982.16
28150				924.63	619.26
28153				890.64	581.62
28160				906.58	591.74
28171			NRC	1,897.88	1,897.88
28173			NRC	1,727.01	1,727.01
28175			NRC	1,083.98	1,083.98
28190				549.34	294.99

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
28192				1,020.87	693.64
28193				1,157.75	818.86
28200				1,049.90	700.07
28202				1,298.58	942.92
28208				1,022.87	684.71
28210				1,228.18	892.21
28220				968.69	661.86
28222				1,104.96	774.82
28225				880.73	567.35
28226				1,260.75	808.16
28230				943.18	624.69
28232				837.55	535.83
28234				877.82	576.09
28238				1,469.73	1,082.74
28240				951.96	638.58
28250				1,257.11	891.25
28260				1,494.87	1,130.47
28261				2,117.90	1,698.11
28262				3,187.85	2,589.51
28264				2,083.09	1,583.86
28270				1,063.48	734.79
28272				850.52	559.00
28280			NRC	1,129.97	777.23
28285				1,155.59	828.36
28286				981.68	661.74
28288				1,309.42	943.56
28289				1,600.97	1,211.79
28290			NRC	1,268.48	868.37
28292			NRC	1,717.01	1,324.92
28293			NRC	2,266.50	1,569.03
28294			NRC	1,633.75	1,184.81
28296			NRC	1,550.89	1,150.05
28297			NRC	1,777.12	1,297.57
28298			NRC	1,570.03	1,118.91
28299			NRC	1,952.04	1,498.00
28300				1,452.16	1,452.16
28302				1,571.97	1,571.97
28304				1,770.90	1,322.69
28305				1,410.41	1,410.41
28306				1,333.46	895.45
28307				1,517.27	1,029.70
28308				1,216.30	825.66
28309				1,988.44	1,988.44
28310				1,172.93	783.75
28312				1,103.56	704.91
28313			NRC	1,152.84	795.73

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
28315				1,039.70	714.66
28320				1,370.96	1,370.96
28322				1,727.57	1,285.19
28340			NRC	1,261.98	916.52
28341			NRC	1,468.68	1,094.07
28344			NRC	936.98	630.88
28345			NRC	1,135.36	805.94
28360			NRC	1,994.26	1,994.26
28400				536.13	492.40
28405				845.10	772.22
28406				1,157.53	1,157.53
28415				2,456.08	2,456.08
28420				2,766.33	2,766.33
28430				506.85	452.92
28435				708.69	638.00
28436				974.87	974.87
28445				2,351.39	2,351.39
28446				2,708.34	2,708.34
28450				465.73	416.90
28455				646.34	583.67
28456				684.50	684.50
28465				1,377.32	1,377.32
28470				474.93	445.05
28475				555.11	496.08
28476				755.59	755.59
28485				1,153.83	1,153.83
28490				310.41	268.14
28495				380.44	322.87
28496				927.49	504.06
28505				1,440.67	1,095.22
28510				264.91	257.63
28515				345.15	306.52
28525				1,234.72	881.98
28530				246.02	219.79
28531				757.61	424.55
28540				440.69	399.15
28545				633.17	564.66
28546				1,224.98	732.31
28555				1,891.14	1,461.15
28570				460.60	390.63
28575				784.03	712.60
28576				860.31	860.31
28585				1,897.84	1,518.86
28600				472.80	409.39
28605				700.71	634.39
28606				874.03	874.03

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
28615				1,738.03	1,738.03
28630				340.51	242.85
28635				379.53	291.35
28636				562.55	384.72
28645				1,425.72	1,067.88
28660				251.93	196.54
28665				335.44	289.53
28666				419.57	419.57
28675				1,228.04	884.05
28705				2,830.06	2,830.06
28715				2,069.63	2,069.63
28725				1,707.79	1,707.79
28730				1,625.57	1,625.57
28735				1,736.56	1,736.56
28737				1,528.78	1,528.78
28740				1,856.86	1,388.97
28750				1,777.38	1,313.86
28755				1,100.65	728.23
28760				1,705.59	1,269.77
28800				1,216.08	1,216.08
28805				1,671.96	1,671.96
28810				972.33	972.33
28820				1,237.92	883.73
28825				1,178.42	826.41
28890				702.36	497.56
28899			BR	0.00	0.00
29000				635.76	364.65
29010				523.98	331.58
29015				596.38	385.03
29035				496.10	298.59
29040				741.14	408.08
29044				566.19	351.93
29046				593.08	385.37
29049				212.08	153.78
29055				474.29	303.02
29058				264.96	206.65
29065				206.55	149.70
29075				185.96	136.40
29085				203.33	147.21
29086				167.52	111.40
29105				188.75	131.18
29125				137.64	86.62
29126				163.82	106.97
29130				89.38	63.87
29131				110.97	73.81
29200				113.31	87.07

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
29240				122.42	95.45
29260				109.06	80.63
29280				107.20	78.05
29305				527.44	348.16
29325				584.78	391.65
29345				295.27	223.85
29355				308.03	238.06
29358				345.32	230.17
29365				265.62	194.20
29405				175.63	131.17
29425				168.92	124.46
29435				249.59	183.27
29440				97.98	68.10
29445				296.39	234.44
29450			NRC	311.03	249.81
29505				177.88	110.10
29515				154.65	110.19
29520				102.28	76.05
29530				108.45	80.76
29540				79.35	56.76
29550				65.81	41.76
29580				113.01	78.75
29581				128.48	27.91
29582				146.58	35.08
29583				91.32	24.99
29584				146.58	35.08
29700				133.27	75.69
29705				144.05	103.97
29710				252.63	181.94
29720				180.00	96.92
29730				140.34	100.26
29740				212.02	152.99
29750			NRC	190.05	149.96
29799			BR	0.00	0.00
29800				1,144.04	1,144.04
29804				1,444.40	1,444.40
29805				1,033.48	1,033.48
29806				2,346.16	2,346.16
29807				2,284.77	2,284.77
29819				1,287.40	1,287.40
29820				1,188.17	1,188.17
29821				1,299.40	1,299.40
29822				1,263.35	1,263.35
29823				1,379.28	1,379.28
29824				1,489.26	1,489.26
29825				1,288.13	1,288.13

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
29826				396.32	396.32
29827				2,380.31	2,380.31
29828				2,044.22	2,044.22
29830				998.16	998.16
29834				1,076.55	1,076.55
29835				1,111.48	1,111.48
29836				1,269.48	1,269.48
29837				1,161.57	1,161.57
29838				1,292.74	1,292.74
29840				989.04	989.04
29843				1,058.72	1,058.72
29844				1,090.33	1,090.33
29845				1,267.16	1,267.16
29846				1,139.90	1,139.90
29847				1,195.83	1,195.83
29848				1,112.77	1,112.77
29850				1,369.10	1,369.10
29851				2,058.25	2,058.25
29855				1,734.86	1,734.86
29856				2,203.23	2,203.23
29860				1,466.94	1,466.94
29861				1,601.01	1,601.01
29862				1,800.22	1,800.22
29863				1,805.47	1,805.47
29866				2,315.26	2,315.26
29867				2,827.12	2,827.12
29868				3,716.02	3,716.02
29870				1,253.46	903.64
29871				1,128.24	1,128.24
29873				1,144.69	1,144.69
29874				1,182.95	1,182.95
29875				1,087.55	1,087.55
29876				1,445.86	1,445.86
29877				1,370.74	1,370.74
29879				1,461.62	1,461.62
29880				1,238.86	1,238.86
29881				1,190.26	1,190.26
29882				1,543.69	1,543.69
29883				1,860.94	1,860.94
29884				1,364.79	1,364.79
29885				1,655.34	1,655.34
29886				1,398.02	1,398.02
29887				1,648.32	1,648.32
29888				2,189.77	2,189.77
29889				2,701.64	2,701.64
29891				1,515.82	1,515.82

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
29892				1,389.12	1,389.12
29893				1,317.54	936.37
29894				1,123.74	1,123.74
29895				1,051.06	1,051.06
29897				1,130.43	1,130.43
29898				1,251.12	1,251.12
29899				2,297.29	2,297.29
29900				1,016.13	1,016.13
29901				1,163.77	1,163.77
29902				1,344.96	1,344.96
29904				1,402.37	1,402.37
29905				1,515.87	1,515.87
29906				1,595.74	1,595.74
29907				1,932.02	1,932.02
29914				2,238.74	2,238.74
29915				2,284.36	2,284.36
29916				2,285.09	2,285.09
29999			BR	0.00	0.00
30000				495.41	261.46
30020				498.02	260.43
30100			NRC	300.38	150.97
30110				493.86	286.16
30115				928.05	928.05
30117				1,841.24	726.17
30118				1,677.72	1,677.72
30120				1,116.36	951.65
30124				620.13	620.13
30125				1,323.21	1,323.21
30130				814.64	814.64
30140				942.21	942.21
30150				1,683.72	1,683.72
30160				1,689.35	1,689.35
30200				243.86	131.63
30210				320.79	216.57
30220				645.48	274.52
30300				488.90	271.72
30310				447.50	447.50
30320				974.91	974.91
30400			NRC	2,181.70	2,181.70
30410			NRC	2,571.17	2,571.17
30420				2,992.70	2,992.70
30430				2,086.79	2,086.79
30435				2,413.78	2,413.78
30450				3,270.61	3,270.61
30460			NRC	1,657.62	1,657.62
30462			NRC	3,449.91	3,449.91

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
30465				2,147.78	2,147.78
30520				1,354.52	1,354.52
30540				1,492.34	1,492.34
30545			NRC	1,992.05	1,992.05
30560				571.75	297.72
30580				1,399.91	1,109.85
30600				1,265.31	967.96
30620				1,349.77	1,349.77
30630				1,362.70	1,362.70
30801				481.91	293.88
30802				617.89	413.10
30901				207.22	127.78
30903				441.27	179.63
30905				549.17	228.50
30906				605.75	295.28
30915				1,262.31	1,262.31
30920				1,830.28	1,830.28
30930				268.56	268.56
30999			BR	0.00	0.00
31000				388.26	227.93
31002				434.08	434.08
31020				1,022.06	766.25
31030			NRC	1,473.83	1,140.77
31032			NRC	1,244.25	1,244.25
31040				1,670.02	1,670.02
31050				1,047.62	1,047.62
31051			NRC	1,395.48	1,395.48
31070				947.79	947.79
31075				1,698.78	1,698.78
31080				2,241.11	2,241.11
31081				3,237.87	3,237.87
31084				2,515.38	2,515.38
31085				3,446.75	3,446.75
31086				2,442.21	2,442.21
31087				2,362.01	2,362.01
31090				2,224.90	2,224.90
31200				1,231.38	1,231.38
31201				1,611.13	1,611.13
31205				1,978.85	1,978.85
31225				4,114.08	4,114.08
31230				4,570.14	4,570.14
31231			NRC	439.82	143.20
31233			NRC	567.06	305.42
31235			NRC	644.08	360.57
31237			NRC	556.38	359.60
31238				555.20	375.91

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
31239			NRC	1,373.49	1,373.49
31240			NRC	359.09	359.09
31254				609.05	609.05
31255				893.24	893.24
31256				439.94	439.94
31267			NRC	707.91	707.91
31276				1,128.66	1,128.66
31287				517.96	517.96
31288				600.61	600.61
31290				2,573.55	2,573.55
31291				2,736.82	2,736.82
31292				2,216.01	2,216.01
31293				2,406.14	2,406.14
31294				2,758.50	2,758.50
31295				4,302.45	371.30
31296				4,371.24	444.46
31297				4,294.79	365.10
31299			BR	0.00	0.00
31300			NRC	2,746.49	2,746.49
31320			NRC	1,406.81	1,406.81
31360			NRC	4,580.03	4,580.03
31365			NRC	5,682.40	5,682.40
31367			NRC	4,835.52	4,835.52
31368			NRC	5,361.27	5,361.27
31370				4,531.14	4,531.14
31375				4,300.62	4,300.62
31380				4,238.36	4,238.36
31382				4,656.70	4,656.70
31390			NRC	6,323.01	6,323.01
31395			NRC	6,615.67	6,615.67
31400				2,162.23	2,162.23
31420				1,831.47	1,831.47
31500				250.52	250.52
31502				78.63	78.63
31505				177.51	107.54
31510			NRC	452.05	269.85
31511				454.28	291.03
31512				447.29	290.60
31513				295.15	295.15
31515				448.10	248.41
31520			NRC	352.07	352.07
31525				548.70	358.48
31526				352.86	352.86
31527				437.63	437.63
31528				324.37	324.37
31529				363.16	363.16

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
31530				443.86	443.86
31531				476.57	476.57
31535				424.57	424.57
31536				472.74	472.74
31540				543.75	543.75
31541				593.59	593.59
31545				816.80	816.80
31546				1,242.16	1,242.16
31560				704.27	704.27
31561				772.03	772.03
31570				740.40	515.20
31571				560.79	560.79
31575				244.50	167.25
31576				482.66	275.68
31577				524.25	334.76
31578				604.63	383.08
31579				459.84	316.26
31580				2,654.39	2,654.39
31582				4,120.51	4,120.51
31584				3,304.19	3,304.19
31587				2,215.18	2,215.18
31588				2,498.28	2,498.28
31590				1,905.15	1,905.15
31595				1,657.04	1,657.04
31599			BR	0.00	0.00
31600				893.69	893.69
31601				579.68	579.68
31603				507.54	507.54
31605				417.89	417.89
31610				1,568.19	1,568.19
31611				1,173.66	1,173.66
31612				179.94	107.06
31613				987.38	987.38
31614				1,649.82	1,649.82
31615				395.51	286.92
31620				601.98	151.58
31622				665.49	330.24
31623				702.04	329.62
31624				661.96	331.81
31625				713.74	383.59
31626				945.26	463.52
31627				2,678.65	213.11
31628				802.99	426.20
31629				1,249.93	459.19
31630				453.07	453.07
31631				519.16	519.16

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
31632				154.55	110.10
31633				191.76	142.20
31634				3,867.09	450.47
31635				744.39	423.72
31636				501.58	501.58
31637				166.53	166.53
31638				575.56	575.56
31640			NRC	576.44	576.44
31641				582.78	582.78
31643				395.74	395.74
31645				680.88	363.12
31646				611.42	314.80
31647				NC	498.69
31648				NC	477.65
31649				153.86	153.86
31651				178.19	178.19
31660				NC	477.07
31661				NC	503.25
31717				555.96	243.30
31720				114.80	114.80
31725				207.23	207.23
31730				2,520.79	330.74
31750				2,977.15	2,977.15
31755				3,721.63	3,721.63
31760				3,110.53	3,110.53
31766				4,049.23	4,049.23
31770				3,031.04	3,031.04
31775				3,098.82	3,098.82
31780			NRC	2,642.24	2,642.24
31781			NRC	3,465.57	3,465.57
31785			NRC	2,419.35	2,419.35
31786			NRC	3,282.42	3,282.42
31800				1,548.16	1,548.16
31805				1,844.18	1,844.18
31820				946.10	727.46
31825				1,317.63	1,065.47
31830				961.17	753.46
31899			BR	0.00	0.00
32035				1,611.30	1,611.30
32036				1,752.64	1,752.64
32096				1,830.34	1,830.34
32097				1,831.07	1,831.07
32098				1,727.43	1,727.43
32100				1,852.51	1,852.51
32110				3,303.86	3,303.86
32120				1,973.85	1,973.85

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
32124				2,104.53	2,104.53
32140				2,248.48	2,248.48
32141				3,489.05	3,489.05
32150				2,276.30	2,276.30
32151				2,271.08	2,271.08
32160				1,780.75	1,780.75
32200				2,564.66	2,564.66
32215				1,809.06	1,809.06
32220				3,597.98	3,597.98
32225				2,256.04	2,256.04
32310				2,080.14	2,080.14
32320				3,625.41	3,625.41
32400				325.96	197.69
32405				934.08	232.98
32440				3,562.65	3,562.65
32442				7,317.57	7,317.57
32445				8,067.77	8,067.77
32480				3,366.55	3,366.55
32482				3,603.17	3,603.17
32484				3,268.29	3,268.29
32486				5,368.05	5,368.05
32488				5,477.58	5,477.58
32491				3,341.32	3,341.32
32501				562.56	562.56
32503				4,133.39	4,133.39
32504				4,715.44	4,715.44
32505				2,110.54	2,110.54
32506				361.72	361.72
32507				361.72	361.72
32540				3,950.76	3,950.76
32550				1,652.67	507.73
32551				404.60	404.60
32552				423.50	373.21
32553				1,250.88	482.00
32554				422.37	203.00
32555				627.18	255.49
32556				1,121.55	280.52
32557				1,204.64	378.17
32560				518.40	179.51
32561				209.48	162.11
32562				188.74	145.01
32601				704.40	704.40
32604				1,099.14	1,099.14
32606				1,055.21	1,055.21
32607				705.13	705.13
32608				866.70	866.70

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
32609				597.24	597.24
32650				1,503.63	1,503.63
32651				2,481.03	2,481.03
32652				3,775.31	3,775.31
32653				2,398.04	2,398.04
32654				2,666.48	2,666.48
32655				2,166.56	2,166.56
32656				1,805.35	1,805.35
32658				1,615.00	1,615.00
32659				1,653.60	1,653.60
32661			NRC	1,808.92	1,808.92
32662			NRC	2,026.40	2,026.40
32663				3,188.46	3,188.46
32664			NRC	1,923.74	1,923.74
32665			NRC	2,768.05	2,768.05
32666				1,972.18	1,972.18
32667				362.45	362.45
32668				362.75	362.75
32669				3,062.01	3,062.01
32670				3,641.91	3,641.91
32671				4,062.94	4,062.94
32672				3,479.32	3,479.32
32673				2,739.46	2,739.46
32674				495.37	495.37
32701				NC	507.16
32800			NRC	2,137.03	2,137.03
32810				2,042.35	2,042.35
32815				6,416.77	6,416.77
32820				3,018.64	3,018.64
32850			NRC	0.00	0.00
32851				7,523.43	7,523.43
32852				8,211.38	8,211.38
32853				10,510.65	10,510.65
32854				11,185.68	11,185.68
32855			NRC	443.13	443.13
32856			NRC	664.67	664.67
32900				3,186.15	3,186.15
32905				3,039.53	3,039.53
32906				3,763.18	3,763.18
32940				2,807.85	2,807.85
32960				329.24	234.50
32997			NRC	801.88	801.88
32998				6,129.48	648.90
32999			BR	0.00	0.00
33010				270.18	270.18
33011				274.44	274.44

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33015				1,142.55	1,142.55
33020				1,992.79	1,992.79
33025				1,820.29	1,820.29
33030				4,582.89	4,582.89
33031				5,691.32	5,691.32
33050				2,271.26	2,271.26
33120			NRC	4,825.92	4,825.92
33130			NRC	3,179.12	3,179.12
33140			NRC	3,622.66	3,622.66
33141			NRC	305.64	305.64
33202			NRC	1,761.95	1,761.95
33203			NRC	1,833.33	1,833.33
33206			NRC	1,028.50	1,028.50
33207			NRC	1,098.07	1,098.07
33208			NRC	1,189.28	1,189.28
33210			NRC	405.81	405.81
33211			NRC	417.18	417.18
33212			NRC	742.65	742.65
33213			NRC	776.70	776.70
33214			NRC	1,094.41	1,094.41
33215			NRC	688.49	688.49
33216			NRC	848.04	848.04
33217			NRC	836.20	836.20
33218			NRC	885.58	885.58
33220			NRC	892.05	892.05
33221				825.18	825.18
33222			NRC	773.59	773.59
33223			NRC	935.83	935.83
33224			NRC	1,156.13	1,156.13
33225			NRC	1,049.52	1,049.52
33226			NRC	1,109.87	1,109.87
33227				782.50	782.50
33228				815.52	815.52
33229				855.98	855.98
33230				889.94	889.94
33231				918.74	918.74
33233			NRC	532.75	532.75
33234			NRC	1,104.04	1,104.04
33235			NRC	1,439.28	1,439.28
33236			NRC	1,786.36	1,786.36
33237			NRC	1,901.89	1,901.89
33238			NRC	2,130.77	2,130.77
33240			NRC	845.84	845.84
33241			NRC	502.68	502.68
33243			NRC	3,115.37	3,115.37
33244			NRC	1,937.83	1,937.83

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33249			NRC	2,064.83	2,064.83
33250			NRC	3,370.68	3,370.68
33251			NRC	3,730.79	3,730.79
33254			NRC	3,127.11	3,127.11
33255			NRC	3,805.74	3,805.74
33256			NRC	4,503.31	4,503.31
33257			NRC	1,327.72	1,327.72
33258			NRC	1,493.85	1,493.85
33259			NRC	1,931.25	1,931.25
33261			NRC	3,777.74	3,777.74
33262				857.56	857.56
33263				892.18	892.18
33264				929.73	929.73
33265			NRC	3,118.75	3,118.75
33266			NRC	4,243.81	4,243.81
33270				1,443.84	1,443.84
33271				1,082.04	1,082.04
33272				986.34	986.34
33273				874.51	874.51
33282			NRC	527.47	527.47
33284			NRC	464.29	464.29
33300				5,618.34	5,618.34
33305				9,446.23	9,446.23
33310			NRC	2,649.81	2,649.81
33315			NRC	4,409.95	4,409.95
33320			NRC	2,430.59	2,430.59
33321			NRC	2,731.22	2,731.22
33322			NRC	3,180.22	3,180.22
33330			NRC	3,298.65	3,298.65
33335			NRC	4,321.97	4,321.97
33361				NC	3,090.34
33362				NC	3,380.15
33363				NC	3,498.64
33364				NC	3,681.17
33365				NC	4,067.89
33366				4,402.60	4,402.60
33367				NC	1,423.55
33368				NC	1,725.37
33369				NC	2,276.73
33400			NRC	5,253.23	5,253.23
33401			NRC	3,240.04	3,240.04
33403			NRC	3,405.89	3,405.89
33404			NRC	4,012.96	4,012.96
33405			NRC	5,227.81	5,227.81
33406			NRC	6,629.98	6,629.98
33410			NRC	5,849.52	5,849.52

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33411			NRC	7,742.02	7,742.02
33412			NRC	7,349.21	7,349.21
33413			NRC	7,430.35	7,430.35
33414			NRC	4,958.19	4,958.19
33415			NRC	4,660.11	4,660.11
33416			NRC	4,674.66	4,674.66
33417			NRC	3,809.54	3,809.54
33418				3,890.86	4,059.94
33419				1,286.21	1,286.21
33420			NRC	3,302.49	3,302.49
33422			NRC	3,873.76	3,873.76
33425			NRC	6,295.28	6,295.28
33426			NRC	5,486.70	5,486.70
33427			NRC	5,636.32	5,636.32
33430			NRC	6,445.67	6,445.67
33460			NRC	5,623.70	5,623.70
33463			NRC	7,126.52	7,126.52
33464			NRC	5,637.34	5,637.34
33465			NRC	6,357.40	6,357.40
33468			NRC	5,657.46	5,657.46
33470			NRC	2,931.39	2,931.39
33471			NRC	3,164.71	3,164.71
33474			NRC	4,986.66	4,986.66
33475			NRC	5,403.21	5,403.21
33476			NRC	3,508.54	3,508.54
33478			NRC	3,608.48	3,608.48
33496			NRC	3,820.62	3,820.62
33500			NRC	3,635.61	3,635.61
33501			NRC	2,593.16	2,593.16
33502			NRC	2,923.95	2,923.95
33503			NRC	2,990.11	2,990.11
33504			NRC	3,376.67	3,376.67
33505			NRC	4,787.71	4,787.71
33506			NRC	4,712.42	4,712.42
33507			NRC	3,930.94	3,930.94
33508			NRC	37.21	37.21
33510			NRC	4,452.83	4,452.83
33511			NRC	4,890.09	4,890.09
33512			NRC	5,562.95	5,562.95
33513			NRC	5,725.44	5,725.44
33514			NRC	6,041.13	6,041.13
33516			NRC	6,289.57	6,289.57
33517			NRC	433.89	433.89
33518			NRC	955.18	955.18
33519			NRC	1,262.40	1,262.40
33521			NRC	1,516.93	1,516.93

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33522			NRC	1,702.41	1,702.41
33523			NRC	1,930.53	1,930.53
33530			NRC	1,217.87	1,217.87
33533			NRC	4,303.47	4,303.47
33534			NRC	5,060.95	5,060.95
33535			NRC	5,644.85	5,644.85
33536			NRC	6,065.97	6,065.97
33542			NRC	6,054.96	6,054.96
33545			NRC	7,126.17	7,126.17
33548			NRC	6,850.89	6,850.89
33572			NRC	535.44	535.44
33600			NRC	3,903.57	3,903.57
33602			NRC	3,755.84	3,755.84
33606			NRC	4,006.35	4,006.35
33608			NRC	4,091.35	4,091.35
33610			NRC	4,035.16	4,035.16
33611			NRC	4,500.06	4,500.06
33612			NRC	4,543.67	4,543.67
33615			NRC	4,612.87	4,612.87
33617			NRC	4,929.04	4,929.04
33619			NRC	6,504.03	6,504.03
33620			NRC	3,398.38	3,398.38
33621			NRC	2,013.42	2,013.42
33622			NRC	7,927.24	7,927.24
33641			NRC	3,763.46	3,763.46
33645			NRC	3,986.05	3,986.05
33647			NRC	4,208.92	4,208.92
33660			NRC	4,048.11	4,048.11
33665			NRC	4,435.81	4,435.81
33670			NRC	4,580.45	4,580.45
33675			NRC	4,547.32	4,547.32
33676			NRC	4,917.49	4,917.49
33677			NRC	5,110.10	5,110.10
33681			NRC	4,208.53	4,208.53
33684			NRC	4,354.22	4,354.22
33688			NRC	4,351.50	4,351.50
33690			NRC	2,715.86	2,715.86
33692			NRC	4,764.64	4,764.64
33694			NRC	4,521.19	4,521.19
33697			NRC	4,730.64	4,730.64
33702			NRC	3,550.04	3,550.04
33710			NRC	4,842.44	4,842.44
33720			NRC	3,533.68	3,533.68
33722			NRC	3,758.56	3,758.56
33724			NRC	3,522.43	3,522.43
33726			NRC	4,777.36	4,777.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33730			NRC	4,616.44	4,616.44
33732			NRC	3,977.10	3,977.10
33735			NRC	2,968.57	2,968.57
33736			NRC	3,221.15	3,221.15
33737			NRC	3,071.45	3,071.45
33750			NRC	3,101.59	3,101.59
33755			NRC	3,078.27	3,078.27
33762			NRC	3,083.35	3,083.35
33764			NRC	2,961.59	2,961.59
33766			NRC	3,137.36	3,137.36
33767			NRC	3,285.60	3,285.60
33768			NRC	1,023.00	1,023.00
33770			NRC	5,095.82	5,095.82
33771			NRC	5,324.91	5,324.91
33774			NRC	4,151.99	4,151.99
33775			NRC	4,463.83	4,463.83
33776			NRC	4,505.59	4,505.59
33777			NRC	4,575.44	4,575.44
33778			NRC	5,702.00	5,702.00
33779			NRC	5,109.29	5,109.29
33780			NRC	5,485.01	5,485.01
33781			NRC	5,657.96	5,657.96
33782			NRC	7,567.22	7,567.22
33783			NRC	8,419.95	8,419.95
33786			NRC	5,287.76	5,287.76
33788			NRC	3,543.31	3,543.31
33800			NRC	2,111.88	2,111.88
33802			NRC	2,492.30	2,492.30
33803			NRC	2,762.58	2,762.58
33813			NRC	2,826.92	2,826.92
33814			NRC	3,493.96	3,493.96
33820			NRC	2,232.54	2,232.54
33822			NRC	2,357.15	2,357.15
33824			NRC	2,673.96	2,673.96
33840			NRC	2,956.33	2,956.33
33845			NRC	3,054.02	3,054.02
33851			NRC	3,036.55	3,036.55
33852			NRC	3,224.34	3,224.34
33853			NRC	4,232.68	4,232.68
33860			NRC	7,408.64	7,408.64
33863			NRC	7,269.32	7,269.32
33864			NRC	7,414.06	7,414.06
33870			NRC	5,801.52	5,801.52
33875			NRC	6,344.74	6,344.74
33877			NRC	8,429.02	8,429.02
33880			NRC	4,180.83	4,180.83

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33881			NRC	3,594.73	3,594.73
33883			NRC	2,600.59	2,600.59
33884			NRC	958.66	958.66
33886			NRC	2,263.14	2,263.14
33889			NRC	1,866.96	1,866.96
33891			NRC	2,289.36	2,289.36
33910				6,113.99	6,113.99
33915				2,934.47	2,934.47
33916			NRC	9,721.10	9,721.10
33917			NRC	3,306.59	3,306.59
33920			NRC	4,186.59	4,186.59
33922			NRC	3,202.32	3,202.32
33924			NRC	654.79	654.79
33925			NRC	3,918.21	3,918.21
33926			NRC	5,581.62	5,581.62
33930			NRC	0.00	0.00
33933			NRC	443.13	443.13
33935			NRC	11,541.88	11,541.88
33940			NRC	0.00	0.00
33944			NRC	443.13	443.13
33945			NRC	11,172.97	11,172.97
33946				723.09	723.09
33947				786.68	786.68
33948				549.37	549.37
33949				536.19	536.19
33951			NRC	877.88	872.78
33952				856.75	850.19
33953			NRC	977.01	971.90
33954				953.68	946.40
33955			NRC	2,040.52	2,033.96
33956				1,937.75	1,930.47
33957			NRC	705.94	699.38
33958				692.09	686.99
33959			NRC	808.71	802.15
33962				775.91	768.62
33963			NRC	1,292.48	1,285.92
33964				1,310.09	1,304.99
33965			NRC	699.38	705.94
33966				771.72	779.01
33967			NRC	591.81	591.81
33968			NRC	77.30	77.30
33969			NRC	795.72	789.89
33970			NRC	816.81	816.81
33971			NRC	1,617.47	1,617.47
33973			NRC	1,184.11	1,184.11
33974			NRC	2,036.46	2,036.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
33975			NRC	3,062.53	3,062.53
33976			NRC	3,737.88	3,737.88
33977			NRC	2,600.11	2,600.11
33978			NRC	3,107.94	3,107.94
33979			NRC	4,519.58	4,519.58
33980			NRC	4,123.51	4,123.51
33981			NRC	1,944.52	1,944.52
33982			NRC	4,538.29	4,538.29
33983			NRC	5,347.18	5,347.18
33984				781.88	774.59
33985			NRC	1,469.55	1,463.00
33986				1,407.55	1,400.26
33987				595.39	595.39
33988				1,691.82	1,683.80
33989				1,136.49	1,129.20
33990				NC	999.60
33991				NC	1,457.08
33992				NC	473.89
33993				NC	416.18
33999			NRC	0.00	0.00
34001			NRC	2,230.80	2,230.80
34051			NRC	2,281.20	2,281.20
34101			NRC	1,395.34	1,395.34
34111			NRC	1,394.31	1,394.31
34151			NRC	3,268.13	3,268.13
34201				2,408.30	2,408.30
34203				2,232.75	2,232.75
34401			NRC	3,361.19	3,361.19
34421				1,688.80	1,688.80
34451				3,393.39	3,393.39
34471			NRC	2,500.87	2,500.87
34490			NRC	1,402.63	1,402.63
34501			NRC	2,280.47	2,280.47
34502			NRC	3,502.26	3,502.26
34510			NRC	2,673.40	2,673.40
34520			NRC	2,330.29	2,330.29
34530			NRC	2,478.14	2,478.14
34800			NRC	2,617.52	2,617.52
34802			NRC	2,892.48	2,892.48
34803			NRC	2,995.71	2,995.71
34804			NRC	2,890.33	2,890.33
34805			NRC	2,777.77	2,777.77
34806			NRC	232.65	232.65
34808			NRC	479.88	479.88
34812			NRC	789.54	789.54
34813			NRC	556.10	556.10

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
34820			NRC	1,145.66	1,145.66
34825			NRC	1,614.34	1,614.34
34826			NRC	478.11	478.11
34830			NRC	4,166.44	4,166.44
34831			NRC	4,482.29	4,482.29
34832			NRC	4,482.29	4,482.29
34833			NRC	1,428.49	1,428.49
34834			NRC	640.30	640.30
34839			BR	0.00	0.00
34841			NRC	2,617.51	2,617.51
34842			NRC	3,167.45	3,167.45
34843			NRC	3,098.93	3,098.93
34844			NRC	3,202.15	3,202.15
34845			NRC	2,617.51	2,617.51
34846			NRC	3,167.45	3,167.45
34847			NRC	3,098.93	3,098.93
34848			NRC	3,202.15	3,202.15
34900				2,068.67	2,068.67
35001			NRC	2,615.30	2,615.30
35002			NRC	2,633.79	2,633.79
35005			NRC	2,644.65	2,644.65
35011			NRC	2,323.36	2,323.36
35013			NRC	2,912.24	2,912.24
35021			NRC	2,877.61	2,877.61
35022			NRC	3,315.65	3,315.65
35045			NRC	2,307.93	2,307.93
35081			NRC	4,094.32	4,094.32
35082			NRC	5,122.99	5,122.99
35091			NRC	4,212.09	4,212.09
35092			NRC	6,123.60	6,123.60
35102			NRC	4,438.82	4,438.82
35103			NRC	5,268.95	5,268.95
35111			NRC	3,458.08	3,458.08
35112			NRC	4,244.01	4,244.01
35121			NRC	3,825.19	3,825.19
35122			NRC	4,900.14	4,900.14
35131			NRC	3,242.27	3,242.27
35132			NRC	3,838.13	3,838.13
35141			NRC	2,584.72	2,584.72
35142			NRC	3,098.22	3,098.22
35151			NRC	2,909.23	2,909.23
35152			NRC	3,300.55	3,300.55
35180			NRC	2,093.01	2,093.01
35182			NRC	4,005.72	4,005.72
35184			NRC	2,386.46	2,386.46
35188			NRC	2,701.31	2,701.31

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
35189			NRC	3,598.68	3,598.68
35190			NRC	1,749.51	1,749.51
35201				2,184.87	2,184.87
35206				1,787.78	1,787.78
35207				1,664.69	1,664.69
35211			NRC	3,185.45	3,185.45
35216			NRC	4,727.02	4,727.02
35221			NRC	3,330.15	3,330.15
35226				1,938.95	1,938.95
35231			NRC	2,777.59	2,777.59
35236				2,272.85	2,272.85
35241			NRC	3,303.60	3,303.60
35246			NRC	3,598.26	3,598.26
35251			NRC	3,895.31	3,895.31
35256			NRC	2,378.55	2,378.55
35261			NRC	2,460.79	2,460.79
35266			NRC	2,017.89	2,017.89
35271			NRC	3,185.18	3,185.18
35276			NRC	3,333.51	3,333.51
35281			NRC	3,769.49	3,769.49
35286			NRC	2,183.53	2,183.53
35301			NRC	2,643.01	2,643.01
35302			NRC	2,639.07	2,639.07
35303			NRC	2,913.72	2,913.72
35304			NRC	3,015.57	3,015.57
35305			NRC	2,895.50	2,895.50
35306				1,086.71	1,086.71
35311				3,373.12	3,373.12
35321				2,063.44	2,063.44
35331				3,396.01	3,396.01
35341				3,223.17	3,223.17
35351				3,003.25	3,003.25
35355				2,432.24	2,432.24
35361				3,597.27	3,597.27
35363				4,059.46	4,059.46
35371				1,917.15	1,917.15
35372				2,294.66	2,294.66
35390				373.38	373.38
35400			NRC	348.87	348.87
35450			NRC	1,195.98	1,195.98
35452			NRC	801.17	801.17
35458			NRC	1,144.34	1,144.34
35460			NRC	724.27	724.27
35471			NRC	5,310.61	1,205.27
35472			NRC	3,866.70	824.69
35475			NRC	3,331.56	778.57

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
35476			NRC	3,030.08	616.29
35500			NRC	751.23	751.23
35501			NRC	3,506.56	3,506.56
35506			NRC	3,013.87	3,013.87
35508			NRC	3,165.77	3,165.77
35509			NRC	3,343.33	3,343.33
35510			NRC	2,906.97	2,906.97
35511			NRC	2,959.91	2,959.91
35512			NRC	2,851.38	2,851.38
35515			NRC	3,137.55	3,137.55
35516			NRC	2,884.13	2,884.13
35518			NRC	2,700.35	2,700.35
35521			NRC	2,896.61	2,896.61
35522			NRC	2,844.70	2,844.70
35523			NRC	2,998.61	2,998.61
35525			NRC	2,659.43	2,659.43
35526			NRC	4,020.71	4,020.71
35531			NRC	4,736.73	4,736.73
35533			NRC	3,559.70	3,559.70
35535			NRC	3,966.52	3,966.52
35536			NRC	3,996.45	3,996.45
35537			NRC	4,933.44	4,933.44
35538			NRC	5,524.75	5,524.75
35539			NRC	5,189.49	5,189.49
35540			NRC	5,755.03	5,755.03
35556			NRC	3,290.20	3,290.20
35558			NRC	2,893.60	2,893.60
35560			NRC	4,029.80	4,029.80
35563			NRC	3,123.88	3,123.88
35565			NRC	3,085.77	3,085.77
35566			NRC	3,932.30	3,932.30
35570			NRC	3,167.22	3,167.22
35571			NRC	3,124.54	3,124.54
35572			NRC	808.79	808.79
35583			NRC	3,395.70	3,395.70
35585			NRC	3,939.67	3,939.67
35587			NRC	3,214.11	3,214.11
35600			NRC	597.17	597.17
35601			NRC	3,295.90	3,295.90
35606			NRC	2,757.70	2,757.70
35612			NRC	2,464.14	2,464.14
35616			NRC	2,559.96	2,559.96
35621			NRC	2,580.24	2,580.24
35623			NRC	3,100.04	3,100.04
35626			NRC	3,678.62	3,678.62
35631			NRC	4,352.96	4,352.96

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
35632			NRC	3,766.53	3,766.53
35633			NRC	4,197.29	4,197.29
35634			NRC	3,684.79	3,684.79
35636			NRC	3,768.93	3,768.93
35637			NRC	4,061.29	4,061.29
35638			NRC	4,141.58	4,141.58
35642			NRC	2,323.54	2,323.54
35645			NRC	2,425.04	2,425.04
35646			NRC	4,030.80	4,030.80
35647			NRC	3,655.48	3,655.48
35650			NRC	2,516.30	2,516.30
35654			NRC	3,219.95	3,219.95
35656			NRC	2,542.31	2,542.31
35661			NRC	2,542.89	2,542.89
35663			NRC	2,946.22	2,946.22
35665			NRC	2,758.83	2,758.83
35666			NRC	2,976.19	2,976.19
35671			NRC	2,626.83	2,626.83
35681			NRC	187.82	187.82
35682			NRC	834.77	834.77
35683			NRC	970.01	970.01
35685			NRC	470.37	470.37
35686			NRC	378.97	378.97
35691			NRC	2,228.99	2,228.99
35693			NRC	1,963.00	1,963.00
35694			NRC	2,327.56	2,327.56
35695			NRC	2,417.42	2,417.42
35697			NRC	348.29	348.29
35700			NRC	360.02	360.02
35701			NRC	1,295.68	1,295.68
35721			NRC	1,044.59	1,044.59
35741			NRC	1,183.12	1,183.12
35761			NRC	886.46	886.46
35800			NRC	1,638.32	1,638.32
35820			NRC	4,636.74	4,636.74
35840			NRC	2,699.22	2,699.22
35860			NRC	1,956.26	1,956.26
35870			NRC	2,937.98	2,937.98
35875			NRC	1,381.37	1,381.37
35876			NRC	2,210.91	2,210.91
35879			NRC	2,167.99	2,167.99
35881			NRC	2,393.81	2,393.81
35883			NRC	2,836.88	2,836.88
35884			NRC	2,931.18	2,931.18
35901			NRC	1,096.39	1,096.39
35903			NRC	1,305.14	1,305.14

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
35905			NRC	3,970.93	3,970.93
35907			NRC	4,480.29	4,480.29
36000				54.76	21.96
36002				354.52	243.74
36005				672.43	109.80
36010				1,059.10	276.37
36011			NRC	1,752.78	357.86
36012			NRC	1,817.48	403.60
36013			NRC	1,647.13	298.12
36014			NRC	1,702.42	338.83
36015			NRC	1,825.38	392.56
36100				1,076.91	365.60
36120				901.89	229.20
36140				924.52	235.80
36147			NRC	1,765.24	425.71
36148			NRC	547.81	111.25
36160				1,078.33	292.68
36200				1,318.53	350.68
36215				2,320.03	553.42
36216				2,616.88	631.63
36217				4,473.16	756.28
36218				423.13	119.94
36221				2,341.19	491.50
36222				2,962.50	665.32
36223				3,225.88	718.07
36224				3,544.37	784.40
36225				3,194.39	715.01
36226				3,614.34	786.59
36227				531.41	249.37
36228				2,455.99	506.45
36245				2,859.93	585.35
36246				1,891.04	616.36
36247				3,325.68	736.98
36248				326.92	117.03
36251				2,968.27	641.21
36252				3,237.61	839.12
36253				4,760.06	899.60
36254				4,570.65	975.48
36260			NRC	1,390.07	1,390.07
36261				809.45	809.45
36262				671.76	671.76
36299			BR	0.00	0.00
36400			NRC	65.75	46.08
36405			NRC	58.04	38.36
36406			NRC	40.91	21.23
36410				36.54	21.96

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
36415				3.75	3.75
36416				3.75	3.75
36420			NRC	109.86	109.86
36425				90.85	90.85
36430				69.39	69.39
36440			NRC	130.77	130.77
36450			NRC	241.17	241.17
36455				253.63	253.63
36460			NRC	827.96	827.96
36468			NRC	0.00	0.00
36470			NRC	324.02	188.46
36471			NRC	377.15	228.47
36475			NRC	3,518.39	816.00
36476			NRC	818.22	401.35
36478			NRC	2,815.75	807.18
36479			NRC	835.37	398.09
36481				4,272.88	807.43
36500				410.32	410.32
36510			NRC	215.67	140.61
36511				214.25	214.25
36512				209.65	209.65
36513				224.07	224.07
36514				1,083.71	212.80
36515				4,260.82	197.76
36516				4,168.09	161.15
36522			NRC	2,776.06	225.26
36555			NRC	548.62	267.30
36556				502.99	275.60
36557			NRC	2,133.74	732.25
36558				1,660.85	628.87
36560			NRC	2,819.18	810.60
36561				2,490.65	803.47
36563				2,782.07	852.94
36565				2,092.56	794.57
36566				11,100.36	868.72
36568			NRC	630.11	221.26
36569				527.47	207.53
36570			NRC	2,486.37	691.34
36571				2,741.13	728.18
36575				349.60	80.67
36576				834.02	441.93
36578				1,113.06	485.56
36580				453.37	152.38
36581				1,615.65	443.74
36582				2,341.91	691.17
36583				2,851.10	752.88

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
36584				430.23	149.64
36585				2,427.51	633.20
36589				363.95	311.47
36590				641.02	462.47
36591				47.53	47.53
36592				53.36	53.36
36593				62.83	62.83
36595				1,230.74	418.13
36596				283.76	101.56
36597				270.68	138.04
36598				233.69	83.55
36600				66.54	35.20
36620				115.66	115.66
36625				242.70	242.70
36640				292.20	292.20
36660			NRC	157.14	157.14
36680				136.60	136.60
36800			NRC	285.46	285.46
36810			NRC	494.67	494.67
36815			NRC	334.67	334.67
36818			NRC	1,542.41	1,542.41
36819			NRC	1,696.48	1,696.48
36820			NRC	1,853.98	1,853.98
36821			NRC	1,592.77	1,592.77
36823			NRC	3,037.19	3,037.19
36825			NRC	1,832.13	1,832.13
36830			NRC	1,515.76	1,515.76
36831			NRC	1,044.53	1,044.53
36832			NRC	1,335.11	1,335.11
36833			NRC	1,514.42	1,514.42
36835			NRC	1,134.29	1,134.29
36838			NRC	2,669.71	2,669.71
36860			NRC	454.06	255.83
36861			NRC	299.31	299.31
36870			NRC	3,838.62	678.54
37140				5,173.18	5,173.18
37145				4,811.49	4,811.49
37160				4,928.39	4,928.39
37180				4,740.33	4,740.33
37181				5,172.30	5,172.30
37182				1,907.38	1,907.38
37183				12,176.34	896.69
37184				4,744.14	1,037.46
37185				1,527.24	383.02
37186				2,917.51	579.52
37187				4,342.70	924.62

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
37188				3,728.91	661.39
37191				5,497.46	546.72
37192				3,223.46	826.43
37193				3,393.27	843.20
37195			NRC	287.21	287.21
37197				3,181.97	690.93
37200				503.87	503.87
37202			NRC	690.94	690.94
37211				NC	921.71
37212				NC	813.85
37213				NC	567.85
37214				NC	333.45
37215			NRC	2,474.62	2,474.62
37216			NRC	2,270.05	2,270.05
37217				2,556.08	2,556.08
37218				1,853.84	1,977.73
37220			NRC	6,656.59	959.55
37221			NRC	9,752.42	1,167.88
37222			NRC	1,887.93	432.51
37223			NRC	5,405.71	494.32
37224			NRC	8,054.30	1,060.73
37225			NRC	22,874.70	1,431.19
37226			NRC	18,774.90	1,167.08
37227			NRC	30,781.15	1,724.59
37228			NRC	11,429.90	1,294.47
37229			NRC	22,550.64	1,674.14
37230			NRC	17,280.36	1,619.88
37231			NRC	27,523.38	1,773.40
37232			NRC	2,554.27	469.18
37233			NRC	3,083.38	767.25
37234			NRC	8,055.25	649.17
37235			NRC	8,242.87	940.28
37236				5,903.38	1,060.50
37237				2,567.76	496.51
37238				8,571.59	742.81
37239				4,259.51	346.58
37241				9,498.57	1,014.60
37242				15,959.02	1,133.02
37243				20,140.89	1,350.95
37244				14,146.22	1,575.86
37250			NRC	247.47	247.47
37251			NRC	185.32	185.32
37500			NRC	1,723.12	1,723.12
37501			BR	0.00	0.00
37565			NRC	1,659.65	1,659.65
37600			NRC	1,624.42	1,624.42

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
37605			NRC	1,843.30	1,843.30
37606			NRC	1,287.30	1,287.30
37607			NRC	861.93	861.93
37609				675.06	465.90
37615				1,189.61	1,189.61
37616				2,479.24	2,479.24
37617				3,037.17	3,037.17
37618				877.32	877.32
37619				3,766.28	3,766.28
37650			NRC	1,163.65	1,163.65
37660			NRC	2,611.51	2,611.51
37700			NRC	569.69	569.69
37718			NRC	994.09	994.09
37722			NRC	1,102.99	1,102.99
37735			NRC	1,551.82	1,551.82
37760			NRC	1,409.47	1,409.47
37761			NRC	1,257.52	1,257.52
37765			NRC	1,445.10	1,028.96
37766			NRC	1,736.69	1,268.07
37780			NRC	580.87	580.87
37785			NRC	780.56	592.53
37788			NRC	3,016.27	3,016.27
37790			NRC	1,069.68	1,069.68
37799			BR	0.00	0.00
38100				2,573.44	2,573.44
38101				2,592.89	2,592.89
38102			NRC	589.55	589.55
38115				2,832.63	2,832.63
38120				2,341.58	2,341.58
38129			BR	0.00	0.00
38200				302.92	302.92
38204			NRC	225.50	225.50
38205			NRC	179.43	179.43
38206			NRC	182.80	182.80
38207			NRC	99.46	99.46
38208			NRC	63.78	63.78
38209			NRC	26.39	26.39
38210			NRC	176.52	176.52
38211			NRC	161.03	161.03
38212			NRC	104.87	104.87
38213			NRC	26.39	26.39
38214			NRC	90.96	90.96
38215			NRC	104.87	104.87
38220				337.67	135.06
38221				350.63	166.25
38230			NRC	472.39	472.39

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
38232				468.74	468.74
38240			NRC	497.80	497.80
38241			NRC	371.55	371.55
38242			NRC	259.39	259.39
38243				NC	261.70
38300				586.60	400.76
38305				1,049.78	1,049.78
38308			NRC	993.53	993.53
38380			NRC	1,266.24	1,266.24
38381			NRC	1,812.29	1,812.29
38382			NRC	1,352.10	1,352.10
38500			NRC	717.42	560.73
38505			NRC	270.26	158.75
38510			NRC	1,139.56	937.68
38520			NRC	1,034.34	1,034.34
38525			NRC	961.26	961.26
38530			NRC	1,225.22	1,225.22
38542			NRC	1,156.62	1,156.62
38550			NRC	1,114.91	1,114.91
38555			NRC	2,225.99	2,225.99
38562			NRC	1,550.58	1,550.58
38564			NRC	1,558.27	1,558.27
38570			NRC	1,186.09	1,186.09
38571			NRC	1,751.29	1,751.29
38572			NRC	2,135.14	2,135.14
38589			BR	0.00	0.00
38700			NRC	1,798.96	1,798.96
38720			NRC	3,015.21	3,015.21
38724			NRC	3,255.60	3,255.60
38740			NRC	1,534.61	1,534.61
38745			NRC	1,942.97	1,942.97
38746			NRC	495.37	495.37
38747			NRC	599.45	599.45
38760			NRC	1,873.56	1,873.56
38765			NRC	2,875.05	2,875.05
38770			NRC	1,775.95	1,775.95
38780			NRC	2,279.80	2,279.80
38790			NRC	187.01	187.01
38792			NRC	88.93	88.93
38794			NRC	658.80	658.80
38900			NRC	309.43	309.43
38999			BR	0.00	0.00
39000			NRC	1,116.36	1,116.36
39010			NRC	1,790.58	1,790.58
39200			NRC	1,989.73	1,989.73
39220			NRC	2,597.02	2,597.02

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
39400			NRC	1,143.48	1,143.48
39499			BR	0.00	0.00
39501				1,902.10	1,902.10
39503			NRC	13,758.01	13,758.01
39540			NRC	1,938.74	1,938.74
39541			NRC	2,111.12	2,111.12
39545				2,020.32	2,020.32
39560				1,787.07	1,787.07
39561				2,785.35	2,785.35
39599			BR	0.00	0.00
40490			NRC	273.85	163.80
40500			NRC	1,091.56	801.49
40510			NRC	1,054.94	791.84
40520			NRC	1,064.85	796.65
40525			NRC	1,232.28	1,232.28
40527			NRC	1,378.11	1,378.11
40530			NRC	1,172.24	893.84
40650				949.31	662.16
40652				1,052.61	774.93
40654				1,231.25	939.00
40700			NRC	2,017.89	2,017.89
40701			NRC	2,259.92	2,259.92
40702			NRC	1,972.60	1,972.60
40720			NRC	2,314.84	2,314.84
40761			NRC	2,445.85	2,445.85
40799			BR	0.00	0.00
40800				458.29	289.21
40801				686.02	490.70
40804				472.26	292.98
40805				837.55	520.52
40806			NRC	280.17	76.84
40808			NRC	400.65	235.94
40810			NRC	447.42	281.99
40812			NRC	626.82	437.34
40814			NRC	841.79	677.81
40816			NRC	883.28	706.18
40818			NRC	777.61	601.24
40819			NRC	676.81	521.58
40820			NRC	568.28	375.15
40830				578.30	369.13
40831				737.44	500.57
40840				1,767.40	1,389.88
40842				1,717.84	1,343.97
40843				2,449.03	1,978.22
40844				2,947.84	2,446.42
40845				3,218.62	2,728.86

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
40899			BR	0.00	0.00
41000				354.08	248.40
41005				492.73	276.27
41006				781.47	559.92
41007				768.08	543.61
41008				822.59	598.85
41009				875.01	647.63
41010			NRC	438.73	239.04
41015				976.26	766.37
41016				958.86	775.21
41017				967.61	778.85
41018				1,099.76	909.54
41019			NRC	1,039.45	1,039.45
41100			NRC	366.47	241.12
41105			NRC	371.88	248.71
41108			NRC	320.61	200.35
41110			NRC	463.83	293.29
41112			NRC	728.78	559.69
41113			NRC	796.47	619.37
41114			NRC	1,414.69	1,414.69
41115			NRC	536.80	337.84
41116			NRC	723.67	489.72
41120			NRC	2,291.92	2,291.92
41130			NRC	2,856.27	2,856.27
41135			NRC	4,776.98	4,776.98
41140			NRC	4,804.87	4,804.87
41145			NRC	6,085.03	6,085.03
41150			NRC	4,835.42	4,835.42
41153			NRC	5,265.53	5,265.53
41155			NRC	6,657.25	6,657.25
41250				578.72	344.78
41251				624.91	399.71
41252				690.80	472.89
41500			NRC	816.68	816.68
41510			NRC	955.54	955.54
41512			NRC	1,360.02	1,360.02
41520			NRC	766.37	567.40
41530			NRC	6,800.39	885.44
41599			BR	0.00	0.00
41800				577.95	322.87
41805				558.81	381.71
41806				785.80	590.48
41820			NRC	0.00	0.00
41821			NRC	0.00	0.00
41822			NRC	634.36	409.16
41823			NRC	935.14	717.96

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
41825			NRC	458.97	271.67
41826			NRC	682.46	469.65
41827			NRC	958.98	679.85
41828			NRC	671.21	477.34
41830			NRC	857.51	630.86
41850			NRC	0.00	0.00
41870			NRC	0.00	0.00
41872			NRC	798.10	575.82
41874			NRC	815.08	565.10
41899			BR	0.00	0.00
42000			NRC	342.41	228.72
42100			NRC	327.90	243.36
42104			NRC	471.33	309.54
42106			NRC	595.30	396.34
42107			NRC	1,009.25	770.21
42120			NRC	2,186.74	2,186.74
42140			NRC	549.37	343.12
42145			NRC	1,566.05	1,566.05
42160			NRC	505.98	326.70
42180				537.13	410.31
42182				707.78	572.23
42200			NRC	1,896.99	1,896.99
42205			NRC	1,985.60	1,985.60
42210			NRC	2,295.05	2,295.05
42215			NRC	1,487.29	1,487.29
42220			NRC	1,144.81	1,144.81
42225			NRC	1,924.56	1,924.56
42226			NRC	1,961.08	1,961.08
42227			NRC	1,841.70	1,841.70
42235			NRC	1,608.19	1,608.19
42260			NRC	1,793.97	1,475.48
42280			NRC	370.38	255.23
42281			NRC	450.23	336.54
42299			BR	0.00	0.00
42300			NRC	459.13	339.61
42305			NRC	960.47	960.47
42310			NRC	354.81	276.83
42320			NRC	548.30	391.60
42330			NRC	509.39	368.01
42335			NRC	819.07	572.73
42340			NRC	1,019.28	748.89
42400			NRC	228.98	122.58
42405			NRC	655.39	503.80
42408			NRC	993.25	727.24
42409			NRC	727.80	493.13
42410			NRC	1,393.35	1,393.35

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
42415			NRC	2,367.28	2,367.28
42420			NRC	2,660.04	2,660.04
42425			NRC	1,874.44	1,874.44
42426			NRC	3,034.49	3,034.49
42440			NRC	919.47	919.47
42450			NRC	995.08	799.03
42500				954.62	763.68
42505				1,227.23	1,012.97
42507			NRC	1,135.71	1,135.71
42509			NRC	1,948.34	1,948.34
42510			NRC	1,395.15	1,395.15
42550			NRC	286.23	141.93
42600			NRC	1,052.41	776.20
42650			NRC	184.04	131.57
42660			NRC	265.40	184.50
42665			NRC	685.71	459.78
42699			BR	0.00	0.00
42700			NRC	415.09	302.13
42720			NRC	1,008.11	879.11
42725			NRC	1,812.88	1,812.88
42800			NRC	347.64	249.98
42804			NRC	422.64	249.19
42806			NRC	477.37	292.26
42808			NRC	498.28	361.27
42809				378.96	295.88
42810			NRC	847.31	639.60
42815			NRC	1,239.96	1,239.96
42820			NRC	646.39	646.39
42821			NRC	671.75	671.75
42825			NRC	580.93	580.93
42826			NRC	558.71	558.71
42830			NRC	460.63	460.63
42831			NRC	494.40	494.40
42835			NRC	395.70	395.70
42836			NRC	534.50	534.50
42842			NRC	2,192.06	2,192.06
42844			NRC	3,016.46	3,016.46
42845			NRC	4,926.48	4,926.48
42860			NRC	417.08	417.08
42870			NRC	1,261.80	1,261.80
42890			NRC	3,131.83	3,131.83
42892			NRC	4,165.01	4,165.01
42894			NRC	5,245.82	5,245.82
42900				758.53	758.53
42950			NRC	1,737.39	1,737.39
42953			NRC	2,074.25	2,074.25

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
42955			NRC	1,647.55	1,647.55
42960				379.09	379.09
42961				937.13	937.13
42962				1,152.86	1,152.86
42970				916.37	916.37
42971				1,018.77	1,018.77
42972				1,142.81	1,142.81
42999			BR	0.00	0.00
43020				1,107.69	1,107.69
43030			NRC	1,161.12	1,161.12
43045			NRC	2,952.02	2,952.02
43100			NRC	1,401.19	1,401.19
43101			NRC	2,285.45	2,285.45
43107			NRC	5,754.60	5,754.60
43108			NRC	10,514.80	10,514.80
43112			NRC	6,097.57	6,097.57
43113			NRC	10,269.62	10,269.62
43116			NRC	11,771.43	11,771.43
43117			NRC	5,595.41	5,595.41
43118			NRC	8,201.23	8,201.23
43121			NRC	6,529.88	6,529.88
43122			NRC	5,776.73	5,776.73
43123			NRC	10,645.21	10,645.21
43124			NRC	8,709.55	8,709.55
43130			NRC	1,769.87	1,769.87
43135			NRC	3,393.54	3,393.54
43180				1,193.81	1,305.32
43191				280.66	280.66
43192				335.18	335.18
43193				399.93	399.93
43194				364.95	364.95
43195				400.66	400.66
43196				440.46	440.46
43197				393.19	179.65
43198				439.93	214.00
43200			NRC	571.33	209.84
43201			NRC	584.70	246.53
43202			NRC	763.56	247.57
43204			NRC	326.20	326.20
43205			NRC	336.92	336.92
43206			NRC	705.39	322.04
43211				548.86	548.86
43212				434.92	434.92
43213				2,587.64	611.13
43214				441.86	441.86
43215				862.12	333.74

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
43216			NRC	887.65	323.56
43217			NRC	952.59	387.05
43220			NRC	2,093.72	284.10
43226			NRC	809.61	313.30
43227				843.94	396.45
43229				1,532.58	467.08
43231			NRC	865.10	386.28
43232			NRC	1,020.81	461.09
43233				524.57	524.57
43235			NRC	664.69	295.19
43236			NRC	826.28	331.42
43237			NRC	467.68	467.68
43238			NRC	533.83	533.83
43239			NRC	845.23	329.97
43240			NRC	930.20	930.20
43241			NRC	342.09	342.09
43242			NRC	608.49	608.49
43243			NRC	564.45	564.45
43244			NRC	584.19	584.19
43245				1,301.36	418.78
43246				481.73	481.73
43247				869.03	419.36
43248			NRC	878.01	398.46
43249			NRC	2,193.03	367.39
43250			NRC	973.46	405.72
43251			NRC	1,072.58	469.14
43252			NRC	790.28	403.29
43253				608.49	608.49
43254				632.33	632.33
43255				928.10	480.62
43257			NRC	537.32	537.32
43259			NRC	539.69	539.69
43260			NRC	766.03	766.03
43261			NRC	803.45	803.45
43262			NRC	848.04	848.04
43263			NRC	848.92	848.92
43264			NRC	864.44	864.44
43265			NRC	1,026.84	1,026.84
43266				523.57	523.57
43270				1,533.20	549.32
43273			NRC	280.16	280.16
43274				1,083.70	1,083.70
43275				893.42	893.42
43276				1,127.32	1,127.32
43277				898.76	898.76
43278				1,022.07	1,022.07

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
43279			NRC	2,887.47	2,887.47
43280			NRC	2,414.04	2,414.04
43281			NRC	3,453.51	3,453.51
43282			NRC	3,884.74	3,884.74
43283			NRC	353.90	353.90
43289			BR	0.00	0.00
43300			NRC	1,374.52	1,374.52
43305				2,447.64	2,447.64
43310				3,381.96	3,381.96
43312			NRC	3,654.86	3,654.86
43313			NRC	6,521.48	6,521.48
43314			NRC	6,550.33	6,550.33
43320			NRC	3,108.71	3,108.71
43325			NRC	3,000.94	3,000.94
43327			NRC	1,828.23	1,828.23
43328			NRC	2,620.87	2,620.87
43330			NRC	2,974.36	2,974.36
43331			NRC	3,049.18	3,049.18
43332			NRC	2,596.54	2,596.54
43333			NRC	2,825.89	2,825.89
43334			NRC	2,811.80	2,811.80
43335			NRC	3,015.13	3,015.13
43336			NRC	3,410.65	3,410.65
43337			NRC	3,680.28	3,680.28
43338			NRC	265.67	265.67
43340			NRC	3,069.25	3,069.25
43341			NRC	3,174.12	3,174.12
43351			NRC	2,985.58	2,985.58
43352			NRC	2,419.06	2,419.06
43360			NRC	5,382.61	5,382.61
43361			NRC	5,739.13	5,739.13
43400			NRC	3,419.85	3,419.85
43401			NRC	3,489.85	3,489.85
43405			NRC	3,264.63	3,264.63
43410				2,362.80	2,362.80
43415				5,845.99	5,845.99
43420			NRC	2,282.81	2,282.81
43425			NRC	3,244.26	3,244.26
43450			NRC	452.53	196.72
43453			NRC	2,029.14	212.24
43460			NRC	495.25	495.25
43496			NRC	4,875.72	4,875.72
43499			BR	0.00	0.00
43500			NRC	1,752.87	1,752.87
43501			NRC	3,004.55	3,004.55
43502			NRC	3,396.39	3,396.39

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
43510			NRC	2,011.39	2,011.39
43520			NRC	1,534.43	1,534.43
43605			NRC	1,851.19	1,851.19
43610			NRC	2,187.05	2,187.05
43611			NRC	2,723.09	2,723.09
43620			NRC	4,392.21	4,392.21
43621			NRC	5,072.28	5,072.28
43622			NRC	5,165.65	5,165.65
43631			NRC	3,235.83	3,235.83
43632			NRC	4,538.52	4,538.52
43633			NRC	4,288.32	4,288.32
43634			NRC	4,746.44	4,746.44
43635			NRC	251.14	251.14
43640			NRC	2,630.23	2,630.23
43641			NRC	2,672.64	2,672.64
43644			NRC	3,867.25	3,867.25
43645			NRC	4,136.38	4,136.38
43647			NRC	645.76	645.76
43648			NRC	645.76	645.76
43651			NRC	1,448.87	1,448.87
43652			NRC	1,695.42	1,695.42
43653			NRC	1,265.27	1,265.27
43659			BR	0.00	0.00
43752				92.15	92.15
43753				46.92	46.92
43754			NRC	189.92	72.58
43755			NRC	291.17	127.92
43756			NRC	441.27	111.85
43757			NRC	620.35	169.95
43760				1,010.29	107.31
43761				261.35	234.38
43770			NRC	2,482.78	2,482.78
43771			NRC	2,840.69	2,840.69
43772			NRC	2,124.78	2,124.78
43773			NRC	2,827.58	2,827.58
43774			NRC	2,139.72	2,139.72
43775			NRC	2,864.95	2,864.95
43800			NRC	2,075.15	2,075.15
43810			NRC	2,263.59	2,263.59
43820			NRC	2,990.70	2,990.70
43825			NRC	2,913.64	2,913.64
43830			NRC	1,548.18	1,548.18
43831			NRC	1,309.06	1,309.06
43832				2,322.35	2,322.35
43840				3,029.88	3,029.88
43842			NRC	2,555.54	2,555.54

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
43843			NRC	2,847.96	2,847.96
43845			NRC	4,372.57	4,372.57
43846			NRC	3,598.32	3,598.32
43847			NRC	4,014.45	4,014.45
43848			NRC	4,299.03	4,299.03
43850			NRC	3,629.58	3,629.58
43855			NRC	3,765.78	3,765.78
43860			NRC	3,653.33	3,653.33
43865			NRC	3,810.74	3,810.74
43870			NRC	1,579.84	1,579.84
43880			NRC	3,568.42	3,568.42
43881			NRC	1,298.07	1,298.07
43882			NRC	1,298.07	1,298.07
43886			NRC	794.89	794.89
43887			NRC	715.19	715.19
43888			NRC	1,012.49	1,012.49
43999			BR	0.00	0.00
44005			NRC	2,439.40	2,439.40
44010			NRC	1,942.61	1,942.61
44015			NRC	321.55	321.55
44020				2,165.72	2,165.72
44021			NRC	2,188.02	2,188.02
44025				2,207.30	2,207.30
44050			NRC	2,084.10	2,084.10
44055			NRC	3,342.78	3,342.78
44100			NRC	252.22	252.22
44110			NRC	1,898.78	1,898.78
44111			NRC	2,200.23	2,200.23
44120			NRC	2,732.06	2,732.06
44121			NRC	543.77	543.77
44125			NRC	2,639.61	2,639.61
44126			NRC	5,503.37	5,503.37
44127			NRC	6,367.91	6,367.91
44128			NRC	546.42	546.42
44130			NRC	2,932.76	2,932.76
44132			NRC	0.00	0.00
44133			NRC	0.00	0.00
44135			NRC	0.00	0.00
44136			NRC	0.00	0.00
44137			NRC	0.00	0.00
44139			NRC	272.16	272.16
44140			NRC	2,993.75	2,993.75
44141			NRC	4,071.62	4,071.62
44143			NRC	3,716.32	3,716.32
44144			NRC	3,958.66	3,958.66
44145			NRC	3,716.25	3,716.25

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
44146			NRC	4,733.98	4,733.98
44147			NRC	4,357.68	4,357.68
44150			NRC	4,173.65	4,173.65
44151			NRC	4,791.11	4,791.11
44155			NRC	4,656.34	4,656.34
44156			NRC	5,142.97	5,142.97
44157			NRC	4,869.15	4,869.15
44158			NRC	5,018.23	5,018.23
44160			NRC	2,772.95	2,772.95
44180			NRC	2,048.71	2,048.71
44186			NRC	1,448.97	1,448.97
44187			NRC	2,469.75	2,469.75
44188			NRC	2,732.68	2,732.68
44202			NRC	3,098.61	3,098.61
44203			NRC	544.96	544.96
44204			NRC	3,450.51	3,450.51
44205			NRC	3,001.81	3,001.81
44206			NRC	3,935.11	3,935.11
44207			NRC	4,106.43	4,106.43
44208			NRC	4,460.40	4,460.40
44210			NRC	4,032.37	4,032.37
44211			NRC	5,029.05	5,029.05
44212			NRC	4,636.98	4,636.98
44213			NRC	426.09	426.09
44227			NRC	3,738.78	3,738.78
44238			BR	0.00	0.00
44300				1,876.03	1,876.03
44310				2,335.31	2,335.31
44312			NRC	1,309.76	1,309.76
44314			NRC	2,249.90	2,249.90
44316			NRC	3,149.22	3,149.22
44320			NRC	2,685.53	2,685.53
44322			NRC	2,196.09	2,196.09
44340			NRC	1,383.45	1,383.45
44345			NRC	2,350.24	2,350.24
44346			NRC	2,643.17	2,643.17
44360			NRC	347.04	347.04
44361			NRC	381.26	381.26
44363			NRC	457.41	457.41
44364			NRC	487.60	487.60
44365			NRC	433.27	433.27
44366			NRC	572.49	572.49
44369			NRC	586.43	586.43
44370			NRC	631.75	631.75
44372				571.07	571.07
44373				456.11	456.11

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
44376			NRC	675.74	675.74
44377			NRC	710.90	710.90
44378			NRC	912.76	912.76
44379			NRC	968.64	968.64
44380			NRC	149.76	149.76
44381			NRC	0.00	0.00
44382			NRC	181.17	181.17
44384			NRC	0.00	0.00
44385			NRC	557.85	240.09
44386			NRC	745.13	285.26
44388			NRC	750.35	371.37
44389			NRC	843.22	411.77
44390			NRC	986.23	500.84
44391			NRC	1,061.85	558.98
44392			NRC	940.44	492.23
44394			NRC	1,061.68	571.92
44401			NRC	0.00	0.00
44402			NRC	0.00	0.00
44403			NRC	0.00	0.00
44404			NRC	0.00	0.00
44405			NRC	0.00	0.00
44406			NRC	0.00	0.00
44407			NRC	0.00	0.00
44408			NRC	0.00	0.00
44500			NRC	55.34	55.34
44602				3,160.66	3,160.66
44603				3,621.22	3,621.22
44604				2,363.01	2,363.01
44605				2,919.46	2,919.46
44615			NRC	2,405.43	2,405.43
44620			NRC	1,939.59	1,939.59
44625			NRC	2,284.52	2,284.52
44626			NRC	3,597.58	3,597.58
44640			NRC	3,142.77	3,142.77
44650			NRC	3,249.93	3,249.93
44660			NRC	2,979.20	2,979.20
44661			NRC	3,479.83	3,479.83
44680			NRC	2,389.71	2,389.71
44700			NRC	2,283.32	2,283.32
44701			NRC	376.52	376.52
44705			NRC	0.00	0.00
44715			NRC	0.00	0.00
44720			NRC	563.11	563.11
44721			NRC	874.16	874.16
44799			BR	0.00	0.00
44800			NRC	1,693.37	1,693.37

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
44820			NRC	1,873.38	1,873.38
44850			NRC	1,668.72	1,668.72
44899			NRC	0.00	0.00
44900			NRC	1,722.76	1,722.76
44950			NRC	1,428.59	1,428.59
44955			NRC	188.81	188.81
44960			NRC	1,947.33	1,947.33
44970			NRC	1,329.59	1,329.59
44979			NRC	0.00	0.00
45000			NRC	941.19	941.19
45005			NRC	568.04	344.30
45020			NRC	1,260.82	1,260.82
45100			NRC	659.71	659.71
45108			NRC	810.11	810.11
45110			NRC	4,146.80	4,146.80
45111			NRC	2,436.74	2,436.74
45112			NRC	4,240.10	4,240.10
45113			NRC	4,475.88	4,475.88
45114			NRC	4,051.30	4,051.30
45116			NRC	3,507.65	3,507.65
45119			NRC	4,383.17	4,383.17
45120			NRC	3,556.05	3,556.05
45121			NRC	3,869.22	3,869.22
45123			NRC	2,507.82	2,507.82
45126			NRC	6,452.81	6,452.81
45130			NRC	2,450.36	2,450.36
45135			NRC	3,058.17	3,058.17
45136			NRC	4,080.42	4,080.42
45150			NRC	871.94	871.94
45160			NRC	2,268.19	2,268.19
45171			NRC	1,322.84	1,322.84
45172			NRC	1,805.21	1,805.21
45190			NRC	1,541.66	1,541.66
45300			NRC	260.17	119.51
45303			NRC	1,953.02	206.08
45305			NRC	416.18	177.14
45307			NRC	491.87	233.15
45308			NRC	462.74	196.00
45309			NRC	475.16	206.96
45315			NRC	491.75	249.79
45317			NRC	523.58	266.31
45320			NRC	514.65	239.89
45321			NRC	241.47	241.47
45327			NRC	271.91	271.91
45330			NRC	289.15	139.74
45331			NRC	346.30	167.02

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
45332			NRC	617.89	247.66
45333			NRC	628.09	245.47
45334			NRC	361.89	361.89
45335			NRC	578.52	204.65
45337			NRC	317.21	317.21
45338			NRC	676.66	313.72
45340			NRC	1,020.95	257.90
45341			NRC	347.10	347.10
45342			NRC	528.94	528.94
45346			NRC	0.00	0.00
45347			NRC	0.00	0.00
45349			NRC	0.00	0.00
45350			NRC	0.00	0.00
45378			NRC	834.88	482.14
45379			NRC	1,071.73	605.30
45380			NRC	993.65	575.32
45381			NRC	995.23	545.56
45382			NRC	1,290.12	731.13
45384			NRC	996.88	603.33
45385			NRC	1,124.10	683.91
45386			NRC	1,413.60	592.24
45388			NRC	0.00	0.00
45389			NRC	0.00	0.00
45390			NRC	0.00	0.00
45391			NRC	654.59	654.59
45392			NRC	843.34	843.34
45393			NRC	0.00	0.00
45395			NRC	4,449.13	4,449.13
45397			NRC	4,825.07	4,825.07
45398			NRC	0.00	0.00
45399			NRC	0.00	0.00
45400			NRC	2,586.40	2,586.40
45402			NRC	3,444.35	3,444.35
45499			BR	0.00	0.00
45500			NRC	1,171.09	1,171.09
45505			NRC	1,307.47	1,307.47
45520			NRC	329.46	89.69
45540			NRC	2,373.56	2,373.56
45541			NRC	2,066.16	2,066.16
45550			NRC	3,288.97	3,288.97
45560			NRC	1,556.05	1,556.05
45562			NRC	2,487.31	2,487.31
45563			NRC	3,654.32	3,654.32
45800			NRC	2,675.82	2,675.82
45805			NRC	3,240.68	3,240.68
45820			NRC	2,607.82	2,607.82

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
45825			NRC	3,081.52	3,081.52
45900			NRC	451.34	451.34
45905			NRC	371.54	371.54
45910			NRC	431.77	431.77
45915				707.75	498.59
45990			NRC	240.01	240.01
45999			BR	0.00	0.00
46020			NRC	598.31	514.50
46030			NRC	298.91	200.52
46040				1,143.36	903.58
46045				950.00	950.00
46050				426.48	215.13
46060			NRC	1,043.56	1,043.56
46070			NRC	518.37	518.37
46080			NRC	535.60	355.58
46083			NRC	374.55	233.89
46200			NRC	942.75	703.70
46220			NRC	440.58	262.75
46221			NRC	574.21	418.25
46230			NRC	590.71	385.19
46250			NRC	987.42	689.34
46255			NRC	1,083.37	777.27
46257			NRC	923.17	923.17
46258			NRC	1,021.06	1,021.06
46260			NRC	1,044.06	1,044.06
46261			NRC	1,159.30	1,159.30
46262			NRC	1,218.55	1,218.55
46270			NRC	1,087.96	856.20
46275			NRC	1,156.59	908.79
46280			NRC	1,032.72	1,032.72
46285			NRC	1,151.14	906.26
46288			NRC	1,211.16	1,211.16
46320			NRC	394.12	246.90
46500			NRC	507.23	285.68
46505			NRC	623.34	529.33
46600			NRC	186.77	89.84
46601			NRC	0.00	0.00
46604			NRC	1,285.42	147.76
46606			NRC	478.56	172.46
46607			NRC	0.00	0.00
46608				478.59	179.78
46610			NRC	478.47	180.39
46611			NRC	374.22	183.27
46612			NRC	577.81	210.49
46614			NRC	272.63	142.17
46615			NRC	312.95	209.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
46700			NRC	1,449.31	1,449.31
46705			NRC	1,060.04	1,060.04
46706			NRC	375.16	375.16
46707			NRC	1,013.31	1,013.31
46710			NRC	2,446.41	2,446.41
46712			NRC	4,531.83	4,531.83
46715			NRC	1,091.22	1,091.22
46716			NRC	2,360.10	2,360.10
46730			NRC	3,892.10	3,892.10
46735			NRC	4,512.15	4,512.15
46740			NRC	4,754.73	4,754.73
46742			NRC	5,445.60	5,445.60
46744			NRC	7,480.34	7,480.34
46746			NRC	7,828.96	7,828.96
46748			NRC	8,505.08	8,505.08
46750			NRC	1,697.29	1,697.29
46751			NRC	1,343.26	1,343.26
46753			NRC	1,304.87	1,304.87
46754			NRC	625.69	496.69
46760			NRC	2,441.04	2,441.04
46761			NRC	2,076.43	2,076.43
46762			NRC	2,061.27	2,061.27
46900			NRC	513.83	303.93
46910			NRC	543.59	298.71
46916			NRC	483.49	311.49
46917			NRC	934.80	296.37
46922			NRC	566.18	298.71
46924			NRC	1,127.08	408.48
46930			NRC	435.59	319.71
46940			NRC	494.10	326.47
46942			NRC	468.61	295.16
46945			NRC	644.99	482.47
46946			NRC	663.04	487.40
46947			NRC	844.19	844.19
46999			BR	0.00	0.00
47000			NRC	760.75	233.10
47001			NRC	231.33	231.33
47010			NRC	2,673.61	2,673.61
47015			NRC	2,552.52	2,552.52
47100			NRC	1,865.52	1,865.52
47120			NRC	5,185.04	5,185.04
47122			NRC	7,659.93	7,659.93
47125			NRC	6,858.44	6,858.44
47130			NRC	7,369.65	7,369.65
47133			NRC	0.00	0.00
47135			NRC	10,918.02	10,918.02

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
47136			NRC	9,346.46	9,346.46
47140			NRC	7,940.49	7,940.49
47141			NRC	8,637.48	8,637.48
47142			NRC	10,472.14	10,472.14
47143			NRC	726.59	726.59
47144			NRC	726.59	726.59
47145			NRC	726.59	726.59
47146			NRC	738.78	738.78
47147			NRC	861.62	861.62
47300			NRC	2,504.50	2,504.50
47350			NRC	3,048.57	3,048.57
47360			NRC	4,155.84	4,155.84
47361			NRC	6,729.62	6,729.62
47362			NRC	3,212.98	3,212.98
47370			NRC	2,758.83	2,758.83
47371			NRC	2,737.99	2,737.99
47379			BR	0.00	0.00
47380			NRC	3,211.32	3,211.32
47381			NRC	3,243.41	3,243.41
47382			NRC	10,404.96	1,752.63
47383			NRC	15,834.39	1,129.38
47399			NRC	0.00	0.00
47400			NRC	4,799.05	4,799.05
47420			NRC	2,986.43	2,986.43
47425			NRC	3,037.46	3,037.46
47460			NRC	2,816.12	2,816.12
47480			NRC	1,934.10	1,934.10
47490			NRC	732.84	732.84
47500			NRC	219.62	219.62
47505			NRC	85.13	85.13
47510			NRC	1,051.79	1,051.79
47511			NRC	1,296.86	1,296.86
47525			NRC	1,072.49	189.18
47530			NRC	2,882.89	782.49
47550			NRC	370.82	370.82
47552			NRC	709.79	709.79
47553			NRC	708.03	708.03
47554			NRC	1,101.05	1,101.05
47555			NRC	839.78	839.78
47556			NRC	953.64	953.64
47560			NRC	601.06	601.06
47561			NRC	657.52	657.52
47562			NRC	1,458.11	1,458.11
47563			NRC	1,585.47	1,585.47
47564			NRC	2,473.77	2,473.77
47570			NRC	1,720.24	1,720.24

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
47579			NRC	0.00	0.00
47600			NRC	2,376.06	2,376.06
47605			NRC	2,501.39	2,501.39
47610			NRC	2,792.81	2,792.81
47612			NRC	2,827.25	2,827.25
47620			NRC	3,070.92	3,070.92
47630			NRC	1,217.01	1,217.01
47700			NRC	2,331.06	2,331.06
47701			NRC	3,857.12	3,857.12
47711			NRC	3,473.61	3,473.61
47712			NRC	4,454.52	4,454.52
47715			NRC	2,954.75	2,954.75
47720			NRC	2,555.89	2,555.89
47721			NRC	3,009.09	3,009.09
47740			NRC	2,914.41	2,914.41
47741			NRC	3,280.76	3,280.76
47760			NRC	5,030.75	5,030.75
47765			NRC	6,781.51	6,781.51
47780			NRC	5,521.83	5,521.83
47785			NRC	7,262.38	7,262.38
47800			NRC	3,521.40	3,521.40
47801			NRC	2,251.85	2,251.85
47802			NRC	3,391.81	3,391.81
47900			NRC	3,049.30	3,049.30
47999			BR	0.00	0.00
48000			NRC	4,134.31	4,134.31
48001			NRC	5,154.49	5,154.49
48020			NRC	2,615.10	2,615.10
48100			NRC	1,971.95	1,971.95
48102			NRC	1,133.31	546.63
48105			NRC	6,360.96	6,360.96
48120			NRC	2,468.59	2,468.59
48140			NRC	3,483.53	3,483.53
48145			NRC	3,636.56	3,636.56
48146			NRC	4,175.61	4,175.61
48148			NRC	2,774.05	2,774.05
48150			NRC	6,933.48	6,933.48
48152			NRC	6,432.08	6,432.08
48153			NRC	6,910.28	6,910.28
48154			NRC	6,459.60	6,459.60
48155			NRC	4,038.13	4,038.13
48160			NRC	0.00	0.00
48400			NRC	244.99	244.99
48500			NRC	2,551.00	2,551.00
48510			NRC	2,417.07	2,417.07
48520			NRC	2,430.95	2,430.95

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
48540			NRC	2,918.11	2,918.11
48545			NRC	2,993.09	2,993.09
48547			NRC	3,995.53	3,995.53
48548			NRC	3,710.58	3,710.58
48550			NRC	0.00	0.00
48551			NRC	451.88	451.88
48552			NRC	528.34	528.34
48554			NRC	5,657.70	5,657.70
48556			NRC	2,817.45	2,817.45
48999			NRC	0.00	0.00
49000				1,715.10	1,715.10
49002				2,335.54	2,335.54
49010			NRC	2,089.69	2,089.69
49020			NRC	3,543.70	3,543.70
49040			NRC	2,226.42	2,226.42
49060			NRC	2,455.17	2,455.17
49062			NRC	1,634.95	1,634.95
49082				402.05	163.73
49083				624.77	243.61
49084				226.12	226.12
49180			NRC	349.52	194.29
49203			NRC	2,668.11	2,668.11
49204			NRC	3,411.62	3,411.62
49205			NRC	3,924.32	3,924.32
49215			NRC	4,963.11	4,963.11
49220			NRC	2,128.70	2,128.70
49250			NRC	1,291.55	1,291.55
49255			NRC	1,760.83	1,760.83
49320			NRC	727.84	727.84
49321			NRC	771.13	771.13
49322			NRC	825.34	825.34
49323			NRC	1,435.32	1,435.32
49324			NRC	871.22	871.22
49325			NRC	934.71	934.71
49326			NRC	425.55	425.55
49327			NRC	291.17	291.17
49329			BR	0.00	0.00
49400			NRC	297.73	214.64
49402			NRC	1,902.00	1,902.00
49405				1,834.56	479.72
49406				1,833.83	480.45
49407				1,556.68	511.58
49411				1,120.02	444.43
49412			NRC	183.37	183.37
49418				2,990.07	509.97
49419			NRC	983.63	983.63

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
49421			NRC	515.79	515.79
49422			NRC	848.56	848.56
49423			NRC	1,140.20	162.88
49424			NRC	307.42	87.32
49425			NRC	1,674.45	1,674.45
49426				1,378.50	1,378.50
49427				102.42	102.42
49428				958.34	958.34
49429				1,019.60	1,019.60
49435			NRC	269.52	269.52
49436			NRC	412.11	412.11
49440				2,194.81	506.91
49441				2,474.81	575.55
49442				2,004.73	495.38
49446				2,092.33	370.17
49450				1,388.12	151.34
49451				1,524.90	207.96
49452				1,884.91	319.45
49460				1,530.56	109.40
49465				350.72	69.40
49491			NRC	1,756.50	1,756.50
49492			NRC	2,097.44	2,097.44
49495			NRC	882.73	882.73
49496			NRC	1,353.18	1,353.18
49500			NRC	840.84	840.84
49501			NRC	1,336.63	1,336.63
49505				1,149.19	1,149.19
49507				1,295.45	1,295.45
49520				1,398.27	1,398.27
49521				1,585.95	1,585.95
49525				1,266.59	1,266.59
49540				1,491.12	1,491.12
49550				1,271.79	1,271.79
49553				1,397.84	1,397.84
49555				1,317.56	1,317.56
49557				1,603.45	1,603.45
49560				1,635.61	1,635.61
49561				2,068.67	2,068.67
49565				1,707.24	1,707.24
49566				2,091.49	2,091.49
49568				600.91	600.91
49570				917.64	917.64
49572				1,139.02	1,139.02
49580			NRC	728.38	728.38
49582			NRC	1,063.29	1,063.29
49585				979.15	979.15

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
49587				1,048.68	1,048.68
49590				1,268.90	1,268.90
49600			NRC	1,616.14	1,616.14
49605			NRC	11,036.98	11,036.98
49606			NRC	2,520.23	2,520.23
49610			NRC	1,521.35	1,521.35
49611			NRC	1,224.35	1,224.35
49650				944.34	944.34
49651				1,229.95	1,229.95
49652				1,508.65	1,508.65
49653				1,885.46	1,885.46
49654				1,715.84	1,715.84
49655				2,095.63	2,095.63
49656				1,864.60	1,864.60
49657				2,679.78	2,679.78
49659			BR	0.00	0.00
49900				1,803.65	1,803.65
49904				3,215.38	3,215.38
49905				793.35	793.35
49906			NRC	0.00	0.00
49999			BR	0.00	0.00
50010				1,637.32	1,637.32
50020			NRC	2,281.27	2,281.27
50040			NRC	2,041.52	2,041.52
50045			NRC	2,051.50	2,051.50
50060			NRC	2,511.54	2,511.54
50065			NRC	2,667.20	2,667.20
50070			NRC	2,614.90	2,614.90
50075			NRC	3,218.36	3,218.36
50080			NRC	1,917.05	1,917.05
50081			NRC	2,817.18	2,817.18
50100			NRC	2,393.83	2,393.83
50120			NRC	2,090.19	2,090.19
50125			NRC	2,163.18	2,163.18
50130			NRC	2,275.01	2,275.01
50135			NRC	2,472.61	2,472.61
50200			NRC	1,228.21	323.04
50205			NRC	1,672.50	1,672.50
50220			NRC	2,308.13	2,308.13
50225			NRC	2,648.06	2,648.06
50230			NRC	2,830.53	2,830.53
50234			NRC	2,871.92	2,871.92
50236			NRC	3,232.75	3,232.75
50240			NRC	2,919.96	2,919.96
50250			NRC	2,682.05	2,682.05
50280			NRC	2,105.49	2,105.49

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
50290			NRC	1,977.42	1,977.42
50300			NRC	0.00	0.00
50320			NRC	3,146.30	3,146.30
50323			NRC	420.98	420.98
50325			NRC	420.98	420.98
50327			NRC	484.02	484.02
50328			NRC	423.91	423.91
50329			NRC	390.30	390.30
50340			NRC	2,090.68	2,090.68
50360			NRC	5,364.25	5,364.25
50365			NRC	6,298.75	6,298.75
50370			NRC	2,650.04	2,650.04
50380			NRC	4,416.56	4,416.56
50382			NRC	2,491.33	613.94
50384			NRC	1,994.28	561.45
50385			NRC	2,374.03	516.32
50386			NRC	1,539.11	391.25
50387			NRC	1,148.36	223.51
50389			NRC	628.43	123.37
50390			NRC	218.58	218.58
50391			NRC	266.99	219.62
50392			NRC	401.87	401.87
50393			NRC	487.70	487.70
50394			NRC	215.59	110.64
50395			NRC	402.91	402.91
50396			NRC	263.41	263.41
50398			NRC	1,033.07	163.61
50400			NRC	2,552.76	2,552.76
50405			NRC	3,079.16	3,079.16
50500				2,856.77	2,856.77
50520			NRC	2,385.00	2,385.00
50525			NRC	3,279.55	3,279.55
50526			NRC	3,169.48	3,169.48
50540			NRC	2,528.79	2,528.79
50541			NRC	2,031.10	2,031.10
50542			NRC	2,572.26	2,572.26
50543			NRC	3,285.66	3,285.66
50544			NRC	2,753.71	2,753.71
50545			NRC	2,966.47	2,966.47
50546			NRC	2,652.61	2,652.61
50547			NRC	3,555.70	3,555.70
50548			NRC	2,978.46	2,978.46
50549			NRC	0.00	0.00
50551			NRC	778.77	652.69
50553			NRC	837.33	698.86
50555			NRC	893.51	756.50

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
50557			NRC	908.06	765.94
50561			NRC	1,033.71	876.29
50562			NRC	1,285.72	1,285.72
50570			NRC	1,089.40	1,089.40
50572			NRC	1,181.07	1,181.07
50574			NRC	1,256.03	1,256.03
50575			NRC	1,587.17	1,587.17
50576			NRC	1,251.16	1,251.16
50580			NRC	1,351.27	1,351.27
50590			NRC	1,547.70	1,245.98
50592			NRC	6,471.42	814.47
50593			NRC	9,489.28	1,078.92
50600			NRC	2,069.54	2,069.54
50605			NRC	2,161.07	2,161.07
50610			NRC	2,083.15	2,083.15
50620			NRC	1,991.82	1,991.82
50630			NRC	1,966.86	1,966.86
50650			NRC	2,282.64	2,282.64
50660			NRC	2,521.02	2,521.02
50684			NRC	222.15	110.64
50686			NRC	327.24	207.72
50688			NRC	175.88	175.88
50690			NRC	211.19	155.80
50700			NRC	2,044.88	2,044.88
50715			NRC	2,666.48	2,666.48
50722			NRC	2,354.11	2,354.11
50725			NRC	2,428.81	2,428.81
50727			NRC	1,106.24	1,106.24
50728			NRC	1,533.66	1,533.66
50740			NRC	2,716.68	2,716.68
50750			NRC	2,542.79	2,542.79
50760			NRC	2,499.08	2,499.08
50770			NRC	2,542.79	2,542.79
50780			NRC	2,447.23	2,447.23
50782			NRC	2,352.05	2,352.05
50783			NRC	2,485.09	2,485.09
50785			NRC	2,670.79	2,670.79
50800			NRC	2,039.03	2,039.03
50810			NRC	2,972.58	2,972.58
50815			NRC	2,694.53	2,694.53
50820			NRC	2,912.27	2,912.27
50825			NRC	3,660.50	3,660.50
50830			NRC	3,982.85	3,982.85
50840			NRC	2,708.59	2,708.59
50845			NRC	2,749.10	2,749.10
50860			NRC	2,081.23	2,081.23

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
50900				1,870.91	1,870.91
50920			NRC	1,939.91	1,939.91
50930			NRC	2,729.96	2,729.96
50940			NRC	1,953.19	1,953.19
50945			NRC	2,146.90	2,146.90
50947			NRC	3,061.91	3,061.91
50948			NRC	2,815.33	2,815.33
50949			BR	0.00	0.00
50951			NRC	813.33	679.23
50953			NRC	861.56	723.09
50955			NRC	922.12	781.46
50957			NRC	930.38	785.35
50961			NRC	836.78	702.68
50970			NRC	821.46	821.46
50972			NRC	794.28	794.28
50974			NRC	1,048.80	1,048.80
50976			NRC	1,034.01	1,034.01
50980			NRC	788.63	788.63
51020			NRC	1,028.28	1,028.28
51030			NRC	1,029.28	1,029.28
51040			NRC	629.16	629.16
51045			NRC	1,078.18	1,078.18
51050			NRC	1,035.08	1,035.08
51060			NRC	1,275.23	1,275.23
51065			NRC	1,269.40	1,269.40
51080			NRC	892.79	892.79
51100			NRC	131.32	87.59
51101			NRC	261.51	117.21
51102			NRC	487.87	323.89
51500			NRC	1,396.99	1,396.99
51520			NRC	1,302.47	1,302.47
51525			NRC	1,895.00	1,895.00
51530			NRC	1,747.36	1,747.36
51535			NRC	1,712.43	1,712.43
51550			NRC	2,138.18	2,138.18
51555			NRC	2,806.40	2,806.40
51565			NRC	2,854.06	2,854.06
51570			NRC	3,267.51	3,267.51
51575			NRC	4,021.81	4,021.81
51580			NRC	4,186.39	4,186.39
51585			NRC	4,662.90	4,662.90
51590			NRC	4,275.77	4,275.77
51595			NRC	4,843.11	4,843.11
51596			NRC	5,198.14	5,198.14
51597			NRC	5,086.71	5,086.71
51600			NRC	378.99	99.13

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
51605			NRC	83.37	83.37
51610			NRC	225.83	142.02
51700			NRC	175.66	99.13
51701				115.31	61.38
51702				147.38	66.48
51703				274.75	179.28
51705				192.69	114.71
51710				270.80	173.87
51715			NRC	620.13	443.76
51720			NRC	233.40	176.55
51725				391.45	391.45
51725	26			169.02	169.02
51725	TC			222.44	222.44
51726				548.52	548.52
51726	26			190.22	190.22
51726	TC			358.30	358.30
51727				654.63	654.63
51727	26			241.97	241.97
51727	TC			412.65	412.65
51728				655.47	655.47
51728	26			234.80	234.80
51728	TC			420.67	420.67
51729				713.48	713.48
51729	26			284.80	284.80
51729	TC			428.69	428.69
51736			NRC	32.68	32.68
51736	26		NRC	18.68	18.68
51736	TC		NRC	14.00	14.00
51741			NRC	33.41	33.41
51741	26		NRC	18.68	18.68
51741	TC		NRC	14.73	14.73
51784			NRC	401.78	401.78
51784	26		NRC	170.59	170.59
51784	TC		NRC	231.18	231.18
51785			NRC	533.69	533.69
51785	26		NRC	176.43	176.43
51785	TC		NRC	357.27	357.27
51792			NRC	436.91	436.91
51792	26		NRC	124.10	124.10
51792	TC		NRC	312.81	312.81
51797			NRC	232.44	232.44
51797	26		NRC	87.98	87.98
51797	TC		NRC	144.46	144.46
51798			NRC	38.78	38.78
51800			NRC	2,300.59	2,300.59
51820			NRC	2,384.25	2,384.25

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
51840			NRC	1,469.14	1,469.14
51841			NRC	1,747.02	1,747.02
51845			NRC	1,305.90	1,305.90
51860			NRC	1,658.25	1,658.25
51865			NRC	1,981.23	1,981.23
51880			NRC	1,037.54	1,037.54
51900			NRC	1,826.11	1,826.11
51920			NRC	1,770.06	1,770.06
51925			NRC	2,335.76	2,335.76
51940			NRC	3,600.77	3,600.77
51960			NRC	3,074.86	3,074.86
51980			NRC	1,567.25	1,567.25
51990			NRC	1,690.07	1,690.07
51992			NRC	1,909.33	1,909.33
51999			BR	0.00	0.00
52000				430.16	278.57
52001			NRC	798.84	636.32
52005				554.33	294.15
52007			NRC	919.23	366.80
52010			NRC	764.72	366.80
52204			NRC	764.41	313.28
52214			NRC	1,357.70	391.31
52224			NRC	1,425.37	453.88
52234			NRC	543.23	543.23
52235			NRC	638.50	638.50
52240			NRC	868.94	868.94
52250			NRC	530.93	530.93
52260			NRC	465.99	465.99
52265			NRC	766.31	364.01
52270			NRC	744.66	402.85
52275			NRC	1,006.59	549.64
52276			NRC	586.33	586.33
52277			NRC	715.95	715.95
52281				572.71	338.04
52282			NRC	746.54	746.54
52283			NRC	590.67	445.64
52285			NRC	594.98	433.92
52287				656.23	375.64
52290			NRC	539.34	539.34
52300			NRC	626.45	626.45
52301			NRC	642.51	642.51
52305			NRC	617.82	617.82
52310				514.77	336.22
52315				877.09	606.70
52317			NRC	1,677.71	770.35
52318			NRC	1,049.65	1,049.65

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
52320			NRC	545.26	545.26
52325			NRC	710.06	710.06
52327			NRC	582.84	582.84
52330			NRC	1,038.43	584.38
52332			NRC	1,010.99	344.14
52334			NRC	567.65	567.65
52341			NRC	628.33	628.33
52342			NRC	683.73	683.73
52343			NRC	762.66	762.66
52344			NRC	818.06	818.06
52345			NRC	873.46	873.46
52346			NRC	989.84	989.84
52351			NRC	669.85	669.85
52352			NRC	785.32	785.32
52353			NRC	868.05	868.05
52354			NRC	924.33	924.33
52355			NRC	1,036.89	1,036.89
52356				922.15	922.15
52400			NRC	1,053.34	1,053.34
52402			NRC	591.82	591.82
52441			NRC	2,599.39	529.60
52442			NRC	2,007.95	188.14
52450			NRC	1,027.64	1,027.64
52500			NRC	1,068.18	1,068.18
52601			NRC	1,862.35	1,862.35
52630			NRC	874.90	874.90
52640			NRC	684.34	684.34
52647			NRC	3,687.25	1,421.41
52648			NRC	3,802.54	1,518.48
52649			NRC	1,808.04	1,808.04
52700			NRC	965.65	965.65
53000			NRC	323.79	323.79
53010			NRC	638.82	638.82
53020			NRC	214.51	214.51
53025			NRC	147.14	147.14
53040			NRC	859.59	859.59
53060			NRC	411.18	374.74
53080			NRC	918.42	918.42
53085			NRC	1,455.19	1,455.19
53200			NRC	341.13	314.17
53210			NRC	1,692.23	1,692.23
53215			NRC	2,044.55	2,044.55
53220			NRC	992.16	992.16
53230			NRC	1,340.00	1,340.00
53235			NRC	1,387.57	1,387.57
53240			NRC	929.02	929.02

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
53250			NRC	931.39	931.39
53260			NRC	440.35	398.08
53265			NRC	473.27	409.86
53270			NRC	464.91	421.18
53275			NRC	576.60	576.60
53400			NRC	1,763.31	1,763.31
53405			NRC	1,921.93	1,921.93
53410			NRC	2,157.22	2,157.22
53415			NRC	2,492.99	2,492.99
53420			NRC	1,852.17	1,852.17
53425			NRC	2,063.68	2,063.68
53430			NRC	2,145.53	2,145.53
53431			NRC	2,543.28	2,543.28
53440			NRC	1,655.64	1,655.64
53442			NRC	1,716.19	1,716.19
53444			NRC	1,743.96	1,743.96
53445			NRC	1,652.99	1,652.99
53446			NRC	1,408.62	1,408.62
53447			NRC	1,777.76	1,777.76
53448			NRC	2,821.15	2,821.15
53449			NRC	1,342.53	1,342.53
53450			NRC	893.15	893.15
53460			NRC	1,001.64	1,001.64
53500			NRC	1,658.39	1,658.39
53502				1,067.03	1,067.03
53505				1,065.57	1,065.57
53510				1,384.47	1,384.47
53515				1,749.24	1,749.24
53520			NRC	1,218.83	1,218.83
53600			NRC	179.58	140.95
53601			NRC	171.89	117.23
53605			NRC	142.84	142.84
53620			NRC	249.74	192.89
53621			NRC	232.18	157.84
53660			NRC	148.96	91.39
53661			NRC	146.84	89.26
53665			NRC	86.74	86.74
53850			NRC	4,273.00	1,328.65
53852			NRC	3,945.42	1,366.19
53855			NRC	1,578.46	183.54
53860			NRC	3,180.33	521.66
53899			BR	0.00	0.00
54000			NRC	311.92	233.21
54001			NRC	394.51	304.14
54015			NRC	680.02	680.02
54050			NRC	276.88	225.14

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
54055			NRC	248.64	198.35
54056			NRC	299.05	239.29
54057			NRC	284.29	203.39
54060			NRC	380.38	284.18
54065			NRC	468.55	378.18
54100			NRC	415.92	273.80
54105			NRC	568.08	466.04
54110			NRC	1,370.38	1,370.38
54111			NRC	1,762.58	1,762.58
54112			NRC	2,064.29	2,064.29
54115			NRC	980.55	926.62
54120				1,388.15	1,388.15
54125				1,790.16	1,790.16
54130			NRC	2,630.87	2,630.87
54135			NRC	3,337.96	3,337.96
54150			NRC	332.68	219.71
54160			NRC	466.39	316.26
54161			NRC	431.91	431.91
54162			NRC	552.01	436.13
54163			NRC	475.49	475.49
54164			NRC	420.82	420.82
54200			NRC	226.19	181.01
54205			NRC	1,164.67	1,164.67
54220			NRC	434.69	296.22
54230			NRC	207.34	173.81
54231			NRC	303.19	255.82
54235			NRC	194.04	161.24
54240			NRC	213.41	213.41
54240	26		NRC	142.56	142.56
54240	TC		NRC	70.85	70.85
54250			NRC	263.43	263.43
54250	26		NRC	241.42	241.42
54250	TC		NRC	22.02	22.02
54300			NRC	1,407.53	1,407.53
54304			NRC	1,647.40	1,647.40
54308			NRC	1,571.93	1,571.93
54312			NRC	1,798.84	1,798.84
54316			NRC	2,196.95	2,196.95
54318			NRC	1,532.77	1,532.77
54322			NRC	1,718.48	1,718.48
54324			NRC	2,133.53	2,133.53
54326			NRC	2,082.33	2,082.33
54328			NRC	2,068.11	2,068.11
54332			NRC	2,233.03	2,233.03
54336			NRC	2,621.21	2,621.21
54340			NRC	1,248.22	1,248.22

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
54344			NRC	2,188.25	2,188.25
54348			NRC	2,191.27	2,191.27
54352			NRC	3,126.75	3,126.75
54360			NRC	1,585.60	1,585.60
54380			NRC	1,757.01	1,757.01
54385			NRC	2,181.08	2,181.08
54390			NRC	2,827.09	2,827.09
54400			NRC	1,161.09	1,161.09
54401			NRC	1,431.29	1,431.29
54405			NRC	1,780.25	1,780.25
54406			NRC	1,604.64	1,604.64
54408			NRC	1,737.15	1,737.15
54410			NRC	1,890.13	1,890.13
54411			NRC	2,256.96	2,256.96
54415			NRC	1,156.84	1,156.84
54416			NRC	1,557.10	1,557.10
54417			NRC	1,978.58	1,978.58
54420			NRC	1,549.24	1,549.24
54430			NRC	1,405.07	1,405.07
54435			NRC	910.16	910.16
54440			BR	0.00	0.00
54450			NRC	151.92	127.14
54500			NRC	163.43	163.43
54505			NRC	459.24	459.24
54512			NRC	1,185.42	1,185.42
54520			NRC	715.98	715.98
54522			NRC	1,321.97	1,321.97
54530			NRC	1,109.25	1,109.25
54535			NRC	1,635.92	1,635.92
54550			NRC	1,079.03	1,079.03
54560			NRC	1,509.85	1,509.85
54600			NRC	992.22	992.22
54620			NRC	657.78	657.78
54640			NRC	1,047.97	1,047.97
54650			NRC	1,563.09	1,563.09
54660			NRC	778.95	778.95
54670			NRC	885.71	885.71
54680			NRC	1,731.23	1,731.23
54690			NRC	1,635.01	1,635.01
54692			NRC	1,749.20	1,749.20
54699			BR	0.00	0.00
54700			NRC	467.69	467.69
54800			NRC	287.27	287.27
54830			NRC	815.34	815.34
54840			NRC	702.91	702.91
54860			NRC	916.57	916.57

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
54861			NRC	1,240.15	1,240.15
54865			NRC	783.81	783.81
54900			NRC	1,730.22	1,730.22
54901			NRC	2,363.98	2,363.98
55000			NRC	249.73	185.60
55040			NRC	742.40	742.40
55041			NRC	1,119.67	1,119.67
55060			NRC	835.03	835.03
55100			NRC	463.91	364.79
55110			NRC	850.85	850.85
55120				784.85	784.85
55150			NRC	1,079.46	1,079.46
55175			NRC	793.63	793.63
55180			NRC	1,528.39	1,528.39
55200			NRC	930.52	612.04
55250			NRC	807.39	494.01
55300			NRC	414.79	414.79
55400			NRC	1,160.57	1,160.57
55450			NRC	764.78	563.63
55500			NRC	873.50	873.50
55520			NRC	999.10	999.10
55530			NRC	773.68	773.68
55535			NRC	941.50	941.50
55540			NRC	1,196.29	1,196.29
55550			NRC	937.92	937.92
55559			BR	0.00	0.00
55600			NRC	922.77	922.77
55605			NRC	1,183.50	1,183.50
55650			NRC	1,577.21	1,577.21
55680			NRC	756.66	756.66
55700			NRC	464.08	308.85
55705			NRC	583.40	583.40
55706			NRC	803.30	803.30
55720			NRC	989.86	989.86
55725			NRC	1,300.62	1,300.62
55801			NRC	2,408.58	2,408.58
55810			NRC	2,908.97	2,908.97
55812			NRC	3,552.02	3,552.02
55815			NRC	3,894.13	3,894.13
55821			NRC	1,925.19	1,925.19
55831			NRC	2,082.78	2,082.78
55840			NRC	2,950.78	2,950.78
55842			NRC	3,161.77	3,161.77
55845			NRC	3,614.14	3,614.14
55860			NRC	1,925.94	1,925.94
55862			NRC	2,416.75	2,416.75

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
55865			NRC	2,942.82	2,942.82
55866			NRC	3,833.02	3,833.02
55870			NRC	379.54	314.68
55873			NRC	13,998.65	1,684.83
55875			NRC	1,677.07	1,677.07
55876			NRC	289.03	220.52
55899			BR	0.00	0.00
55920			NRC	990.81	990.81
55970			NRC	0.00	0.00
55980			NRC	0.00	0.00
56405			NRC	242.46	241.00
56420			NRC	265.17	204.68
56440			NRC	409.58	409.58
56441			NRC	315.38	305.90
56442			NRC	107.12	107.12
56501			NRC	286.16	254.82
56515			NRC	495.43	445.87
56605			NRC	181.29	136.83
56606			NRC	82.55	66.52
56620			NRC	1,135.65	1,135.65
56625			NRC	1,369.66	1,369.66
56630			NRC	2,026.77	2,026.77
56631			NRC	2,578.46	2,578.46
56632			NRC	2,990.83	2,990.83
56633			NRC	2,643.58	2,643.58
56634			NRC	2,807.90	2,807.90
56637			NRC	3,282.92	3,282.92
56640			NRC	3,288.20	3,288.20
56700			NRC	418.59	418.59
56740			NRC	670.73	670.73
56800			NRC	538.30	538.30
56805			NRC	2,596.52	2,596.52
56810			NRC	582.79	582.79
56820			NRC	246.17	194.42
56821			NRC	325.07	260.94
57000			NRC	424.37	424.37
57010			NRC	975.42	975.42
57020			NRC	210.45	186.40
57022			NRC	387.59	387.59
57023				700.13	700.13
57061			NRC	247.25	217.37
57065			NRC	425.63	384.82
57100			NRC	194.59	150.14
57105			NRC	296.91	277.97
57106			NRC	1,083.69	1,083.69
57107			NRC	3,209.88	3,209.88

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
57109			NRC	3,761.63	3,761.63
57110			NRC	2,028.45	2,028.45
57111			NRC	3,642.84	3,642.84
57112			NRC	3,796.44	3,796.44
57120			NRC	1,145.97	1,145.97
57130			NRC	391.89	355.45
57135			NRC	422.96	385.06
57150			NRC	98.58	66.52
57155			NRC	915.90	638.22
57156			NRC	423.48	322.91
57160			NRC	166.28	107.25
57170			NRC	134.34	109.56
57180				306.14	236.18
57200				665.52	665.52
57210			NRC	818.39	818.39
57220			NRC	713.24	713.24
57230			NRC	887.52	887.52
57240			NRC	1,497.49	1,497.49
57250			NRC	1,524.91	1,524.91
57260			NRC	1,882.16	1,882.16
57265			NRC	2,062.27	2,062.27
57267			NRC	581.01	581.01
57268			NRC	1,079.17	1,079.17
57270			NRC	1,804.68	1,804.68
57280			NRC	2,150.56	2,150.56
57282			NRC	1,118.35	1,118.35
57283			NRC	1,555.22	1,555.22
57284			NRC	1,837.35	1,837.35
57285			NRC	1,514.39	1,514.39
57287			NRC	1,505.45	1,505.45
57288			NRC	1,586.70	1,586.70
57289			NRC	1,601.03	1,601.03
57291			NRC	1,384.51	1,384.51
57292			NRC	1,847.48	1,847.48
57295			NRC	1,069.45	1,069.45
57296			NRC	2,151.62	2,151.62
57300			NRC	1,248.54	1,248.54
57305			NRC	2,087.83	2,087.83
57307			NRC	2,374.44	2,374.44
57308			NRC	1,492.22	1,492.22
57310			NRC	1,006.13	1,006.13
57311			NRC	1,147.54	1,147.54
57320			NRC	1,174.17	1,174.17
57330			NRC	1,625.11	1,625.11
57335			NRC	2,547.24	2,547.24
57400			NRC	302.09	302.09

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
57410			NRC	241.59	241.59
57415			NRC	355.02	355.02
57420			NRC	256.98	205.23
57421			NRC	345.24	279.65
57423			NRC	2,077.66	2,077.66
57425			NRC	2,188.35	2,188.35
57426			NRC	1,911.38	1,911.38
57452			NRC	240.03	206.50
57454			NRC	341.08	307.56
57455			NRC	315.81	252.40
57456			NRC	298.62	235.21
57460			NRC	611.67	370.43
57461			NRC	694.83	428.82
57500			NRC	274.76	170.54
57505			NRC	222.23	202.55
57510			NRC	291.63	261.02
57511			NRC	320.67	295.89
57513			NRC	319.21	297.35
57520			NRC	672.65	609.24
57522			NRC	583.21	543.85
57530			NRC	769.91	769.91
57531			NRC	3,971.66	3,971.66
57540			NRC	1,760.52	1,760.52
57545			NRC	1,858.38	1,858.38
57550			NRC	914.31	914.31
57555			NRC	1,353.63	1,353.63
57556			NRC	1,272.13	1,272.13
57558			NRC	277.11	254.52
57700			NRC	689.29	689.29
57720			NRC	685.66	685.66
57800			NRC	131.72	108.40
58100			NRC	241.98	199.70
58110			NRC	106.94	93.09
58120			NRC	570.02	491.31
58140			NRC	2,082.22	2,082.22
58145			NRC	1,225.40	1,225.40
58146			NRC	2,617.73	2,617.73
58150			NRC	2,266.91	2,266.91
58152			NRC	2,824.55	2,824.55
58180			NRC	2,170.96	2,170.96
58200			NRC	3,007.69	3,007.69
58210			NRC	4,036.68	4,036.68
58240			NRC	6,413.48	6,413.48
58260			NRC	1,870.08	1,870.08
58262			NRC	2,088.01	2,088.01
58263			NRC	2,243.37	2,243.37

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
58267			NRC	2,390.32	2,390.32
58270			NRC	1,996.44	1,996.44
58275			NRC	2,228.16	2,228.16
58280			NRC	2,382.39	2,382.39
58285			NRC	2,976.48	2,976.48
58290			NRC	2,610.59	2,610.59
58291			NRC	2,827.80	2,827.80
58292			NRC	2,983.58	2,983.58
58293			NRC	3,104.38	3,104.38
58294			NRC	2,766.05	2,766.05
58300			NRC	151.52	114.35
58301			NRC	210.63	155.24
58321			NRC	158.68	104.02
58322			NRC	188.58	133.92
58323			NRC	34.81	28.25
58340			NRC	249.00	128.02
58345			NRC	628.94	628.94
58346			NRC	973.44	973.44
58350			NRC	209.47	173.76
58353			NRC	2,083.80	493.56
58356			NRC	3,898.45	788.65
58400			NRC	981.85	981.85
58410			NRC	1,818.05	1,818.05
58520			NRC	1,865.49	1,865.49
58540			NRC	2,056.85	2,056.85
58541			NRC	1,951.02	1,951.02
58542			NRC	2,183.11	2,183.11
58543			NRC	2,217.25	2,217.25
58544			NRC	2,409.33	2,409.33
58545			NRC	2,029.94	2,029.94
58546			NRC	2,556.23	2,556.23
58548			NRC	4,149.68	4,149.68
58550			NRC	1,997.25	1,997.25
58552			NRC	2,221.14	2,221.14
58553			NRC	2,576.06	2,576.06
58554			NRC	2,989.41	2,989.41
58555			NRC	657.47	431.54
58558			NRC	864.89	605.43
58559			NRC	777.93	777.93
58560			NRC	879.71	879.71
58561			NRC	1,245.50	1,245.50
58562			NRC	898.48	657.98
58563			NRC	3,442.42	778.66
58565			NRC	3,874.72	977.01
58570			NRC	2,101.49	2,101.49
58571			NRC	2,352.65	2,352.65

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
58572			NRC	2,622.16	2,622.16
58573			NRC	3,020.14	3,020.14
58578			NRC	0.00	0.00
58579			NRC	0.00	0.00
58600			NRC	821.13	821.13
58605			NRC	739.52	739.52
58611			NRC	177.05	177.05
58615			NRC	548.29	548.29
58660			NRC	1,521.50	1,521.50
58661			NRC	1,460.93	1,460.93
58662			NRC	1,596.06	1,596.06
58670			NRC	821.86	821.86
58671			NRC	822.59	822.59
58672			NRC	1,667.07	1,667.07
58673			NRC	1,812.10	1,812.10
58679			NRC	0.00	0.00
58700			NRC	1,750.12	1,750.12
58720			NRC	1,638.88	1,638.88
58740			NRC	1,978.16	1,978.16
58750			NRC	2,067.20	2,067.20
58752			NRC	1,912.04	1,912.04
58760			NRC	1,831.69	1,831.69
58770			NRC	1,954.67	1,954.67
58800			NRC	706.12	666.77
58805			NRC	908.39	908.39
58820			NRC	697.44	697.44
58822			NRC	1,665.44	1,665.44
58825			NRC	1,568.22	1,568.22
58900			NRC	999.29	999.29
58920			NRC	1,613.45	1,613.45
58925			NRC	1,672.21	1,672.21
58940			NRC	1,167.88	1,167.88
58943			NRC	2,592.11	2,592.11
58950			NRC	2,476.91	2,476.91
58951			NRC	3,184.47	3,184.47
58952			NRC	3,595.08	3,595.08
58953			NRC	4,449.22	4,449.22
58954			NRC	4,825.79	4,825.79
58956			NRC	3,035.09	3,035.09
58957			NRC	3,486.01	3,486.01
58958			NRC	3,822.54	3,822.54
58960			NRC	2,123.15	2,123.15
58970			NRC	470.53	427.53
58974			NRC	0.00	0.00
58976			NRC	530.08	460.84
58999			NRC	0.00	0.00

Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
59000			NRC	275.63	185.26
59001			NRC	414.15	414.15
59012			NRC	469.10	469.10
59015			NRC	351.98	304.61
59020			NRC	152.95	152.95
59020	26		NRC	84.29	84.29
59020	TC		NRC	68.66	68.66
59025			NRC	104.18	104.18
59025	26		NRC	66.86	66.86
59025	TC		NRC	37.32	37.32
59030			NRC	222.95	222.95
59050			NRC	117.83	117.83
59051			NRC	98.09	98.09
59070			NRC	918.27	717.13
59072			NRC	1,209.90	1,209.90
59074			NRC	876.00	717.85
59076			NRC	1,214.27	1,214.27
59100			NRC	1,912.14	1,912.14
59120			NRC	1,821.46	1,821.46
59121			NRC	1,822.77	1,822.77
59130			NRC	1,856.58	1,856.58
59135			NRC	1,840.73	1,840.73
59136			NRC	2,025.53	2,025.53
59140			NRC	831.38	831.38
59150			NRC	1,764.27	1,764.27
59151			NRC	1,717.80	1,717.80
59160			NRC	457.53	396.31
59200			NRC	159.76	105.10
59300			NRC	429.82	340.91
59320			NRC	349.50	349.50
59325			NRC	485.93	485.93
59350			NRC	649.21	649.21
59400			NRC	4,769.58	4,769.58
59409			NRC	1,891.94	1,891.94
59410			NRC	2,406.14	2,406.14
59412			NRC	238.42	238.42
59414			NRC	212.58	212.58
59425			NRC	1,026.54	827.58
59426			NRC	1,834.12	1,459.52
59430			NRC	414.00	322.90
59510			NRC	5,278.27	5,278.27
59514			NRC	2,129.13	2,129.13
59515			NRC	2,911.88	2,911.88
59525			NRC	1,125.37	1,125.37
59610			NRC	5,007.19	5,007.19
59612			NRC	2,125.28	2,125.28

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
59614			NRC	2,638.48	2,638.48
59618			NRC	5,352.16	5,352.16
59620			NRC	2,200.43	2,200.43
59622			NRC	2,992.23	2,992.23
59812			NRC	716.60	671.42
59820			NRC	848.57	802.65
59821			NRC	859.33	809.04
59830			NRC	993.37	993.37
59840			NRC	484.14	466.65
59841			NRC	867.06	824.06
59850			NRC	758.99	758.99
59851			NRC	905.49	905.49
59852			NRC	1,108.09	1,108.09
59855			NRC	948.06	948.06
59856			NRC	1,116.35	1,116.35
59857			NRC	1,141.93	1,141.93
59866			NRC	481.13	481.13
59870			NRC	1,065.40	1,065.40
59871			NRC	306.80	306.80
59897			NRC	0.00	0.00
59898			NRC	0.00	0.00
59899			NRC	0.00	0.00
60000			NRC	373.83	337.39
60100			NRC	245.73	177.95
60200			NRC	1,464.05	1,464.05
60210			NRC	1,572.97	1,572.97
60212			NRC	2,246.64	2,246.64
60220			NRC	1,578.18	1,578.18
60225			NRC	2,071.51	2,071.51
60240			NRC	2,052.69	2,052.69
60252			NRC	2,944.79	2,944.79
60254			NRC	3,723.52	3,723.52
60260			NRC	2,443.80	2,443.80
60270			NRC	3,061.41	3,061.41
60271			NRC	2,358.78	2,358.78
60280			NRC	976.74	976.74
60281			NRC	1,306.37	1,306.37
60300			NRC	250.27	112.53
60500			NRC	2,151.91	2,151.91
60502			NRC	2,871.39	2,871.39
60505			NRC	3,096.23	3,096.23
60512			NRC	546.34	546.34
60520			NRC	2,324.10	2,324.10
60521			NRC	2,550.81	2,550.81
60522			NRC	3,091.28	3,091.28
60540			NRC	2,350.74	2,350.74

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
60545			NRC	2,708.81	2,708.81
60600			NRC	3,216.99	3,216.99
60605			NRC	3,570.56	3,570.56
60650			NRC	2,655.88	2,655.88
60659			NRC	0.00	0.00
60699			BR	0.00	0.00
61000			NRC	196.71	196.71
61001			NRC	242.07	242.07
61020				236.63	236.63
61026				239.53	239.53
61050				190.15	190.15
61055				264.12	264.12
61070				132.95	132.95
61105				1,023.34	1,023.34
61107				715.22	715.22
61108				2,020.48	2,020.48
61120				1,665.06	1,665.06
61140				2,821.54	2,821.54
61150				3,033.90	3,033.90
61151				2,222.89	2,222.89
61154				2,840.82	2,840.82
61156				2,786.55	2,786.55
61210				835.54	835.54
61215				1,114.64	1,114.64
61250				1,934.72	1,934.72
61253				1,825.65	1,825.65
61304				3,678.28	3,678.28
61305				4,509.48	4,509.48
61312				4,679.34	4,679.34
61313				4,452.17	4,452.17
61314				4,107.89	4,107.89
61315				4,652.32	4,652.32
61316				199.31	199.31
61320				4,276.30	4,276.30
61321				4,781.79	4,781.79
61322				5,336.96	5,336.96
61323				5,363.84	5,363.84
61330				4,155.41	4,155.41
61332			NRC	4,643.03	4,643.03
61333			NRC	4,748.44	4,748.44
61340				3,238.79	3,238.79
61343				4,944.07	4,944.07
61345				4,578.81	4,578.81
61450			NRC	4,318.79	4,318.79
61458				4,508.78	4,508.78
61460				4,724.41	4,724.41

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
61480				3,324.44	3,324.44
61500				2,983.16	2,983.16
61501				2,578.02	2,578.02
61510			NRC	4,907.39	4,907.39
61512			NRC	5,737.68	5,737.68
61514				4,284.35	4,284.35
61516				4,172.63	4,172.63
61517			NRC	197.79	197.79
61518			NRC	6,208.88	6,208.88
61519			NRC	6,642.72	6,642.72
61520			NRC	8,421.71	8,421.71
61521			NRC	7,164.71	7,164.71
61522				4,911.93	4,911.93
61524			NRC	4,675.41	4,675.41
61526			NRC	8,216.69	8,216.69
61530			NRC	6,927.26	6,927.26
61531				2,729.53	2,729.53
61533				3,414.08	3,414.08
61534				3,685.55	3,685.55
61535				2,229.03	2,229.03
61536				5,799.70	5,799.70
61537				5,548.76	5,548.76
61538				6,009.78	6,009.78
61539				5,305.05	5,305.05
61540				4,901.91	4,901.91
61541				4,824.90	4,824.90
61543				4,877.82	4,877.82
61544				4,272.10	4,272.10
61545				7,158.40	7,158.40
61546			NRC	5,184.00	5,184.00
61548			NRC	3,485.90	3,485.90
61550			NRC	1,954.74	1,954.74
61552			NRC	2,489.30	2,489.30
61556			NRC	3,821.10	3,821.10
61557			NRC	3,762.51	3,762.51
61558			NRC	3,830.67	3,830.67
61559			NRC	3,915.23	3,915.23
61563			NRC	4,445.25	4,445.25
61564			NRC	5,404.16	5,404.16
61566				5,048.14	5,048.14
61567				5,757.54	5,757.54
61570				4,187.84	4,187.84
61571				4,462.31	4,462.31
61575				5,444.71	5,444.71
61576				7,627.00	7,627.00
61580				5,485.12	5,485.12

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
61581				5,932.25	5,932.25
61582				6,524.84	6,524.84
61583				6,471.88	6,471.88
61584				6,360.16	6,360.16
61585				7,219.66	7,219.66
61586				5,396.52	5,396.52
61590				6,798.44	6,798.44
61591				6,916.47	6,916.47
61592				7,092.78	7,092.78
61595				5,262.84	5,262.84
61596				5,468.68	5,468.68
61597				6,401.94	6,401.94
61598				6,313.83	6,313.83
61600			NRC	4,752.81	4,752.81
61601			NRC	5,360.54	5,360.54
61605			NRC	4,849.53	4,849.53
61606			NRC	6,714.96	6,714.96
61607			NRC	6,484.70	6,484.70
61608			NRC	7,258.92	7,258.92
61610				4,015.80	4,015.80
61611				880.63	880.63
61612				3,140.81	3,140.81
61613				7,343.84	7,343.84
61615			NRC	5,027.91	5,027.91
61616			NRC	7,430.53	7,430.53
61618				2,917.92	2,917.92
61619				3,318.61	3,318.61
61623			NRC	1,247.86	1,247.86
61624			NRC	2,494.48	2,494.48
61626			NRC	1,931.01	1,931.01
61630			NRC	2,860.68	2,860.68
61635			NRC	3,117.31	3,117.31
61640			NRC	1,390.71	1,390.71
61641			NRC	489.34	489.34
61642			NRC	976.91	976.91
61680			NRC	5,062.48	5,062.48
61682			NRC	9,435.46	9,435.46
61684			NRC	6,397.22	6,397.22
61686			NRC	10,145.87	10,145.87
61690			NRC	4,908.34	4,908.34
61692			NRC	8,248.78	8,248.78
61697			NRC	9,518.61	9,518.61
61698			NRC	10,451.16	10,451.16
61700			NRC	7,694.88	7,694.88
61702			NRC	9,072.74	9,072.74
61703			NRC	3,041.73	3,041.73

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
61705			NRC	5,854.29	5,854.29
61708			NRC	4,365.04	4,365.04
61710			NRC	4,438.53	4,438.53
61711			NRC	5,866.62	5,866.62
61720			NRC	2,843.16	2,843.16
61735			NRC	3,562.86	3,562.86
61750			NRC	3,152.28	3,152.28
61751			NRC	3,074.43	3,074.43
61760				3,543.58	3,543.58
61770			NRC	3,632.37	3,632.37
61781			NRC	530.21	530.21
61782			NRC	432.89	432.89
61783			NRC	531.66	531.66
61790			NRC	1,949.20	1,949.20
61791			NRC	2,486.68	2,486.68
61796			NRC	2,242.02	2,242.02
61797			NRC	492.93	492.93
61798			NRC	3,072.79	3,072.79
61799			NRC	679.30	679.30
61800			NRC	342.16	342.16
61850				2,194.97	2,194.97
61860				3,510.11	3,510.11
61863				3,364.57	3,364.57
61864				644.86	644.86
61867				5,126.58	5,126.58
61868				1,135.59	1,135.59
61870				2,648.63	2,648.63
61880				1,268.39	1,268.39
61885				1,144.28	1,144.28
61886				1,871.32	1,871.32
61888				871.72	871.72
62000				2,302.93	2,302.93
62005				2,844.68	2,844.68
62010				3,430.66	3,430.66
62100				3,609.90	3,609.90
62115			NRC	2,804.21	2,804.21
62117			NRC	3,501.94	3,501.94
62120			NRC	3,697.81	3,697.81
62121			NRC	3,815.55	3,815.55
62140				2,322.55	2,322.55
62141				2,557.24	2,557.24
62142				1,982.09	1,982.09
62143				2,329.77	2,329.77
62145				3,192.60	3,192.60
62146				2,794.96	2,794.96
62147				3,266.67	3,266.67

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
62148				287.13	287.13
62160				431.21	431.21
62161			NRC	3,400.83	3,400.83
62162			NRC	4,238.51	4,238.51
62163				2,733.63	2,733.63
62164			NRC	4,684.01	4,684.01
62165			NRC	3,468.21	3,468.21
62180			NRC	3,589.69	3,589.69
62190			NRC	2,060.60	2,060.60
62192			NRC	2,179.47	2,179.47
62194			NRC	939.61	939.61
62200			NRC	3,083.76	3,083.76
62201			NRC	2,683.44	2,683.44
62220			NRC	2,280.95	2,280.95
62223			NRC	2,350.92	2,350.92
62225			NRC	1,157.90	1,157.90
62230			NRC	1,883.38	1,883.38
62252			NRC	183.82	183.82
62252	26		NRC	104.22	104.22
62252	TC		NRC	79.59	79.59
62256			NRC	1,331.91	1,331.91
62258			NRC	2,521.33	2,521.33
62263				1,462.48	770.12
62264				905.03	531.89
62267				537.94	360.12
62268				584.13	584.13
62269			NRC	601.37	601.37
62270				341.85	177.14
62272				431.44	191.67
62273				375.28	254.30
62280				441.25	247.65
62281				337.70	228.68
62282				394.87	207.38
62284				265.22	124.72
62287				1,243.86	1,243.86
62290				461.50	250.04
62291				444.40	244.23
62292				831.35	831.35
62294				1,028.12	1,028.12
62302				333.58	176.16
62303				346.26	178.51
62304				328.72	173.18
62305				358.25	180.62
62310				150.81	102.88
62311				148.32	100.86
62318				153.26	111.44

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
62319				157.90	113.73
62350				893.14	893.14
62351				1,949.81	1,949.81
62355				585.66	585.66
62360				691.32	691.32
62361				774.18	774.18
62362				857.95	857.95
62365				645.51	645.51
62367				89.68	56.89
62368				120.57	76.84
62369				251.75	78.30
62370				266.57	103.32
63001				2,771.81	2,771.81
63003				2,769.50	2,769.50
63005				2,642.79	2,642.79
63011				2,436.55	2,436.55
63012				2,666.05	2,666.05
63015				3,324.62	3,324.62
63016				3,399.11	3,399.11
63017				2,793.93	2,793.93
63020				2,615.58	2,615.58
63030				2,162.88	2,162.88
63035				435.05	435.05
63040				3,153.92	3,153.92
63042				2,907.89	2,907.89
63043				582.08	582.08
63044				582.08	582.08
63045				2,849.56	2,849.56
63046				2,709.91	2,709.91
63047				2,461.10	2,461.10
63048				482.71	482.71
63050				3,502.99	3,502.99
63051				3,845.34	3,845.34
63055				3,650.95	3,650.95
63056				3,318.08	3,318.08
63057				727.39	727.39
63064				3,978.14	3,978.14
63066				469.16	469.16
63075				3,064.80	3,064.80
63076				564.77	564.77
63077				3,352.33	3,352.33
63078				439.10	439.10
63081				3,974.46	3,974.46
63082				607.56	607.56
63085				4,266.52	4,266.52
63086				430.76	430.76

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
63087				5,370.37	5,370.37
63088				580.32	580.32
63090				4,407.68	4,407.68
63091				402.25	402.25
63101				5,206.72	5,206.72
63102				5,020.89	5,020.89
63103				658.88	658.88
63170				3,567.23	3,567.23
63172			NRC	3,161.64	3,161.64
63173			NRC	3,871.19	3,871.19
63180				3,325.69	3,325.69
63182				3,313.09	3,313.09
63185				2,685.29	2,685.29
63190				2,823.20	2,823.20
63191				2,826.35	2,826.35
63194				2,797.53	2,797.53
63195				3,445.55	3,445.55
63196				3,030.33	3,030.33
63197				3,487.98	3,487.98
63198				3,569.74	3,569.74
63199				3,746.26	3,746.26
63200			NRC	3,449.59	3,449.59
63250			NRC	6,681.96	6,681.96
63251			NRC	6,828.58	6,828.58
63252			NRC	6,827.06	6,827.06
63265			NRC	3,748.36	3,748.36
63266			NRC	3,870.42	3,870.42
63267			NRC	3,084.40	3,084.40
63268			NRC	3,256.73	3,256.73
63270			NRC	4,662.02	4,662.02
63271			NRC	4,657.11	4,657.11
63272			NRC	4,280.86	4,280.86
63273			NRC	4,183.23	4,183.23
63275			NRC	4,046.97	4,046.97
63276			NRC	4,008.69	4,008.69
63277			NRC	3,480.31	3,480.31
63278			NRC	3,558.20	3,558.20
63280			NRC	4,756.48	4,756.48
63281			NRC	4,697.54	4,697.54
63282			NRC	4,436.89	4,436.89
63283			NRC	4,258.52	4,258.52
63285			NRC	5,880.64	5,880.64
63286			NRC	5,788.93	5,788.93
63287			NRC	6,174.24	6,174.24
63290			NRC	6,270.03	6,270.03
63295			NRC	754.04	754.04

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
63300				4,126.49	4,126.49
63301				4,950.17	4,950.17
63302				4,888.32	4,888.32
63303				5,198.97	5,198.97
63304				5,276.82	5,276.82
63305				5,621.09	5,621.09
63306				4,926.84	4,926.84
63307				5,409.95	5,409.95
63308				726.06	726.06
63600				2,024.52	2,024.52
63610				882.15	882.15
63615				2,771.88	2,771.88
63620			NRC	2,475.29	2,475.29
63621			NRC	564.71	564.71
63650				2,798.21	922.27
63655				1,840.10	1,840.10
63661				1,229.98	711.80
63662				1,700.20	1,700.20
63663				1,713.78	1,027.98
63664				1,761.13	1,761.13
63685				804.75	804.75
63688				814.51	814.51
63700			NRC	2,833.32	2,833.32
63702			NRC	3,117.90	3,117.90
63704			NRC	3,685.36	3,685.36
63706			NRC	4,040.30	4,040.30
63707				2,039.14	2,039.14
63709				2,462.57	2,462.57
63710				2,471.52	2,471.52
63740			NRC	2,106.90	2,106.90
63741			NRC	1,446.68	1,446.68
63744			NRC	1,523.31	1,523.31
63746			NRC	1,330.87	1,330.87
64400				171.43	99.07
64402				170.10	107.14
64405				139.38	90.04
64408				139.52	106.16
64410				179.34	111.20
64412				190.23	104.71
64413				172.77	116.38
64415				164.30	94.76
64416				114.58	114.58
64417				178.71	101.65
64418				195.63	107.76
64420				156.08	98.28
64421				212.40	135.80

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
64425				186.83	136.55
64430			NRC	190.27	117.43
64435			NRC	188.87	122.61
64445				186.78	104.55
64446				115.05	115.05
64447				164.38	95.78
64448				102.87	102.87
64449				119.75	119.75
64450				109.73	65.09
64455				68.11	51.66
64479				332.02	194.34
64480				160.04	95.19
64483				304.50	161.65
64484				122.19	75.66
64486				170.06	91.59
64487				207.63	105.20
64488				208.95	113.56
64489				288.77	126.66
64490				266.52	155.62
64491				132.04	88.34
64492				132.98	89.28
64493				239.84	131.30
64494				120.78	75.20
64495				121.25	76.13
64505			NRC	144.47	121.91
64508			NRC	94.06	111.92
64510				174.93	105.39
64517			NRC	244.31	172.42
64520				252.61	114.93
64530			NRC	262.16	132.47
64550				34.04	20.20
64553			NRC	452.04	344.18
64555				436.27	330.59
64561			NRC	1,699.13	884.34
64565			NRC	397.15	287.10
64566				250.02	67.09
64568			NRC	1,350.69	1,350.69
64569			NRC	1,738.37	1,738.37
64570			NRC	1,544.84	1,544.84
64575			NRC	673.92	673.92
64580			NRC	657.09	657.09
64581			NRC	1,489.32	1,489.32
64585				521.14	315.62
64590			NRC	560.68	351.52
64595				516.18	276.41
64600				822.70	477.24

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
64605				1,565.44	802.38
64610				1,600.71	1,085.45
64611			NRC	243.04	214.62
64612				299.55	271.12
64615				316.60	283.81
64616				269.51	239.63
64617				408.63	252.66
64620				448.94	384.07
64630			NRC	494.40	417.88
64632				186.84	154.04
64633				924.67	507.80
64634				416.38	154.74
64635				911.77	499.99
64636				375.75	135.24
64640				284.65	204.48
64642				302.66	237.79
64643				200.28	160.19
64644				344.81	259.54
64645				244.19	183.70
64646				325.74	257.23
64647				377.22	297.05
64650			NRC	162.63	91.94
64653			NRC	207.11	121.84
64680			NRC	667.12	372.69
64681			NRC	728.53	424.62
64702				1,083.33	1,083.33
64704				699.69	699.69
64708				1,084.01	1,084.01
64712				1,238.24	1,238.24
64713				1,615.16	1,615.16
64714				1,411.31	1,411.31
64716				1,182.85	1,182.85
64718				1,295.38	1,295.38
64719				869.58	869.58
64721				931.57	925.74
64722				805.34	805.34
64726				597.91	597.91
64727				410.93	410.93
64732				911.96	911.96
64734				853.13	853.13
64736				966.73	966.73
64738				1,075.47	1,075.47
64740				1,007.26	1,007.26
64742				1,103.83	1,103.83
64744				1,086.43	1,086.43
64746				966.12	966.12

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
64755				2,040.70	2,040.70
64760				1,130.87	1,130.87
64763				1,120.49	1,120.49
64766				1,240.63	1,240.63
64771				1,282.70	1,282.70
64772				1,236.60	1,236.60
64774				917.13	917.13
64776				861.10	861.10
64778				352.11	352.11
64782				993.73	993.73
64783				481.73	481.73
64784				1,627.95	1,627.95
64786				2,399.28	2,399.28
64787				544.01	544.01
64788				873.37	873.37
64790				1,832.37	1,832.37
64792				2,652.58	2,652.58
64795			NRC	435.46	435.46
64802				1,485.96	1,485.96
64804				2,262.31	2,262.31
64809				1,602.82	1,602.82
64818				1,446.10	1,446.10
64820				1,607.78	1,607.78
64821				1,536.91	1,536.91
64822				1,536.91	1,536.91
64823				1,756.09	1,756.09
64831				1,502.21	1,502.21
64832				756.88	756.88
64834				1,637.89	1,637.89
64835				1,798.75	1,798.75
64836				1,798.75	1,798.75
64837				812.24	812.24
64840				2,033.07	2,033.07
64856				2,238.07	2,238.07
64857				2,342.66	2,342.66
64858				2,393.59	2,393.59
64859				577.98	577.98
64861				3,045.72	3,045.72
64862				3,075.62	3,075.62
64864				1,932.88	1,932.88
64865				2,458.40	2,458.40
64866				2,552.19	2,552.19
64868				2,254.01	2,254.01
64872				265.18	265.18
64874				376.22	376.22
64876				415.52	415.52

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
64885				2,527.49	2,527.49
64886				2,885.53	2,885.53
64890				2,462.47	2,462.47
64891				2,624.91	2,624.91
64892				2,394.80	2,394.80
64893				2,558.82	2,558.82
64895				3,014.76	3,014.76
64896				3,552.82	3,552.82
64897				2,905.29	2,905.29
64898				3,056.72	3,056.72
64901				1,320.03	1,320.03
64902				1,527.55	1,527.55
64905				2,306.62	2,306.62
64907				2,685.40	2,685.40
64910				1,813.65	1,813.65
64911				2,276.20	2,276.20
64999			BR	0.00	0.00
65091				1,433.97	1,433.97
65093				1,413.64	1,413.64
65101				1,660.23	1,660.23
65103				1,735.74	1,735.74
65105				1,918.88	1,918.88
65110				2,698.84	2,698.84
65112				3,134.36	3,134.36
65114				3,290.96	3,290.96
65125				991.24	658.91
65130				1,651.79	1,651.79
65135				1,676.51	1,676.51
65140				1,772.09	1,772.09
65150				1,230.71	1,230.71
65155				1,915.12	1,915.12
65175				1,437.82	1,437.82
65205				125.37	101.32
65210				151.82	121.21
65220				126.98	95.64
65222				149.79	120.64
65235				1,572.15	1,572.15
65260				2,061.24	2,061.24
65265				2,500.25	2,500.25
65270				569.73	315.38
65272				1,062.79	757.42
65273				821.65	821.65
65275				1,265.71	1,032.50
65280				1,546.56	1,546.56
65285				2,532.27	2,532.27
65286				1,527.12	1,105.87

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
65290				1,125.35	1,125.35
65400				1,492.13	1,337.62
65410			NRC	321.09	243.83
65420				1,097.37	821.16
65426				1,413.20	1,062.65
65430				256.30	234.44
65435				178.43	158.02
65436				873.12	841.78
65450				711.76	705.93
65600				864.37	763.07
65710				2,460.48	2,460.48
65730				2,734.58	2,734.58
65750				2,745.75	2,745.75
65755				2,741.82	2,741.82
65756				2,563.67	2,563.67
65757			NRC	276.91	276.91
65760			NRC	0.00	0.00
65765			NRC	0.00	0.00
65767			NRC	0.00	0.00
65770				3,519.36	3,519.36
65771			NRC	0.00	0.00
65772				987.16	897.51
65775				1,184.68	1,184.68
65778				2,835.40	163.62
65779				2,550.11	637.74
65780			NRC	1,960.09	1,960.09
65781			NRC	2,877.29	2,877.29
65782			NRC	2,647.23	2,647.23
65800			NRC	265.41	210.02
65810			NRC	1,034.44	1,034.44
65815				1,403.88	1,079.56
65820			NRC	1,604.78	1,604.78
65850			NRC	1,912.34	1,912.34
65855			NRC	752.05	671.15
65860				750.25	638.02
65865				1,012.24	1,012.24
65870				1,334.07	1,334.07
65875				1,396.24	1,396.24
65880				1,425.33	1,425.33
65900				2,072.72	2,072.72
65920				1,743.43	1,743.43
65930				1,447.28	1,447.28
66020				393.55	282.04
66030				355.23	243.72
66130				1,579.12	1,322.58
66150			NRC	1,877.07	1,877.07

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
66155			NRC	1,875.55	1,875.55
66160			NRC	2,121.40	2,121.40
66170			NRC	2,651.36	2,651.36
66172			NRC	3,342.05	3,342.05
66174			NRC	2,157.84	2,157.84
66175			NRC	2,472.39	2,472.39
66179				1,957.46	2,329.15
66180			NRC	2,600.10	2,600.10
66183				2,331.12	2,331.12
66184				1,364.08	1,694.23
66185			NRC	1,697.05	1,697.05
66220				1,649.47	1,649.47
66225				2,144.26	2,144.26
66250				1,661.95	1,274.96
66500				754.61	754.61
66505				827.41	827.41
66600			NRC	1,789.04	1,789.04
66605			NRC	2,279.13	2,279.13
66625			NRC	950.88	950.88
66630			NRC	1,284.38	1,284.38
66635				1,236.77	1,236.77
66680				1,186.95	1,186.95
66682				1,442.72	1,442.72
66700				972.04	857.62
66710				996.62	902.60
66711				1,379.26	1,379.26
66720				1,030.07	928.76
66740				934.19	845.27
66761			NRC	649.41	526.97
66762			NRC	1,038.21	940.55
66770			NRC	1,127.85	1,038.94
66820			NRC	868.66	868.66
66821			NRC	725.34	688.90
66825				1,672.38	1,672.38
66830			NRC	1,535.91	1,535.91
66840				1,598.95	1,598.95
66850				1,769.12	1,769.12
66852			NRC	1,922.82	1,922.82
66920			NRC	1,625.81	1,625.81
66930			NRC	1,848.42	1,848.42
66940			NRC	1,770.55	1,770.55
66982			NRC	1,797.15	1,797.15
66983			NRC	1,620.57	1,620.57
66984			NRC	1,440.82	1,440.82
66985			NRC	1,707.66	1,707.66
66986			NRC	2,018.64	2,018.64

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
66990				198.01	198.01
66999			BR	0.00	0.00
67005				1,085.45	1,085.45
67010				1,208.83	1,208.83
67015				1,285.99	1,285.99
67025				1,623.52	1,434.03
67027				1,941.32	1,941.32
67028				228.12	225.20
67030			NRC	1,137.21	1,137.21
67031			NRC	852.74	788.61
67036				2,145.37	2,145.37
67039				2,811.96	2,811.96
67040				3,174.37	3,174.37
67041			NRC	2,976.83	2,976.83
67042			NRC	3,407.08	3,407.08
67043			NRC	3,654.40	3,654.40
67101				1,750.23	1,529.40
67105				1,587.84	1,436.25
67107				2,772.85	2,772.85
67108				3,600.28	3,600.28
67110				1,907.84	1,719.08
67112				2,972.87	2,972.87
67113				3,921.29	3,921.29
67115				1,101.03	1,101.03
67120			NRC	1,476.84	1,277.15
67121			NRC	2,068.85	2,068.85
67141			NRC	1,175.68	1,103.52
67145			NRC	1,163.14	1,105.56
67208			NRC	1,287.45	1,245.91
67210			NRC	1,152.94	1,117.23
67218			NRC	3,000.67	3,000.67
67220			NRC	1,201.62	1,133.11
67221			NRC	634.38	486.44
67225			NRC	64.54	61.62
67227			NRC	1,309.32	1,230.61
67228			NRC	2,253.84	2,148.17
67229			NRC	2,405.42	2,405.42
67250				1,754.77	1,754.77
67255				1,910.75	1,910.75
67299			BR	0.00	0.00
67311			NRC	1,351.99	1,351.99
67312			NRC	1,640.57	1,640.57
67314			NRC	1,521.86	1,521.86
67316			NRC	1,844.94	1,844.94
67318			NRC	1,517.29	1,517.29
67320			NRC	705.20	705.20

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
67331			NRC	712.06	712.06
67332			NRC	773.32	773.32
67334			NRC	660.34	660.34
67335			NRC	346.16	346.16
67340			NRC	785.25	785.25
67343			NRC	1,495.56	1,495.56
67345				557.75	508.19
67346			NRC	455.60	455.60
67399			BR	0.00	0.00
67400				2,098.25	2,098.25
67405				1,734.91	1,734.91
67412			NRC	1,916.26	1,916.26
67413				1,931.01	1,931.01
67414				2,940.49	2,940.49
67415			NRC	238.69	238.69
67420			NRC	3,699.42	3,699.42
67430				2,674.27	2,674.27
67440				2,658.86	2,658.86
67445				3,218.66	3,218.66
67450				2,748.36	2,748.36
67500				172.96	160.57
67505				207.60	192.29
67515				223.69	208.39
67550				2,179.43	2,179.43
67560				2,175.57	2,175.57
67570				2,794.77	2,794.77
67599			BR	0.00	0.00
67700			NRC	565.77	259.67
67710			NRC	475.43	220.35
67715			NRC	505.68	246.22
67800			NRC	282.48	235.84
67801			NRC	365.34	308.49
67805			NRC	453.14	378.81
67808			NRC	838.45	838.45
67810			NRC	358.87	159.91
67820			NRC	113.86	121.15
67825			NRC	288.16	274.32
67830			NRC	573.23	314.50
67835			NRC	1,005.93	1,005.93
67840			NRC	592.06	356.65
67850			NRC	454.30	296.88
67875			NRC	371.03	222.35
67880			NRC	1,012.86	831.39
67882			NRC	1,262.26	1,078.60
67900			NRC	1,417.14	1,154.77
67901			NRC	1,680.89	1,320.13

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
67902			NRC	1,661.52	1,661.52
67903			NRC	1,328.42	1,109.05
67904			NRC	1,635.40	1,365.75
67906			NRC	1,097.35	1,097.35
67908			NRC	1,106.49	968.02
67909			NRC	1,191.98	996.66
67911			NRC	1,283.95	1,283.95
67912			NRC	1,882.32	1,089.39
67914			NRC	1,019.55	733.86
67915			NRC	622.84	432.62
67916			NRC	1,295.69	972.11
67917			NRC	1,332.79	1,042.73
67921			NRC	1,001.09	700.09
67922			NRC	617.59	431.74
67923			NRC	1,302.60	979.01
67924			NRC	1,391.40	1,044.50
67930				805.14	555.89
67935				1,324.43	1,019.07
67938				513.02	257.94
67950				1,268.14	1,050.23
67961				1,275.37	1,034.86
67966				1,728.05	1,506.50
67971				1,665.90	1,665.90
67973				2,149.72	2,149.72
67974				2,147.35	2,147.35
67975				1,573.48	1,573.48
67999			BR	0.00	0.00
68020			NRC	263.71	246.95
68040			NRC	146.67	122.62
68100			NRC	364.59	218.83
68110			NRC	492.03	337.52
68115			NRC	664.97	408.43
68130			NRC	1,138.01	883.66
68135			NRC	346.20	335.26
68200			NRC	92.39	79.27
68320			NRC	1,597.71	1,226.02
68325			NRC	1,507.92	1,507.92
68326			NRC	1,478.34	1,478.34
68328			NRC	1,624.68	1,624.68
68330			NRC	1,338.90	1,051.75
68335			NRC	1,484.56	1,484.56
68340			NRC	1,204.29	911.31
68360			NRC	1,180.46	939.23
68362			NRC	1,506.34	1,506.34
68371			NRC	885.05	885.05
68399			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
68400			NRC	609.61	302.05
68420			NRC	682.67	375.11
68440			NRC	226.84	221.01
68500			NRC	2,276.51	2,276.51
68505			NRC	2,223.34	2,223.34
68510			NRC	997.33	688.32
68520			NRC	1,519.66	1,519.66
68525			NRC	623.20	623.20
68530				938.96	596.43
68540			NRC	2,060.42	2,060.42
68550			NRC	2,527.01	2,527.01
68700			NRC	1,382.21	1,382.21
68705			NRC	520.22	378.83
68720			NRC	1,708.68	1,708.68
68745			NRC	1,741.60	1,741.60
68750			NRC	1,794.14	1,794.14
68760			NRC	442.95	332.18
68761			NRC	322.99	266.14
68770			NRC	1,442.10	1,442.10
68801			NRC	269.29	235.03
68810			NRC	530.36	420.31
68811			NRC	467.24	467.24
68815			NRC	968.79	583.26
68816			NRC	1,560.73	568.11
68840			NRC	284.73	262.86
68850			NRC	129.83	120.36
68899			BR	0.00	0.00
69000				402.97	263.04
69005				465.63	346.84
69020				497.59	310.29
69090			NRC	0.00	0.00
69100			NRC	209.95	108.64
69105			NRC	298.95	140.07
69110				975.99	703.42
69120				882.96	882.96
69140			NRC	1,894.83	1,894.83
69145			NRC	851.57	545.48
69150			NRC	2,307.85	2,307.85
69155			NRC	3,684.33	3,684.33
69200				261.29	127.92
69205				222.46	222.46
69210			NRC	106.81	74.02
69220			NRC	293.00	137.03
69222			NRC	470.56	297.84
69300			NRC	1,582.99	1,050.96
69310				2,365.34	2,365.34

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
69320			NRC	3,327.31	3,327.31
69399			BR	0.00	0.00
69420			NRC	411.11	263.89
69421			NRC	326.12	326.12
69424			NRC	272.71	137.16
69433			NRC	436.92	291.89
69436			NRC	352.76	352.76
69440			NRC	1,510.28	1,510.28
69450			NRC	1,187.92	1,187.92
69501			NRC	1,611.08	1,611.08
69502			NRC	2,144.74	2,144.74
69505			NRC	2,620.13	2,620.13
69511			NRC	2,685.49	2,685.49
69530			NRC	3,618.18	3,618.18
69535			NRC	5,924.61	5,924.61
69540			NRC	446.45	275.91
69550			NRC	2,264.40	2,264.40
69552			NRC	3,441.07	3,441.07
69554			NRC	5,567.14	5,567.14
69601			NRC	2,305.69	2,305.69
69602			NRC	2,396.52	2,396.52
69603			NRC	2,746.15	2,746.15
69604			NRC	2,450.25	2,450.25
69605			NRC	3,409.52	3,409.52
69610				840.35	647.95
69620			NRC	1,490.14	1,069.62
69631			NRC	1,936.93	1,936.93
69632			NRC	2,368.99	2,368.99
69633			NRC	2,289.63	2,289.63
69635			NRC	2,683.15	2,683.15
69636			NRC	3,005.02	3,005.02
69637			NRC	2,995.33	2,995.33
69641			NRC	2,291.47	2,291.47
69642			NRC	2,945.27	2,945.27
69643			NRC	2,695.98	2,695.98
69644			NRC	3,226.62	3,226.62
69645			NRC	3,171.83	3,171.83
69646			NRC	3,370.37	3,370.37
69650			NRC	1,766.60	1,766.60
69660			NRC	2,042.44	2,042.44
69661			NRC	2,661.55	2,661.55
69662			NRC	2,551.74	2,551.74
69666			NRC	1,777.65	1,777.65
69667			NRC	1,780.63	1,780.63
69670			NRC	2,076.44	2,076.44
69676			NRC	1,824.08	1,824.08

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
69700			NRC	1,507.51	1,507.51
69710			NRC	0.00	0.00
69711			NRC	1,896.28	1,896.28
69714			NRC	2,375.86	2,375.86
69715			NRC	2,942.70	2,942.70
69717			NRC	2,495.59	2,495.59
69718			NRC	2,973.83	2,973.83
69720				2,624.97	2,624.97
69725				4,172.99	4,172.99
69740				2,583.28	2,583.28
69745				2,745.18	2,745.18
69799			BR	0.00	0.00
69801			NRC	426.82	281.79
69805			NRC	2,333.44	2,333.44
69806			NRC	2,091.04	2,091.04
69820			NRC	1,885.47	1,885.47
69840			NRC	1,934.83	1,934.83
69905			NRC	2,019.77	2,019.77
69910			NRC	2,249.95	2,249.95
69915				3,420.01	3,420.01
69930			NRC	2,715.16	2,715.16
69949			BR	0.00	0.00
69950				3,967.41	3,967.41
69955				4,394.17	4,394.17
69960			NRC	4,281.20	4,281.20
69970			NRC	4,763.46	4,763.46
69979			BR	0.00	0.00
69990				490.63	490.63
70010				93.20	93.20
70010	26			35.92	35.92
70010	TC			52.59	52.59
70015				208.45	208.45
70015	26			85.24	85.24
70015	TC			123.21	123.21
70030				40.34	40.34
70030	26			12.04	12.04
70030	TC			28.29	28.29
70100				47.42	47.42
70100	26			13.02	13.02
70100	TC			34.40	34.40
70110				54.75	54.75
70110	26			18.00	18.00
70110	TC			36.75	36.75
70120				49.30	49.30
70120	26			13.02	13.02
70120	TC			36.28	36.28

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
70130				79.06	79.06
70130	26			23.99	23.99
70130	TC			55.08	55.08
70134				75.77	75.77
70134	26			25.40	25.40
70134	TC			50.38	50.38
70140				41.35	41.35
70140	26			14.47	14.47
70140	TC			26.88	26.88
70150				58.54	58.54
70150	26			18.50	18.50
70150	TC			40.04	40.04
70160				46.44	46.44
70160	26			12.51	12.51
70160	TC			33.93	33.93
70170				274.54	274.54
70170	26			22.14	22.14
70170	TC			252.40	252.40
70190				49.89	49.89
70190	26			15.49	15.49
70190	TC			34.40	34.40
70200				60.03	60.03
70200	26			19.99	19.99
70200	TC			40.04	40.04
70210				42.22	42.22
70210	26			12.51	12.51
70210	TC			29.70	29.70
70220				53.34	53.34
70220	26			18.00	18.00
70220	TC			35.34	35.34
70240				42.29	42.29
70240	26			14.00	14.00
70240	TC			28.29	28.29
70250				51.42	51.42
70250	26			17.96	17.96
70250	TC			33.46	33.46
70260				65.44	65.44
70260	26			24.46	24.46
70260	TC			40.98	40.98
70300				20.80	20.80
70300	26			8.48	8.48
70300	TC			12.32	12.32
70310				52.04	52.04
70310	26			11.53	11.53
70310	TC			40.51	40.51
70320				72.01	72.01

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
70320	26			16.94	16.94
70320	TC			55.08	55.08
70328				43.66	43.66
70328	26			13.49	13.49
70328	TC			30.17	30.17
70330				66.92	66.92
70330	26			17.96	17.96
70330	TC			48.97	48.97
70332				113.88	113.88
70332	26			43.76	43.76
70332	TC			70.11	70.11
70336				436.18	436.18
70336	26			104.80	104.80
70336	TC			331.38	331.38
70350			NRC	29.53	29.53
70350	26		NRC	13.92	13.92
70350	TC		NRC	15.61	15.61
70355				28.71	28.71
70355	26			15.45	15.45
70355	TC			13.26	13.26
70360				39.87	39.87
70360	26			12.04	12.04
70360	TC			27.82	27.82
70370			NRC	109.06	109.06
70370	26		NRC	22.03	22.03
70370	TC		NRC	87.03	87.03
70371			NRC	127.27	127.27
70371	26		NRC	60.45	60.45
70371	TC		NRC	66.82	66.82
70373			NRC	117.99	117.99
70373	26		NRC	31.43	31.43
70373	TC		NRC	86.56	86.56
70380			NRC	52.08	52.08
70380	26		NRC	12.98	12.98
70380	TC		NRC	39.10	39.10
70390			NRC	137.22	137.22
70390	26		NRC	27.63	27.63
70390	TC		NRC	109.59	109.59
70450				167.82	167.82
70450	26			60.12	60.12
70450	TC			107.71	107.71
70460				229.16	229.16
70460	26			80.11	80.11
70460	TC			149.06	149.06
70470				275.02	275.02
70470	26			90.72	90.72

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
70470	TC			184.30	184.30
70480				338.50	338.50
70480	26			91.23	91.23
70480	TC			247.27	247.27
70481				393.97	393.97
70481	26			98.77	98.77
70481	TC			295.20	295.20
70482				435.12	435.12
70482	26			103.27	103.27
70482	TC			331.85	331.85
70486				279.01	279.01
70486	26			81.09	81.09
70486	TC			197.93	197.93
70487				337.64	337.64
70487	26			92.72	92.72
70487	TC			244.92	244.92
70488				403.52	403.52
70488	26			101.28	101.28
70488	TC			302.24	302.24
70490				276.94	276.94
70490	26			91.23	91.23
70490	TC			185.71	185.71
70491				331.37	331.37
70491	26			98.20	98.20
70491	TC			233.17	233.17
70492				392.83	392.83
70492	26			103.27	103.27
70492	TC			289.56	289.56
70496				599.55	599.55
70496	26			124.85	124.85
70496	TC			474.70	474.70
70498				622.10	622.10
70498	26			124.38	124.38
70498	TC			497.72	497.72
70540				485.01	485.01
70540	26			96.30	96.30
70540	TC			388.71	388.71
70542				554.40	554.40
70542	26			115.88	115.88
70542	TC			438.51	438.51
70543				679.22	679.22
70543	26			152.36	152.36
70543	TC			526.86	526.86
70544				542.12	542.12
70544	26			85.75	85.75
70544	TC			456.37	456.37

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
70545				534.60	534.60
70545	26			85.75	85.75
70545	TC			448.85	448.85
70546				815.06	815.06
70546	26			128.91	128.91
70546	TC			686.15	686.15
70547				543.53	543.53
70547	26			85.75	85.75
70547	TC			457.78	457.78
70548				570.31	570.31
70548	26			85.75	85.75
70548	TC			484.56	484.56
70549				820.13	820.13
70549	26			128.34	128.34
70549	TC			691.79	691.79
70551				331.39	331.39
70551	26			105.27	105.27
70551	TC			226.12	226.12
70552				449.87	449.87
70552	26			127.89	127.89
70552	TC			321.98	321.98
70553				531.48	531.48
70553	26			163.45	163.45
70553	TC			368.03	368.03
70554				609.05	609.05
70554	26			150.33	150.33
70554	TC			458.72	458.72
70555				907.01	907.01
70555	26			186.09	186.09
70555	TC			720.93	720.93
70557	26			254.78	254.78
70558	26			234.85	234.85
70559	26			235.32	235.32
71010				32.39	32.39
71010	26			13.02	13.02
71010	TC			19.36	19.36
71015				41.43	41.43
71015	26			15.02	15.02
71015	TC			26.41	26.41
71020				41.94	41.94
71020	26			15.53	15.53
71020	TC			26.41	26.41
71021				51.54	51.54
71021	26			19.48	19.48
71021	TC			32.05	32.05
71022				63.91	63.91

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
71022	26			23.40	23.40
71022	TC			40.51	40.51
71023				90.03	90.03
71023	26			26.49	26.49
71023	TC			63.54	63.54
71030				63.44	63.44
71030	26			21.52	21.52
71030	TC			41.92	41.92
71034				118.54	118.54
71034	26			31.98	31.98
71034	TC			86.56	86.56
71035				49.77	49.77
71035	26			13.02	13.02
71035	TC			36.75	36.75
71100				45.23	45.23
71100	26			16.00	16.00
71100	TC			29.23	29.23
71101				54.82	54.82
71101	26			19.01	19.01
71101	TC			35.81	35.81
71110				56.23	56.23
71110	26			19.48	19.48
71110	TC			36.75	36.75
71111				73.35	73.35
71111	26			22.97	22.97
71111	TC			50.38	50.38
71120				43.74	43.74
71120	26			14.51	14.51
71120	TC			29.23	29.23
71130				51.34	51.34
71130	26			16.00	16.00
71130	TC			35.34	35.34
71250				257.87	257.87
71250	26			72.16	72.16
71250	TC			185.71	185.71
71260				322.83	322.83
71260	26			88.72	88.72
71260	TC			234.11	234.11
71270				388.70	388.70
71270	26			97.73	97.73
71270	TC			290.97	290.97
71275				503.52	503.52
71275	26			136.90	136.90
71275	TC			366.62	366.62
71550				557.80	557.80
71550	26			103.78	103.78

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
71550	TC			454.02	454.02
71551				631.42	631.42
71551	26			123.36	123.36
71551	TC			508.06	508.06
71552				794.78	794.78
71552	26			160.31	160.31
71552	TC			634.46	634.46
71555				558.43	558.43
71555	26			128.38	128.38
71555	TC			430.06	430.06
72010				108.36	108.36
72010	26			33.54	33.54
72010	TC			74.81	74.81
72020				31.80	31.80
72020	26			11.02	11.02
72020	TC			20.77	20.77
72040				49.66	49.66
72040	26			17.14	17.14
72040	TC			32.52	32.52
72050				66.93	66.93
72050	26			23.13	23.13
72050	TC			43.80	43.80
72052				85.45	85.45
72052	26			26.61	26.61
72052	TC			58.84	58.84
72069				52.95	52.95
72069	26			17.14	17.14
72069	TC			35.81	35.81
72070				46.17	46.17
72070	26			16.00	16.00
72070	TC			30.17	30.17
72072				51.34	51.34
72072	26			15.53	15.53
72072	TC			35.81	35.81
72074				60.74	60.74
72074	26			15.53	15.53
72074	TC			45.21	45.21
72080				50.13	50.13
72080	26			17.14	17.14
72080	TC			32.99	32.99
72090				71.61	71.61
72090	26			22.17	22.17
72090	TC			49.44	49.44
72100				49.66	49.66
72100	26			17.14	17.14
72100	TC			32.52	32.52

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
72110				67.87	67.87
72110	26			23.13	23.13
72110	TC			44.74	44.74
72114				88.21	88.21
72114	26			24.67	24.67
72114	TC			63.54	63.54
72120				55.77	55.77
72120	26			17.14	17.14
72120	TC			38.63	38.63
72125				263.70	263.70
72125	26			75.64	75.64
72125	TC			188.06	188.06
72126				322.75	322.75
72126	26			87.24	87.24
72126	TC			235.52	235.52
72127				383.10	383.10
72127	26			90.25	90.25
72127	TC			292.85	292.85
72128				258.26	258.26
72128	26			71.14	71.14
72128	TC			187.12	187.12
72129				322.75	322.75
72129	26			87.24	87.24
72129	TC			235.52	235.52
72130				387.33	387.33
72130	26			90.25	90.25
72130	TC			297.08	297.08
72131				257.32	257.32
72131	26			71.14	71.14
72131	TC			186.18	186.18
72132				321.81	321.81
72132	26			87.24	87.24
72132	TC			234.58	234.58
72133				383.57	383.57
72133	26			90.25	90.25
72133	TC			293.32	293.32
72141				329.14	329.14
72141	26			106.31	106.31
72141	TC			222.83	222.83
72142				451.18	451.18
72142	26			127.32	127.32
72142	TC			323.86	323.86
72146				329.14	329.14
72146	26			106.31	106.31
72146	TC			222.83	222.83
72147				446.95	446.95

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
72147	26			127.32	127.32
72147	TC			319.63	319.63
72148				329.71	329.71
72148	26			106.88	106.88
72148	TC			222.83	222.83
72149				445.64	445.64
72149	26			127.89	127.89
72149	TC			317.75	317.75
72156				531.95	531.95
72156	26			163.45	163.45
72156	TC			368.50	368.50
72157				532.42	532.42
72157	26			163.45	163.45
72157	TC			368.97	368.97
72158				530.74	530.74
72158	26			164.59	164.59
72158	TC			366.15	366.15
72159				581.12	581.12
72159	26			127.10	127.10
72159	TC			454.02	454.02
72170				40.06	40.06
72170	26			13.65	13.65
72170	TC			26.41	26.41
72190				59.02	59.02
72190	26			16.63	16.63
72190	TC			42.39	42.39
72191				522.82	522.82
72191	26			128.95	128.95
72191	TC			393.87	393.87
72192				205.04	205.04
72192	26			77.13	77.13
72192	TC			127.91	127.91
72193				317.35	317.35
72193	26			83.24	83.24
72193	TC			234.11	234.11
72194				370.68	370.68
72194	26			86.77	86.77
72194	TC			283.92	283.92
72195				507.72	507.72
72195	26			105.39	105.39
72195	TC			402.33	402.33
72196				569.87	569.87
72196	26			123.83	123.83
72196	TC			446.03	446.03
72197				696.10	696.10
72197	26			160.31	160.31

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
72197	TC			535.78	535.78
72198				564.97	564.97
72198	26			127.40	127.40
72198	TC			437.58	437.58
72200				40.81	40.81
72200	26			12.51	12.51
72200	TC			28.29	28.29
72202				47.93	47.93
72202	26			13.53	13.53
72202	TC			34.40	34.40
72220				39.87	39.87
72220	26			12.51	12.51
72220	TC			27.35	27.35
72240				177.08	177.08
72240	26			64.68	64.68
72240	TC			112.40	112.40
72255				168.53	168.53
72255	26			65.05	65.05
72255	TC			103.48	103.48
72265				172.44	172.44
72265	26			59.10	59.10
72265	TC			113.34	113.34
72270				268.21	268.21
72270	26			94.72	94.72
72270	TC			173.49	173.49
72275				158.54	158.54
72275	26			56.47	56.47
72275	TC			102.07	102.07
72285				158.33	158.33
72285	26			86.33	86.33
72285	TC			71.99	71.99
72291				321.14	321.14
72291	26			103.53	103.53
72291	TC			217.61	217.61
72295				136.26	136.26
72295	26			61.45	61.45
72295	TC			74.81	74.81
73000				39.83	39.83
73000	26			12.00	12.00
73000	TC			27.82	27.82
73010				44.29	44.29
73010	26			14.12	14.12
73010	TC			30.17	30.17
73020				32.74	32.74
73020	26			11.02	11.02
73020	TC			21.71	21.71

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
73030				42.92	42.92
73030	26			14.63	14.63
73030	TC			28.29	28.29
73040				143.58	143.58
73040	26			39.63	39.63
73040	TC			103.95	103.95
73050				54.75	54.75
73050	26			16.12	16.12
73050	TC			38.63	38.63
73060				39.87	39.87
73060	26			12.51	12.51
73060	TC			27.35	27.35
73070				38.85	38.85
73070	26			11.49	11.49
73070	TC			27.35	27.35
73080				45.97	45.97
73080	26			12.51	12.51
73080	TC			33.46	33.46
73085				138.78	138.78
73085	26			40.94	40.94
73085	TC			97.84	97.84
73090				38.42	38.42
73090	26			12.00	12.00
73090	TC			26.41	26.41
73092			NRC	38.89	38.89
73092	26		NRC	11.53	11.53
73092	TC		NRC	27.35	27.35
73100				43.31	43.31
73100	26			13.14	13.14
73100	TC			30.17	30.17
73110				51.61	51.61
73110	26			12.51	12.51
73110	TC			39.10	39.10
73115				151.10	151.10
73115	26			40.57	40.57
73115	TC			110.53	110.53
73120				37.95	37.95
73120	26			12.00	12.00
73120	TC			25.94	25.94
73130				45.03	45.03
73130	26			12.51	12.51
73130	TC			32.52	32.52
73140				45.35	45.35
73140	26			10.01	10.01
73140	TC			35.34	35.34
73200				257.99	257.99

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
73200	26			72.28	72.28
73200	TC			185.71	185.71
73201				315.00	315.00
73201	26			83.24	83.24
73201	TC			231.76	231.76
73202				400.29	400.29
73202	26			86.77	86.77
73202	TC			313.52	313.52
73206				452.04	452.04
73206	26			127.24	127.24
73206	TC			324.80	324.80
73218				492.90	492.90
73218	26			96.20	96.20
73218	TC			396.69	396.69
73219				560.98	560.98
73219	26			116.35	116.35
73219	TC			444.62	444.62
73220				688.62	688.62
73220	26			152.83	152.83
73220	TC			535.78	535.78
73221				343.77	343.77
73221	26			98.38	98.38
73221	TC			245.39	245.39
73222				524.33	524.33
73222	26			116.35	116.35
73222	TC			407.97	407.97
73223				650.09	650.09
73223	26			152.83	152.83
73223	TC			497.25	497.25
73225				572.86	572.86
73225	26			121.66	121.66
73225	TC			451.20	451.20
73500				37.71	37.71
73500	26			13.65	13.65
73500	TC			24.06	24.06
73510				54.32	54.32
73510	26			16.63	16.63
73510	TC			37.69	37.69
73520				57.33	57.33
73520	26			20.11	20.11
73520	TC			37.22	37.22
73525				140.76	140.76
73525	26			41.04	41.04
73525	TC			99.72	99.72
73530				125.74	125.74
73530	26			21.64	21.64

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
73530	TC			104.10	104.10
73540			NRC	59.45	59.45
73540	26		NRC	15.65	15.65
73540	TC		NRC	43.80	43.80
73550				39.59	39.59
73550	26			13.65	13.65
73550	TC			25.94	25.94
73560				42.41	42.41
73560	26			13.65	13.65
73560	TC			28.76	28.76
73562				51.38	51.38
73562	26			14.63	14.63
73562	TC			36.75	36.75
73564				59.52	59.52
73564	26			17.14	17.14
73564	TC			42.39	42.39
73565				48.99	48.99
73565	26			14.12	14.12
73565	TC			34.87	34.87
73580				172.34	172.34
73580	26			41.61	41.61
73580	TC			130.73	130.73
73590				37.99	37.99
73590	26			12.51	12.51
73590	TC			25.47	25.47
73592				38.89	38.89
73592	26			11.53	11.53
73592	TC			27.35	27.35
73600				39.36	39.36
73600	26			12.00	12.00
73600	TC			27.35	27.35
73610				45.97	45.97
73610	26			12.51	12.51
73610	TC			33.46	33.46
73615				140.76	140.76
73615	26			41.04	41.04
73615	TC			99.72	99.72
73620				37.48	37.48
73620	26			11.06	11.06
73620	TC			26.41	26.41
73630				43.15	43.15
73630	26			12.04	12.04
73630	TC			31.11	31.11
73650				38.89	38.89
73650	26			11.53	11.53
73650	TC			27.35	27.35

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
73660				41.59	41.59
73660	26			9.54	9.54
73660	TC			32.05	32.05
73700				257.99	257.99
73700	26			72.28	72.28
73700	TC			185.71	185.71
73701				318.76	318.76
73701	26			83.24	83.24
73701	TC			235.52	235.52
73702				397.00	397.00
73702	26			86.77	86.77
73702	TC			310.23	310.23
73706				502.50	502.50
73706	26			134.94	134.94
73706	TC			367.56	367.56
73718				493.00	493.00
73718	26			96.30	96.30
73718	TC			396.69	396.69
73719				562.86	562.86
73719	26			116.35	116.35
73719	TC			446.50	446.50
73720				692.38	692.38
73720	26			152.36	152.36
73720	TC			540.01	540.01
73721				344.24	344.24
73721	26			98.38	98.38
73721	TC			245.86	245.86
73722				531.47	531.47
73722	26			116.92	116.92
73722	TC			414.55	414.55
73723				651.97	651.97
73723	26			152.83	152.83
73723	TC			499.13	499.13
73725				566.46	566.46
73725	26			128.89	128.89
73725	TC			437.58	437.58
74000				33.80	33.80
74000	26			13.02	13.02
74000	TC			20.77	20.77
74010				53.26	53.26
74010	26			16.51	16.51
74010	TC			36.75	36.75
74020				55.76	55.76
74020	26			19.01	19.01
74020	TC			36.75	36.75
74022				67.24	67.24

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
74022	26			22.50	22.50
74022	TC			44.74	44.74
74150				210.33	210.33
74150	26			85.24	85.24
74150	TC			125.09	125.09
74160				323.89	323.89
74160	26			90.72	90.72
74160	TC			233.17	233.17
74170				373.84	373.84
74170	26			99.79	99.79
74170	TC			274.05	274.05
74174				729.42	729.42
74174	26			156.52	156.52
74174	TC			572.91	572.91
74175				520.82	520.82
74175	26			135.41	135.41
74175	TC			385.42	385.42
74176				295.02	295.02
74176	26			124.34	124.34
74176	TC			170.67	170.67
74177				437.71	437.71
74177	26			129.83	129.83
74177	TC			307.88	307.88
74178				509.04	509.04
74178	26			143.36	143.36
74178	TC			365.68	365.68
74181				453.02	453.02
74181	26			103.78	103.78
74181	TC			349.23	349.23
74182				622.97	622.97
74182	26			123.36	123.36
74182	TC			499.60	499.60
74183				698.45	698.45
74183	26			160.31	160.31
74183	TC			538.13	538.13
74185				566.38	566.38
74185	26			127.87	127.87
74185	TC			438.51	438.51
74190				286.49	286.49
74190	26			34.24	34.24
74190	TC			252.26	252.26
74210				106.87	106.87
74210	26			25.00	25.00
74210	TC			81.86	81.86
74220				125.31	125.31
74220	26			33.11	33.11

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
74220	TC			92.20	92.20
74230				125.59	125.59
74230	26			38.09	38.09
74230	TC			87.50	87.50
74235				176.27	176.27
74235	26			82.71	82.71
74235	TC			93.56	93.56
74240				157.33	157.33
74240	26			49.62	49.62
74240	TC			107.71	107.71
74241				163.34	163.34
74241	26			48.58	48.58
74241	TC			114.75	114.75
74245				243.81	243.81
74245	26			64.68	64.68
74245	TC			179.13	179.13
74246			NRC	176.59	176.59
74246	26		NRC	49.15	49.15
74246	TC		NRC	127.44	127.44
74247			NRC	195.86	195.86
74247	26		NRC	49.15	49.15
74247	TC		NRC	146.71	146.71
74249			NRC	262.60	262.60
74249	26		NRC	64.68	64.68
74249	TC		NRC	197.93	197.93
74250			NRC	147.91	147.91
74250	26		NRC	33.62	33.62
74250	TC		NRC	114.28	114.28
74251			NRC	559.09	559.09
74251	26		NRC	49.15	49.15
74251	TC		NRC	509.94	509.94
74260			NRC	463.33	463.33
74260	26		NRC	35.62	35.62
74260	TC		NRC	427.71	427.71
74261			NRC	647.31	647.31
74261	26		NRC	170.26	170.26
74261	TC		NRC	477.05	477.05
74262			NRC	710.39	710.39
74262	26		NRC	177.43	177.43
74262	TC		NRC	532.96	532.96
74263			NRC	1,002.55	1,002.55
74263	26		NRC	163.68	163.68
74263	TC		NRC	838.87	838.87
74270			NRC	215.12	215.12
74270	26		NRC	49.15	49.15
74270	TC		NRC	165.97	165.97

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
74280			NRC	300.51	300.51
74280	26		NRC	70.16	70.16
74280	TC		NRC	230.35	230.35
74283			NRC	281.05	281.05
74283	26		NRC	140.45	140.45
74283	TC		NRC	140.60	140.60
74290			NRC	95.43	95.43
74290	26		NRC	22.50	22.50
74290	TC		NRC	72.93	72.93
74300			NRC	170.60	170.60
74300	26		NRC	26.15	26.15
74300	TC		NRC	144.45	144.45
74301			NRC	160.14	160.14
74301	26		NRC	15.69	15.69
74301	TC		NRC	144.45	144.45
74305			NRC	174.96	174.96
74305	26		NRC	30.24	30.24
74305	TC		NRC	144.72	144.72
74320			NRC	132.67	132.67
74320	26		NRC	37.66	37.66
74320	TC		NRC	95.02	95.02
74327			NRC	190.95	190.95
74327	26		NRC	53.17	53.17
74327	TC		NRC	137.78	137.78
74328	26		NRC	51.17	51.17
74329	26		NRC	51.64	51.64
74330	26		NRC	66.25	66.25
74340				149.15	149.15
74340	26			39.17	39.17
74340	TC			109.98	109.98
74355				200.07	200.07
74355	26			55.35	55.35
74355	TC			144.72	144.72
74360			NRC	133.77	133.77
74360	26		NRC	40.11	40.11
74360	TC		NRC	93.67	93.67
74363			NRC	373.91	373.91
74363	26		NRC	63.44	63.44
74363	TC		NRC	310.47	310.47
74400			NRC	154.09	154.09
74400	26		NRC	35.11	35.11
74400	TC		NRC	118.98	118.98
74410			NRC	151.27	151.27
74410	26		NRC	34.64	34.64
74410	TC		NRC	116.63	116.63
74415			NRC	187.46	187.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
74415	26		NRC	35.11	35.11
74415	TC		NRC	152.35	152.35
74420			NRC	232.18	232.18
74420	26		NRC	26.15	26.15
74420	TC		NRC	206.03	206.03
74425				231.69	231.69
74425	26			25.67	25.67
74425	TC			206.03	206.03
74430				56.43	56.43
74430	26			22.03	22.03
74430	TC			34.40	34.40
74440			NRC	111.84	111.84
74440	26		NRC	27.16	27.16
74440	TC		NRC	84.68	84.68
74445			NRC	288.00	288.00
74445	26		NRC	82.04	82.04
74445	TC		NRC	205.95	205.95
74450				230.23	230.23
74450	26			24.15	24.15
74450	TC			206.08	206.08
74455				113.33	113.33
74455	26			23.01	23.01
74455	TC			90.32	90.32
74470			NRC	182.82	182.82
74470	26		NRC	38.23	38.23
74470	TC		NRC	144.59	144.59
74475				131.73	131.73
74475	26			38.13	38.13
74475	TC			93.61	93.61
74480				131.73	131.73
74480	26			38.13	38.13
74480	TC			93.61	93.61
74485				131.26	131.26
74485	26			37.66	37.66
74485	TC			93.61	93.61
74710			NRC	51.34	51.34
74710	26		NRC	23.99	23.99
74710	TC		NRC	27.35	27.35
74740			NRC	105.07	105.07
74740	26		NRC	26.49	26.49
74740	TC		NRC	78.57	78.57
74742			NRC	296.97	296.97
74742	26		NRC	44.71	44.71
74742	TC		NRC	252.26	252.26
74775			NRC	250.78	250.78
74775	26		NRC	44.75	44.75

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
74775	TC		NRC	206.03	206.03
75557			NRC	445.43	445.43
75557	26		NRC	164.80	164.80
75557	TC		NRC	280.63	280.63
75559			NRC	601.06	601.06
75559	26		NRC	203.90	203.90
75559	TC		NRC	397.16	397.16
75561			NRC	584.65	584.65
75561	26		NRC	181.85	181.85
75561	TC		NRC	402.80	402.80
75563			NRC	689.13	689.13
75563	26		NRC	208.32	208.32
75563	TC		NRC	480.81	480.81
75565				74.95	74.95
75565	26			17.53	17.53
75565	TC			57.43	57.43
75571				142.03	142.03
75571	26			39.49	39.49
75571	TC			102.54	102.54
75572				388.54	388.54
75572	26			121.07	121.07
75572	TC			267.47	267.47
75573			NRC	534.35	534.35
75573	26		NRC	176.66	176.66
75573	TC		NRC	357.69	357.69
75574				566.19	566.19
75574	26			166.67	166.67
75574	TC			399.51	399.51
75600			NRC	280.50	280.50
75600	26		NRC	34.17	34.17
75600	TC		NRC	246.33	246.33
75605			NRC	206.38	206.38
75605	26		NRC	78.93	78.93
75605	TC		NRC	127.44	127.44
75625			NRC	206.20	206.20
75625	26		NRC	79.70	79.70
75625	TC		NRC	126.50	126.50
75630			NRC	248.69	248.69
75630	26		NRC	123.13	123.13
75630	TC		NRC	125.56	125.56
75635			NRC	564.33	564.33
75635	26		NRC	168.38	168.38
75635	TC		NRC	395.95	395.95
75658			NRC	239.56	239.56
75658	26		NRC	88.63	88.63
75658	TC		NRC	150.94	150.94

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
75705			NRC	336.86	336.86
75705	26		NRC	153.03	153.03
75705	TC		NRC	183.83	183.83
75710			NRC	236.72	236.72
75710	26		NRC	77.33	77.33
75710	TC		NRC	159.39	159.39
75716			NRC	283.66	283.66
75716	26		NRC	91.17	91.17
75716	TC		NRC	192.49	192.49
75726			NRC	221.98	221.98
75726	26		NRC	79.97	79.97
75726	TC		NRC	142.01	142.01
75731			NRC	245.08	245.08
75731	26		NRC	80.05	80.05
75731	TC		NRC	165.03	165.03
75733			NRC	274.61	274.61
75733	26		NRC	90.11	90.11
75733	TC		NRC	184.50	184.50
75736			NRC	232.96	232.96
75736	26		NRC	77.33	77.33
75736	TC		NRC	155.64	155.64
75741			NRC	220.77	220.77
75741	26		NRC	91.45	91.45
75741	TC		NRC	129.32	129.32
75743			NRC	256.17	256.17
75743	26		NRC	115.10	115.10
75743	TC		NRC	141.07	141.07
75746			NRC	227.99	227.99
75746	26		NRC	80.81	80.81
75746	TC		NRC	147.18	147.18
75756			NRC	249.58	249.58
75756	26		NRC	85.49	85.49
75756	TC		NRC	164.09	164.09
75774			NRC	131.97	131.97
75774	26		NRC	25.20	25.20
75774	TC		NRC	106.77	106.77
75791			NRC	442.45	442.45
75791	26		NRC	117.18	117.18
75791	TC		NRC	325.27	325.27
75801			NRC	316.71	316.71
75801	26		NRC	64.53	64.53
75801	TC		NRC	252.17	252.17
75803			NRC	337.63	337.63
75803	26		NRC	85.45	85.45
75803	TC		NRC	252.17	252.17
75805			NRC	311.49	311.49

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
75805	26		NRC	59.32	59.32
75805	TC		NRC	252.17	252.17
75807			NRC	337.63	337.63
75807	26		NRC	85.45	85.45
75807	TC		NRC	252.17	252.17
75809				139.45	139.45
75809	26			34.09	34.09
75809	TC			105.36	105.36
75810			NRC	893.56	893.56
75810	26		NRC	83.46	83.46
75810	TC		NRC	810.09	810.09
75820			NRC	168.64	168.64
75820	26		NRC	49.19	49.19
75820	TC		NRC	119.45	119.45
75822			NRC	211.23	211.23
75822	26		NRC	74.39	74.39
75822	TC		NRC	136.84	136.84
75825			NRC	198.96	198.96
75825	26		NRC	79.03	79.03
75825	TC		NRC	119.92	119.92
75827			NRC	201.21	201.21
75827	26		NRC	77.99	77.99
75827	TC		NRC	123.21	123.21
75831			NRC	215.94	215.94
75831	26		NRC	87.56	87.56
75831	TC		NRC	128.38	128.38
75833			NRC	244.50	244.50
75833	26		NRC	99.67	99.67
75833	TC		NRC	144.83	144.83
75840			NRC	223.46	223.46
75840	26		NRC	90.85	90.85
75840	TC		NRC	132.61	132.61
75842			NRC	265.64	265.64
75842	26		NRC	106.25	106.25
75842	TC		NRC	159.39	159.39
75860			NRC	208.82	208.82
75860	26		NRC	79.97	79.97
75860	TC		NRC	128.85	128.85
75870			NRC	213.42	213.42
75870	26		NRC	81.75	81.75
75870	TC		NRC	131.67	131.67
75872			NRC	204.97	204.97
75872	26		NRC	73.77	73.77
75872	TC		NRC	131.20	131.20
75880			NRC	183.21	183.21
75880	26		NRC	50.13	50.13

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
75880	TC		NRC	133.08	133.08
75885			NRC	230.68	230.68
75885	26		NRC	100.41	100.41
75885	TC		NRC	130.26	130.26
75887			NRC	228.97	228.97
75887	26		NRC	98.71	98.71
75887	TC		NRC	130.26	130.26
75889			NRC	211.07	211.07
75889	26		NRC	79.87	79.87
75889	TC		NRC	131.20	131.20
75891			NRC	212.48	212.48
75891	26		NRC	80.81	80.81
75891	TC		NRC	131.67	131.67
75893			NRC	170.07	170.07
75893	26		NRC	37.46	37.46
75893	TC		NRC	132.61	132.61
75894			NRC	814.10	814.10
75894	26		NRC	95.43	95.43
75894	TC		NRC	718.67	718.67
75896			NRC	813.16	813.16
75896	26		NRC	94.49	94.49
75896	TC		NRC	718.67	718.67
75898			NRC	266.34	266.34
75898	26		NRC	121.13	121.13
75898	TC		NRC	145.21	145.21
75901				237.27	237.27
75901	26			34.17	34.17
75901	TC			203.10	203.10
75902				101.64	101.64
75902	26			27.77	27.77
75902	TC			73.87	73.87
75945			NRC	238.73	238.73
75945	26		NRC	28.38	28.38
75945	TC		NRC	210.35	210.35
75946			NRC	162.42	162.42
75946	26		NRC	29.05	29.05
75946	TC		NRC	133.38	133.38
75952				385.70	385.70
75952	26		NRC	331.60	331.60
75952	TC			51.38	51.38
75953				385.70	385.70
75953	26		NRC	100.94	100.94
75953	TC			270.45	270.45
75954	26		NRC	164.45	164.45
75956	26			520.37	520.37
75957	26			445.20	445.20

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
75958	26			296.40	296.40
75959	26		NRC	264.46	264.46
75962			NRC	195.64	195.64
75962	26		NRC	37.19	37.19
75962	TC		NRC	158.45	158.45
75964			NRC	125.96	125.96
75964	26		NRC	25.77	25.77
75964	TC		NRC	100.19	100.19
75966			NRC	236.18	236.18
75966	26		NRC	89.47	89.47
75966	TC		NRC	146.71	146.71
75968			NRC	117.67	117.67
75968	26		NRC	24.54	24.54
75968	TC		NRC	93.14	93.14
75970			NRC	593.96	593.96
75970	26		NRC	58.92	58.92
75970	TC		NRC	535.04	535.04
75978			NRC	193.29	193.29
75978	26		NRC	37.19	37.19
75978	TC		NRC	156.11	156.11
75980			NRC	414.23	414.23
75980	26		NRC	102.59	102.59
75980	TC		NRC	311.63	311.63
75982			NRC	412.28	412.28
75982	26		NRC	102.12	102.12
75982	TC		NRC	310.15	310.15
75984			NRC	150.86	150.86
75984	26		NRC	50.21	50.21
75984	TC		NRC	100.66	100.66
75989			NRC	171.60	171.60
75989	26		NRC	82.69	82.69
75989	TC		NRC	88.91	88.91
76000				68.06	68.06
76000	26			12.04	12.04
76000	TC			56.02	56.02
76001				104.92	104.92
76001	26			51.35	51.35
76001	TC			59.13	59.13
76010			NRC	37.56	37.56
76010	26		NRC	13.02	13.02
76010	TC		NRC	24.53	24.53
76080			NRC	83.33	83.33
76080	26		NRC	37.66	37.66
76080	TC		NRC	45.68	45.68
76098			NRC	26.20	26.20
76098	26		NRC	11.53	11.53

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76098	TC		NRC	14.67	14.67
76100			NRC	137.26	137.26
76100	26		NRC	45.06	45.06
76100	TC		NRC	92.20	92.20
76101			NRC	202.87	202.87
76101	26		NRC	50.99	50.99
76101	TC		NRC	151.88	151.88
76102			NRC	270.73	270.73
76102	26		NRC	52.13	52.13
76102	TC		NRC	218.60	218.60
76120			NRC	125.47	125.47
76120	26		NRC	28.10	28.10
76120	TC		NRC	97.37	97.37
76125			NRC	81.03	81.03
76125	26		NRC	20.62	20.62
76125	TC		NRC	60.41	60.41
76140			NRC	0.00	0.00
76376				39.04	39.04
76376	26			14.04	14.04
76376	TC			25.00	25.00
76377				114.02	114.02
76377	26			56.12	56.12
76377	TC			57.90	57.90
76380				204.98	204.98
76380	26			69.08	69.08
76380	TC			135.90	135.90
76390				593.45	593.45
76390	26			99.49	99.49
76390	TC			493.96	493.96
76496			BR	0.00	0.00
76496	26		BR	0.00	0.00
76496	TC		BR	0.00	0.00
76497			BR	0.00	0.00
76497	26		BR	0.00	0.00
76497	TC		BR	0.00	0.00
76498			BR	0.00	0.00
76498	26		BR	0.00	0.00
76498	TC		BR	0.00	0.00
76499			BR	0.00	0.00
76499	26		BR	0.00	0.00
76499	TC		BR	0.00	0.00
76506				166.96	166.96
76506	26			45.16	45.16
76506	TC			121.80	121.80
76510				245.00	245.00
76510	26			138.71	138.71

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76510	TC			106.30	106.30
76511				139.68	139.68
76511	26			75.21	75.21
76511	TC			64.47	64.47
76512				128.70	128.70
76512	26			76.44	76.44
76512	TC			52.26	52.26
76513				130.13	130.13
76513	26			51.09	51.09
76513	TC			79.04	79.04
76514				21.07	21.07
76514	26			13.92	13.92
76514	TC			7.15	7.15
76516				106.16	106.16
76516	26			43.57	43.57
76516	TC			62.60	62.60
76519				114.82	114.82
76519	26			45.17	45.17
76519	TC			69.64	69.64
76529				108.83	108.83
76529	26			47.17	47.17
76529	TC			61.66	61.66
76536				164.71	164.71
76536	26			40.08	40.08
76536	TC			124.62	124.62
76604				120.03	120.03
76604	26			38.63	38.63
76604	TC			81.39	81.39
76641			NRC	145.07	145.07
76641	26		NRC	50.99	50.99
76641	TC		NRC	94.08	94.08
76642			NRC	119.50	119.50
76642	26		NRC	47.50	47.50
76642	TC		NRC	71.99	71.99
76700				191.16	191.16
76700	26			57.61	57.61
76700	TC			133.55	133.55
76705				146.97	146.97
76705	26			41.61	41.61
76705	TC			105.36	105.36
76770				180.08	180.08
76770	26			52.64	52.64
76770	TC			127.44	127.44
76775				89.60	89.60
76775	26			41.10	41.10
76775	TC			48.50	48.50

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76776				208.82	208.82
76776	26			54.12	54.12
76776	TC			154.70	154.70
76800				189.12	189.12
76800	26			80.01	80.01
76800	TC			109.12	109.12
76801			NRC	172.03	172.03
76801	26		NRC	69.49	69.49
76801	TC		NRC	102.54	102.54
76802			NRC	92.93	92.93
76802	26		NRC	59.00	59.00
76802	TC		NRC	33.93	33.93
76805			NRC	198.34	198.34
76805	26		NRC	69.96	69.96
76805	TC		NRC	128.38	128.38
76810			NRC	132.99	132.99
76810	26		NRC	69.45	69.45
76810	TC		NRC	63.54	63.54
76811			NRC	253.80	253.80
76811	26		NRC	134.81	134.81
76811	TC		NRC	118.98	118.98
76812			NRC	286.22	286.22
76812	26		NRC	126.83	126.83
76812	TC		NRC	159.39	159.39
76813			NRC	165.83	165.83
76813	26		NRC	83.96	83.96
76813	TC		NRC	81.86	81.86
76814			NRC	110.00	110.00
76814	26		NRC	70.43	70.43
76814	TC		NRC	39.57	39.57
76815			NRC	122.57	122.57
76815	26		NRC	45.41	45.41
76815	TC		NRC	77.16	77.16
76816			NRC	158.32	158.32
76816	26		NRC	60.49	60.49
76816	TC		NRC	97.84	97.84
76817			NRC	138.20	138.20
76817	26		NRC	53.52	53.52
76817	TC		NRC	84.68	84.68
76818			NRC	166.63	166.63
76818	26		NRC	74.90	74.90
76818	TC		NRC	91.73	91.73
76819			NRC	122.30	122.30
76819	26		NRC	55.00	55.00
76819	TC		NRC	67.29	67.29
76820			NRC	67.00	67.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76820	26		NRC	35.42	35.42
76820	TC		NRC	31.58	31.58
76821			NRC	128.13	128.13
76821	26		NRC	50.50	50.50
76821	TC		NRC	77.63	77.63
76825			NRC	370.27	370.27
76825	26		NRC	116.90	116.90
76825	TC		NRC	253.37	253.37
76826			NRC	221.21	221.21
76826	26		NRC	58.53	58.53
76826	TC		NRC	162.68	162.68
76827			NRC	102.56	102.56
76827	26		NRC	40.43	40.43
76827	TC		NRC	62.13	62.13
76828			NRC	72.41	72.41
76828	26		NRC	39.42	39.42
76828	TC		NRC	32.99	32.99
76830			NRC	170.85	170.85
76830	26		NRC	49.05	49.05
76830	TC		NRC	121.80	121.80
76831			NRC	167.68	167.68
76831	26		NRC	51.52	51.52
76831	TC		NRC	116.16	116.16
76856			NRC	168.03	168.03
76856	26		NRC	48.58	48.58
76856	TC		NRC	119.45	119.45
76857			NRC	73.31	73.31
76857	26		NRC	27.16	27.16
76857	TC		NRC	46.15	46.15
76870				101.21	101.21
76870	26			45.66	45.66
76870	TC			55.55	55.55
76872			NRC	126.31	126.31
76872	26		NRC	48.68	48.68
76872	TC		NRC	77.63	77.63
76873			NRC	234.87	234.87
76873	26		NRC	111.18	111.18
76873	TC		NRC	123.68	123.68
76881			NRC	160.38	160.38
76881	26		NRC	45.16	45.16
76881	TC		NRC	115.22	115.22
76882			NRC	49.87	49.87
76882	26		NRC	35.21	35.21
76882	TC		NRC	14.67	14.67
76885			NRC	200.75	200.75
76885	26		NRC	52.64	52.64

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76885	TC		NRC	148.12	148.12
76886			NRC	144.54	144.54
76886	26		NRC	42.94	42.94
76886	TC		NRC	101.60	101.60
76930			NRC	113.72	113.72
76930	26		NRC	45.49	45.49
76930	TC		NRC	68.23	68.23
76932			NRC	226.52	226.52
76932	26		NRC	47.20	47.20
76932	TC		NRC	179.32	179.32
76936			NRC	370.96	370.96
76936	26		NRC	139.67	139.67
76936	TC		NRC	231.29	231.29
76937				49.50	49.50
76937	26			21.68	21.68
76937	TC			27.82	27.82
76940			NRC	251.66	251.66
76940	26		NRC	150.16	150.16
76940	TC		NRC	101.50	101.50
76941			NRC	200.88	200.88
76941	26		NRC	99.38	99.38
76941	TC		NRC	101.50	101.50
76942				100.39	100.39
76942	26			47.66	47.66
76942	TC			52.73	52.73
76945			NRC	151.08	151.08
76945	26		NRC	49.07	49.07
76945	TC		NRC	102.01	102.01
76946			NRC	44.45	44.45
76946	26		NRC	26.96	26.96
76946	TC		NRC	17.49	17.49
76948			NRC	45.59	45.59
76948	26		NRC	28.10	28.10
76948	TC		NRC	17.49	17.49
76965			NRC	126.91	126.91
76965	26		NRC	95.79	95.79
76965	TC		NRC	31.11	31.11
76970				127.52	127.52
76970	26			29.22	29.22
76970	TC			98.31	98.31
76975			NRC	194.68	194.68
76975	26		NRC	61.76	61.76
76975	TC		NRC	132.92	132.92
76977			NRC	9.79	9.79
76977	26		NRC	4.05	4.05
76977	TC		NRC	5.74	5.74

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
76998				227.27	227.27
76998	26			93.64	93.64
76998	TC			133.63	133.63
76999			BR	0.00	0.00
76999	26		BR	0.00	0.00
76999	TC		BR	0.00	0.00
77001				106.67	106.67
77001	26			27.16	27.16
77001	TC			79.51	79.51
77002				137.84	137.84
77002	26			39.54	39.54
77002	TC			98.31	98.31
77003				122.10	122.10
77003	26			43.06	43.06
77003	TC			79.04	79.04
77011			NRC	301.74	301.74
77011	26		NRC	86.90	86.90
77011	TC		NRC	214.84	214.84
77012				174.67	174.67
77012	26			80.60	80.60
77012	TC			94.08	94.08
77013			NRC	699.61	699.61
77013	26		NRC	286.95	286.95
77013	TC		NRC	412.66	412.66
77014			NRC	166.41	166.41
77014	26		NRC	61.52	61.52
77014	TC		NRC	104.89	104.89
77021				531.00	531.00
77021	26			108.46	108.46
77021	TC			422.54	422.54
77022			NRC	692.69	692.69
77022	26		NRC	304.94	304.94
77022	TC		NRC	387.75	387.75
77051			NRC	14.06	14.06
77051	26		NRC	4.56	4.56
77051	TC		NRC	9.50	9.50
77052			NRC	14.06	14.06
77052	26		NRC	4.56	4.56
77052	TC		NRC	9.50	9.50
77053			NRC	80.55	80.55
77053	26		NRC	25.00	25.00
77053	TC		NRC	55.55	55.55
77054			NRC	108.83	108.83
77054	26		NRC	32.60	32.60
77054	TC		NRC	76.22	76.22
77055			NRC	121.65	121.65

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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
77055	26		NRC	50.13	50.13
77055	TC		NRC	71.52	71.52
77056			NRC	156.25	156.25
77056	26		NRC	62.17	62.17
77056	TC		NRC	94.08	94.08
77057			NRC	111.78	111.78
77057	26		NRC	50.13	50.13
77057	TC		NRC	61.66	61.66
77058			NRC	733.94	733.94
77058	26		NRC	116.39	116.39
77058	TC		NRC	617.55	617.55
77059			NRC	731.12	731.12
77059	26		NRC	116.39	116.39
77059	TC		NRC	614.73	614.73
77061			NRC	0.00	0.00
77061	26		NRC	0.00	0.00
77061	TC		NRC	0.00	0.00
77062			NRC	0.00	0.00
77062	26		NRC	0.00	0.00
77062	TC		NRC	0.00	0.00
77063			NRC	77.09	77.09
77063	26		NRC	43.16	43.16
77063	TC		NRC	33.93	33.93
77071				69.96	69.96
77072			NRC	32.43	32.43
77072	26		NRC	13.53	13.53
77072	TC		NRC	18.89	18.89
77073			NRC	52.30	52.30
77073	26		NRC	21.66	21.66
77073	TC		NRC	30.64	30.64
77074			NRC	97.08	97.08
77074	26		NRC	32.60	32.60
77074	TC		NRC	64.47	64.47
77075			NRC	144.42	144.42
77075	26		NRC	38.60	38.60
77075	TC		NRC	105.83	105.83
77076			NRC	146.09	146.09
77076	26		NRC	50.13	50.13
77076	TC		NRC	95.96	95.96
77077			NRC	55.28	55.28
77077	26		NRC	24.17	24.17
77077	TC		NRC	31.11	31.11
77078			NRC	151.08	151.08
77078	26		NRC	17.53	17.53
77078	TC		NRC	133.55	133.55
77080			NRC	65.83	65.83

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
77080	26		NRC	14.51	14.51
77080	TC		NRC	51.32	51.32
77081			NRC	37.71	37.71
77081	26		NRC	15.53	15.53
77081	TC		NRC	22.18	22.18
77084				528.95	528.95
77084	26			114.87	114.87
77084	TC			414.08	414.08
77085				75.62	75.62
77085	26			21.48	21.48
77085	TC			54.14	54.14
77086				47.85	47.85
77086	26			12.51	12.51
77086	TC			35.34	35.34
77261				105.12	105.12
77262				157.97	157.97
77263				233.28	233.28
77280				359.32	359.32
77280	26			50.50	50.50
77280	TC			308.82	308.82
77285				559.66	559.66
77285	26			76.03	76.03
77285	TC			483.63	483.63
77290				672.28	672.28
77290	26			113.00	113.00
77290	TC			559.28	559.28
77293				611.81	611.81
77293	26			145.10	145.10
77293	TC			466.71	466.71
77295			NC	0.00	0.00
77295	26		NC	0.00	0.00
77295	TC		NC	0.00	0.00
77299			BR	0.00	0.00
77299	26		BR	0.00	0.00
77299	TC		BR	0.00	0.00
77300				91.17	91.17
77300	26			45.02	45.02
77300	TC			46.15	46.15
77301				2,608.07	2,608.07
77301	26			579.32	579.32
77301	TC			2,028.75	2,028.75
77306				195.15	195.15
77306	26			98.73	98.73
77306	TC			96.43	96.43
77307				381.30	381.30
77307	26			204.99	204.99

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
77307	TC			176.31	176.31
77316				248.82	248.82
77316	26			99.29	99.29
77316	TC			149.53	149.53
77317				325.89	325.89
77317	26			130.78	130.78
77317	TC			195.11	195.11
77318				470.78	470.78
77318	26			206.13	206.13
77318	TC			264.65	264.65
77321				124.51	124.51
77321	26			68.50	68.50
77321	TC			56.02	56.02
77331				87.55	87.55
77331	26			63.01	63.01
77331	TC			24.53	24.53
77332				108.24	108.24
77332	26			39.54	39.54
77332	TC			68.70	68.70
77333				73.33	73.33
77333	26			61.02	61.02
77333	TC			12.32	12.32
77334				202.81	202.81
77334	26			89.47	89.47
77334	TC			113.34	113.34
77336				98.31	98.31
77338			NRC	677.71	677.71
77338	26		NRC	311.74	311.74
77338	TC		NRC	365.98	365.98
77370				150.76	150.76
77371				9,732.10	9,732.10
77372				1,371.66	1,371.66
77373				1,642.52	1,642.52
77385			BR	0.00	0.00
77386			BR	0.00	0.00
77387			BR	0.00	0.00
77399			BR	0.00	0.00
77399	26		BR	0.00	0.00
77399	TC		BR	0.00	0.00
77401				26.41	26.41
77402				183.83	183.83
77407				333.73	333.73
77412				316.81	316.81
77417				18.42	18.42
77422				55.08	55.08
77423				65.41	65.41

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
77424			BR	0.00	0.00
77425			BR	0.00	0.00
77427				260.13	260.13
77431				142.30	142.30
77432				587.42	587.42
77435				887.17	887.17
77469				438.15	438.15
77470				212.75	212.75
77470	26			151.56	151.56
77470	TC			61.19	61.19
77499			NRC	0.00	0.00
77499	26		NRC	0.00	0.00
77499	TC		NRC	0.00	0.00
77520			NRC	1,346.21	1,346.21
77522			NRC	0.00	0.00
77523			NRC	0.00	0.00
77525			NRC	0.00	0.00
77600			NRC	529.16	529.16
77600	26		NRC	113.00	113.00
77600	TC		NRC	416.16	416.16
77605			NRC	959.83	959.83
77605	26		NRC	165.41	165.41
77605	TC		NRC	794.43	794.43
77610			NRC	1,315.77	1,315.77
77610	26		NRC	110.18	110.18
77610	TC		NRC	1,205.59	1,205.59
77615			NRC	1,319.01	1,319.01
77615	26		NRC	151.56	151.56
77615	TC		NRC	1,167.45	1,167.45
77620			NRC	486.20	486.20
77620	26		NRC	111.30	111.30
77620	TC		NRC	374.90	374.90
77750			NRC	506.36	506.36
77750	26		NRC	362.28	362.28
77750	TC		NRC	144.09	144.09
77761			NRC	525.33	525.33
77761	26		NRC	276.82	276.82
77761	TC		NRC	248.50	248.50
77762			NRC	698.36	698.36
77762	26		NRC	416.40	416.40
77762	TC		NRC	281.96	281.96
77763			NRC	992.68	992.68
77763	26		NRC	627.82	627.82
77763	TC		NRC	364.86	364.86
77776			NRC	592.34	592.34
77776	26		NRC	344.68	344.68

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
77776	TC		NRC	247.66	247.66
77777			NRC	804.31	804.31
77777	26		NRC	551.01	551.01
77777	TC		NRC	253.30	253.30
77778			NRC	1,194.06	1,194.06
77778	26		NRC	819.70	819.70
77778	TC		NRC	374.36	374.36
77785			NRC	318.10	318.10
77785	26		NRC	103.06	103.06
77785	TC		NRC	215.04	215.04
77786			NRC	650.49	650.49
77786	26		NRC	235.54	235.54
77786	TC		NRC	414.95	414.95
77787			NRC	1,035.06	1,035.06
77787	26		NRC	355.27	355.27
77787	TC		NRC	679.79	679.79
77789			NRC	160.13	160.13
77789	26		NRC	82.50	82.50
77789	TC		NRC	77.63	77.63
77790			NRC	130.54	130.54
77790	26		NRC	75.00	75.00
77790	TC		NRC	55.55	55.55
77799			NRC	0.00	0.00
77799	26		NRC	0.00	0.00
77799	TC		NRC	0.00	0.00
78012				103.85	NC
78012	26			13.06	13.06
78012	TC			90.79	NC
78013				261.23	NC
78013	26			25.51	25.51
78013	TC			235.72	NC
78014				316.92	NC
78014	26			35.15	35.15
78014	TC			281.77	NC
78015			NRC	295.13	295.13
78015	26		NRC	47.19	47.19
78015	TC		NRC	247.93	247.93
78016			NRC	379.73	379.73
78016	26		NRC	50.03	50.03
78016	TC		NRC	329.70	329.70
78018			NRC	423.21	423.21
78018	26		NRC	58.74	58.74
78018	TC		NRC	364.47	364.47
78020			NRC	113.64	113.64
78020	26		NRC	39.77	39.77
78020	TC		NRC	73.87	73.87

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78070			NRC	402.77	402.77
78070	26		NRC	55.69	55.69
78070	TC		NRC	347.08	347.08
78071				474.08	NC
78071	26			83.30	83.30
78071	TC			390.78	NC
78072			NRC	592.46	NC
78072	26			111.92	111.92
78072	TC		NRC	480.53	NC
78075			NRC	573.21	573.21
78075	26		NRC	50.29	50.29
78075	TC		NRC	522.92	522.92
78099			BR	0.00	0.00
78099	26		BR	0.00	0.00
78099	TC		BR	0.00	0.00
78102				229.24	229.24
78102	26			37.69	37.69
78102	TC			191.55	191.55
78103				304.37	304.37
78103	26			52.20	52.20
78103	TC			252.16	252.16
78104				329.00	329.00
78104	26			54.28	54.28
78104	TC			274.72	274.72
78110			NRC	127.07	127.07
78110	26		NRC	13.53	13.53
78110	TC		NRC	113.54	113.54
78111			NRC	133.30	133.30
78111	26		NRC	15.53	15.53
78111	TC		NRC	117.77	117.77
78120			NRC	128.64	128.64
78120	26		NRC	16.51	16.51
78120	TC		NRC	112.13	112.13
78121			NRC	136.04	136.04
78121	26		NRC	22.50	22.50
78121	TC		NRC	113.54	113.54
78122				133.73	133.73
78122	26			30.06	30.06
78122	TC			103.67	103.67
78130				231.08	231.08
78130	26			44.14	44.14
78130	TC			186.95	186.95
78135				472.16	472.16
78135	26			46.13	46.13
78135	TC			426.03	426.03
78140				184.93	184.93

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78140	26			44.14	44.14
78140	TC			140.80	140.80
78185				283.90	283.90
78185	26			27.98	27.98
78185	TC			255.92	255.92
78190			NRC	535.95	535.95
78190	26		NRC	77.50	77.50
78190	TC		NRC	458.45	458.45
78191				231.08	231.08
78191	26			44.14	44.14
78191	TC			186.95	186.95
78195				483.58	483.58
78195	26			83.87	83.87
78195	TC			399.71	399.71
78199			BR	0.00	0.00
78199	26		BR	0.00	0.00
78199	TC		BR	0.00	0.00
78201				252.87	252.87
78201	26			30.78	30.78
78201	TC			222.09	222.09
78202				274.00	274.00
78202	26			33.58	33.58
78202	TC			240.41	240.41
78205				289.17	289.17
78205	26			48.76	48.76
78205	TC			240.41	240.41
78206				458.85	458.85
78206	26			65.72	65.72
78206	TC			393.13	393.13
78215				263.31	263.31
78215	26			34.64	34.64
78215	TC			228.67	228.67
78216				167.29	167.29
78216	26			38.71	38.71
78216	TC			128.58	128.58
78226				447.65	447.65
78226	26			52.17	52.17
78226	TC			395.48	395.48
78227				605.79	605.79
78227	26			63.13	63.13
78227	TC			542.66	542.66
78230			NRC	185.62	185.62
78230	26		NRC	27.90	27.90
78230	TC		NRC	157.71	157.71
78231			NRC	175.36	175.36
78231	26		NRC	35.97	35.97

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78231	TC		NRC	139.39	139.39
78232			NRC	135.42	135.42
78232	26		NRC	29.39	29.39
78232	TC		NRC	106.02	106.02
78258			NRC	299.53	299.53
78258	26		NRC	51.13	51.13
78258	TC		NRC	248.40	248.40
78261			NRC	342.19	342.19
78261	26		NRC	49.62	49.62
78261	TC		NRC	292.57	292.57
78262			NRC	329.64	329.64
78262	26		NRC	46.00	46.00
78262	TC		NRC	283.65	283.65
78264			NRC	389.61	389.61
78264	26		NRC	56.16	56.16
78264	TC		NRC	333.45	333.45
78267				13.41	13.41
78268				114.86	114.86
78270			NRC	121.28	121.28
78270	26		NRC	14.51	14.51
78270	TC		NRC	106.77	106.77
78271			NRC	121.28	121.28
78271	26		NRC	14.51	14.51
78271	TC		NRC	106.77	106.77
78272			NRC	138.19	138.19
78272	26		NRC	19.48	19.48
78272	TC		NRC	118.71	118.71
78278				472.22	472.22
78278	26			69.22	69.22
78278	TC			403.00	403.00
78282			NRC	338.66	338.66
78282	26		NRC	27.63	27.63
78282	TC		NRC	311.04	311.04
78290			NRC	451.17	451.17
78290	26		NRC	48.17	48.17
78290	TC		NRC	403.00	403.00
78291			NRC	340.69	340.69
78291	26		NRC	60.80	60.80
78291	TC		NRC	279.89	279.89
78299			BR	0.00	0.00
78299	26		BR	0.00	0.00
78299	TC		BR	0.00	0.00
78300				245.49	245.49
78300	26			44.08	44.08
78300	TC			201.41	201.41
78305				313.14	313.14

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78305	26			58.16	58.16
78305	TC			254.98	254.98
78306				340.51	340.51
78306	26			60.15	60.15
78306	TC			280.36	280.36
78315				471.40	471.40
78315	26			71.22	71.22
78315	TC			400.18	400.18
78320				309.83	309.83
78320	26			71.30	71.30
78320	TC			238.54	238.54
78350				44.29	44.29
78350	26			15.53	15.53
78350	TC			28.76	28.76
78351				21.48	21.48
78399			BR	0.00	0.00
78399	26		BR	0.00	0.00
78399	TC		BR	0.00	0.00
78414			NRC	124.42	124.42
78414	26		NRC	32.13	32.13
78414	TC		NRC	92.29	92.29
78428			NRC	248.47	248.47
78428	26		NRC	53.63	53.63
78428	TC		NRC	194.83	194.83
78445				232.10	232.10
78445	26			32.09	32.09
78445	TC			200.00	200.00
78451				466.23	466.23
78451	26			95.18	95.18
78451	TC			371.05	371.05
78452				645.36	645.36
78452	26			111.63	111.63
78452	TC			533.73	533.73
78453				415.40	415.40
78453	26			70.67	70.67
78453	TC			344.73	344.73
78454				590.70	590.70
78454	26			93.62	93.62
78454	TC			497.08	497.08
78456				433.53	433.53
78456	26			69.06	69.06
78456	TC			364.47	364.47
78457				264.50	264.50
78457	26			53.69	53.69
78457	TC			210.81	210.81
78458				221.88	221.88

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78458	26			55.24	55.24
78458	TC			166.64	166.64
78459			NRC	1,118.85	1,118.85
78459	26		NRC	103.67	103.67
78459	TC		NRC	1,015.18	1,015.18
78466			NRC	248.11	248.11
78466	26		NRC	49.05	49.05
78466	TC		NRC	199.06	199.06
78468			NRC	267.34	267.34
78468	26		NRC	55.59	55.59
78468	TC		NRC	211.75	211.75
78469			NRC	306.34	306.34
78469	26		NRC	64.52	64.52
78469	TC		NRC	241.82	241.82
78472			NRC	312.32	312.32
78472	26		NRC	67.67	67.67
78472	TC		NRC	244.64	244.64
78473			NRC	395.63	395.63
78473	26		NRC	101.18	101.18
78473	TC		NRC	294.45	294.45
78481			NRC	240.60	240.60
78481	26		NRC	67.10	67.10
78481	TC		NRC	173.49	173.49
78483			NRC	328.90	328.90
78483	26		NRC	101.65	101.65
78483	TC		NRC	227.26	227.26
78491			NRC	1,119.79	1,119.79
78491	26		NRC	104.61	104.61
78491	TC		NRC	1,015.18	1,015.18
78492			NRC	1,144.83	1,144.83
78492	26		NRC	129.65	129.65
78492	TC		NRC	1,015.18	1,015.18
78494			NRC	309.38	309.38
78494	26		NRC	82.12	82.12
78494	TC		NRC	227.26	227.26
78496			NRC	61.83	61.83
78496	26		NRC	34.48	34.48
78496	TC		NRC	27.35	27.35
78499			NRC	0.00	0.00
78499	26		NRC	0.00	0.00
78499	TC		NRC	0.00	0.00
78579				252.40	252.40
78579	26			34.17	34.17
78579	TC			218.23	218.23
78580				323.96	323.96
78580	26			51.60	51.60

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78580	TC			272.37	272.37
78582				454.68	454.68
78582	26			74.70	74.70
78582	TC			379.97	379.97
78597				274.00	274.00
78597	26			50.13	50.13
78597	TC			223.87	223.87
78598				415.56	415.56
78598	26			58.14	58.14
78598	TC			357.42	357.42
78599			BR	0.00	0.00
78599	26		BR	0.00	0.00
78599	TC		BR	0.00	0.00
78600				247.41	247.41
78600	26			30.49	30.49
78600	TC			216.92	216.92
78601				292.52	292.52
78601	26			36.13	36.13
78601	TC			256.39	256.39
78605				268.16	268.16
78605	26			38.09	38.09
78605	TC			230.08	230.08
78606				444.14	444.14
78606	26			43.49	43.49
78606	TC			400.65	400.65
78607				472.69	472.69
78607	26			83.32	83.32
78607	TC			389.37	389.37
78608			NRC	1,291.88	1,291.88
78608	26		NRC	104.71	104.71
78608	TC		NRC	1,187.17	1,187.17
78609			NRC	109.31	109.31
78609	26		NRC	109.31	109.31
78609	TC		NRC	0.00	0.00
78610				235.11	235.11
78610	26			21.01	21.01
78610	TC			214.10	214.10
78630				455.77	455.77
78630	26			47.60	47.60
78630	TC			408.17	408.17
78635				456.71	456.71
78635	26			42.43	42.43
78635	TC			414.28	414.28
78645			NRC	435.60	435.60
78645	26		NRC	39.18	39.18
78645	TC		NRC	396.42	396.42

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78647				473.75	473.75
78647	26			64.17	64.17
78647	TC			409.58	409.58
78650				453.25	453.25
78650	26			43.20	43.20
78650	TC			410.05	410.05
78660				252.19	252.19
78660	26			38.56	38.56
78660	TC			213.63	213.63
78699			BR	0.00	0.00
78699	26		BR	0.00	0.00
78699	TC		BR	0.00	0.00
78700				235.43	235.43
78700	26			31.66	31.66
78700	TC			203.76	203.76
78701				289.15	289.15
78701	26			34.64	34.64
78701	TC			254.51	254.51
78707			NRC	314.59	314.59
78707	26		NRC	66.19	66.19
78707	TC		NRC	248.40	248.40
78708			NRC	237.19	237.19
78708	26		NRC	83.71	83.71
78708	TC		NRC	153.48	153.48
78709			NRC	496.62	496.62
78709	26		NRC	97.38	97.38
78709	TC		NRC	399.24	399.24
78710				269.42	269.42
78710	26			42.16	42.16
78710	TC			227.26	227.26
78725				147.55	147.55
78725	26			25.55	25.55
78725	TC			122.00	122.00
78730			NRC	102.28	102.28
78730	26		NRC	11.02	11.02
78730	TC		NRC	91.26	91.26
78740			NRC	297.45	297.45
78740	26		NRC	39.65	39.65
78740	TC		NRC	257.80	257.80
78761			NRC	285.41	285.41
78761	26		NRC	50.64	50.64
78761	TC		NRC	234.78	234.78
78799			BR	0.00	0.00
78799	26		BR	0.00	0.00
78799	TC		BR	0.00	0.00
78800			NRC	258.43	258.43

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
78800	26		NRC	47.15	47.15
78800	TC		NRC	211.28	211.28
78801			NRC	339.30	339.30
78801	26		NRC	55.65	55.65
78801	TC		NRC	283.65	283.65
78802			NRC	435.43	435.43
78802	26		NRC	59.21	59.21
78802	TC		NRC	376.22	376.22
78803			NRC	459.93	459.93
78803	26		NRC	73.84	73.84
78803	TC		NRC	386.08	386.08
78804			NRC	765.01	765.01
78804	26		NRC	73.76	73.76
78804	TC		NRC	691.25	691.25
78805				248.37	248.37
78805	26			51.19	51.19
78805	TC			197.18	197.18
78806				446.71	446.71
78806	26			59.21	59.21
78806	TC			387.49	387.49
78807				457.95	457.95
78807	26			73.27	73.27
78807	TC			384.67	384.67
78808			NRC	63.03	63.03
78811			NRC	1,301.07	1,301.07
78811	26		NRC	113.91	113.91
78811	TC		NRC	1,187.17	1,187.17
78812			NRC	1,324.03	1,324.03
78812	26		NRC	136.86	136.86
78812	TC		NRC	1,187.17	1,187.17
78813			NRC	1,331.07	1,331.07
78813	26		NRC	143.91	143.91
78813	TC		NRC	1,187.17	1,187.17
78814			NRC	1,477.20	1,477.20
78814	26		NRC	158.52	158.52
78814	TC		NRC	1,318.68	1,318.68
78815			NRC	1,493.37	1,493.37
78815	26		NRC	174.69	174.69
78815	TC		NRC	1,318.68	1,318.68
78816			NRC	1,495.02	1,495.02
78816	26		NRC	176.34	176.34
78816	TC		NRC	1,318.68	1,318.68
78999			BR	0.00	0.00
78999	26		BR	0.00	0.00
78999	TC		BR	0.00	0.00
79005				188.29	188.29

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
79005	26			124.28	124.28
79005	TC			64.01	64.01
79101				199.25	199.25
79101	26			134.31	134.31
79101	TC			64.94	64.94
79200				218.56	218.56
79200	26			145.16	145.16
79200	TC			73.40	73.40
79300	26		NRC	116.57	116.57
79403			NRC	266.77	266.77
79403	26		NRC	159.80	159.80
79403	TC		NRC	106.96	106.96
79440			NRC	201.52	201.52
79440	26		NRC	138.93	138.93
79440	TC		NRC	62.60	62.60
79445	26		NRC	167.29	167.29
79999			BR	0.00	0.00
79999	26		BR	0.00	0.00
79999	TC		BR	0.00	0.00
80047				12.51	12.51
80048				12.51	12.51
80050				88.98	88.98
80051				7.71	7.71
80053				18.01	18.01
80055			NRC	0.00	0.00
80061				21.69	21.69
80069				14.81	14.81
80074				77.63	77.63
80076				10.78	10.78
80150				25.70	25.70
80155				24.13	24.13
80156				24.84	24.84
80157				22.61	22.61
80158				30.79	30.79
80159				31.54	31.54
80162				22.65	22.65
80163			BR	0.00	0.00
80164				16.35	16.35
80165			BR	0.00	0.00
80166				26.43	26.43
80168				27.88	27.88
80169				23.41	23.41
80170				27.95	27.95
80171				22.61	22.61
80173				24.84	24.84
80175				22.61	22.61

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
80176				25.05	25.05
80177				22.61	22.61
80178				11.28	11.28
80180				30.79	30.79
80183				22.61	22.61
80184				15.99	15.99
80185				22.61	22.61
80186				23.48	23.48
80188				28.30	28.30
80190				28.56	28.56
80192				28.56	28.56
80194				24.90	24.90
80195				23.41	23.41
80197				23.41	23.41
80198				24.13	24.13
80199				30.79	30.79
80200				27.49	27.49
80201				20.34	20.34
80202				16.35	16.35
80203				22.61	22.61
80299				18.06	18.06
80300			BR	0.00	0.00
80301			BR	0.00	0.00
80302			BR	0.00	0.00
80303			BR	0.00	0.00
80304			BR	0.00	0.00
80320			BR	0.00	0.00
80321			BR	0.00	0.00
80322			BR	0.00	0.00
80323			BR	0.00	0.00
80324			BR	0.00	0.00
80325			BR	0.00	0.00
80326			BR	0.00	0.00
80327			BR	0.00	0.00
80328			BR	0.00	0.00
80329			BR	0.00	0.00
80330			BR	0.00	0.00
80331			BR	0.00	0.00
80332			BR	0.00	0.00
80333			BR	0.00	0.00
80334			BR	0.00	0.00
80335			BR	0.00	0.00
80336			BR	0.00	0.00
80337			BR	0.00	0.00
80338			BR	0.00	0.00
80339			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
80340			BR	0.00	0.00
80341			BR	0.00	0.00
80342			BR	0.00	0.00
80343			BR	0.00	0.00
80344			BR	0.00	0.00
80345			BR	0.00	0.00
80346			BR	0.00	0.00
80347			BR	0.00	0.00
80348			BR	0.00	0.00
80349			BR	0.00	0.00
80350			BR	0.00	0.00
80351			BR	0.00	0.00
80352			BR	0.00	0.00
80353			BR	0.00	0.00
80354			BR	0.00	0.00
80355			BR	0.00	0.00
80356			BR	0.00	0.00
80357			BR	0.00	0.00
80358			BR	0.00	0.00
80359			BR	0.00	0.00
80360			BR	0.00	0.00
80361			BR	0.00	0.00
80362			BR	0.00	0.00
80363			BR	0.00	0.00
80364			BR	0.00	0.00
80365			BR	0.00	0.00
80366			BR	0.00	0.00
80367			BR	0.00	0.00
80368			BR	0.00	0.00
80369			BR	0.00	0.00
80370			BR	0.00	0.00
80371			BR	0.00	0.00
80372			BR	0.00	0.00
80373			BR	0.00	0.00
80374			BR	0.00	0.00
80375			BR	0.00	0.00
80376			BR	0.00	0.00
80377			BR	0.00	0.00
80400			NRC	55.63	55.63
80402			NRC	148.29	148.29
80406			NRC	133.45	133.45
80408			NRC	198.96	198.96
80410			NRC	137.00	137.00
80412			NRC	562.11	562.11
80414			NRC	69.48	69.48
80415			NRC	95.30	95.30

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
80416			NRC	179.88	179.88
80417			NRC	59.96	59.96
80418			NRC	988.40	988.40
80420			NRC	122.86	122.86
80422			NRC	78.58	78.58
80424			NRC	86.11	86.11
80426			NRC	253.09	253.09
80428			NRC	113.75	113.75
80430			NRC	133.84	133.84
80432			NRC	230.39	230.39
80434			NRC	172.54	172.54
80435			NRC	175.68	175.68
80436				155.46	155.46
80438			NRC	85.96	85.96
80439			NRC	114.63	114.63
80500				29.47	26.65
80502				95.66	92.84
81000				5.40	5.40
81001				5.40	5.40
81002				4.03	4.03
81003				3.83	3.83
81005				3.70	3.70
81007				4.38	4.38
81015				5.19	5.19
81020				6.29	6.29
81025				10.79	10.79
81050				5.11	5.11
81099			BR	0.00	0.00
81161				0.00	0.00
81201			NRC	0.00	0.00
81202			NRC	0.00	0.00
81203			NRC	0.00	0.00
81206			NRC	279.61	279.61
81207			NRC	246.99	246.99
81208			NRC	274.29	274.29
81210			NRC	224.06	224.06
81211			NRC	2,729.38	2,729.38
81212			NRC	220.88	220.88
81213			NRC	728.40	728.40
81214			NRC	1,797.68	1,797.68
81215			NRC	116.55	116.55
81217			NRC	116.55	116.55
81225			NRC	364.75	364.75
81226			NRC	564.49	564.49
81227			NRC	218.85	218.85
81235			NRC	412.51	412.51

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
81240			NRC	83.91	83.91
81241			NRC	104.21	104.21
81245			NRC	207.40	207.40
81246			NRC	0.00	0.00
81252			NRC	0.00	0.00
81253			NRC	0.00	0.00
81254			NRC	0.00	0.00
81256			NRC	111.46	111.46
81261			NRC	337.64	337.64
81262			NRC	74.44	74.44
81263			NRC	502.24	502.24
81264			NRC	254.65	254.65
81265			NRC	366.73	366.73
81267			NRC	353.79	353.79
81268			NRC	444.73	444.73
81270			NRC	156.33	156.33
81275			NRC	246.85	246.85
81287			NRC	0.00	0.00
81288			NRC	0.00	0.00
81291			NRC	74.44	74.44
81292			NRC	807.80	807.80
81293			NRC	323.83	323.83
81294			NRC	238.35	238.35
81295			NRC	189.64	189.64
81296			NRC	161.91	161.91
81297			NRC	189.64	189.64
81298			NRC	359.79	359.79
81299			NRC	201.55	201.55
81300			NRC	202.10	202.10
81301			NRC	493.80	493.80
81310			NRC	308.93	308.93
81313			NRC	0.00	0.00
81315			NRC	353.54	353.54
81316			NRC	539.24	539.24
81317			NRC	976.61	976.61
81318			NRC	230.76	230.76
81319			NRC	277.08	277.08
81321			NRC	750.88	750.88
81322			NRC	73.00	73.00
81323			NRC	109.50	109.50
81324			NRC	0.00	0.00
81325			NRC	0.00	0.00
81326			NRC	0.00	0.00
81332			NRC	74.44	74.44
81340			NRC	356.28	356.28
81341			NRC	84.56	84.56

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
81342			NRC	343.63	343.63
81370			NRC	685.75	685.75
81371			NRC	410.45	410.45
81372			NRC	376.70	376.70
81373			NRC	189.91	189.91
81374			NRC	124.06	124.06
81375			NRC	376.44	376.44
81376			NRC	208.43	208.43
81377			NRC	156.56	156.56
81378			NRC	589.30	589.30
81379			NRC	571.93	571.93
81380			NRC	302.26	302.26
81381			NRC	161.29	161.29
81382			NRC	210.91	210.91
81383			NRC	186.10	186.10
81410			NRC	0.00	0.00
81411			NRC	0.00	0.00
81415			NRC	0.00	0.00
81416			NRC	0.00	0.00
81417			NRC	0.00	0.00
81420			NRC	0.00	0.00
81425			NRC	0.00	0.00
81426			NRC	0.00	0.00
81427			NRC	0.00	0.00
81430			NRC	0.00	0.00
81431			NRC	0.00	0.00
81435			NRC	0.00	0.00
81436			NRC	0.00	0.00
81440			NRC	0.00	0.00
81445			NRC	0.00	0.00
81450			NRC	0.00	0.00
81455			NRC	0.00	0.00
81460			NRC	0.00	0.00
81465			NRC	0.00	0.00
81470			NRC	0.00	0.00
81471			NRC	0.00	0.00
81479			BR	0.00	0.00
81500			BR	0.00	0.00
81503			BR	0.00	0.00
81504			BR	0.00	0.00
81506			BR	0.00	0.00
81507			BR	0.00	0.00
81508			BR	0.00	0.00
81509			BR	0.00	0.00
81510			BR	0.00	0.00
81511			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
81512			BR	0.00	0.00
81519			NRC	0.00	0.00
81599			BR	0.00	0.00
82009				5.84	5.84
82010				12.96	12.96
82013				19.05	19.05
82016				23.64	23.64
82017				28.76	28.76
82024			NRC	65.88	65.88
82030			NRC	43.99	43.99
82040				8.44	8.44
82042				8.83	8.83
82043				9.86	9.86
82044				7.80	7.80
82045				57.89	57.89
82075				19.69	19.69
82085				16.55	16.55
82088			NRC	69.50	69.50
82103				22.91	22.91
82104				24.66	24.66
82105			NRC	28.61	28.61
82106			NRC	28.61	28.61
82107			NRC	109.85	109.85
82108			NRC	43.45	43.45
82120			NRC	6.43	6.43
82127				23.64	23.64
82128				23.64	23.64
82131				28.76	28.76
82135				26.03	26.03
82136				28.76	28.76
82139				28.76	28.76
82140				24.85	24.85
82143			NRC	11.71	11.71
82150				11.05	11.05
82154			NRC	49.18	49.18
82157			NRC	49.93	49.93
82160			NRC	42.64	42.64
82163			NRC	34.99	34.99
82164			NRC	24.90	24.90
82172			NRC	26.43	26.43
82175			NRC	26.03	26.03
82180			NRC	16.85	16.85
82190			NRC	25.43	25.43
82232			NRC	24.75	24.75
82239			NRC	29.21	29.21
82240			NRC	45.33	45.33

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
82247				6.88	6.88
82248				6.88	6.88
82252				7.76	7.76
82261				28.76	28.76
82270				5.55	5.55
82271				5.55	5.55
82272				5.55	5.55
82274				27.13	27.13
82286			NRC	11.75	11.75
82300			NRC	39.48	39.48
82306			NRC	50.50	50.50
82308			NRC	45.68	45.68
82310			NRC	8.80	8.80
82330			NRC	23.31	23.31
82331			NRC	8.83	8.83
82340			NRC	10.29	10.29
82355			NRC	14.91	14.91
82360			NRC	19.85	19.85
82365			NRC	21.99	21.99
82370			NRC	19.85	19.85
82373			NRC	30.79	30.79
82374				8.34	8.34
82375				19.85	19.85
82376				10.23	10.23
82378			NRC	32.35	32.35
82379			NRC	28.76	28.76
82380			NRC	15.73	15.73
82382			NRC	29.33	29.33
82383			NRC	42.74	42.74
82384			NRC	43.06	43.06
82387			NRC	35.49	35.49
82390			NRC	18.31	18.31
82397			NRC	24.09	24.09
82415				21.61	21.61
82435			NRC	7.84	7.84
82436			NRC	8.58	8.58
82438			NRC	8.34	8.34
82441			NRC	10.24	10.24
82465				7.41	7.41
82480			NRC	13.44	13.44
82482			NRC	13.10	13.10
82485				35.21	35.21
82486			NRC	30.79	30.79
82487			NRC	27.24	27.24
82488			NRC	36.44	36.44
82489			NRC	31.54	31.54

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
82491				30.79	30.79
82492				30.79	30.79
82495			NRC	34.59	34.59
82507			NRC	47.41	47.41
82523			NRC	31.88	31.88
82525			NRC	21.16	21.16
82528				38.40	38.40
82530				28.50	28.50
82533				27.80	27.80
82540				7.79	7.79
82541				30.79	30.79
82542				30.79	30.79
82543				30.79	30.79
82544				30.79	30.79
82550				11.10	11.10
82552				22.85	22.85
82553				15.51	15.51
82554				20.24	20.24
82565				8.74	8.74
82570				8.83	8.83
82575				16.11	16.11
82585				6.83	6.83
82595				11.04	11.04
82600			NRC	32.68	32.68
82607			NRC	25.70	25.70
82608			NRC	24.43	24.43
82610				23.18	23.18
82615				12.68	12.68
82626			NRC	43.10	43.10
82627			NRC	37.91	37.91
82633				52.83	52.83
82634			NRC	49.93	49.93
82638			NRC	20.89	20.89
82651			NRC	44.03	44.03
82652				65.66	65.66
82656				19.68	19.68
82657				30.79	30.79
82658				30.79	30.79
82664			NRC	58.59	58.59
82668				32.06	32.06
82670			NRC	47.65	47.65
82671			NRC	55.09	55.09
82672			NRC	37.00	37.00
82677			NRC	41.24	41.24
82679			NRC	34.74	34.74
82693				25.40	25.40

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
82696				40.23	40.23
82705			NRC	2.69	2.69
82710			NRC	28.66	28.66
82715			NRC	29.35	29.35
82725			NRC	22.70	22.70
82726			NRC	30.79	30.79
82728				23.24	23.24
82731			NRC	109.85	109.85
82735			NRC	31.61	31.61
82746				25.08	25.08
82747				29.54	29.54
82757			NRC	4.00	4.00
82759				19.69	19.69
82760				19.09	19.09
82775				35.93	35.93
82776				14.30	14.30
82777				29.99	29.99
82784				15.85	15.85
82785				28.09	28.09
82787				13.68	13.68
82800				14.43	14.43
82803				33.00	33.00
82805				48.39	48.39
82810				14.89	14.89
82820				15.65	15.65
82930			NRC	9.30	9.30
82938			NRC	30.18	30.18
82941			NRC	30.08	30.08
82943				24.36	24.36
82945				6.70	6.70
82946				21.55	21.55
82947				6.70	6.70
82948				5.40	5.40
82950				8.10	8.10
82951				16.68	16.68
82952				6.49	6.49
82955				7.78	7.78
82960				10.33	10.33
82962				4.00	4.00
82963				7.78	7.78
82965				7.78	7.78
82977				12.28	12.28
82978				21.11	21.11
82979				11.75	11.75
82985				9.04	9.04
83001			NRC	31.69	31.69

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
83002			NRC	31.58	31.58
83003			NRC	28.45	28.45
83006			NRC	0.00	0.00
83009			NRC	114.86	114.86
83010				21.45	21.45
83012				27.78	27.78
83013			NRC	114.86	114.86
83014			NRC	13.41	13.41
83015				21.75	21.75
83018				37.45	37.45
83020				21.95	21.95
83020	26			27.12	27.12
83021				30.79	30.79
83026				4.04	4.04
83030			NRC	13.03	13.03
83033			NRC	10.16	10.16
83036				16.55	16.55
83037				16.55	16.55
83045				8.45	8.45
83050				12.50	12.50
83051				12.48	12.48
83060				14.10	14.10
83065				11.75	11.75
83068				14.43	14.43
83069				6.74	6.74
83070				5.24	5.24
83080				28.76	28.76
83088				50.36	50.36
83090				28.76	28.76
83150				33.00	33.00
83491				29.88	29.88
83497				21.99	21.99
83498			NRC	46.34	46.34
83499			NRC	43.00	43.00
83500			NRC	24.23	24.23
83505				23.38	23.38
83516				19.68	19.68
83518				14.45	14.45
83519				23.04	23.04
83520				22.08	22.08
83525			NRC	19.49	19.49
83527			NRC	22.09	22.09
83528			NRC	27.13	27.13
83540				11.04	11.04
83550				14.91	14.91
83570				15.09	15.09

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
83582				24.18	24.18
83586				21.84	21.84
83593				44.85	44.85
83605				18.21	18.21
83615				10.29	10.29
83625				21.83	21.83
83630			NRC	33.48	33.48
83631			NRC	33.48	33.48
83632			NRC	34.48	34.48
83633				9.38	9.38
83655				20.65	20.65
83661			NRC	37.49	37.49
83662			NRC	25.86	25.86
83663			NRC	25.86	25.86
83664			NRC	25.86	25.86
83670				15.61	15.61
83690				11.75	11.75
83695				22.08	22.08
83698				57.89	57.89
83700				18.88	18.88
83701				42.33	42.33
83704				53.80	53.80
83718				13.96	13.96
83719				19.84	19.84
83721				16.28	16.28
83727			NRC	29.33	29.33
83735				9.84	9.84
83775				12.58	12.58
83785				41.94	41.94
83788				30.79	30.79
83789				30.79	30.79
83825				27.73	27.73
83835				28.89	28.89
83857				18.31	18.31
83861			NRC	28.18	28.18
83864				9.04	9.04
83872				10.00	10.00
83873				29.34	29.34
83874				22.03	22.03
83876			NRC	57.89	57.89
83880				57.89	57.89
83883				23.18	23.18
83885				41.79	41.79
83915			NRC	19.01	19.01
83916				34.29	34.29
83918				28.06	28.06

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
83919				28.06	28.06
83921				28.06	28.06
83930				11.28	11.28
83935				11.63	11.63
83937				50.90	50.90
83945				21.95	21.95
83950				109.85	109.85
83951			NRC	109.85	109.85
83970				70.39	70.39
83986				6.10	6.10
83987				27.08	27.08
83992			NRC	25.06	25.06
83993			NRC	33.48	33.48
84030			NRC	9.38	9.38
84035			NRC	4.00	4.00
84060			NRC	12.60	12.60
84061			NRC	13.49	13.49
84066			NRC	16.48	16.48
84075				8.83	8.83
84078				12.45	12.45
84080				25.21	25.21
84081			NRC	28.18	28.18
84085				10.49	10.49
84087				17.61	17.61
84100				8.08	8.08
84105				8.83	8.83
84106				7.30	7.30
84110				14.39	14.39
84112			NRC	109.85	109.85
84119				13.03	13.03
84120				25.09	25.09
84126				43.44	43.44
84132				7.84	7.84
84133				7.34	7.34
84134				24.86	24.86
84135			NRC	26.03	26.03
84138			NRC	32.29	32.29
84140			NRC	35.26	35.26
84143			NRC	38.91	38.91
84144			NRC	32.68	32.68
84145				45.68	45.68
84146			NRC	33.05	33.05
84150			NRC	42.56	42.56
84152			NRC	31.36	31.36
84153			NRC	31.36	31.36
84154			NRC	31.36	31.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
84155				6.25	6.25
84156				6.25	6.25
84157				6.25	6.25
84160				8.83	8.83
84163			NRC	25.68	25.68
84165				18.31	18.31
84165	26			27.12	27.12
84166				30.41	30.41
84166	26			27.12	27.12
84181				26.06	26.06
84181	26			27.12	27.12
84182				30.69	30.69
84182	26			27.12	27.12
84202				24.46	24.46
84203				14.68	14.68
84206				30.38	30.38
84207				47.91	47.91
84210				18.51	18.51
84220				16.10	16.10
84228				10.49	10.49
84233			NRC	109.85	109.85
84234			NRC	110.64	110.64
84235			NRC	89.25	89.25
84238			NRC	62.36	62.36
84244				29.99	29.99
84252				34.51	34.51
84255				43.54	43.54
84260				52.83	52.83
84270			NRC	32.68	32.68
84275				22.91	22.91
84285				40.15	40.15
84295				8.20	8.20
84300				8.30	8.30
84302				8.30	8.30
84305				36.25	36.25
84307				31.18	31.18
84311				11.93	11.93
84315				4.29	4.29
84375				33.44	33.44
84376				9.38	9.38
84377				9.38	9.38
84378				12.68	12.68
84379				12.68	12.68
84392				8.10	8.10
84402			NRC	43.43	43.43
84403			NRC	34.74	34.74

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
84425				36.20	36.20
84430				13.03	13.03
84431				28.66	28.66
84432				27.39	27.39
84436			NRC	11.71	11.71
84437			NRC	11.04	11.04
84439			NRC	15.38	15.38
84442			NRC	25.21	25.21
84443			NRC	28.66	28.66
84445			NRC	86.73	86.73
84446				24.18	24.18
84449				30.69	30.69
84450				8.83	8.83
84460				9.03	9.03
84466				20.68	20.68
84478				9.80	9.80
84479			NRC	11.04	11.04
84480			NRC	24.18	24.18
84481			NRC	28.89	28.89
84482			NRC	26.88	26.88
84484				16.78	16.78
84485			NRC	12.81	12.81
84488			NRC	12.45	12.45
84490			NRC	12.96	12.96
84510				17.74	17.74
84512				12.35	12.35
84520				6.74	6.74
84525				6.43	6.43
84540				8.10	8.10
84545				11.26	11.26
84550				7.70	7.70
84560				8.10	8.10
84577				3.01	3.01
84578				5.54	5.54
84580				12.10	12.10
84583				4.91	4.91
84585				26.43	26.43
84586				60.25	60.25
84588				57.89	57.89
84590				19.79	19.79
84591			NRC	19.79	19.79
84597				23.39	23.39
84600				27.41	27.41
84620				16.68	16.68
84630				19.41	19.41
84681				35.49	35.49

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
84702				25.68	25.68
84703				12.83	12.83
84704			NRC	25.68	25.68
84830			NRC	17.10	17.10
84999			BR	0.00	0.00
85002				7.69	7.69
85004				11.04	11.04
85007				5.86	5.86
85008				2.69	2.69
85009				6.35	6.35
85013				4.04	4.04
85014				4.04	4.04
85018				4.04	4.04
85025				13.26	13.26
85027				11.04	11.04
85032				7.34	7.34
85041				4.91	4.91
85044				7.34	7.34
85045				6.81	6.81
85046				9.51	9.51
85048				4.33	4.33
85049				7.64	7.64
85055				45.66	45.66
85060				34.48	34.48
85097				117.42	68.55
85130				20.28	20.28
85170				2.69	2.69
85175				7.76	7.76
85210				7.78	7.78
85220				7.78	7.78
85230				7.78	7.78
85240				7.78	7.78
85244				7.78	7.78
85245				39.13	39.13
85246				39.13	39.13
85247				39.13	39.13
85250				7.78	7.78
85260				7.78	7.78
85270				7.78	7.78
85280				7.78	7.78
85290				15.71	15.71
85291				15.18	15.18
85292				32.30	32.30
85293				32.30	32.30
85300				20.21	20.21
85301				18.44	18.44

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
85302				20.50	20.50
85303				23.59	23.59
85305				19.79	19.79
85306				26.14	26.14
85307				26.14	26.14
85335				21.95	21.95
85337				17.78	17.78
85345				7.34	7.34
85347				7.26	7.26
85348				6.35	6.35
85360				13.03	13.03
85362				11.75	11.75
85366				14.69	14.69
85370				19.36	19.36
85378				12.16	12.16
85379				17.36	17.36
85380				17.36	17.36
85384				14.48	14.48
85385				14.48	14.48
85390				8.81	8.81
85390	26			27.12	27.12
85396				28.53	28.53
85397				39.13	39.13
85400				13.03	13.03
85410				13.03	13.03
85415				15.71	15.71
85420				11.15	11.15
85421				13.03	13.03
85441				5.24	5.24
85445			NRC	11.63	11.63
85460			NRC	13.20	13.20
85461			NRC	10.31	10.31
85475				7.93	7.93
85520				22.33	22.33
85525				15.65	15.65
85530				24.18	24.18
85536				7.93	7.93
85540				14.68	14.68
85547				14.68	14.68
85549				31.99	31.99
85555				11.40	11.40
85557				19.69	19.69
85576				16.99	16.99
85576	26			27.12	27.12
85597				30.65	30.65
85598			NRC	30.65	30.65

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
85610				6.71	6.71
85611				6.73	6.73
85612			NRC	9.84	9.84
85613			NRC	9.84	9.84
85635			NRC	9.84	9.84
85651				6.05	6.05
85652				4.61	4.61
85660			NRC	9.41	9.41
85670				7.93	7.93
85675				11.68	11.68
85705				16.41	16.41
85730				10.24	10.24
85732				11.04	11.04
85810				19.90	19.90
85999			BR	0.00	0.00
86000				11.90	11.90
86001				8.90	8.90
86003				8.90	8.90
86005				12.89	12.89
86021				25.68	25.68
86022				31.33	31.33
86023				21.25	21.25
86038				20.61	20.61
86039				19.04	19.04
86060			NRC	12.45	12.45
86063			NRC	9.84	9.84
86077				76.07	71.37
86078				76.07	71.37
86079			NRC	75.60	70.43
86140				8.83	8.83
86141				22.08	22.08
86146			NRC	40.64	40.64
86147			NRC	40.64	40.64
86148			NRC	27.40	27.40
86152			NRC	419.01	419.01
86153	26			48.95	48.95
86155			NRC	27.26	27.26
86156			NRC	9.78	9.78
86157			NRC	13.75	13.75
86160			NRC	20.48	20.48
86161			NRC	20.48	20.48
86162			NRC	34.65	34.65
86171			NRC	17.08	17.08
86185			NRC	15.25	15.25
86200			NRC	22.08	22.08
86215			NRC	22.60	22.60

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
86225			NRC	23.43	23.43
86226			NRC	20.65	20.65
86235			NRC	30.58	30.58
86243			NRC	29.99	29.99
86255				20.55	20.55
86255	26		NRC	27.12	27.12
86256				20.55	20.55
86256	26		NRC	25.98	25.98
86277			NRC	26.84	26.84
86280			NRC	13.96	13.96
86294			NRC	24.38	24.38
86300			NRC	24.38	24.38
86301			NRC	24.38	24.38
86304			NRC	24.38	24.38
86305			NRC	24.38	24.38
86308			NRC	8.83	8.83
86309			NRC	11.04	11.04
86310			NRC	12.58	12.58
86316			NRC	24.38	24.38
86317				25.56	25.56
86318				22.08	22.08
86320				38.23	38.23
86320	26		NRC	25.98	25.98
86325				38.14	38.14
86325	26		NRC	25.98	25.98
86327				38.69	38.69
86327	26		NRC	30.61	30.61
86329			NRC	23.94	23.94
86331			NRC	20.44	20.44
86332			NRC	41.56	41.56
86334				38.10	38.10
86334	26		NRC	27.12	27.12
86335				50.05	50.05
86335	26		NRC	27.12	27.12
86336			NRC	24.38	24.38
86337				36.51	36.51
86340			NRC	25.70	25.70
86341				30.48	30.48
86343			NRC	21.26	21.26
86344			NRC	13.63	13.63
86352				231.70	231.70
86353			NRC	83.61	83.61
86355			NRC	64.33	64.33
86356			NRC	45.66	45.66
86357			NRC	64.33	64.33
86359			NRC	64.33	64.33

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
86360			NRC	80.13	80.13
86361			NRC	45.66	45.66
86367			NRC	64.33	64.33
86376				24.81	24.81
86378			NRC	22.68	22.68
86382			NRC	28.84	28.84
86384			NRC	19.41	19.41
86386				27.24	27.24
86403			NRC	17.38	17.38
86406			NRC	10.31	10.31
86430				9.68	9.68
86431				9.68	9.68
86480			NRC	105.70	105.70
86481			NRC	127.78	127.78
86485				8.75	8.75
86486				6.68	6.68
86490				6.68	6.68
86510				8.56	8.56
86580				10.44	10.44
86590			NRC	18.84	18.84
86592				7.28	7.28
86593				7.50	7.50
86602				17.36	17.36
86603				21.94	21.94
86606				23.46	23.46
86609				21.98	21.98
86611				17.36	17.36
86612				22.00	22.00
86615				22.50	22.50
86617				26.41	26.41
86618				29.05	29.05
86619				22.81	22.81
86622				15.24	15.24
86625				22.38	22.38
86628				20.48	20.48
86631			NRC	20.16	20.16
86632			NRC	21.64	21.64
86635				19.56	19.56
86638				20.68	20.68
86641				23.46	23.46
86644				24.55	24.55
86645				28.73	28.73
86648			NRC	23.46	23.46
86651				22.50	22.50
86652				22.50	22.50
86653				22.50	22.50

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
86654				22.50	22.50
86658				22.21	22.21
86663			NRC	22.38	22.38
86664			NRC	23.46	23.46
86665			NRC	23.46	23.46
86666			NRC	17.36	17.36
86668			NRC	17.74	17.74
86671				20.90	20.90
86674				25.10	25.10
86677			NRC	24.75	24.75
86682			NRC	22.19	22.19
86684				27.01	27.01
86687				14.31	14.31
86688				23.89	23.89
86689				33.00	33.00
86692				29.26	29.26
86694			NRC	24.55	24.55
86695			NRC	22.50	22.50
86696			NRC	33.00	33.00
86698				21.31	21.31
86701				15.15	15.15
86702				23.05	23.05
86703				23.38	23.38
86704				20.55	20.55
86705				20.09	20.09
86706				18.31	18.31
86707				19.73	19.73
86708				21.13	21.13
86709				19.20	19.20
86710				23.11	23.11
86711				24.55	24.55
86713			NRC	26.10	26.10
86717			NRC	20.89	20.89
86720			NRC	22.50	22.50
86723			NRC	22.50	22.50
86727			NRC	21.94	21.94
86729			NRC	20.38	20.38
86732			NRC	22.50	22.50
86735			NRC	22.25	22.25
86738			NRC	22.59	22.59
86741			NRC	22.50	22.50
86744			NRC	22.50	22.50
86747			NRC	25.64	25.64
86750			NRC	22.50	22.50
86753			NRC	21.13	21.13
86756				21.98	21.98

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
86757			NRC	33.00	33.00
86759			NRC	22.50	22.50
86762			NRC	24.55	24.55
86765			NRC	21.98	21.98
86768			NRC	22.50	22.50
86771			NRC	22.50	22.50
86774				25.24	25.24
86777			NRC	24.55	24.55
86778			NRC	24.56	24.56
86780			NRC	22.58	22.58
86784			NRC	21.43	21.43
86787			NRC	21.98	21.98
86788				28.73	28.73
86789				24.55	24.55
86790			NRC	21.98	21.98
86793			NRC	22.50	22.50
86800			NRC	27.13	27.13
86803				22.46	22.46
86804				26.41	26.41
86805			NRC	89.18	89.18
86806			NRC	81.16	81.16
86807			NRC	67.49	67.49
86808			NRC	50.61	50.61
86812			NRC	44.01	44.01
86813			NRC	98.90	98.90
86816			NRC	47.51	47.51
86817			NRC	109.80	109.80
86821			NRC	55.05	55.05
86822			NRC	55.05	55.05
86825				136.96	136.96
86826				45.66	45.66
86828				67.49	67.49
86829				50.61	50.61
86830				137.69	137.69
86831				118.01	118.01
86832				216.36	216.36
86833				196.70	196.70
86834				609.75	609.75
86835				550.75	550.75
86849			BR	0.00	0.00
86850				16.81	16.81
86860			NRC	0.00	0.00
86870			NRC	0.00	0.00
86880			NRC	9.18	9.18
86885			NRC	9.76	9.76
86886			NRC	8.83	8.83

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
86890				125.00	125.00
86891				56.00	56.00
86900				5.09	5.09
86901				5.09	5.09
86902				6.53	6.53
86904				16.21	16.21
86905				6.53	6.53
86906				13.21	13.21
86910			NRC	0.00	0.00
86911			NRC	0.00	0.00
86920			NRC	0.00	0.00
86921			NRC	0.00	0.00
86922			NRC	0.00	0.00
86923			NRC	0.00	0.00
86927			NRC	0.00	0.00
86930			NRC	0.00	0.00
86931			NRC	0.00	0.00
86932			NRC	0.00	0.00
86940			NRC	13.99	13.99
86941			NRC	20.65	20.65
86945			NRC	0.00	0.00
86950			NRC	0.00	0.00
86960			NRC	0.00	0.00
86965			NRC	0.00	0.00
86970			NRC	0.00	0.00
86971			NRC	0.00	0.00
86972			NRC	0.00	0.00
86975			NRC	0.00	0.00
86976			NRC	0.00	0.00
86977			NRC	0.00	0.00
86978			NRC	0.00	0.00
86985			NRC	0.00	0.00
86999			NRC	0.00	0.00
87003			NRC	28.71	28.71
87015			NRC	9.84	9.84
87040				17.61	17.61
87045				16.10	16.10
87046				16.10	16.10
87070				14.69	14.69
87071				16.10	16.10
87073				16.10	16.10
87075				16.14	16.14
87076				13.79	13.79
87077				13.79	13.79
87081				11.31	11.31
87084				14.69	14.69

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
87086				13.76	13.76
87088				13.81	13.81
87101				13.15	13.15
87102				14.33	14.33
87103				15.38	15.38
87106				17.61	17.61
87107				17.61	17.61
87109				26.24	26.24
87110				33.41	33.41
87116				18.43	18.43
87118				18.66	18.66
87140				9.51	9.51
87143				21.36	21.36
87147				7.78	7.78
87149				34.20	34.20
87150				59.84	59.84
87152				8.91	8.91
87153				196.73	196.73
87158				8.91	8.91
87164				18.31	18.31
87164	26			27.12	27.12
87166				19.26	19.26
87168			NRC	7.28	7.28
87169			NRC	7.28	7.28
87172			NRC	7.28	7.28
87176				10.04	10.04
87177			NRC	15.18	15.18
87181				3.01	3.01
87184				11.76	11.76
87185				3.01	3.01
87186				13.19	13.19
87187				15.36	15.36
87188				11.33	11.33
87190				9.64	9.64
87197				25.63	25.63
87205				7.28	7.28
87206				9.18	9.18
87207				9.84	9.84
87207	26			27.12	27.12
87209				29.53	29.53
87210				7.28	7.28
87220				7.28	7.28
87230				33.68	33.68
87250				33.35	33.35
87252				44.45	44.45
87253				34.45	34.45

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
87254				33.35	33.35
87255				57.75	57.75
87260				20.45	20.45
87265			NRC	20.45	20.45
87267				20.45	20.45
87269				20.45	20.45
87270			NRC	20.45	20.45
87271				20.45	20.45
87272			NRC	20.45	20.45
87273			NRC	20.45	20.45
87274			NRC	20.45	20.45
87275			NRC	20.45	20.45
87276			NRC	20.45	20.45
87277			NRC	20.45	20.45
87278			NRC	20.45	20.45
87279			NRC	20.45	20.45
87280				20.45	20.45
87281				20.45	20.45
87283			NRC	20.45	20.45
87285			NRC	20.45	20.45
87290			NRC	20.45	20.45
87299				20.45	20.45
87300				20.45	20.45
87301				20.45	20.45
87305			NRC	20.45	20.45
87320			NRC	20.45	20.45
87324			NRC	20.45	20.45
87327			NRC	20.45	20.45
87328			NRC	20.45	20.45
87329			NRC	20.45	20.45
87332				20.45	20.45
87335				20.45	20.45
87336			NRC	20.45	20.45
87337			NRC	20.45	20.45
87338			NRC	24.53	24.53
87339				20.45	20.45
87340				15.88	15.88
87341				15.88	15.88
87350				19.66	19.66
87380				27.99	27.99
87385				20.45	20.45
87389				41.08	41.08
87390				19.04	19.04
87391				19.04	19.04
87400			NRC	20.45	20.45
87420				20.45	20.45

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
87425			NRC	20.45	20.45
87427			NRC	20.45	20.45
87430				20.45	20.45
87449				20.45	20.45
87450				16.35	16.35
87451				16.35	16.35
87470			NRC	34.20	34.20
87471			NRC	59.84	59.84
87472			NRC	73.05	73.05
87475			NRC	34.20	34.20
87476			NRC	59.84	59.84
87477			NRC	73.05	73.05
87480				34.20	34.20
87481				59.84	59.84
87482				71.20	71.20
87485			NRC	34.20	34.20
87486			NRC	59.84	59.84
87487			NRC	73.05	73.05
87490			NRC	34.20	34.20
87491			NRC	59.84	59.84
87492			NRC	24.69	24.69
87493				59.84	59.84
87495				34.20	34.20
87496				59.84	59.84
87497				73.05	73.05
87498			NRC	59.84	59.84
87500				59.84	59.84
87501				87.51	87.51
87502				145.11	145.11
87503				35.41	35.41
87505			BR	0.00	0.00
87506			BR	0.00	0.00
87507			BR	0.00	0.00
87510			NRC	34.20	34.20
87511			NRC	59.84	59.84
87512			NRC	71.20	71.20
87515				34.20	34.20
87516				59.84	59.84
87517				73.05	73.05
87520				34.20	34.20
87521				59.84	59.84
87522				73.05	73.05
87525				34.20	34.20
87526				59.84	59.84
87527				71.20	71.20
87528			NRC	34.20	34.20

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
87529			NRC	59.84	59.84
87530			NRC	73.05	73.05
87531			NRC	34.20	34.20
87532			NRC	59.84	59.84
87533			NRC	71.20	71.20
87534				34.20	34.20
87535				59.84	59.84
87536				145.11	145.11
87537				34.20	34.20
87538				59.84	59.84
87539				73.05	73.05
87540			NRC	34.20	34.20
87541			NRC	59.84	59.84
87542			NRC	71.20	71.20
87550				34.20	34.20
87551				59.84	59.84
87552				73.05	73.05
87555			NRC	34.20	34.20
87556			NRC	59.84	59.84
87557			NRC	73.05	73.05
87560			NRC	34.20	34.20
87561			NRC	59.84	59.84
87562			NRC	73.05	73.05
87580				34.20	34.20
87581				59.84	59.84
87582				71.20	71.20
87590				34.20	34.20
87591				59.84	59.84
87592				24.69	24.69
87623			NRC	0.00	0.00
87624			NRC	0.00	0.00
87625			NRC	0.00	0.00
87631				218.78	218.78
87632				363.98	363.98
87633				710.75	710.75
87640				59.84	59.84
87641				59.84	59.84
87650				34.20	34.20
87651				59.84	59.84
87652				71.20	71.20
87653				59.84	59.84
87660			NRC	34.20	34.20
87661				59.84	59.84
87797				34.20	34.20
87798				59.84	59.84
87799				73.05	73.05

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
87800				68.40	68.40
87801				119.70	119.70
87802				20.45	20.45
87803			NRC	20.45	20.45
87804			NRC	20.45	20.45
87806			NRC	0.00	0.00
87807				20.45	20.45
87808				20.45	20.45
87809				20.45	20.45
87810				20.45	20.45
87850				20.45	20.45
87880				20.45	20.45
87899				20.45	20.45
87900				222.28	222.28
87901				439.03	439.03
87902				439.03	439.03
87903				833.30	833.30
87904				44.45	44.45
87905			NRC	20.84	20.84
87906				219.53	219.53
87910				439.03	439.03
87912				439.03	439.03
87999			BR	0.00	0.00
88000			BR	0.00	0.00
88005			BR	0.00	0.00
88007			BR	0.00	0.00
88012			NRC	0.00	0.00
88014			NRC	0.00	0.00
88016			NRC	0.00	0.00
88020			BR	0.00	0.00
88025			BR	0.00	0.00
88027			BR	0.00	0.00
88028			NRC	0.00	0.00
88029			NRC	0.00	0.00
88036			BR	0.00	0.00
88037			BR	0.00	0.00
88040				821.25	821.25
88045				46.25	46.25
88099			NRC	0.00	0.00
88104				99.66	99.66
88104	26			40.83	40.83
88104	TC			58.84	58.84
88106				112.54	112.54
88106	26			27.39	27.39
88106	TC			85.15	85.15
88108				105.30	105.30

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88108	26			31.90	31.90
88108	TC			73.40	73.40
88112				85.10	85.10
88112	26			39.42	39.42
88112	TC			45.68	45.68
88120			NRC	816.81	816.81
88120	26		NRC	82.53	82.53
88120	TC		NRC	734.28	734.28
88121			NRC	706.34	706.34
88121	26		NRC	70.94	70.94
88121	TC		NRC	635.40	635.40
88125			NRC	30.35	30.35
88125	26		NRC	18.50	18.50
88125	TC		NRC	11.85	11.85
88130			NRC	25.68	25.68
88140			NRC	13.64	13.64
88141			NRC	43.76	43.76
88142			NRC	33.74	33.74
88143			NRC	33.74	33.74
88147			NRC	18.03	18.03
88148			NRC	18.03	18.03
88150			NRC	18.03	18.03
88152			NRC	18.03	18.03
88153			NRC	18.03	18.03
88154			NRC	18.03	18.03
88155			NRC	10.23	10.23
88160			NRC	86.74	86.74
88160	26		NRC	36.83	36.83
88160	TC		NRC	49.91	49.91
88161			NRC	79.22	79.22
88161	26		NRC	35.42	35.42
88161	TC		NRC	43.80	43.80
88162			NRC	129.78	129.78
88162	26		NRC	56.37	56.37
88162	TC		NRC	73.40	73.40
88164			NRC	18.03	18.03
88165			NRC	18.03	18.03
88166			NRC	18.03	18.03
88167			NRC	18.03	18.03
88172			NRC	74.33	74.33
88172	26		NRC	50.26	50.26
88172	TC		NRC	24.06	24.06
88173			NRC	198.60	198.60
88173	26		NRC	100.29	100.29
88173	TC		NRC	98.31	98.31
88174			NRC	34.66	34.66

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88175			NRC	38.71	38.71
88177			NRC	40.85	40.85
88177	26		NRC	30.88	30.88
88177	TC		NRC	9.97	9.97
88182			NRC	147.87	147.87
88182	26		NRC	51.71	51.71
88182	TC		NRC	96.16	96.16
88184			NRC	115.22	115.22
88185			NRC	70.58	70.58
88187			NRC	100.10	100.10
88188			NRC	126.03	126.03
88189			NRC	155.03	155.03
88199			NRC	0.00	0.00
88199	26		NRC	0.00	0.00
88199	TC		NRC	0.00	0.00
88230			NRC	198.68	198.68
88233			NRC	239.99	239.99
88235			NRC	251.13	251.13
88237			NRC	215.40	215.40
88239			NRC	251.58	251.58
88240			NRC	17.23	17.23
88241			NRC	17.23	17.23
88245			NRC	253.86	253.86
88248			NRC	295.33	295.33
88249			NRC	295.33	295.33
88261			NRC	301.39	301.39
88262			NRC	212.55	212.55
88263			NRC	256.29	256.29
88264			NRC	212.55	212.55
88267			NRC	306.58	306.58
88269			NRC	283.64	283.64
88271			NRC	36.53	36.53
88272			NRC	45.66	45.66
88273			NRC	54.80	54.80
88274			NRC	59.36	59.36
88275			NRC	68.49	68.49
88280			NRC	42.80	42.80
88283			NRC	116.99	116.99
88285			NRC	32.40	32.40
88289			NRC	58.73	58.73
88291			NRC	43.22	43.22
88299			NRC	0.00	0.00
88300				19.78	19.78
88300	26			6.52	6.52
88300	TC			13.26	13.26
88302				40.18	40.18

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88302	26			10.01	10.01
88302	TC			30.17	30.17
88304				57.92	57.92
88304	26			16.00	16.00
88304	TC			41.92	41.92
88305				95.71	95.71
88305	26			53.32	53.32
88305	TC			42.39	42.39
88307				385.00	385.00
88307	26			117.05	117.05
88307	TC			267.94	267.94
88309				587.69	587.69
88309	26			207.24	207.24
88309	TC			380.44	380.44
88311				27.92	27.92
88311	26			17.49	17.49
88311	TC			10.44	10.44
88312				126.37	126.37
88312	26			38.40	38.40
88312	TC			87.97	87.97
88313				87.60	87.60
88313	26			17.02	17.02
88313	TC			70.58	70.58
88314				104.40	104.40
88314	26			31.94	31.94
88314	TC			72.46	72.46
88319				115.25	115.25
88319	26			39.50	39.50
88319	TC			75.75	75.75
88321				132.37	120.15
88323				201.27	201.27
88323	26			123.16	123.16
88323	TC			78.10	78.10
88325				290.01	187.57
88329				78.21	50.95
88331				134.55	134.55
88331	26			87.00	87.00
88331	TC			47.56	47.56
88332				59.84	59.84
88332	26			43.29	43.29
88332	TC			16.55	16.55
88333				142.41	142.41
88333	26			88.74	88.74
88333	TC			53.67	53.67
88334				88.78	88.78
88334	26			54.85	54.85

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88334	TC			33.93	33.93
88341				78.84	78.84
88341	26			26.64	26.64
88341	TC			52.21	52.21
88342				155.55	155.55
88342	26			59.03	59.03
88342	TC			96.52	96.52
88344				137.23	137.23
88344	26			48.88	48.88
88344	TC			88.36	88.36
88346				143.13	143.13
88346	26			59.86	59.86
88346	TC			83.27	83.27
88347				120.10	120.10
88347	26			58.45	58.45
88347	TC			61.66	61.66
88348				928.58	928.58
88348	26			106.87	106.87
88348	TC			821.70	821.70
88349				539.83	539.83
88349	26			57.31	57.31
88349	TC			482.51	482.51
88355				239.04	239.04
88355	26			118.64	118.64
88355	TC			120.39	120.39
88356				380.51	380.51
88356	26			188.86	188.86
88356	TC			191.64	191.64
88358				113.61	113.61
88358	26			63.70	63.70
88358	TC			49.91	49.91
88360			NRC	175.28	175.28
88360	26		NRC	76.50	76.50
88360	TC		NRC	98.78	98.78
88361			NRC	212.35	212.35
88361	26		NRC	83.02	83.02
88361	TC		NRC	129.32	129.32
88362				414.00	414.00
88362	26			158.45	158.45
88362	TC			255.55	255.55
88363			NRC	30.88	27.12
88364				113.75	113.75
88364	26			33.20	33.20
88364	TC			80.55	80.55
88365				237.70	237.70
88365	26			83.94	83.94

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88365	TC			153.76	153.76
88366				175.93	175.93
88366	26			76.89	76.89
88366	TC			99.04	99.04
88367			NRC	341.20	341.20
88367	26		NRC	87.82	87.82
88367	TC		NRC	253.37	253.37
88368			NRC	310.95	310.95
88368	26		NRC	90.93	90.93
88368	TC		NRC	220.01	220.01
88369				86.64	86.64
88369	26			30.74	30.74
88369	TC			55.90	55.90
88371				37.14	37.14
88371	26			27.12	27.12
88372				38.79	38.79
88372	26			27.12	27.12
88373				70.66	70.66
88373	26			25.85	25.85
88373	TC			44.81	44.81
88374				238.88	238.88
88374	26			55.21	55.21
88374	TC			183.68	183.68
88375			BR	0.00	0.00
88377				251.29	251.29
88377	26			80.35	80.35
88377	TC			170.94	170.94
88380			NRC	256.60	256.60
88380	26		NRC	111.77	111.77
88380	TC		NRC	144.83	144.83
88381				216.01	216.01
88381	26			77.29	77.29
88381	TC			138.72	138.72
88387				49.62	49.62
88387	26			41.06	41.06
88387	TC			8.56	8.56
88388				45.19	45.19
88388	26			33.35	33.35
88388	TC			11.85	11.85
88399			BR	0.00	0.00
88399	26		BR	0.00	0.00
88399	TC		BR	0.00	0.00
88720			NRC	6.88	6.88
88738				6.88	6.88
88740			NRC	6.88	6.88
88741			NRC	6.88	6.88

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
88749			NRC	0.00	0.00
89049			NRC	346.21	92.94
89050				6.49	6.49
89051				9.39	9.39
89055				7.28	7.28
89060				12.20	12.20
89060	26			27.12	27.12
89125				7.36	7.36
89160				2.69	2.69
89190				5.71	5.71
89220				22.65	22.65
89230				6.68	6.68
89240			NRC	0.00	0.00
89250			NRC	0.00	0.00
89251			NRC	0.00	0.00
89253			NRC	0.00	0.00
89254			NRC	0.00	0.00
89255			NRC	0.00	0.00
89257			NRC	0.00	0.00
89258			NRC	0.00	0.00
89259			NRC	0.00	0.00
89260			NRC	0.00	0.00
89261			NRC	0.00	0.00
89264			NRC	0.00	0.00
89268			NRC	0.00	0.00
89272			NRC	0.00	0.00
89280			NRC	0.00	0.00
89281			NRC	0.00	0.00
89290			NRC	0.00	0.00
89291			NRC	0.00	0.00
89300			NRC	15.21	15.21
89310			NRC	13.30	13.30
89320			NRC	20.55	20.55
89321			NRC	20.55	20.55
89322			NRC	26.43	26.43
89325			NRC	7.78	7.78
89329			NRC	35.76	35.76
89330			NRC	16.88	16.88
89331			NRC	33.41	33.41
89335			NRC	0.00	0.00
89337			NRC	0.00	0.00
89342			NRC	0.00	0.00
89343			NRC	0.00	0.00
89344			NRC	0.00	0.00
89346			NRC	0.00	0.00
89352			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
89353			NRC	0.00	0.00
89354			NRC	0.00	0.00
89356			NRC	0.00	0.00
89398			NRC	0.00	0.00
90281			NRC	0.00	0.00
90283			NRC	0.00	0.00
90284			BR	0.00	0.00
90287			NRC	0.00	0.00
90288			NRC	0.00	0.00
90291			NRC	0.00	0.00
90296			NRC	0.00	0.00
90371				133.74	133.74
90375				264.18	264.18
90376				255.64	255.64
90378			NRC	0.00	0.00
90384			NRC	115.59	115.59
90385			NRC	30.07	30.07
90386			NRC	0.00	0.00
90389			BR	0.00	0.00
90393			BR	0.00	0.00
90396			NRC	0.00	0.00
90399			BR	0.00	0.00
90460				33.66	33.66
90461				17.13	17.13
90471				33.66	33.66
90472				17.13	17.13
90473				33.66	33.66
90474				17.13	17.13
90476			NRC	0.00	0.00
90477			NRC	0.00	0.00
90581			BR	0.00	0.00
90585			NRC	146.84	146.84
90586			NRC	146.84	146.84
90630			BR	0.00	0.00
90632			NRC	61.27	61.27
90633			NRC	0.00	0.00
90634			NRC	0.00	0.00
90636			BR	0.00	0.00
90644			BR	0.00	0.00
90645			NRC	0.00	0.00
90646			NRC	0.00	0.00
90647			NRC	0.00	0.00
90648			NRC	0.00	0.00
90649			NRC	0.00	0.00
90650			NRC	0.00	0.00
90651			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
90653			NRC	0.00	0.00
90654				22.70	22.70
90655			NRC	20.69	20.69
90656				14.88	14.88
90657			NRC	7.23	7.23
90658				14.27	14.27
90660			BR	0.00	0.00
90661			NRC	24.80	24.80
90662			NRC	38.19	38.19
90664			NRC	0.00	0.00
90666			NRC	0.00	0.00
90667			NRC	0.00	0.00
90668			NRC	0.00	0.00
90669			NRC	114.58	114.58
90670			NRC	184.76	184.76
90672			NRC	29.52	29.52
90673			NRC	43.78	43.78
90675				278.12	278.12
90676				9.09	9.09
90680			NRC	0.00	0.00
90681			NRC	0.00	0.00
90685			NRC	27.87	27.87
90686			NRC	23.29	23.29
90687			BR	0.00	0.00
90688			BR	0.00	0.00
90690			NRC	0.00	0.00
90691			NRC	84.68	84.68
90692			NRC	0.00	0.00
90693			NRC	0.00	0.00
90696			NRC	0.00	0.00
90698			NRC	0.00	0.00
90700			NRC	0.00	0.00
90702			NRC	0.00	0.00
90703				46.83	46.83
90704			NRC	0.00	0.00
90705			NRC	0.00	0.00
90706			NRC	0.00	0.00
90707			NRC	0.00	0.00
90708			NRC	0.00	0.00
90710			NRC	0.00	0.00
90712			NRC	0.00	0.00
90713			NRC	0.00	0.00
90714				25.38	25.38
90715				40.32	40.32
90716			NRC	0.00	0.00
90717			NRC	90.07	90.07

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
90719			NRC	0.00	0.00
90720			NRC	0.00	0.00
90721			NRC	0.00	0.00
90723			NRC	0.00	0.00
90725			NRC	0.00	0.00
90727			NRC	0.00	0.00
90732			NRC	93.42	93.42
90733			NRC	127.79	127.79
90734			NRC	0.00	0.00
90735			NRC	122.49	122.49
90736			NRC	0.00	0.00
90738			NRC	0.00	0.00
90739			NRC	0.00	0.00
90740			NRC	143.30	143.30
90743			NRC	29.06	29.06
90744			NRC	29.06	29.06
90746				71.65	71.65
90747			NRC	143.30	143.30
90748			NRC	0.00	0.00
90749			NRC	0.00	0.00
90785				20.19	20.19
90791				188.59	182.95
90792				203.20	197.56
90832				91.52	90.58
90833				93.40	92.93
90834				121.41	120.94
90836				118.10	117.16
90837				181.54	180.60
90838				155.99	155.05
90839			NRC	189.57	188.16
90840			NRC	91.05	90.58
90845				130.73	129.79
90846			NRC	147.04	146.10
90847			NRC	151.66	150.72
90849			NRC	47.72	43.02
90853				37.38	36.44
90863			NRC	0.00	0.00
90865			NRC	234.48	181.85
90867			NRC	243.28	243.28
90868			NRC	33.37	33.37
90869			NRC	164.95	164.95
90870				244.90	158.43
90875				87.73	87.26
90876				151.38	137.29
90880				143.30	133.90
90882			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
90885				70.75	70.75
90887				124.26	107.82
90889			NRC	0.00	0.00
90899			BR	0.00	0.00
90901				54.33	28.49
90911				116.49	64.33
90935			NRC	102.92	102.92
90937			NRC	147.51	147.51
90940			NRC	0.00	0.00
90945			NRC	120.62	120.62
90947			NRC	176.20	176.20
90951			NRC	1,318.82	1,318.82
90952			NRC	644.68	644.68
90953			NRC	554.74	554.74
90954			NRC	1,144.39	1,144.39
90955			NRC	644.33	644.33
90956			NRC	448.08	448.08
90957			NRC	909.70	909.70
90958			NRC	614.74	614.74
90959			NRC	415.48	415.48
90960			NRC	399.66	399.66
90961			NRC	335.88	335.88
90962			NRC	258.57	258.57
90963			NRC	770.67	770.67
90964			NRC	671.37	671.37
90965			NRC	636.89	636.89
90966			NRC	335.41	335.41
90967			NRC	24.97	24.97
90968			NRC	21.48	21.48
90969			NRC	20.97	20.97
90970			NRC	10.99	10.99
90989			NRC	0.00	0.00
90993			NRC	0.00	0.00
90997			NRC	130.84	130.84
90999			NRC	0.00	0.00
91010				239.35	239.35
91010	26			96.40	96.40
91010	TC			142.95	142.95
91013				32.39	32.39
91013	26			13.49	13.49
91013	TC			18.89	18.89
91020			NRC	316.57	316.57
91020	26		NRC	108.30	108.30
91020	TC		NRC	208.26	208.26
91022				229.91	229.91
91022	26			107.17	107.17

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
91022	TC			122.74	122.74
91030				186.38	186.38
91030	26			68.34	68.34
91030	TC			118.04	118.04
91034				255.22	255.22
91034	26			72.33	72.33
91034	TC			182.89	182.89
91035				645.15	645.15
91035	26			118.29	118.29
91035	TC			526.86	526.86
91037				218.87	218.87
91037	26			74.04	74.04
91037	TC			144.83	144.83
91038				603.09	603.09
91038	26			82.34	82.34
91038	TC			520.75	520.75
91040				533.30	533.30
91040	26			70.35	70.35
91040	TC			462.95	462.95
91065			NRC	110.00	110.00
91065	26		NRC	14.98	14.98
91065	TC		NRC	95.02	95.02
91110				1,196.24	1,196.24
91110	26			272.79	272.79
91110	TC			923.45	923.45
91111				970.06	970.06
91111	26			74.80	74.80
91111	TC			895.26	895.26
91112				1,429.26	NC
91112	26			157.61	157.61
91112	TC			1,271.65	NC
91117			NRC	211.93	211.93
91120				533.33	533.33
91120	26			72.73	72.73
91120	TC			460.60	460.60
91122				301.71	301.71
91122	26			127.75	127.75
91122	TC			173.96	173.96
91132				204.96	204.96
91132	26		NRC	39.46	39.46
91132	TC			165.50	165.50
91133				239.91	239.91
91133	26		NRC	50.44	50.44
91133	TC			189.47	189.47
91200				49.40	49.40
91200	26			21.11	21.11

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
91200	TC			28.29	28.29
91299			BR	0.00	0.00
91299	26		BR	0.00	0.00
91299	TC		BR	0.00	0.00
92002				113.16	69.93
92004				206.52	143.08
92012				118.48	76.19
92014				171.96	115.10
92015				28.57	28.10
92018				208.64	208.64
92019				101.69	101.69
92020				38.40	30.88
92025				51.85	51.85
92025	26			28.26	28.26
92025	TC			23.59	23.59
92060				90.03	90.03
92060	26			55.16	55.16
92060	TC			34.87	34.87
92065				72.13	72.13
92065	26			25.51	25.51
92065	TC			46.62	46.62
92071				53.44	48.27
92072				192.07	150.72
92081				47.15	47.15
92081	26			24.03	24.03
92081	TC			23.12	23.12
92082				67.38	67.38
92082	26			32.51	32.51
92082	TC			34.87	34.87
92083				87.88	87.88
92083	26			40.32	40.32
92083	TC			47.56	47.56
92100				108.88	48.74
92132				49.23	49.23
92132	26			28.45	28.45
92132	TC			20.77	20.77
92133				61.56	61.56
92133	26			40.32	40.32
92133	TC			21.24	21.24
92134				62.97	62.97
92134	26			41.73	41.73
92134	TC			21.24	21.24
92136				121.20	121.20
92136	26			44.04	44.04
92136	TC			77.16	77.16
92140				85.90	38.44

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
92145				21.54	21.54
92145	26			12.51	12.51
92145	TC			9.03	9.03
92225				38.44	31.39
92226				34.29	26.77
92227			NRC	18.89	18.89
92228			NRC	48.17	48.17
92228	26		NRC	30.21	30.21
92228	TC		NRC	17.95	17.95
92230				81.22	48.80
92235				148.77	148.77
92235	26			66.91	66.91
92235	TC			81.86	81.86
92240				340.22	340.22
92240	26			90.60	90.60
92240	TC			249.62	249.62
92250				105.77	105.77
92250	26			33.78	33.78
92250	TC			71.99	71.99
92260				25.79	15.92
92265				104.87	104.87
92265	26			58.72	58.72
92265	TC			46.15	46.15
92270				122.92	122.92
92270	26			58.45	58.45
92270	TC			64.47	64.47
92275				214.97	214.97
92275	26			83.30	83.30
92275	TC			131.67	131.67
92283			NRC	73.70	73.70
92283	26		NRC	13.45	13.45
92283	TC		NRC	60.25	60.25
92284			NRC	81.02	81.02
92284	26		NRC	17.49	17.49
92284	TC		NRC	63.54	63.54
92285			NRC	27.65	27.65
92285	26		NRC	4.52	4.52
92285	TC		NRC	23.12	23.12
92286				52.51	52.51
92286	26			31.27	31.27
92286	TC			21.24	21.24
92287				185.42	185.42
92287	26			66.91	66.91
92287	TC			118.51	118.51
92310				132.25	85.26
92311				140.82	81.62

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
92312				158.62	90.95
92313				134.26	69.42
92314				107.89	50.09
92315				99.43	32.70
92316				124.29	48.17
92317				101.95	31.00
92325				54.61	54.61
92326				47.09	47.09
92340				48.74	27.12
92341				55.71	34.09
92342				60.27	38.65
92352				55.32	27.12
92353				64.28	36.09
92354				17.95	17.95
92355				27.35	27.35
92358				15.14	15.14
92370				42.43	23.64
92371				15.14	15.14
92499			BR	0.00	0.00
92499	26		BR	0.00	0.00
92499	TC		BR	0.00	0.00
92502				135.83	135.83
92504				40.75	13.49
92507				111.51	111.51
92508				32.41	32.41
92511				184.07	67.53
92512				83.28	40.51
92516				94.55	33.00
92520				102.01	58.31
92521				157.15	157.15
92522				127.88	127.88
92523				265.26	265.26
92524				133.54	133.54
92526				121.07	121.07
92531				24.44	24.44
92532				28.18	28.18
92533				45.10	45.10
92534				20.19	20.19
92540				140.77	140.77
92540	26			112.00	112.00
92540	TC			28.76	28.76
92541				42.18	42.18
92541	26			29.39	29.39
92541	TC			12.79	12.79
92542				36.26	36.26
92542	26			24.42	24.42

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
92542	TC			11.85	11.85
92543				21.74	21.74
92543	26			8.01	8.01
92543	TC			13.73	13.73
92544				32.70	32.70
92544	26			19.44	19.44
92544	TC			13.26	13.26
92545				28.35	28.35
92545	26			16.98	16.98
92545	TC			11.38	11.38
92546				137.14	137.14
92546	26			21.44	21.44
92546	TC			115.69	115.69
92547				8.09	8.09
92548				139.37	139.37
92548	26			36.36	36.36
92548	TC			103.01	103.01
92550				29.19	29.19
92551				15.61	15.61
92552				40.51	40.51
92553				48.50	48.50
92555				30.17	30.17
92556				48.03	48.03
92557				52.46	45.88
92558			BR	0.00	0.00
92559			NRC	0.00	0.00
92560				26.84	26.84
92561				49.44	49.44
92562				60.72	60.72
92563				40.04	40.04
92564				37.22	37.22
92565				21.71	21.71
92567				20.15	15.45
92568				21.91	21.91
92570				45.21	42.39
92571				35.34	35.34
92572				67.29	67.29
92575				98.31	98.31
92576				45.68	45.68
92577				25.47	25.47
92579				58.96	52.85
92582			NRC	89.85	89.85
92583				68.23	68.23
92584				92.67	92.67
92585				174.61	174.61
92585	26			37.30	37.30

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
92585	TC			137.31	137.31
92586				110.53	110.53
92587				30.90	30.90
92587	26			27.04	27.04
92587	TC			3.86	3.86
92588				46.62	46.62
92588	26			41.36	41.36
92588	TC			5.27	5.27
92590				53.90	53.90
92591				80.94	80.94
92592				23.63	23.63
92593				35.67	35.67
92594				26.03	26.03
92595				39.00	39.00
92596				56.02	56.02
92597			NRC	101.96	101.96
92601			NRC	194.77	169.40
92602			NRC	114.80	93.66
92603			NRC	204.91	172.96
92604			NRC	122.87	95.61
92605			NRC	131.33	125.69
92606			NRC	115.67	100.63
92607			NRC	178.81	178.81
92608			NRC	73.62	73.62
92609			NRC	154.12	154.12
92610				118.56	102.59
92611				126.81	126.81
92612				240.62	96.83
92613				53.46	53.46
92614				204.44	96.83
92615				47.88	47.41
92616				288.42	143.69
92617				59.41	59.41
92618				47.48	46.54
92620				131.09	117.94
92621				31.07	26.85
92625				97.57	88.17
92626				125.53	108.15
92627				30.06	24.89
92630			NRC	0.00	0.00
92633			NRC	0.00	0.00
92640				174.35	151.33
92700			BR	0.00	0.00
92920				NC	796.57
92921			NRC	0.00	0.00
92924				NC	947.59

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
92925			NRC	0.00	0.00
92928				NC	884.68
92929			NRC	0.00	0.00
92933				NC	989.93
92934			NRC	0.00	0.00
92937				NC	884.17
92938			NRC	0.00	0.00
92941				NC	991.98
92943				NC	991.98
92944			NRC	0.00	0.00
92950				419.10	267.32
92953			NRC	15.57	15.57
92960			NRC	280.30	172.22
92961			NRC	346.84	346.84
92970				250.51	250.51
92971				131.61	131.61
92973				258.75	258.75
92974			NRC	236.39	236.39
92975				570.99	570.99
92977				166.64	166.64
92978			NRC	379.83	379.83
92978	26		NRC	127.02	127.02
92978	TC		NRC	252.81	252.81
92979			NRC	230.24	230.24
92979	26		NRC	102.49	102.49
92979	TC		NRC	127.75	127.75
92986			NRC	1,934.42	1,934.42
92987			NRC	1,997.80	1,997.80
92990			NRC	1,569.33	1,569.33
92992			NRC	0.00	0.00
92993			NRC	0.00	0.00
92997			NRC	953.18	953.18
92998			NRC	471.89	471.89
93000				22.95	22.95
93005				10.91	10.91
93010				12.04	12.04
93015				102.86	102.86
93016				31.00	31.00
93017				51.32	51.32
93018				20.54	20.54
93024				152.16	152.16
93024	26			81.11	81.11
93024	TC			71.05	71.05
93025				219.02	219.02
93025	26			52.58	52.58
93025	TC			166.44	166.44

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93040				17.70	17.70
93041				7.62	7.62
93042				10.08	10.08
93224				122.63	122.63
93225				35.34	35.34
93226				49.91	49.91
93227				37.38	37.38
93228				37.11	37.11
93229			NRC	877.87	877.87
93260				90.66	90.66
93260	26			62.84	62.84
93260	TC			27.82	27.82
93261				82.71	82.71
93261	26			54.89	54.89
93261	TC			27.82	27.82
93268				271.59	271.59
93270				12.32	12.32
93271				223.77	223.77
93272				35.50	35.50
93278				41.12	41.12
93278	26			17.53	17.53
93278	TC			23.59	23.59
93279				68.73	68.73
93279	26			46.08	46.08
93279	TC			22.65	22.65
93280				80.48	80.48
93280	26			54.53	54.53
93280	TC			25.94	25.94
93281				93.67	93.67
93281	26			63.50	63.50
93281	TC			30.17	30.17
93282				86.43	86.43
93282	26			60.02	60.02
93282	TC			26.41	26.41
93283				112.61	112.61
93283	26			81.50	81.50
93283	TC			31.11	31.11
93284				123.81	123.81
93284	26			88.47	88.47
93284	TC			35.34	35.34
93285				57.21	57.21
93285	26			36.44	36.44
93285	TC			20.77	20.77
93286				37.09	37.09
93286	26			21.48	21.48
93286	TC			15.61	15.61

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93287				48.95	48.95
93287	26			31.94	31.94
93287	TC			17.02	17.02
93288				50.28	50.28
93288	26			29.51	29.51
93288	TC			20.77	20.77
93289				89.99	89.99
93289	26			64.52	64.52
93289	TC			25.47	25.47
93290				42.29	42.29
93290	26			29.98	29.98
93290	TC			12.32	12.32
93291				49.34	49.34
93291	26			29.98	29.98
93291	TC			19.36	19.36
93292				43.70	43.70
93292	26			29.51	29.51
93292	TC			14.20	14.20
93293				71.94	71.94
93293	26			22.50	22.50
93293	TC			49.44	49.44
93294				47.58	47.58
93295				94.66	94.66
93296				33.93	33.93
93297				37.11	37.11
93298				37.58	37.58
93299			NRC	39.78	39.78
93303			NRC	319.48	319.48
93303	26		NRC	90.07	90.07
93303	TC		NRC	229.41	229.41
93304			NRC	211.50	211.50
93304	26		NRC	52.11	52.11
93304	TC		NRC	159.39	159.39
93306				306.33	306.33
93306	26			90.07	90.07
93306	TC			216.25	216.25
93307				177.86	177.86
93307	26			64.05	64.05
93307	TC			113.81	113.81
93308				164.39	164.39
93308	26			36.01	36.01
93308	TC			128.38	128.38
93312				447.09	447.09
93312	26			148.41	148.41
93312	TC			298.68	298.68
93313				60.33	60.33

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93314				411.11	411.11
93314	26			84.71	84.71
93314	TC			326.41	326.41
93315			NRC	730.34	730.34
93315	26		NRC	197.27	197.27
93315	TC		NRC	533.06	533.06
93316			NRC	61.27	61.27
93317	26		NRC	134.34	134.34
93318				694.08	694.08
93318	26			161.02	161.02
93318	TC			533.06	533.06
93320				73.58	73.58
93320	26			26.02	26.02
93320	TC			47.56	47.56
93321				41.67	41.67
93321	26			10.55	10.55
93321	TC			31.11	31.11
93325				34.77	34.77
93325	26			5.07	5.07
93325	TC			29.70	29.70
93350				323.97	323.97
93350	26			101.14	101.14
93350	TC			222.83	222.83
93351				376.99	376.99
93351	26			120.60	120.60
93351	TC			256.39	256.39
93352				45.01	45.01
93355				320.78	320.78
93451				1,052.15	1,052.15
93451	26			214.49	214.49
93451	TC			837.66	837.66
93452				1,191.89	1,191.89
93452	26			376.32	376.32
93452	TC			815.57	815.57
93453				1,544.76	1,544.76
93453	26			493.20	493.20
93453	TC			1,051.56	1,051.56
93454				1,214.13	1,214.13
93454	26			378.83	378.83
93454	TC			835.31	835.31
93455				1,413.19	1,413.19
93455	26			437.29	437.29
93455	TC			975.91	975.91
93456				1,521.93	1,521.93
93456	26			484.47	484.47
93456	TC			1,037.46	1,037.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93457				1,720.01	1,720.01
93457	26			543.46	543.46
93457	TC			1,176.55	1,176.55
93458				1,456.92	1,456.92
93458	26			462.22	462.22
93458	TC			994.70	994.70
93459				1,609.73	1,609.73
93459	26			520.58	520.58
93459	TC			1,089.15	1,089.15
93460				1,727.87	1,727.87
93460	26			579.51	579.51
93460	TC			1,148.36	1,148.36
93461				1,975.05	1,975.05
93461	26			639.58	639.58
93461	TC			1,335.48	1,335.48
93462				303.70	303.70
93463				154.81	154.81
93464				383.51	383.51
93464	26			139.54	139.54
93464	TC			243.98	243.98
93503				188.78	188.78
93505				1,027.99	1,027.99
93505	26			338.36	338.36
93505	TC			689.64	689.64
93530			NRC	1,279.84	1,279.84
93530	26		NRC	333.39	333.39
93530	TC		NRC	946.45	946.45
93531			NRC	3,363.92	3,363.92
93531	26		NRC	657.46	657.46
93531	TC		NRC	2,706.46	2,706.46
93532	26		NRC	788.05	788.05
93533	26		NRC	528.38	528.38
93561				65.35	65.35
93561	26			34.78	34.78
93561	TC			30.57	30.57
93562				30.04	30.04
93562	26			11.07	11.07
93562	TC			18.97	18.97
93563			NRC	80.05	80.05
93564			NRC	82.11	82.11
93565			NRC	62.43	62.43
93566				230.65	62.43
93567				191.14	69.91
93568				206.77	63.45
93571				379.83	379.83
93571	26			127.02	127.02

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93571	TC			252.81	252.81
93572				230.92	230.92
93572	26			103.06	103.06
93572	TC			127.86	127.86
93580			NRC	1,434.48	1,434.48
93581			NRC	1,937.61	1,937.61
93582				990.01	990.01
93583				1,101.99	1,101.99
93600				283.18	283.18
93600	26			173.27	173.27
93600	TC			109.91	109.91
93602				233.44	233.44
93602	26			171.38	171.38
93602	TC			62.06	62.06
93603				264.58	264.58
93603	26			170.44	170.44
93603	TC			94.14	94.14
93609				558.25	558.25
93609	26			405.76	405.76
93609	TC			152.49	152.49
93610				319.34	319.34
93610	26			243.05	243.05
93610	TC			76.29	76.29
93612				331.64	331.64
93612	26			241.17	241.17
93612	TC			90.47	90.47
93613				570.36	570.36
93615				92.72	92.72
93615	26			74.85	74.85
93615	TC			17.86	17.86
93616	26			94.33	94.33
93618				568.96	568.96
93618	26			347.60	347.60
93618	TC			221.36	221.36
93619				1,024.08	1,024.08
93619	26			593.45	593.45
93619	TC			430.63	430.63
93620				1,384.42	1,384.42
93620	26			943.17	943.17
93620	TC			419.07	419.07
93621	26			170.84	170.84
93622	26			251.07	251.07
93623				344.28	344.28
93623	26			232.79	232.79
93623	TC			111.49	111.49
93624				494.49	494.49

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93624	26			383.00	383.00
93624	TC			111.49	111.49
93631	26			596.62	596.62
93640	26			281.29	281.29
93641	26			479.41	479.41
93642				545.98	545.98
93642	26			348.80	348.80
93642	TC			197.18	197.18
93644				432.43	432.43
93644	26			293.51	293.51
93644	TC			138.92	138.92
93650				870.31	870.31
93653				NC	1,224.52
93654				NC	1,630.78
93655				NC	611.98
93656				NC	1,632.74
93657				612.55	612.55
93660				215.42	215.42
93660	26			133.56	133.56
93660	TC			81.86	81.86
93662	26			205.98	205.98
93668			NRC	25.00	25.00
93701			NRC	31.58	31.58
93702				150.94	150.94
93724			NRC	379.91	379.91
93724	26		NRC	343.16	343.16
93724	TC		NRC	36.75	36.75
93740			NRC	12.67	12.67
93740	26		NRC	9.78	9.78
93740	TC		NRC	2.25	2.25
93745			NRC	105.85	105.85
93745	26		NRC	65.91	65.91
93745	TC		NRC	39.91	39.91
93750				75.99	64.25
93770			NRC	12.67	12.67
93770	26		NRC	10.95	10.95
93770	TC		NRC	1.08	1.08
93784			NRC	72.74	72.74
93786			NRC	39.10	39.10
93788			NRC	7.15	7.15
93790			NRC	26.49	26.49
93797			NRC	22.42	12.55
93798			NRC	33.62	19.52
93799			NRC	0.00	0.00
93799	26		NRC	0.00	0.00
93799	TC		NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93880			NRC	254.71	254.71
93880	26		NRC	42.69	42.69
93880	TC		NRC	212.02	212.02
93882				165.22	165.22
93882	26			29.32	29.32
93882	TC			135.90	135.90
93886				478.31	478.31
93886	26			68.46	68.46
93886	TC			409.85	409.85
93888				280.16	280.16
93888	26			44.65	44.65
93888	TC			235.52	235.52
93890				386.44	386.44
93890	26			71.98	71.98
93890	TC			314.46	314.46
93892				450.10	450.10
93892	26			83.48	83.48
93892	TC			366.62	366.62
93893				464.66	464.66
93893	26			83.94	83.94
93893	TC			380.72	380.72
93895			BR	0.00	0.00
93895	26		BR	0.00	0.00
93895	TC		BR	0.00	0.00
93922				118.18	118.18
93922	26			17.06	17.06
93922	TC			101.13	101.13
93923				185.99	185.99
93923	26			31.76	31.76
93923	TC			154.23	154.23
93924				233.17	233.17
93924	26			35.25	35.25
93924	TC			197.93	197.93
93925				329.20	329.20
93925	26			56.83	56.83
93925	TC			272.37	272.37
93926				189.20	189.20
93926	26			35.92	35.92
93926	TC			153.29	153.29
93930				305.85	305.85
93930	26			32.74	32.74
93930	TC			273.11	273.11
93931				209.31	209.31
93931	26			22.19	22.19
93931	TC			187.12	187.12
93965				161.53	161.53

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
93965	26			25.16	25.16
93965	TC			136.37	136.37
93970				251.17	251.17
93970	26			50.43	50.43
93970	TC			200.75	200.75
93971				152.63	152.63
93971	26			32.23	32.23
93971	TC			120.39	120.39
93975				483.23	483.23
93975	26			127.69	127.69
93975	TC			355.54	355.54
93976				285.69	285.69
93976	26			86.36	86.36
93976	TC			199.34	199.34
93978				300.78	300.78
93978	26			46.47	46.47
93978	TC			254.31	254.31
93979				208.03	208.03
93979	26			30.78	30.78
93979	TC			177.25	177.25
93980				167.81	167.81
93980	26			88.29	88.29
93980	TC			79.51	79.51
93981				100.33	100.33
93981	26			31.15	31.15
93981	TC			69.17	69.17
93982				59.00	59.00
93990				258.51	258.51
93990	26			18.29	18.29
93990	TC			240.22	240.22
93998			BR	0.00	0.00
94002				133.34	133.34
94003				95.64	95.64
94004				70.40	70.40
94005				130.45	130.45
94010				48.32	48.32
94010	26			12.04	12.04
94010	TC			36.28	36.28
94011			NRC	145.39	145.39
94012			NRC	227.66	227.66
94013			NRC	45.27	45.27
94014				70.84	70.84
94015				35.34	35.34
94016				35.50	35.50
94060				81.14	81.14
94060	26			18.54	18.54

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
94060	TC			62.60	62.60
94070				81.69	81.69
94070	26			41.18	41.18
94070	TC			40.51	40.51
94150				33.83	33.83
94150	26			5.54	5.54
94150	TC			28.29	28.29
94200				33.05	33.05
94200	26			8.05	8.05
94200	TC			25.00	25.00
94250				35.40	35.40
94250	26			8.05	8.05
94250	TC			27.35	27.35
94375				53.10	53.10
94375	26			21.05	21.05
94375	TC			32.05	32.05
94400				75.54	75.54
94400	26			27.51	27.51
94400	TC			48.03	48.03
94450				91.52	91.52
94450	26			27.98	27.98
94450	TC			63.54	63.54
94452				77.54	77.54
94452	26			20.58	20.58
94452	TC			56.96	56.96
94453				107.49	107.49
94453	26			26.57	26.57
94453	TC			80.92	80.92
94610				84.65	84.65
94620				76.68	76.68
94620	26			43.69	43.69
94620	TC			32.99	32.99
94621				222.31	222.31
94621	26			98.16	98.16
94621	TC			124.15	124.15
94640				24.06	24.06
94642			NRC	17.86	17.86
94644				57.90	57.90
94645				18.89	18.89
94660				86.65	53.75
94662				57.04	57.04
94664				22.65	22.65
94667				33.46	33.46
94668				38.63	38.63
94669				46.62	46.62
94680				77.34	77.34

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
94680	26			18.03	18.03
94680	TC			59.31	59.31
94681				68.18	68.18
94681	26			14.04	14.04
94681	TC			54.14	54.14
94690				64.85	64.85
94690	26			5.54	5.54
94690	TC			59.31	59.31
94726				71.33	71.33
94726	26			17.56	17.56
94726	TC			53.77	53.77
94727				56.66	56.66
94727	26			17.56	17.56
94727	TC			39.10	39.10
94728				54.32	54.32
94728	26			18.03	18.03
94728	TC			36.28	36.28
94729				72.37	72.37
94729	26			13.06	13.06
94729	TC			59.31	59.31
94750				108.24	108.24
94750	26			16.04	16.04
94750	TC			92.20	92.20
94760				4.33	4.33
94761				6.68	6.68
94762				32.52	32.52
94770				11.69	11.69
94772			NRC	0.00	0.00
94772	26		NRC	0.00	0.00
94772	TC		NRC	0.00	0.00
94774			NRC	0.00	0.00
94775			NRC	0.00	0.00
94776			NRC	0.00	0.00
94777			NRC	0.00	0.00
94780				70.31	32.72
94781				27.55	12.04
94799			BR	0.00	0.00
94799	26		BR	0.00	0.00
94799	TC		BR	0.00	0.00
95004				8.60	8.60
95012				25.47	25.47
95017				11.18	5.54
95018				26.96	10.05
95024				10.48	1.55
95027			NRC	6.25	6.25
95028				17.95	17.95

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95044				7.15	7.15
95052				8.56	8.56
95056				56.96	56.96
95060				44.27	44.27
95065				34.87	34.87
95070				38.63	38.63
95071				46.15	46.15
95076				160.50	104.11
95079				116.33	96.12
95115				11.85	11.85
95117				13.73	13.73
95120				14.72	14.72
95125			NRC	0.00	0.00
95130			NRC	0.00	0.00
95131			NRC	0.00	0.00
95132			NRC	0.00	0.00
95133			NRC	0.00	0.00
95134			NRC	0.00	0.00
95144				16.78	4.56
95145				29.00	4.56
95146				51.55	4.56
95147				46.38	4.56
95148				69.41	4.56
95149				92.43	4.56
95165				17.25	4.56
95170				13.02	4.56
95180				186.19	143.43
95199			BR	0.00	0.00
95250			NRC	206.38	206.38
95251			NRC	61.52	61.52
95782			NC	0.00	0.00
95782	26		NC	0.00	0.00
95782	TC		NC	0.00	0.00
95783			NC	0.00	0.00
95783	26		NC	0.00	0.00
95783	TC		NC	0.00	0.00
95800			NRC	240.03	240.03
95800	26		NRC	73.59	73.59
95800	TC		NRC	166.44	166.44
95801			NRC	129.41	129.41
95801	26		NRC	69.16	69.16
95801	TC		NRC	60.25	60.25
95803			NRC	202.32	202.32
95803	26		NRC	61.72	61.72
95803	TC		NRC	140.60	140.60
95805				560.45	560.45

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95805	26			84.04	84.04
95805	TC			476.40	476.40
95806				232.65	232.65
95806	26			87.16	87.16
95806	TC			145.50	145.50
95807				631.47	631.47
95807	26			88.21	88.21
95807	TC			543.25	543.25
95808				846.33	846.33
95808	26			123.58	123.58
95808	TC			722.75	722.75
95810				826.68	826.68
95810	26			173.37	173.37
95810	TC			653.31	653.31
95811				867.11	867.11
95811	26			180.44	180.44
95811	TC			686.67	686.67
95812				573.97	573.97
95812	26			80.75	80.75
95812	TC			493.22	493.22
95813				673.72	673.72
95813	26			129.65	129.65
95813	TC			544.07	544.07
95816				470.22	470.22
95816	26			81.32	81.32
95816	TC			388.90	388.90
95819				535.91	535.91
95819	26			80.75	80.75
95819	TC			455.16	455.16
95822				478.11	478.11
95822	26			80.75	80.75
95822	TC			397.36	397.36
95824	26			56.96	56.96
95827				1,028.02	1,028.02
95827	26			81.32	81.32
95827	TC			946.70	946.70
95829				2,463.18	2,463.18
95829	26			458.09	458.09
95829	TC			2,005.08	2,005.08
95830				340.64	130.59
95831				37.58	20.19
95832				34.80	20.23
95833				51.28	30.61
95834				70.31	44.47
95851				24.22	11.06
95852				22.62	8.52

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95857			NRC	75.31	41.94
95860				163.92	163.92
95860	26			72.66	72.66
95860	TC			91.26	91.26
95861				227.95	227.95
95861	26			116.02	116.02
95861	TC			111.93	111.93
95863				277.37	277.37
95863	26			140.53	140.53
95863	TC			136.84	136.84
95864				318.72	318.72
95864	26			149.46	149.46
95864	TC			169.26	169.26
95865				186.62	186.62
95865	26			116.04	116.04
95865	TC			70.58	70.58
95866			NRC	179.36	179.36
95866	26		NRC	95.14	95.14
95866	TC		NRC	84.21	84.21
95867				126.61	126.61
95867	26			59.31	59.31
95867	TC			67.29	67.29
95868				176.63	176.63
95868	26			88.19	88.19
95868	TC			88.44	88.44
95869				100.80	100.80
95869	26			27.39	27.39
95869	TC			73.40	73.40
95870				117.24	117.24
95870	26			27.86	27.86
95870	TC			89.38	89.38
95872				281.73	281.73
95872	26			217.72	217.72
95872	TC			64.01	64.01
95873				99.86	99.86
95873	26			28.80	28.80
95873	TC			71.05	71.05
95874				96.57	96.57
95874	26			27.86	27.86
95874	TC			68.70	68.70
95875				172.19	172.19
95875	26			82.81	82.81
95875	TC			89.38	89.38
95885				78.63	78.63
95885	26			26.38	26.38
95885	TC			52.26	52.26

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95886				124.53	124.53
95886	26			65.22	65.22
95886	TC			59.31	59.31
95887				116.80	116.80
95887	26			53.26	53.26
95887	TC			63.54	63.54
95905				90.14	90.14
95905	26			4.05	4.05
95905	TC			86.09	86.09
95907				129.51	129.51
95907	26			74.70	74.70
95907	TC			54.80	54.80
95908				159.72	159.72
95908	26			93.17	93.17
95908	TC			66.55	66.55
95909				192.38	192.38
95909	26			111.53	111.53
95909	TC			80.85	80.85
95910				252.90	252.90
95910	26			148.93	148.93
95910	TC			103.97	103.97
95911				307.79	307.79
95911	26			186.23	186.23
95911	TC			121.55	121.55
95912				362.20	362.20
95912	26			223.63	223.63
95912	TC			138.57	138.57
95913				419.67	419.67
95913	26			264.93	264.93
95913	TC			154.74	154.74
95921				121.97	121.97
95921	26			65.01	65.01
95921	TC			56.96	56.96
95922				145.70	145.70
95922	26			69.94	69.94
95922	TC			75.75	75.75
95923				276.09	276.09
95923	26			65.95	65.95
95923	TC			210.14	210.14
95924				199.86	NC
95924	26			125.05	125.05
95924	TC			74.81	74.81
95925				231.16	231.16
95925	26			39.34	39.34
95925	TC			191.82	191.82
95926				193.76	193.76

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95926	26			39.54	39.54
95926	TC			154.23	154.23
95927				215.65	215.65
95927	26			38.87	38.87
95927	TC			176.78	176.78
95928				340.03	340.03
95928	26			113.24	113.24
95928	TC			226.79	226.79
95929				331.57	331.57
95929	26			112.30	112.30
95929	TC			219.27	219.27
95930				177.31	177.31
95930	26			25.91	25.91
95930	TC			151.41	151.41
95933				112.19	112.19
95933	26			44.43	44.43
95933	TC			67.76	67.76
95937				110.18	110.18
95937	26			49.46	49.46
95937	TC			60.72	60.72
95938				448.12	448.12
95938	26			64.85	64.85
95938	TC			383.26	383.26
95939				659.23	659.23
95939	26			169.67	169.67
95939	TC			489.56	489.56
95940				NC	45.41
95941			NRC	146.96	146.96
95943			NRC	199.86	199.86
95950				446.73	446.73
95950	26			113.75	113.75
95950	TC			332.99	332.99
95951				1,311.79	1,311.79
95951	26			462.20	462.20
95951	TC			849.58	849.58
95953				583.27	583.27
95953	26			231.02	231.02
95953	TC			352.25	352.25
95954				589.06	589.06
95954	26			173.75	173.75
95954	TC			415.32	415.32
95955				305.66	305.66
95955	26			75.78	75.78
95955	TC			229.88	229.88
95956				2,206.85	2,206.85
95956	26			270.32	270.32

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
95956	TC			1,936.53	1,936.53
95957				589.64	589.64
95957	26			149.25	149.25
95957	TC			440.39	440.39
95958				763.88	763.88
95958	26			317.08	317.08
95958	TC			446.80	446.80
95961				389.88	389.88
95961	26			221.56	221.56
95961	TC			168.32	168.32
95962				346.18	346.18
95962	26			238.95	238.95
95962	TC			107.24	107.24
95965	26			606.39	606.39
95966	26			307.59	307.59
95967	26			270.19	270.19
95970				92.85	34.58
95971				83.63	58.26
95972				151.42	111.48
95973				88.04	69.71
95974				288.65	231.79
95975				154.36	130.39
95978				348.55	275.25
95979				151.03	127.07
95980				64.29	64.29
95981				43.76	24.97
95982				71.18	50.50
95990				122.00	122.00
95991				163.75	56.14
95992			NRC	61.23	54.18
95999			BR	0.00	0.00
96000			NRC	134.08	134.08
96001			NRC	140.62	140.62
96002			NRC	30.10	30.10
96003			NRC	28.06	28.06
96004			NRC	165.21	165.21
96020	26			243.37	243.37
96040			NRC	61.85	61.85
96101				114.18	113.24
96102				89.19	33.27
96103				38.95	37.54
96105				140.71	140.71
96110			NRC	10.91	10.91
96111			NRC	182.25	172.85
96116				132.80	124.81
96118				138.14	112.77

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
96119				108.92	33.27
96120				65.26	36.60
96125				157.72	157.72
96127				7.15	7.15
96150			NRC	30.25	29.78
96151			NRC	29.23	28.76
96152			NRC	27.75	27.28
96153			NRC	6.60	6.60
96154			NRC	27.24	26.77
96155			NRC	32.09	32.09
96360				75.68	75.68
96361				20.19	20.19
96365				91.34	91.34
96366				25.24	25.24
96367				40.32	40.32
96368				27.55	27.55
96369				256.74	256.74
96370				21.01	21.01
96371				119.45	119.45
96372				33.66	33.66
96373				26.14	26.14
96374				74.78	74.78
96375				29.62	29.62
96376			NRC	0.00	0.00
96379			BR	0.00	0.00
96401			NRC	98.02	98.02
96402			NRC	42.66	42.66
96405			NRC	109.00	42.28
96406			NRC	152.49	64.62
96409				144.28	144.28
96411				81.43	81.43
96413				176.39	176.39
96415				37.50	37.50
96416				183.84	183.84
96417				82.41	82.41
96420			NRC	138.20	138.20
96422			NRC	221.37	221.37
96423			NRC	102.56	102.56
96425			NRC	238.48	238.48
96440			NRC	1,135.61	200.98
96446			NRC	255.89	31.28
96450			NRC	245.79	114.69
96521				178.47	178.47
96522				146.99	146.99
96523				32.68	32.68
96542			NRC	158.87	59.25

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
96549			NRC	0.00	0.00
96567			NRC	173.49	173.49
96570			NRC	82.11	82.11
96571			NRC	37.79	37.79
96900			NRC	26.88	26.88
96902			NRC	31.04	30.10
96904			NRC	87.97	87.97
96910			NRC	91.26	91.26
96912			NRC	117.57	117.57
96913			NRC	165.50	165.50
96920				206.02	92.77
96921				227.28	104.64
96922				316.81	170.20
96999			BR	0.00	0.00
97001				104.82	104.82
97002				58.57	58.57
97003				117.03	117.03
97004				72.66	72.66
97005				96.09	96.09
97006				52.97	52.97
97010			NC	0.00	0.00
97012				22.22	22.22
97014				21.95	21.95
97016				26.18	26.18
97018				14.90	14.90
97022				31.78	31.78
97024				8.79	8.79
97026				8.32	8.32
97028				10.28	10.28
97032				26.45	26.45
97033				43.88	43.88
97034				24.89	24.89
97035				17.84	17.84
97036				44.43	44.43
97039			BR	0.00	0.00
97110				44.15	44.15
97112				46.03	46.03
97113				58.68	58.68
97116				39.26	39.26
97124				36.24	36.24
97139			BR	0.00	0.00
97140				41.26	41.26
97150				24.26	24.26
97530				47.87	47.87
97532				37.07	37.07
97533				40.36	40.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
97535				47.91	47.91
97537				41.80	41.80
97542				42.27	42.27
97545			NC	0.00	0.00
97546			NC	0.00	0.00
97597				103.52	34.92
97598				34.60	16.74
97602				150.22	84.71
97605				59.33	39.13
97606				63.49	43.28
97607			BR	0.00	0.00
97608			BR	0.00	0.00
97610			BR	0.00	0.00
97750				46.23	46.23
97755				50.66	50.66
97760				52.81	52.81
97761				46.23	46.23
97762				64.05	64.05
97799			BR	0.00	0.00
97802				49.36	46.07
97803				42.47	39.65
97804			NRC	22.22	21.28
97810				50.68	43.63
97811				38.44	36.09
97813				54.63	47.11
97814				43.90	40.14
98925				43.45	33.58
98926				62.76	50.54
98927				82.16	66.65
98928				101.67	85.22
98929				122.21	102.47
98940				39.02	31.51
98941				57.59	49.60
98942				74.54	66.56
98943				38.28	33.58
98960			NRC	36.28	36.28
98961			NRC	17.49	17.49
98962			NRC	12.79	12.79
98966			NRC	19.40	18.00
98967			NRC	37.97	36.09
98968			NRC	56.53	54.65
98969			NRC	0.00	0.00
99000			NC	0.00	0.00
99001			NRC	0.00	0.00
99002			NRC	0.00	0.00
99024			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
99026			NRC	0.00	0.00
99027			NRC	0.00	0.00
99050			NRC	0.00	0.00
99051			NRC	0.00	0.00
99053			NRC	0.00	0.00
99056			NRC	0.00	0.00
99058				32.74	32.74
99060				109.21	109.21
99070			NC	0.00	0.00
99071			NRC	0.00	0.00
99075			NRC	0.00	0.00
99078			NRC	0.00	0.00
99080			NRC	0.00	0.00
99082			NRC	0.00	0.00
99090			NRC	0.00	0.00
99091			NRC	79.72	79.72
99100			NRC	0.00	0.00
99116			NRC	0.00	0.00
99135			NRC	0.00	0.00
99140			NRC	0.00	0.00
99143			NRC	58.64	58.64
99144				56.38	56.38
99145				19.74	19.74
99148			NRC	136.76	136.76
99149				131.68	131.68
99150				37.32	37.32
99170			NRC	236.79	126.83
99172				10.25	10.25
99173				3.86	3.86
99174			NRC	9.97	9.97
99175			NRC	22.18	22.18
99183				293.58	173.76
99184			NRC	331.53	331.53
99188			NRC	0.00	0.00
99190			NRC	0.00	0.00
99191			NRC	0.00	0.00
99192			NRC	0.00	0.00
99195				130.19	130.19
99199			BR	0.00	0.00
99201				59.13	37.05
99202				102.08	70.59
99203				148.76	107.88
99204				229.73	184.62
99205				286.60	238.20
99211				27.12	13.02
99212				59.60	35.64

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
99213				100.35	72.16
99214				148.31	110.72
99215				198.92	155.69
99217				NC	101.20
99218				NC	139.24
99219				NC	190.33
99220				NC	260.57
99221				NC	143.13
99222				NC	194.16
99223				NC	285.74
99224				NC	56.20
99225				NC	101.53
99226				NC	146.61
99231				NC	55.16
99232				NC	101.16
99233				NC	145.67
99234				NC	190.20
99235				NC	237.51
99236				NC	306.81
99238				NC	101.10
99239				NC	149.50
99241				67.58	47.84
99242				127.30	99.58
99243				173.98	138.74
99244				257.79	219.26
99245				315.93	272.70
99251				NC	69.93
99252				NC	107.06
99253				NC	163.00
99254				NC	234.96
99255				NC	284.38
99281				NC	29.78
99282				NC	58.65
99283				NC	87.53
99284				NC	167.18
99285				NC	245.66
99288				NC	141.74
99291				381.31	315.53
99292				172.14	158.05
99304				NC	130.36
99305				NC	185.89
99306				NC	235.49
99307				NC	62.11
99308				NC	95.93
99309				NC	126.22
99310				NC	188.12

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
99315				NC	102.14
99316				NC	146.59
99318				NC	134.09
99324				NC	77.95
99325				NC	113.61
99326				NC	195.52
99327				NC	260.92
99328				NC	302.59
99334				NC	84.77
99335				NC	132.72
99336				NC	187.14
99337				NC	270.42
99339				108.60	108.60
99340				151.93	151.93
99341				NC	77.49
99342				NC	112.30
99343				NC	183.58
99344				NC	255.44
99345				NC	307.96
99347				NC	77.92
99348				NC	118.00
99349				NC	178.17
99350				NC	248.94
99354				139.60	130.67
99355				136.78	127.85
99356				NC	129.02
99357				NC	128.08
99358				154.25	154.25
99359				74.63	74.63
99360				NC	87.26
99363				175.31	119.86
99364				59.72	45.63
99366				60.57	59.63
99367				79.72	79.72
99368				52.09	52.09
99371				15.73	15.73
99372				38.71	38.71
99373				77.52	77.52
99374				97.57	79.72
99375				146.96	125.81
99377				97.57	79.72
99378				146.96	125.81
99379				97.57	79.72
99380				146.96	125.81
99381			NC	0.00	0.00
99382			NC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
99383			NC	0.00	0.00
99384			NC	0.00	0.00
99385			NC	0.00	0.00
99386			NC	0.00	0.00
99387			NC	0.00	0.00
99391			NC	0.00	0.00
99392			NC	0.00	0.00
99393			NC	0.00	0.00
99394			NC	0.00	0.00
99395			NC	0.00	0.00
99396			NC	0.00	0.00
99397			NC	0.00	0.00
99401				50.11	34.60
99402				86.77	71.73
99403				121.37	106.33
99404				155.81	140.77
99406			NRC	19.37	17.02
99407			NRC	38.44	36.09
99408			NRC	49.46	47.11
99409			NRC	96.58	94.23
99411			NRC	22.30	11.02
99412			NRC	29.27	18.00
99420			NRC	14.20	14.20
99429			NRC	0.00	0.00
99441			NRC	19.40	18.00
99442			NRC	37.97	36.09
99443			NRC	56.53	54.65
99444			NRC	0.00	0.00
99446			BR	0.00	0.00
99447			BR	0.00	0.00
99448			BR	0.00	0.00
99449			BR	0.00	0.00
99450			NC	0.00	0.00
99455			NC	0.00	0.00
99456			NRC	0.00	0.00
99460			NRC	132.84	132.84
99461			NRC	134.95	91.25
99462			NRC	59.23	59.23
99463			NRC	160.27	160.27
99464			NRC	100.08	100.08
99465			NRC	208.10	208.10
99466			NRC	375.24	375.24
99467			NRC	172.81	172.81
99468			NRC	1,315.94	1,315.94
99469			NRC	556.39	556.39
99471			NRC	1,195.78	1,195.78

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
99472			NRC	565.44	565.44
99475			NRC	811.56	811.56
99476			NRC	490.49	490.49
99477			NRC	488.21	488.21
99478			NRC	193.84	193.84
99479			NRC	175.75	175.75
99480			NRC	169.25	169.25
99485				NC	108.17
99486				NC	94.23
99487				72.18	NC
99489				56.29	NC
99490				58.70	58.70
99495				224.77	155.69
99496				317.86	225.29
99497			BR	0.00	0.00
99498			BR	0.00	0.00
99499			BR	0.00	0.00
A0021			NC	0.00	0.00
A0080			NC	0.00	0.00
A0090			NC	0.00	0.00
A0100				2.50	2.50
A0110			NRC	0.00	0.00
A0120			NRC	0.00	0.00
A0130				36.00	36.00
A0140			BR	0.00	0.00
A0160			NRC	0.00	0.00
A0170			NRC	0.00	0.00
A0180			NRC	0.00	0.00
A0190			NRC	0.00	0.00
A0200			NRC	0.00	0.00
A0210			NRC	0.00	0.00
A0225			NRC	0.00	0.00
A0380				8.09	8.09
A0382			NRC	0.00	0.00
A0384			NRC	0.00	0.00
A0390				8.09	8.09
A0392			NRC	0.00	0.00
A0394			NRC	0.00	0.00
A0396			NRC	0.00	0.00
A0398			NRC	0.00	0.00
A0420				24.00	24.00
A0422			NRC	0.00	0.00
A0424				24.00	24.00
A0425				13.02	13.02
A0426				375.65	375.65
A0427				594.78	594.78

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A0428				313.04	313.04
A0429				500.86	500.86
A0430				5,128.27	5,128.27
A0431				5,962.38	5,962.38
A0432			NRC	446.83	446.83
A0433				860.86	860.86
A0434				1,017.38	1,017.38
A0435				15.12	15.12
A0436				40.37	40.37
A0888			NRC	0.00	0.00
A0998				240.00	240.00
A0999			BR	0.00	0.00
A4206				0.32	0.32
A4207				0.38	0.38
A4208				0.46	0.46
A4209				3.76	3.76
A4210			NRC	0.00	0.00
A4211			NRC	0.00	0.00
A4212				10.80	10.80
A4213				0.82	0.82
A4215				0.32	0.32
A4216				0.49	0.49
A4217				4.12	4.12
A4218			NRC	0.00	0.00
A4220				25.00	25.00
A4221				29.71	29.71
A4222				58.98	58.98
A4223			NRC	0.00	0.00
A4230			NRC	0.00	0.00
A4231			NRC	0.00	0.00
A4232			NRC	0.00	0.00
A4233	NU			0.70	0.70
A4234	NU			3.00	3.00
A4235	NU			1.27	1.27
A4236	NU			1.43	1.43
A4244				2.50	2.50
A4245				3.88	3.88
A4246				5.00	5.00
A4247				4.36	4.36
A4248			NRC	0.00	0.00
A4250			NRC	0.00	0.00
A4252			NRC	0.00	0.00
A4253	NU			12.49	12.49
A4255			NRC	5.14	5.14
A4256				4.80	4.80
A4257			NRC	16.74	16.74

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4258				3.02	3.02
A4259				1.98	1.98
A4261			NRC	0.00	0.00
A4262			NRC	0.00	0.00
A4263				82.99	82.99
A4265			NRC	4.46	4.46
A4266			NRC	0.00	0.00
A4267			NRC	0.00	0.00
A4268			NRC	0.00	0.00
A4269			NRC	0.00	0.00
A4270			NRC	0.00	0.00
A4280			NRC	6.97	6.97
A4281			NRC	0.00	0.00
A4282			NRC	0.00	0.00
A4283			NRC	0.00	0.00
A4284			NRC	0.00	0.00
A4285			NRC	0.00	0.00
A4286			NRC	0.00	0.00
A4290			NRC	0.00	0.00
A4300			NRC	0.00	0.00
A4301			NRC	0.00	0.00
A4305				36.99	36.99
A4306				47.99	47.99
A4310				10.13	10.13
A4311				19.46	19.46
A4312				23.66	23.66
A4313				24.31	24.31
A4314				33.18	33.18
A4315				34.63	34.63
A4316			NRC	37.26	37.26
A4320				6.24	6.24
A4321			NRC	0.00	0.00
A4322				3.80	3.80
A4326				13.61	13.61
A4327			NRC	55.46	55.46
A4328			NRC	12.42	12.42
A4330				7.98	7.98
A4331				4.18	4.18
A4332			NRC	0.16	0.16
A4333				2.89	2.89
A4334				6.46	6.46
A4335			BR	0.00	0.00
A4336				1.90	1.90
A4338				16.09	16.09
A4340				35.41	35.41
A4344				21.01	21.01

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4346				25.70	25.70
A4349				2.65	2.65
A4351				2.24	2.24
A4352				7.16	7.16
A4353				9.18	9.18
A4354				15.49	15.49
A4355				11.70	11.70
A4356				59.87	59.87
A4357				12.73	12.73
A4358				8.70	8.70
A4360				0.64	0.64
A4361				24.11	24.11
A4362				4.45	4.45
A4363				3.11	3.11
A4364				3.28	3.28
A4366				1.70	1.70
A4367				9.65	9.65
A4368				0.34	0.34
A4369				3.18	3.18
A4371				4.79	4.79
A4372				5.51	5.51
A4373				8.23	8.23
A4375				22.55	22.55
A4376				62.45	62.45
A4377				5.64	5.64
A4378				40.34	40.34
A4379				19.70	19.70
A4380				48.98	48.98
A4381				6.06	6.06
A4382				32.30	32.30
A4383				37.00	37.00
A4384				12.61	12.61
A4385				6.70	6.70
A4387			NRC	2.94	2.94
A4388				5.74	5.74
A4389				8.16	8.16
A4390				12.60	12.60
A4391				9.28	9.28
A4392				10.74	10.74
A4393				11.87	11.87
A4394				3.40	3.40
A4395				0.06	0.06
A4396				53.12	53.12
A4397				6.28	6.28
A4398				18.13	18.13
A4399				13.68	13.68

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4400				64.13	64.13
A4402				2.10	2.10
A4404				2.03	2.03
A4405				4.48	4.48
A4406				7.52	7.52
A4407				11.50	11.50
A4408				12.95	12.95
A4409				8.16	8.16
A4410				11.87	11.87
A4411				6.70	6.70
A4412				3.55	3.55
A4413				7.22	7.22
A4414				6.46	6.46
A4415				7.86	7.86
A4416				3.61	3.61
A4417				4.88	4.88
A4418				2.39	2.39
A4419				2.28	2.28
A4420				5.00	5.00
A4421			BR	0.00	0.00
A4422				0.16	0.16
A4423				2.45	2.45
A4424				6.24	6.24
A4425				4.70	4.70
A4426				3.59	3.59
A4427				3.65	3.65
A4428				8.54	8.54
A4429				10.82	10.82
A4430				11.17	11.17
A4431				8.16	8.16
A4432				4.72	4.72
A4433				4.39	4.39
A4434				4.93	4.93
A4435				7.58	7.58
A4450				0.11	0.11
A4452				0.46	0.46
A4455				1.88	1.88
A4456				0.32	0.32
A4458				11.99	11.99
A4459				TBD	TBD
A4461				4.32	4.32
A4463				17.47	17.47
A4465				5.00	5.00
A4466			BR	0.00	0.00
A4470			NRC	0.00	0.00
A4480			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4481				0.48	0.48
A4483			NRC	0.00	0.00
A4490				12.00	12.00
A4495				20.00	20.00
A4500				12.00	12.00
A4510				30.00	30.00
A4520				3.00	3.00
A4550				10.00	10.00
A4554				0.35	0.35
A4555			BR	0.00	0.00
A4556			NRC	15.94	15.94
A4557				27.70	27.70
A4558			NRC	7.15	7.15
A4559			NRC	0.13	0.13
A4561			NRC	26.89	26.89
A4562			NRC	66.83	66.83
A4565				10.09	10.09
A4566			NRC	0.00	0.00
A4570			NRC	0.00	0.00
A4575			NRC	0.00	0.00
A4580			NRC	0.00	0.00
A4590			NRC	0.00	0.00
A4595			NRC	37.81	37.81
A4600			BR	0.00	0.00
A4601			BR	0.00	0.00
A4602				TBD	TBD
A4604	NU			75.55	75.55
A4605	NU			21.52	21.52
A4606			BR	0.00	0.00
A4608				65.77	65.77
A4611	NU		NRC	255.24	255.24
A4611	RR		NRC	25.50	25.50
A4612	NU		NRC	88.28	88.28
A4612	RR		NRC	8.99	8.99
A4613	NU		NRC	187.37	187.37
A4613	RR		NRC	18.73	18.73
A4614				31.21	31.21
A4615				0.95	0.95
A4616				0.08	0.08
A4617				4.07	4.07
A4618	NU			9.91	9.91
A4618	RR			1.14	1.14
A4619	NU			2.44	2.44
A4620				0.83	0.83
A4623				7.31	7.31
A4624	NU			3.46	3.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4625				9.10	9.10
A4626				4.19	4.19
A4627				27.49	27.49
A4628	NU		NRC	4.91	4.91
A4629				6.08	6.08
A4630	NU		NRC	6.97	6.97
A4633	NU		NRC	53.84	53.84
A4634			NRC	0.00	0.00
A4635	NU			5.78	5.78
A4635	RR			0.78	0.78
A4636	NU			4.04	4.04
A4636	RR			0.41	0.41
A4637	NU			2.42	2.42
A4637	RR			0.34	0.34
A4638	NU		NRC	0.00	0.00
A4638	RR		NRC	0.00	0.00
A4639	NU		NRC	377.00	377.00
A4639	RR			37.70	37.70
A4640	NU		NRC	71.10	71.10
A4640	RR			7.19	7.19
A4641			BR	0.00	0.00
A4642			BR	0.00	0.00
A4648			NRC	0.00	0.00
A4649			BR	0.00	0.00
A4650			NRC	0.00	0.00
A4651			NRC	0.00	0.00
A4652			NRC	0.00	0.00
A4653			NRC	0.00	0.00
A4657			NRC	0.00	0.00
A4660				34.00	34.00
A4663				14.99	14.99
A4670				84.98	84.98
A4671			NRC	0.00	0.00
A4672			NRC	0.00	0.00
A4673			NRC	0.00	0.00
A4674			NRC	0.00	0.00
A4680			NRC	0.00	0.00
A4690			NRC	0.00	0.00
A4706			NRC	0.00	0.00
A4707			NRC	0.00	0.00
A4708			NRC	0.00	0.00
A4709			NRC	0.00	0.00
A4714			NRC	0.00	0.00
A4719			NRC	0.00	0.00
A4720			NRC	0.00	0.00
A4721			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A4722			NRC	0.00	0.00
A4723			NRC	0.00	0.00
A4724			NRC	0.00	0.00
A4725			NRC	0.00	0.00
A4726			NRC	0.00	0.00
A4728			NRC	0.00	0.00
A4730			NRC	0.00	0.00
A4736			NRC	0.00	0.00
A4737			NRC	0.00	0.00
A4740			NRC	0.00	0.00
A4750			NRC	0.00	0.00
A4755			NRC	0.00	0.00
A4760			NRC	0.00	0.00
A4765			NRC	0.00	0.00
A4766			NRC	0.00	0.00
A4770			NRC	0.00	0.00
A4771			NRC	0.00	0.00
A4772			NRC	0.00	0.00
A4773			NRC	0.00	0.00
A4774			NRC	0.00	0.00
A4802			NRC	0.00	0.00
A4860			NRC	0.00	0.00
A4870			NRC	0.00	0.00
A4890			NRC	0.00	0.00
A4911			NRC	0.00	0.00
A4913			NRC	0.00	0.00
A4918			NRC	0.00	0.00
A4927				7.50	7.50
A4928				9.33	9.33
A4929			NRC	0.00	0.00
A4930				0.75	0.75
A4931				10.00	10.00
A4932				10.00	10.00
A5051				2.71	2.71
A5052				1.96	1.96
A5053				2.28	2.28
A5054				2.36	2.36
A5055				1.74	1.74
A5056				6.12	6.12
A5057				12.60	12.60
A5061				4.63	4.63
A5062				2.74	2.74
A5063				3.55	3.55
A5071				7.88	7.88
A5072				4.63	4.63
A5073				4.10	4.10

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A5081				4.34	4.34
A5082				15.60	15.60
A5083				0.84	0.84
A5093				2.18	2.18
A5102				29.41	29.41
A5105				53.50	53.50
A5112				41.34	41.34
A5113				5.26	5.26
A5114				9.98	9.98
A5120				0.29	0.29
A5121				9.36	9.36
A5122				16.86	16.86
A5126				1.46	1.46
A5131				17.69	17.69
A5200				14.81	14.81
A5500			NRC	83.44	83.44
A5501			NRC	250.26	250.26
A5503			NRC	40.76	40.76
A5504			NRC	40.76	40.76
A5505			NRC	40.76	40.76
A5506			NRC	40.76	40.76
A5507			NRC	40.76	40.76
A5508			NRC	0.00	0.00
A5510			NRC	0.00	0.00
A5512			NRC	34.03	34.03
A5513			NRC	50.80	50.80
A6000			NRC	0.00	0.00
A6010			NRC	40.64	40.64
A6011				2.99	2.99
A6021				27.59	27.59
A6022				27.59	27.59
A6023				249.73	249.73
A6024				8.12	8.12
A6025				69.50	69.50
A6154				18.29	18.29
A6196				9.65	9.65
A6197				21.56	21.56
A6198				5.51	5.51
A6199				6.94	6.94
A6203				4.40	4.40
A6204				8.17	8.17
A6205				14.96	14.96
A6206				3.69	3.69
A6207				9.62	9.62
A6208				17.62	17.62
A6209				9.80	9.80

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A6210				26.15	26.15
A6211				38.54	38.54
A6212				12.73	12.73
A6213				16.32	16.32
A6214				13.50	13.50
A6215				2.61	2.61
A6216				0.06	0.06
A6217				0.76	0.76
A6218				1.00	1.00
A6219				1.25	1.25
A6220				3.40	3.40
A6221				5.17	5.17
A6222				2.80	2.80
A6223				3.18	3.18
A6224				4.74	4.74
A6228				4.08	4.08
A6229				4.74	4.74
A6230				2.20	2.20
A6231				6.12	6.12
A6232				9.01	9.01
A6233				25.18	25.18
A6234				8.58	8.58
A6235				22.06	22.06
A6236				35.76	35.76
A6237				10.39	10.39
A6238				29.92	29.92
A6239				13.69	13.69
A6240				16.07	16.07
A6241				3.37	3.37
A6242				7.96	7.96
A6243				16.16	16.16
A6244				51.55	51.55
A6245				9.53	9.53
A6246				13.03	13.03
A6247				31.21	31.21
A6248				21.31	21.31
A6250				12.00	12.00
A6251				2.62	2.62
A6252				4.27	4.27
A6253				8.32	8.32
A6254				1.58	1.58
A6255				3.98	3.98
A6256				9.85	9.85
A6257				2.02	2.02
A6258				5.66	5.66
A6259				14.36	14.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A6260				20.00	20.00
A6261			NRC	0.00	0.00
A6262			NRC	0.00	0.00
A6266				2.53	2.53
A6402				0.16	0.16
A6403				0.55	0.55
A6404				2.36	2.36
A6407				2.47	2.47
A6410				0.50	0.50
A6411			NRC	0.00	0.00
A6412				10.00	10.00
A6413			NRC	0.00	0.00
A6441				0.89	0.89
A6442				0.22	0.22
A6443				0.37	0.37
A6444				0.73	0.73
A6445				0.42	0.42
A6446				0.53	0.53
A6447				0.89	0.89
A6448				1.52	1.52
A6449				2.30	2.30
A6450			NRC	0.00	0.00
A6451			NRC	0.00	0.00
A6452				7.75	7.75
A6453				0.82	0.82
A6454				1.02	1.02
A6455				1.84	1.84
A6456				1.67	1.67
A6457				1.50	1.50
A6501				500.00	500.00
A6502				100.00	100.00
A6503				250.00	250.00
A6504				100.00	100.00
A6505				200.00	200.00
A6506				300.00	300.00
A6507				200.00	200.00
A6508				300.00	300.00
A6509				400.00	400.00
A6510				400.00	400.00
A6511				400.00	400.00
A6512				100.00	100.00
A6513				300.00	300.00
A6530				45.00	45.00
A6531				54.46	54.46
A6532				76.74	76.74
A6533				30.99	30.99

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A6534				32.99	32.99
A6535				101.19	101.19
A6536				68.00	68.00
A6537				68.00	68.00
A6538				81.90	81.90
A6539				56.99	56.99
A6540				56.99	56.99
A6541				81.90	81.90
A6544			NRC	0.00	0.00
A6545				54.52	54.52
A6549			NRC	0.00	0.00
A6550				31.03	31.03
A7000	NU			10.19	10.19
A7001	NU			43.40	43.40
A7002	NU			5.03	5.03
A7003	NU			3.06	3.06
A7004	NU			2.38	2.38
A7005	NU			40.45	40.45
A7006	NU			12.52	12.52
A7007	NU			6.06	6.06
A7008	NU			14.44	14.44
A7009	NU			55.18	55.18
A7010	NU			30.96	30.96
A7011				30.00	30.00
A7012	NU			4.22	4.22
A7013	NU			1.09	1.09
A7014	NU			5.89	5.89
A7015	NU			2.15	2.15
A7016	NU			9.50	9.50
A7017	NU			175.88	175.88
A7017	RR			17.60	17.60
A7018				0.49	0.49
A7020	NU			19.00	19.00
A7020	RR		BR	0.00	0.00
A7025	NU		NRC	570.80	570.80
A7025	RR			57.08	57.08
A7026	NU		NRC	37.73	37.73
A7027	NU		NRC	244.76	244.76
A7028	NU		NRC	65.03	65.03
A7029	NU		NRC	26.56	26.56
A7030	NU			213.36	213.36
A7031	NU			78.91	78.91
A7032	NU			45.84	45.84
A7033	NU			32.14	32.14
A7034	NU			133.04	133.04
A7035	NU			44.94	44.94

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A7036	NU			17.48	17.48
A7037	NU			46.22	46.22
A7038	NU			5.20	5.20
A7039	NU			15.82	15.82
A7040				53.08	53.08
A7041				99.74	99.74
A7044	NU			136.75	136.75
A7045	NU			22.01	22.01
A7045	RR			2.20	2.20
A7046	NU			22.06	22.06
A7047	NU		NRC	158.66	158.66
A7048				56.38	56.38
A7501				137.82	137.82
A7502				65.51	65.51
A7503				14.88	14.88
A7504				0.89	0.89
A7505				6.14	6.14
A7506				0.43	0.43
A7507				3.26	3.26
A7508				3.76	3.76
A7509				1.86	1.86
A7520				62.30	62.30
A7521				61.73	61.73
A7522				59.27	59.27
A7523				13.00	13.00
A7524				101.58	101.58
A7525				2.71	2.71
A7526				4.43	4.43
A7527				4.70	4.70
A8000	NU			201.24	201.24
A8000	RR			20.12	20.12
A8001	NU			201.24	201.24
A8001	RR			20.12	20.12
A8002	NU		NRC	0.00	0.00
A8002	RR		NRC	0.00	0.00
A8003	NU		NRC	0.00	0.00
A8003	RR		NRC	0.00	0.00
A8004	NU		NRC	0.00	0.00
A8004	RR		NRC	0.00	0.00
A9150			NRC	0.00	0.00
A9152			NRC	0.00	0.00
A9153			NRC	0.00	0.00
A9155			NRC	0.00	0.00
A9180				22.00	22.00
A9270			NRC	0.00	0.00
A9272			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A9273				60.00	60.00
A9274			NRC	0.00	0.00
A9275			NRC	0.00	0.00
A9276			NRC	0.00	0.00
A9277			NRC	0.00	0.00
A9278			NRC	0.00	0.00
A9279			NRC	0.00	0.00
A9280			NRC	0.00	0.00
A9281				28.99	28.99
A9282				300.00	300.00
A9283			NRC	0.00	0.00
A9284	NU			26.30	26.30
A9300				22.00	22.00
A9500				219.99	219.99
A9501			NRC	0.00	0.00
A9502				209.97	209.97
A9503				76.99	76.99
A9504				60.00	60.00
A9505				49.99	49.99
A9507				60.00	60.00
A9508				60.00	60.00
A9509			NRC	0.00	0.00
A9510				60.00	60.00
A9512				1.24	1.24
A9516				2.75	2.75
A9517				47.95	47.95
A9520			BR	0.00	0.00
A9521				549.91	549.91
A9524			NRC	0.00	0.00
A9526			NRC	0.00	0.00
A9527			NRC	0.00	0.00
A9528			NRC	0.00	0.00
A9529			NRC	0.00	0.00
A9530			NRC	0.00	0.00
A9531			NRC	0.00	0.00
A9532			NRC	0.00	0.00
A9536			NRC	0.00	0.00
A9537				8.93	8.93
A9538				40.81	40.81
A9539				2.54	2.54
A9540				21.85	21.85
A9541				0.30	0.30
A9542			NRC	0.00	0.00
A9543			NRC	0.00	0.00
A9544			NRC	0.00	0.00
A9545			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A9546			NRC	0.00	0.00
A9547				291.61	291.61
A9548				816.64	816.64
A9550				500.00	500.00
A9551			NRC	0.00	0.00
A9552			NRC	0.00	0.00
A9553				403.22	403.22
A9554				21.35	21.35
A9555			NRC	0.00	0.00
A9556				330.25	330.25
A9557			NRC	0.00	0.00
A9558				38.96	38.96
A9559			NRC	0.00	0.00
A9560				114.00	114.00
A9561				32.83	32.83
A9562			NRC	0.00	0.00
A9563			NRC	0.00	0.00
A9564			NRC	0.00	0.00
A9566			NRC	0.00	0.00
A9567				100.00	100.00
A9568			NRC	0.00	0.00
A9569			NRC	0.00	0.00
A9570			NRC	0.00	0.00
A9571			NRC	0.00	0.00
A9572			NRC	0.00	0.00
A9575			NRC	0.62	0.62
A9576				2.14	2.14
A9577				2.67	2.67
A9578				1.88	1.88
A9579				2.34	2.34
A9580			BR	0.00	0.00
A9581			NRC	16.75	16.75
A9582			NRC	0.00	0.00
A9583				13.85	13.85
A9584			BR	0.00	0.00
A9585			NRC	0.49	0.49
A9586			BR	0.00	0.00
A9599			BR	0.00	0.00
A9600			NRC	0.00	0.00
A9604			BR	0.00	0.00
A9606				TBD	TBD
A9698			NRC	0.00	0.00
A9699			BR	0.00	0.00
A9700			NRC	0.00	0.00
A9900			NRC	0.00	0.00
A9901			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
A9999			BR	0.00	0.00
B4034				7.40	7.40
B4035				14.12	14.12
B4036				9.70	9.70
B4081				26.20	26.20
B4082				19.48	19.48
B4083				2.99	2.99
B4087				43.24	43.24
B4088				43.24	43.24
B4100			NRC	0.00	0.00
B4102			NRC	0.00	0.00
B4103			NRC	0.00	0.00
B4104			NRC	0.00	0.00
B4149			NRC	1.91	1.91
B4150				0.83	0.83
B4152				0.67	0.67
B4153				2.32	2.32
B4154				1.48	1.48
B4155				1.15	1.15
B4157			NRC	0.00	0.00
B4158			NRC	0.00	0.00
B4159			NRC	0.00	0.00
B4160			NRC	0.82	0.82
B4161			NRC	0.00	0.00
B4162			NRC	0.00	0.00
B4164			NRC	23.15	23.15
B4168			NRC	33.76	33.76
B4172			NRC	0.00	0.00
B4176			NRC	65.32	65.32
B4178			NRC	78.41	78.41
B4180			NRC	33.23	33.23
B4185			NRC	15.31	15.31
B4189			NRC	242.22	242.22
B4193			NRC	312.98	312.98
B4197			NRC	381.05	381.05
B4199			NRC	435.41	435.41
B4216			NRC	10.52	10.52
B4220			NRC	10.91	10.91
B4222			NRC	13.45	13.45
B4224			NRC	34.07	34.07
B5000			NRC	16.20	16.20
B5100			NRC	6.32	6.32
B5200			NRC	0.00	0.00
B9000	NU		NRC	1,485.65	1,485.65
B9000	RR		NRC	136.51	136.51
B9002	NU			1,485.65	1,485.65

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
B9002	RR			143.88	143.88
B9004	NU		NRC	3,438.24	3,438.24
B9004	RR			544.28	544.28
B9006	NU		NRC	3,438.24	3,438.24
B9006	RR		NRC	544.28	544.28
B9998			NRC	0.00	0.00
B9999			NRC	0.00	0.00
C2624				TBD	TBD
C2644				TBD	TBD
C9025				TBD	TBD
C9026				TBD	TBD
C9027				TBD	TBD
C9136				TBD	TBD
C9349				TBD	TBD
C9442				TBD	TBD
C9443				TBD	TBD
C9444				TBD	TBD
C9446				TBD	TBD
C9447				TBD	TBD
C9739				TBD	TBD
C9740				TBD	TBD
C9742				TBD	TBD
D0120				43.81	43.81
D0140				61.33	61.33
D0145			NRC	49.29	49.29
D0150				67.35	67.35
D0160				79.95	79.95
D0170				47.10	47.10
D0180				71.74	71.74
D0190				0.00	0.00
D0191				0.00	0.00
D0210				119.38	119.38
D0220				24.65	24.65
D0230				19.71	19.71
D0240				29.41	29.41
D0250				27.06	27.06
D0260				23.53	23.53
D0270				18.82	18.82
D0272				39.43	39.43
D0273				47.09	47.09
D0274				55.31	55.31
D0277				84.88	84.88
D0290				76.47	76.47
D0310			NRC	0.00	0.00
D0320				188.23	188.23
D0321			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D0322				63.53	63.53
D0330				105.14	105.14
D0340				80.00	80.00
D0350				28.48	28.48
D0364				0.00	0.00
D0365				0.00	0.00
D0366				0.00	0.00
D0367			BR	0.00	0.00
D0368				0.00	0.00
D0369				0.00	0.00
D0370				0.00	0.00
D0371				0.00	0.00
D0380				0.00	0.00
D0381				0.00	0.00
D0382				0.00	0.00
D0383				0.00	0.00
D0384				0.00	0.00
D0385				0.00	0.00
D0386				0.00	0.00
D0391				0.00	0.00
D0393				0.00	0.00
D0394				0.00	0.00
D0395				0.00	0.00
D0415			NRC	0.00	0.00
D0416			NRC	0.00	0.00
D0417			NRC	0.00	0.00
D0418			NRC	0.00	0.00
D0421			NRC	0.00	0.00
D0425			NRC	0.00	0.00
D0431			NRC	55.31	55.31
D0460				15.98	15.98
D0470				84.88	84.88
D0472			NRC	0.00	0.00
D0473			NRC	0.00	0.00
D0474			NRC	0.00	0.00
D0475			NRC	0.00	0.00
D0476			NRC	0.00	0.00
D0477			NRC	0.00	0.00
D0478			NRC	0.00	0.00
D0479			NRC	0.00	0.00
D0480			NRC	0.00	0.00
D0481			NRC	0.00	0.00
D0482			NRC	0.00	0.00
D0483			NRC	0.00	0.00
D0484			NRC	0.00	0.00
D0485			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D0486			NRC	0.00	0.00
D0502			NRC	0.00	0.00
D0601				0.00	0.00
D0602				0.00	0.00
D0603				0.00	0.00
D0999			NRC	0.00	0.00
D1110			NRC	79.95	79.95
D1120			NRC	58.05	58.05
D1206			NRC	35.05	35.05
D1208				0.00	0.00
D1310			NC	0.00	0.00
D1320			NC	0.00	0.00
D1330			NRC	16.89	16.89
D1351			NRC	45.45	45.45
D1352			NRC	71.74	71.74
D1510				265.59	265.59
D1515				357.59	357.59
D1520				294.11	294.11
D1525				321.73	321.73
D1550				53.04	53.04
D1555				86.96	86.96
D1999				0.00	0.00
D2140				114.45	114.45
D2150				144.02	144.02
D2160				174.14	174.14
D2161				205.36	205.36
D2330				134.71	134.71
D2331				165.93	165.93
D2332				200.97	200.97
D2335				251.36	251.36
D2390				326.38	326.38
D2391				148.40	148.40
D2392				191.67	191.67
D2393				234.92	234.92
D2394				274.35	274.35
D2410			NRC	0.00	0.00
D2420			NRC	0.00	0.00
D2430			NRC	0.00	0.00
D2510			NRC	0.00	0.00
D2520			NRC	768.85	768.85
D2530			NRC	0.00	0.00
D2542			NRC	0.00	0.00
D2543			NRC	912.32	912.32
D2544			NRC	0.00	0.00
D2610			NRC	0.00	0.00
D2620			NRC	825.25	825.25

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D2630			NRC	0.00	0.00
D2642			NRC	913.42	913.42
D2643			NRC	933.68	933.68
D2644			NRC	972.01	972.01
D2650			NRC	0.00	0.00
D2651			NRC	677.39	677.39
D2652			NRC	0.00	0.00
D2662			NRC	719.01	719.01
D2663			NRC	806.08	806.08
D2664			NRC	853.18	853.18
D2710				723.94	723.94
D2712				716.10	716.10
D2720			NRC	0.00	0.00
D2721				654.11	654.11
D2722				512.01	512.01
D2740				1,010.34	1,010.34
D2750				993.91	993.91
D2751				946.82	946.82
D2752				963.80	963.80
D2780			NRC	966.53	966.53
D2781			NRC	0.00	0.00
D2782			NRC	0.00	0.00
D2783			NRC	975.85	975.85
D2790				1,003.77	1,003.77
D2791				542.34	542.34
D2792				747.05	747.05
D2794			NRC	0.00	0.00
D2799				262.86	262.86
D2910				71.76	71.76
D2915				71.76	71.76
D2920				90.91	90.91
D2921				0.00	0.00
D2929				0.00	0.00
D2930			NRC	245.33	245.33
D2931				286.40	286.40
D2932				190.58	190.58
D2933				117.65	117.65
D2934			NRC	0.00	0.00
D2940				99.66	99.66
D2941				0.00	0.00
D2949				0.00	0.00
D2950				249.71	249.71
D2951				43.48	43.48
D2952				362.52	362.52
D2953				204.60	204.60
D2954				303.92	303.92

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D2955				102.30	102.30
D2957				118.67	118.67
D2960			NRC	0.00	0.00
D2961			NRC	792.39	792.39
D2962				972.01	972.01
D2970				226.16	226.16
D2971			BR	0.00	0.00
D2975				127.88	127.88
D2980			NRC	0.00	0.00
D2981				0.00	0.00
D2982				0.00	0.00
D2983				0.00	0.00
D2990				0.00	0.00
D2999			NRC	0.00	0.00
D3110				62.97	62.97
D3120				59.14	59.14
D3220				165.38	165.38
D3221			NRC	173.04	173.04
D3222			BR	0.00	0.00
D3230			NRC	188.92	188.92
D3240			NRC	208.09	208.09
D3310				642.89	642.89
D3320				772.13	772.13
D3330				932.04	932.04
D3331				409.20	409.20
D3332				302.28	302.28
D3333				160.23	160.23
D3346				754.60	754.60
D3347				854.27	854.27
D3348				1,010.35	1,010.35
D3351			NRC	303.38	303.38
D3352			NRC	0.00	0.00
D3353			NRC	423.31	423.31
D3355				0.00	0.00
D3356				0.00	0.00
D3357				0.00	0.00
D3410				584.30	584.30
D3421			NRC	675.75	675.75
D3425			NRC	768.30	768.30
D3426			NRC	0.00	0.00
D3427				0.00	0.00
D3428				0.00	0.00
D3429				0.00	0.00
D3430			NRC	0.00	0.00
D3431				0.00	0.00
D3432				0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D3450				214.83	214.83
D3460				705.87	705.87
D3470				211.76	211.76
D3910			NRC	0.00	0.00
D3920				214.83	214.83
D3950				102.30	102.30
D3999				409.20	409.20
D4210			NRC	499.97	499.97
D4211			NRC	210.83	210.83
D4212				0.00	0.00
D4230			NRC	0.00	0.00
D4231			NRC	0.00	0.00
D4240			NRC	594.16	594.16
D4241			NRC	401.40	401.40
D4245			NRC	0.00	0.00
D4249			NRC	570.07	570.07
D4260			NRC	847.15	847.15
D4261			NRC	679.59	679.59
D4263			NRC	0.00	0.00
D4264			NRC	0.00	0.00
D4265			NRC	0.00	0.00
D4266			NRC	0.00	0.00
D4267			NRC	0.00	0.00
D4268			NRC	0.00	0.00
D4270			NRC	0.00	0.00
D4273			NRC	0.00	0.00
D4274			NRC	0.00	0.00
D4275			NRC	0.00	0.00
D4276			NRC	0.00	0.00
D4277				0.00	0.00
D4278				0.00	0.00
D4320			NRC	0.00	0.00
D4321			NRC	294.61	294.61
D4341			NRC	224.52	224.52
D4342			NRC	141.83	141.83
D4355			NRC	152.24	152.24
D4381			NRC	53.67	53.67
D4910			NRC	122.12	122.12
D4920			NRC	0.00	0.00
D4921				0.00	0.00
D4999			NRC	0.00	0.00
D5110				1,396.40	1,396.40
D5120				1,396.40	1,396.40
D5130				1,496.63	1,496.63
D5140				1,499.91	1,499.91
D5211				1,033.34	1,033.34

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D5212				1,039.37	1,039.37
D5213				1,479.65	1,479.65
D5214				1,475.82	1,475.82
D5225				1,248.01	1,248.01
D5226				1,255.12	1,255.12
D5281				705.87	705.87
D5410				76.73	76.73
D5411				76.73	76.73
D5421				49.41	49.41
D5422				49.41	49.41
D5510				170.85	170.85
D5520				138.54	138.54
D5610				170.85	170.85
D5620				163.68	163.68
D5630				153.45	153.45
D5640				145.12	145.12
D5650				182.35	182.35
D5660				218.50	218.50
D5670				767.25	767.25
D5671				767.25	767.25
D5710				470.95	470.95
D5711				434.78	434.78
D5720				511.50	511.50
D5721				511.50	511.50
D5730				301.19	301.19
D5731				298.45	298.45
D5740				88.23	88.23
D5741				88.23	88.23
D5750				401.95	401.95
D5751				401.95	401.95
D5760				255.75	255.75
D5761				255.75	255.75
D5810				409.20	409.20
D5811				409.20	409.20
D5820				431.29	431.29
D5821				409.20	409.20
D5850				69.56	69.56
D5851				80.00	80.00
D5862				335.29	335.29
D5863				0.00	0.00
D5864				0.00	0.00
D5865				0.00	0.00
D5866				0.00	0.00
D5867				282.73	282.73
D5875				485.93	485.93
D5899			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D5911			NRC	0.00	0.00
D5912			NRC	0.00	0.00
D5913			NRC	0.00	0.00
D5914			NRC	0.00	0.00
D5915			NRC	0.00	0.00
D5916			NRC	0.00	0.00
D5919			NRC	0.00	0.00
D5922			NRC	0.00	0.00
D5923			NRC	0.00	0.00
D5924			NRC	0.00	0.00
D5925			NRC	0.00	0.00
D5926			NRC	0.00	0.00
D5927			NRC	0.00	0.00
D5928			NRC	0.00	0.00
D5929			NRC	0.00	0.00
D5931			NRC	0.00	0.00
D5932			NRC	0.00	0.00
D5933			NRC	0.00	0.00
D5934			NRC	0.00	0.00
D5935			NRC	0.00	0.00
D5936			NRC	0.00	0.00
D5937			NRC	0.00	0.00
D5951			NRC	0.00	0.00
D5952			NRC	0.00	0.00
D5953			NRC	0.00	0.00
D5954			NRC	0.00	0.00
D5955			NRC	0.00	0.00
D5958			NRC	0.00	0.00
D5959			NRC	0.00	0.00
D5960			NRC	0.00	0.00
D5982			NRC	0.00	0.00
D5983			NRC	0.00	0.00
D5984			NRC	0.00	0.00
D5985			NRC	0.00	0.00
D5986			NRC	0.00	0.00
D5987			NRC	0.00	0.00
D5988			NRC	0.00	0.00
D5991			NRC	0.00	0.00
D5992			NRC	0.00	0.00
D5993			NRC	0.00	0.00
D5994				0.00	0.00
D5999			BR	0.00	0.00
D6010				1,735.92	1,735.92
D6011				0.00	0.00
D6012			NRC	905.09	905.09
D6013				0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D6040			NRC	0.00	0.00
D6050			NRC	0.00	0.00
D6051			BR	0.00	0.00
D6052				0.00	0.00
D6053				1,863.52	1,863.52
D6054				2,313.71	2,313.71
D6055				1,391.48	1,391.48
D6056				584.30	584.30
D6057				733.80	733.80
D6058				1,023.00	1,023.00
D6059				1,189.41	1,189.41
D6060				920.70	920.70
D6061				1,176.45	1,176.45
D6062			NRC	0.00	0.00
D6063				1,023.00	1,023.00
D6064				1,176.45	1,176.45
D6065				1,174.10	1,174.10
D6066				1,223.91	1,223.91
D6067			NRC	0.00	0.00
D6068				1,176.45	1,176.45
D6069			NRC	1,206.39	1,206.39
D6070				1,176.45	1,176.45
D6071				1,176.45	1,176.45
D6072			NRC	0.00	0.00
D6073				1,176.45	1,176.45
D6074				1,176.45	1,176.45
D6075				1,176.45	1,176.45
D6076			NRC	1,287.98	1,287.98
D6077			NRC	0.00	0.00
D6078				2,557.50	2,557.50
D6079				2,046.00	2,046.00
D6080				135.26	135.26
D6090				88.23	88.23
D6091				588.23	588.23
D6092				51.15	51.15
D6093				67.33	67.33
D6094			NRC	0.00	0.00
D6095				204.60	204.60
D6100				204.60	204.60
D6101				0.00	0.00
D6102				0.00	0.00
D6103				0.00	0.00
D6104			BR	0.00	0.00
D6190				869.55	869.55
D6194			NRC	0.00	0.00
D6199			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D6205				848.80	848.80
D6210				973.10	973.10
D6211				411.76	411.76
D6212				582.34	582.34
D6214			NRC	0.00	0.00
D6240				986.25	986.25
D6241				919.99	919.99
D6242				801.01	801.01
D6245				995.01	995.01
D6250			NRC	0.00	0.00
D6251				705.87	705.87
D6252				671.75	671.75
D6253				511.50	511.50
D6545				526.25	526.25
D6548				869.55	869.55
D6600			NRC	0.00	0.00
D6601			NRC	0.00	0.00
D6602			NRC	0.00	0.00
D6603			NRC	0.00	0.00
D6604			NRC	0.00	0.00
D6605			NRC	0.00	0.00
D6606			NRC	0.00	0.00
D6607			NRC	0.00	0.00
D6608			NRC	0.00	0.00
D6609			NRC	0.00	0.00
D6610			NRC	0.00	0.00
D6611			NRC	0.00	0.00
D6612			NRC	0.00	0.00
D6613			NRC	0.00	0.00
D6614			NRC	0.00	0.00
D6615			NRC	0.00	0.00
D6624			NRC	0.00	0.00
D6634			NRC	0.00	0.00
D6710				953.94	953.94
D6720			NRC	0.00	0.00
D6721				411.76	411.76
D6722				488.23	488.23
D6740				869.55	869.55
D6750				984.06	984.06
D6751				934.23	934.23
D6752				788.22	788.22
D6780			NRC	0.00	0.00
D6781				869.55	869.55
D6782				869.55	869.55
D6783				869.55	869.55
D6790				975.84	975.84

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D6791				736.21	736.21
D6792				769.73	769.73
D6793				434.78	434.78
D6794			NRC	0.00	0.00
D6920				204.60	204.60
D6930				124.86	124.86
D6940				188.23	188.23
D6950				329.41	329.41
D6975				235.29	235.29
D6980				371.35	371.35
D6985			NRC	0.00	0.00
D6999			BR	0.00	0.00
D7111			NRC	94.27	94.27
D7140				118.67	118.67
D7210				243.44	243.44
D7220			BR	0.00	0.00
D7230			NRC	313.97	313.97
D7240			NRC	382.46	382.46
D7241			NRC	0.00	0.00
D7250				230.18	230.18
D7251			NRC	0.00	0.00
D7260			NRC	0.00	0.00
D7261				588.23	588.23
D7270				255.75	255.75
D7272				294.11	294.11
D7280			NRC	0.00	0.00
D7282			NRC	0.00	0.00
D7283			NRC	0.00	0.00
D7285			NRC	0.00	0.00
D7286			NRC	225.46	225.46
D7287			NRC	129.29	129.29
D7288			NRC	133.90	133.90
D7290				511.50	511.50
D7291			NRC	0.00	0.00
D7292				1,023.00	1,023.00
D7293				1,023.00	1,023.00
D7294				588.23	588.23
D7295			BR	0.00	0.00
D7310				213.08	213.08
D7311				254.48	254.48
D7320				335.65	335.65
D7321				335.65	335.65
D7340				1,205.09	1,205.09
D7350				2,912.99	2,912.99
D7410			NRC	271.82	271.82
D7411			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D7412			NRC	0.00	0.00
D7413			NRC	0.00	0.00
D7414			NRC	0.00	0.00
D7415			NRC	0.00	0.00
D7440			NRC	744.28	744.28
D7441			NRC	0.00	0.00
D7450			NRC	607.59	607.59
D7451			NRC	0.00	0.00
D7460			NRC	0.00	0.00
D7461			NRC	0.00	0.00
D7465			NRC	0.00	0.00
D7471			NRC	0.00	0.00
D7472			NRC	0.00	0.00
D7473			NRC	0.00	0.00
D7485			NRC	0.00	0.00
D7490			NRC	0.00	0.00
D7510			NRC	0.00	0.00
D7511			NRC	0.00	0.00
D7520			NRC	0.00	0.00
D7521			NRC	0.00	0.00
D7530				190.58	190.58
D7540				235.29	235.29
D7550				431.32	431.32
D7560				657.64	657.64
D7610				1,432.20	1,432.20
D7620				1,039.98	1,039.98
D7630				2,557.50	2,557.50
D7640				2,257.76	2,257.76
D7650				877.63	877.63
D7660				830.68	830.68
D7670				736.56	736.56
D7671				767.25	767.25
D7680				2,977.59	2,977.59
D7710				1,838.79	1,838.79
D7720				1,474.09	1,474.09
D7730				3,197.90	3,197.90
D7740				2,908.18	2,908.18
D7750				1,281.15	1,281.15
D7760				1,023.00	1,023.00
D7770				1,690.56	1,690.56
D7771				1,023.00	1,023.00
D7780				2,829.36	2,829.36
D7810				1,624.68	1,624.68
D7820				231.20	231.20
D7830				511.50	511.50
D7840			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D7850			NRC	0.00	0.00
D7852			NRC	0.00	0.00
D7854			NRC	0.00	0.00
D7856			NRC	0.00	0.00
D7858			NRC	0.00	0.00
D7860			NRC	0.00	0.00
D7865			NRC	0.00	0.00
D7870			NRC	0.00	0.00
D7871			NRC	0.00	0.00
D7872			NRC	0.00	0.00
D7873			NRC	0.00	0.00
D7874			NRC	0.00	0.00
D7875			NRC	0.00	0.00
D7876			NRC	0.00	0.00
D7877			NRC	0.00	0.00
D7880				265.99	265.99
D7899			BR	0.00	0.00
D7910				168.69	168.69
D7911				321.17	321.17
D7912				423.01	423.01
D7920				1,398.80	1,398.80
D7921				0.00	0.00
D7940			NRC	0.00	0.00
D7941			NRC	0.00	0.00
D7943			NRC	0.00	0.00
D7944			NRC	0.00	0.00
D7945			NRC	0.00	0.00
D7946			NRC	0.00	0.00
D7947			NRC	0.00	0.00
D7948			NRC	0.00	0.00
D7949			NRC	0.00	0.00
D7950			NRC	0.00	0.00
D7951			NRC	0.00	0.00
D7952				0.00	0.00
D7953				439.48	439.48
D7955			NRC	0.00	0.00
D7960			NRC	312.32	312.32
D7963			NRC	0.00	0.00
D7970			NRC	357.24	357.24
D7971			NRC	0.00	0.00
D7972			NRC	0.00	0.00
D7980			NRC	0.00	0.00
D7981			NRC	0.00	0.00
D7982			NRC	0.00	0.00
D7983			NRC	0.00	0.00
D7990				745.77	745.77

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D7991				1,381.15	1,381.15
D7995				2,046.00	2,046.00
D7996				2,130.91	2,130.91
D7997				252.51	252.51
D7998			NRC	0.00	0.00
D7999			BR	0.00	0.00
D8010			NRC	0.00	0.00
D8020			NRC	1,769.45	1,769.45
D8030			NRC	1,938.11	1,938.11
D8040				1,701.15	1,701.15
D8050			NRC	0.00	0.00
D8060			NRC	0.00	0.00
D8070			NRC	0.00	0.00
D8080			NRC	0.00	0.00
D8090				1,718.64	1,718.64
D8210			NRC	0.00	0.00
D8220			NRC	0.00	0.00
D8660			NRC	0.00	0.00
D8670			NRC	147.82	147.82
D8680			NRC	0.00	0.00
D8690			NRC	181.10	181.10
D8691				204.60	204.60
D8692				258.82	258.82
D8693				306.90	306.90
D8694				0.00	0.00
D8999			BR	0.00	0.00
D9110				106.70	106.70
D9120				260.87	260.87
D9210				38.12	38.12
D9211			NRC	0.00	0.00
D9212			NRC	0.00	0.00
D9215			NRC	17.43	17.43
D9220				247.05	247.05
D9221				107.42	107.42
D9230				40.51	40.51
D9241				258.01	258.01
D9242				68.52	68.52
D9248				100.25	100.25
D9310				59.53	59.53
D9410				100.00	100.00
D9420				127.88	127.88
D9430				66.42	66.42
D9440				102.30	102.30
D9450			NRC	0.00	0.00
D9610				51.15	51.15
D9612				102.30	102.30

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
D9630			BR	0.00	0.00
D9910			NRC	0.00	0.00
D9911			NRC	48.03	48.03
D9920			NRC	0.00	0.00
D9930				102.30	102.30
D9940			NRC	448.96	448.96
D9941			NRC	150.45	150.45
D9942			NRC	0.00	0.00
D9950				306.90	306.90
D9951				110.59	110.59
D9952				414.32	414.32
D9970			NRC	0.00	0.00
D9971			NRC	0.00	0.00
D9972			NRC	225.58	225.58
D9973			NRC	0.00	0.00
D9974			NRC	186.35	186.35
D9975				0.00	0.00
D9985				0.00	0.00
D9999			BR	0.00	0.00
E0100	NU			23.50	23.50
E0100	RR			7.79	7.79
E0105	NU			60.84	60.84
E0105	RR			11.63	11.63
E0110	NU			86.54	86.54
E0110	RR			20.98	20.98
E0111	NU			64.67	64.67
E0111	RR			11.05	11.05
E0112	NU			43.75	43.75
E0112	RR			13.04	13.04
E0113	NU			23.57	23.57
E0113	RR			6.76	6.76
E0114	NU			52.64	52.64
E0114	RR			11.24	11.24
E0116	NU			30.95	30.95
E0116	RR			7.09	7.09
E0117	NU		NRC	252.90	252.90
E0117	RR		NRC	25.27	25.27
E0118	RR			180.00	180.00
E0130	NU			72.77	72.77
E0130	RR			19.01	19.01
E0135	NU			86.66	86.66
E0135	RR			19.51	19.51
E0140	NU			407.98	407.98
E0140	RR			40.81	40.81
E0141	NU			110.84	110.84
E0141	RR			21.52	21.52

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0143	NU			115.58	115.58
E0143	RR			23.24	23.24
E0144	NU			360.18	360.18
E0144	RR			36.04	36.04
E0147	NU			650.12	650.12
E0147	RR			65.03	65.03
E0148	NU			143.71	143.71
E0148	RR			14.39	14.39
E0149	NU			252.44	252.44
E0149	RR			25.25	25.25
E0153	NU			77.40	77.40
E0153	RR			8.74	8.74
E0154	NU			67.79	67.79
E0154	RR			8.23	8.23
E0155	NU			30.32	30.32
E0155	RR			3.71	3.71
E0156	NU			25.42	25.42
E0156	RR			3.25	3.25
E0157	NU			78.77	78.77
E0157	RR			8.65	8.65
E0158	NU			30.94	30.94
E0158	RR			3.42	3.42
E0159	NU			20.21	20.21
E0159	RR			2.09	2.09
E0160	NU		NRC	36.88	36.88
E0160	RR		NRC	5.70	5.70
E0161	NU		NRC	34.42	34.42
E0161	RR		NRC	4.69	4.69
E0162	NU			183.59	183.59
E0162	RR			20.05	20.05
E0163	NU			135.07	135.07
E0163	RR			32.04	32.04
E0165	RR			20.72	20.72
E0167	NU			15.74	15.74
E0167	RR			1.61	1.61
E0168	NU			198.05	198.05
E0168	RR			19.79	19.79
E0170	RR		NRC	210.91	210.91
E0171	RR		NRC	37.96	37.96
E0172				100.00	100.00
E0175	NU			79.78	79.78
E0175	RR			7.97	7.97
E0181	RR			34.19	34.19
E0182	RR			30.70	30.70
E0184	NU			217.18	217.18
E0184	RR			32.24	32.24

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0185	NU			356.76	356.76
E0185	RR			57.90	57.90
E0186	RR			26.64	26.64
E0187	RR			30.46	30.46
E0188	NU			34.69	34.69
E0188	RR			4.08	4.08
E0189	NU			57.97	57.97
E0189	RR			7.38	7.38
E0190			NRC	0.00	0.00
E0191	NU			13.04	13.04
E0191	RR			1.34	1.34
E0193	RR			1,021.84	1,021.84
E0194	RR			3,906.29	3,906.29
E0196	RR			42.64	42.64
E0197	NU			290.77	290.77
E0197	RR			40.12	40.12
E0198	NU			290.77	290.77
E0198	RR			29.09	29.09
E0199	NU			35.76	35.76
E0199	RR			3.56	3.56
E0200	NU		NRC	104.04	104.04
E0200	RR		NRC	14.12	14.12
E0202	RR		NRC	82.16	82.16
E0203			NRC	0.00	0.00
E0205	NU		NRC	254.66	254.66
E0205	RR		NRC	28.01	28.01
E0210	NU			42.83	42.83
E0210	RR			4.03	4.03
E0215	NU			92.96	92.96
E0215	RR			9.72	9.72
E0217	NU		NRC	553.78	553.78
E0217	RR		NRC	61.64	61.64
E0218	RR			75.00	75.00
E0221			NRC	0.00	0.00
E0225	NU		NRC	433.50	433.50
E0225	RR		NRC	42.73	42.73
E0231			NRC	0.00	0.00
E0232			NRC	0.00	0.00
E0235			NRC	0.00	0.00
E0235	RR		NRC	19.25	19.25
E0236	RR			49.34	49.34
E0239	NU		NRC	501.74	501.74
E0239	RR		NRC	50.18	50.18
E0240				200.00	200.00
E0241				30.00	30.00
E0242				50.00	50.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0243				38.00	38.00
E0244				45.00	45.00
E0245				100.00	100.00
E0246				51.89	51.89
E0247				100.00	100.00
E0248				200.00	200.00
E0249	NU			111.11	111.11
E0249	RR			12.22	12.22
E0250	RR			110.56	110.56
E0251	RR			81.26	81.26
E0255	RR			132.88	132.88
E0256	RR			80.35	80.35
E0260	RR			158.87	158.87
E0261	RR			154.88	154.88
E0265	RR			226.08	226.08
E0266	RR			195.79	195.79
E0270			NRC	0.00	0.00
E0271	NU			213.47	213.47
E0271	RR			22.18	22.18
E0272	NU			215.59	215.59
E0272	RR			23.90	23.90
E0273	RR		NRC	0.00	0.00
E0274			NRC	0.00	0.00
E0275	NU			20.10	20.10
E0275	RR			2.10	2.10
E0276	NU			15.50	15.50
E0276	RR			2.06	2.06
E0277	RR			795.64	795.64
E0280	NU			36.73	36.73
E0280	RR			3.96	3.96
E0290	RR			71.84	71.84
E0291	RR			52.20	52.20
E0292	RR			80.78	80.78
E0293	RR			68.76	68.76
E0294	RR			146.20	146.20
E0295	RR			144.02	144.02
E0296	RR			157.86	157.86
E0297	RR			135.23	135.23
E0300	NU		NRC	3,210.58	3,210.58
E0300	RR		NRC	321.05	321.05
E0301	RR			306.20	306.20
E0302	RR		NRC	809.18	809.18
E0303	RR			343.81	343.81
E0304	RR			871.66	871.66
E0305	RR			19.12	19.12
E0310	NU			189.10	189.10

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0310	RR			25.74	25.74
E0315			NRC	0.00	0.00
E0316	RR		NRC	224.48	224.48
E0325	NU			11.28	11.28
E0325	RR			1.69	1.69
E0326	NU			13.78	13.78
E0326	RR			1.39	1.39
E0328			NRC	0.00	0.00
E0329			NRC	0.00	0.00
E0350			BR	0.00	0.00
E0352			BR	0.00	0.00
E0370				38.95	38.95
E0371	RR			502.72	502.72
E0372	RR			610.00	610.00
E0373	RR			694.98	694.98
E0424	RR			213.89	213.89
E0425			NRC	0.00	0.00
E0430			NRC	0.00	0.00
E0431	RR			35.96	35.96
E0433	RR			61.96	61.96
E0434	RR			35.96	35.96
E0435			NRC	0.00	0.00
E0439	RR			213.89	213.89
E0440			NRC	0.00	0.00
E0441				92.94	92.94
E0442				92.94	92.94
E0443				92.94	92.94
E0444				92.94	92.94
E0445				400.00	400.00
E0446			NRC	0.00	0.00
E0450	RR			1,252.57	1,252.57
E0455			NRC	0.00	0.00
E0457	NU		NRC	798.41	798.41
E0457	RR		NRC	79.85	79.85
E0459	RR		NRC	66.12	66.12
E0460	NU		NRC	0.00	0.00
E0460	RR		NRC	962.63	962.63
E0461	NU		NRC	0.00	0.00
E0461	RR		NRC	1,252.57	1,252.57
E0462	NU		NRC	0.00	0.00
E0462	RR		NRC	378.04	378.04
E0463	NU		NRC	0.00	0.00
E0463	RR		NRC	1,845.54	1,845.54
E0464	NU		NRC	0.00	0.00
E0464	RR		NRC	1,845.54	1,845.54
E0470	NU		NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0470	RR			290.22	290.22
E0471	NU		NRC	0.00	0.00
E0471	RR		NRC	726.31	726.31
E0472	NU		NRC	0.00	0.00
E0472	RR		NRC	726.31	726.31
E0480	RR			57.67	57.67
E0481			NRC	0.00	0.00
E0482	RR		NRC	564.31	564.31
E0483	RR			1,395.10	1,395.10
E0484	NU		NRC	48.46	48.46
E0484	RR		NRC	4.84	4.84
E0485	NU		NRC	0.00	0.00
E0485	RR		NRC	0.00	0.00
E0486	NU		NRC	0.00	0.00
E0486	RR		NRC	0.00	0.00
E0487			BR	0.00	0.00
E0500	RR		NRC	144.04	144.04
E0550	RR			55.92	55.92
E0555			NRC	0.00	0.00
E0560	NU		NRC	193.99	193.99
E0560	RR		NRC	22.74	22.74
E0561	NU		NRC	121.02	121.02
E0561	RR		NRC	12.08	12.08
E0562	NU			340.69	340.69
E0562	RR			34.04	34.04
E0565	RR			72.82	72.82
E0570	RR			21.13	21.13
E0572	RR			49.98	49.98
E0574	RR			52.84	52.84
E0575	RR			134.87	134.87
E0580	NU			151.61	151.61
E0580	RR			15.17	15.17
E0585	RR			46.01	46.01
E0600	RR			60.08	60.08
E0601	RR		NRC	126.35	126.35
E0602	NU		NRC	38.74	38.74
E0602	RR		NRC	3.89	3.89
E0603			NRC	0.00	0.00
E0604			NRC	0.00	0.00
E0605	NU			32.84	32.84
E0605	RR			4.03	4.03
E0606	RR			30.12	30.12
E0607	NU			87.67	87.67
E0607	RR			8.76	8.76
E0610	NU		NRC	312.13	312.13
E0610	RR		NRC	32.92	32.92

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0615	NU		NRC	582.67	582.67
E0615	RR		NRC	76.76	76.76
E0617	RR		NRC	398.98	398.98
E0618	RR		NRC	367.91	367.91
E0619	RR		NRC	0.00	0.00
E0620	NU		NRC	1,147.42	1,147.42
E0620	RR		NRC	114.73	114.73
E0621	NU			125.96	125.96
E0621	RR			12.13	12.13
E0625			NRC	0.00	0.00
E0627	NU			433.98	433.98
E0627	RR			43.40	43.40
E0628	NU			433.98	433.98
E0628	RR			43.40	43.40
E0629	NU			433.98	433.98
E0629	RR			43.40	43.40
E0630	RR			133.69	133.69
E0635	RR			136.48	136.48
E0636	RR		NRC	1,383.85	1,383.85
E0637			NRC	0.00	0.00
E0638			NRC	0.00	0.00
E0639			NRC	0.00	0.00
E0640			NRC	0.00	0.00
E0641			NRC	0.00	0.00
E0642			NRC	0.00	0.00
E0650	NU			865.68	865.68
E0650	RR			114.70	114.70
E0651	NU			1,024.42	1,024.42
E0651	RR			104.65	104.65
E0652	NU			6,875.71	6,875.71
E0652	RR			687.54	687.54
E0655	NU			120.40	120.40
E0655	RR			14.15	14.15
E0656	NU			758.09	758.09
E0656	RR			75.83	75.83
E0657	NU			712.21	712.21
E0657	RR			71.23	71.23
E0660	NU			178.19	178.19
E0660	RR			18.54	18.54
E0665	NU			152.81	152.81
E0665	RR			15.68	15.68
E0666	NU			154.03	154.03
E0666	RR			15.88	15.88
E0667	NU			424.86	424.86
E0667	RR			42.50	42.50
E0668	NU			492.88	492.88

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0668	RR			48.64	48.64
E0669	NU			228.40	228.40
E0669	RR			22.85	22.85
E0670	NU			1,649.57	1,649.57
E0670	RR			164.96	164.96
E0671	NU			545.05	545.05
E0671	RR			54.53	54.53
E0672	NU			423.49	423.49
E0672	RR			42.36	42.36
E0673	NU			351.90	351.90
E0673	RR			35.20	35.20
E0675	RR			504.62	504.62
E0676			NRC	0.00	0.00
E0691	NU		NRC	1,179.18	1,179.18
E0691	RR		NRC	117.91	117.91
E0692	NU		NRC	1,480.73	1,480.73
E0692	RR		NRC	148.06	148.06
E0693	NU		NRC	1,825.32	1,825.32
E0693	RR		NRC	182.54	182.54
E0694	NU		NRC	5,809.80	5,809.80
E0694	RR		NRC	580.98	580.98
E0700				25.00	25.00
E0705	NU			61.49	61.49
E0705	RR			6.25	6.25
E0710			NRC	0.00	0.00
E0720	NU			482.06	482.06
E0720	RR			48.20	48.20
E0730	NU			481.36	481.36
E0730	RR			48.13	48.13
E0731	NU			397.86	397.86
E0735				60.00	60.00
E0740	NU		NRC	686.12	686.12
E0740	RR		NRC	68.63	68.63
E0744	RR		NRC	102.66	102.66
E0745	RR		NRC	117.47	117.47
E0746			NRC	0.00	0.00
E0747	NU			5,106.60	5,106.60
E0747	RR			510.66	510.66
E0748	NU			5,105.40	5,105.40
E0748	RR			510.54	510.54
E0749	NU			3,171.80	3,171.80
E0749	RR			317.18	317.18
E0755			NRC	0.00	0.00
E0760	NU			4,242.80	4,242.80
E0760	RR			424.28	424.28
E0761			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0762	NU		NRC	1,226.48	1,226.48
E0762	RR		NRC	122.64	122.64
E0764	RR			1,452.23	1,452.23
E0765	NU			110.40	110.40
E0765	RR			11.05	11.05
E0766	RR		NRC	510.66	510.66
E0769			NRC	0.00	0.00
E0770			BR	0.00	0.00
E0776	NU			187.86	187.86
E0776	RR			24.47	24.47
E0779	RR		NRC	21.95	21.95
E0780	NU		NRC	13.61	13.61
E0781	RR			347.58	347.58
E0782	NU			5,316.13	5,316.13
E0782	RR			531.60	531.60
E0783	NU			10,743.30	10,743.30
E0783	RR			1,074.35	1,074.35
E0784	RR		NRC	547.85	547.85
E0785			NRC	594.76	594.76
E0786	NU			10,479.43	10,479.43
E0786	RR			1,047.92	1,047.92
E0791	RR		NRC	352.69	352.69
E0830			NRC	0.00	0.00
E0840	NU			95.98	95.98
E0840	RR			21.42	21.42
E0849	NU			676.22	676.22
E0849	RR			67.63	67.63
E0850	NU			137.86	137.86
E0850	RR			18.92	18.92
E0855	NU		NRC	648.54	648.54
E0855	RR		NRC	64.87	64.87
E0856	NU			202.13	202.13
E0856	RR			20.20	20.20
E0860	NU			50.57	50.57
E0860	RR			8.54	8.54
E0870	NU			152.64	152.64
E0870	RR			16.98	16.98
E0880	NU			164.75	164.75
E0880	RR			25.87	25.87
E0890	NU			134.29	134.29
E0890	RR			43.09	43.09
E0900	NU			150.60	150.60
E0900	RR			30.82	30.82
E0910	RR			21.86	21.86
E0911	RR			56.38	56.38
E0912	RR			129.48	129.48

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0920	RR			60.55	60.55
E0930	RR			59.94	59.94
E0935	RR			29.84	29.84
E0936	RR			27.28	27.28
E0940	RR			39.32	39.32
E0941	RR			50.21	50.21
E0942	NU			22.14	22.14
E0942	RR			2.62	2.62
E0944	NU			51.17	51.17
E0944	RR			5.14	5.14
E0945	NU			58.16	58.16
E0945	RR			5.83	5.83
E0946	RR			66.00	66.00
E0947	NU			676.45	676.45
E0947	RR			70.14	70.14
E0948	NU			654.29	654.29
E0948	RR			65.40	65.40
E0950	NU			99.94	99.94
E0950	RR			10.02	10.02
E0951	NU			18.25	18.25
E0951	RR			1.87	1.87
E0952	NU			18.11	18.11
E0952	RR			1.87	1.87
E0955	NU			228.68	228.68
E0955	RR			22.88	22.88
E0956	NU			111.49	111.49
E0956	RR			11.15	11.15
E0957	NU			156.01	156.01
E0957	RR			15.60	15.60
E0958	RR			57.24	57.24
E0959	NU			49.31	49.31
E0959	RR			4.97	4.97
E0960	NU			102.90	102.90
E0960	RR			10.31	10.31
E0961	NU			33.18	33.18
E0961	RR			3.47	3.47
E0966	NU			84.98	84.98
E0966	RR			8.51	8.51
E0967	NU			86.18	86.18
E0967	RR			8.63	8.63
E0968	RR		NRC	23.52	23.52
E0969	NU			174.72	174.72
E0969	RR			17.30	17.30
E0970			NRC	0.00	0.00
E0971	NU			56.93	56.93
E0971	RR			5.71	5.71

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E0973	NU			110.53	110.53
E0973	RR			10.52	10.52
E0974	NU			102.89	102.89
E0974	RR			10.91	10.91
E0978	NU			47.47	47.47
E0978	RR			4.74	4.74
E0980	NU			41.94	41.94
E0980	RR			4.18	4.18
E0981	NU			45.32	45.32
E0981	RR			4.61	4.61
E0982	NU			49.54	49.54
E0982	RR			4.96	4.96
E0983	RR			327.98	327.98
E0984	NU			2,131.09	2,131.09
E0984	RR			213.10	213.10
E0985	NU			266.20	266.20
E0985	RR			26.64	26.64
E0986	NU		NRC	6,383.12	6,383.12
E0986	RR		NRC	638.33	638.33
E0988	RR			392.82	392.82
E0990	NU			112.90	112.90
E0990	RR			12.71	12.71
E0992	NU			124.87	124.87
E0992	RR			12.13	12.13
E0994	NU			23.12	23.12
E0994	RR			2.34	2.34
E0995	NU			29.22	29.22
E0995	RR			2.94	2.94
E1002	NU			4,584.34	4,584.34
E1002	RR			458.41	458.41
E1003	NU			4,966.73	4,966.73
E1003	RR			496.68	496.68
E1004	NU			5,507.08	5,507.08
E1004	RR			550.69	550.69
E1005	NU			5,960.98	5,960.98
E1005	RR			596.09	596.09
E1006	NU			7,301.64	7,301.64
E1006	RR			730.14	730.14
E1007	NU			9,886.70	9,886.70
E1007	RR			988.68	988.68
E1008	NU			9,887.60	9,887.60
E1008	RR			988.75	988.75
E1009	NU		NRC	0.00	0.00
E1009	RR		NRC	0.00	0.00
E1010	NU			1,293.66	1,293.66
E1010	RR			129.37	129.37

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E1011	NU		NRC	0.00	0.00
E1011	RR		NRC	0.00	0.00
E1014	NU			479.16	479.16
E1014	RR			47.93	47.93
E1015	NU			150.53	150.53
E1015	RR			15.04	15.04
E1016	NU			148.52	148.52
E1016	RR			14.87	14.87
E1017	NU		NRC	0.00	0.00
E1017	RR		NRC	0.00	0.00
E1018	NU		NRC	0.00	0.00
E1018	RR		NRC	0.00	0.00
E1020	NU			275.30	275.30
E1020	RR			27.52	27.52
E1028	NU			233.60	233.60
E1028	RR			23.35	23.35
E1029	NU			417.97	417.97
E1029	RR			41.78	41.78
E1030	NU			1,317.96	1,317.96
E1030	RR			131.80	131.80
E1031	RR			66.29	66.29
E1035	RR		NRC	804.68	804.68
E1036	RR		NRC	1,128.08	1,128.08
E1037	RR			142.36	142.36
E1038	RR			23.65	23.65
E1039	RR		NRC	44.87	44.87
E1050	RR			133.63	133.63
E1060	RR			165.42	165.42
E1070	RR			122.17	122.17
E1083	RR			103.33	103.33
E1084	RR			128.74	128.74
E1085			NRC	0.00	0.00
E1086			NRC	0.00	0.00
E1087	RR			161.47	161.47
E1088	RR			176.86	176.86
E1089			NRC	0.00	0.00
E1092	RR			146.81	146.81
E1093	RR			130.66	130.66
E1100	RR			115.78	115.78
E1110	RR			117.61	117.61
E1130			NRC	0.00	0.00
E1140			NRC	0.00	0.00
E1150	RR			107.04	107.04
E1160	RR			82.02	82.02
E1161	NU		NRC	3,104.92	3,104.92
E1161	RR		NRC	310.49	310.49

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E1170	RR			99.64	99.64
E1171	RR			89.41	89.41
E1172	RR			109.26	109.26
E1180	RR			117.37	117.37
E1190	RR			134.99	134.99
E1195	RR			140.12	140.12
E1200	RR		NRC	97.06	97.06
E1220			NRC	0.00	0.00
E1221	RR		NRC	62.35	62.35
E1222	RR		NRC	83.51	83.51
E1223	RR		NRC	97.13	97.13
E1224	RR		NRC	106.49	106.49
E1225	RR			59.32	59.32
E1226	NU			608.64	608.64
E1226	RR			62.64	62.64
E1227	NU		NRC	309.53	309.53
E1227	RR		NRC	30.96	30.96
E1228	RR		NRC	36.77	36.77
E1230	NU		NRC	2,906.80	2,906.80
E1230	RR			291.91	291.91
E1231	NU		NRC	0.00	0.00
E1231	RR		NRC	0.00	0.00
E1232	NU		NRC	2,806.13	2,806.13
E1232	RR		NRC	280.63	280.63
E1233	NU		NRC	2,907.60	2,907.60
E1233	RR		NRC	290.76	290.76
E1234	NU		NRC	2,531.28	2,531.28
E1234	RR		NRC	253.15	253.15
E1235	NU		NRC	2,437.42	2,437.42
E1235	RR		NRC	243.76	243.76
E1236	NU		NRC	2,150.42	2,150.42
E1236	RR		NRC	215.04	215.04
E1237	NU		NRC	2,169.22	2,169.22
E1237	RR		NRC	216.92	216.92
E1238	NU		NRC	2,150.42	2,150.42
E1238	RR		NRC	215.04	215.04
E1240	RR			135.19	135.19
E1250			NRC	0.00	0.00
E1260			NRC	0.00	0.00
E1270	RR			103.60	103.60
E1280	RR			157.61	157.61
E1285			NRC	0.00	0.00
E1290			NRC	0.00	0.00
E1295	RR		NRC	147.43	147.43
E1296	NU		NRC	548.40	548.40
E1296	RR		NRC	55.72	55.72

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E1297	NU		NRC	116.68	116.68
E1297	RR		NRC	12.96	12.96
E1298	NU			472.56	472.56
E1298	RR			48.35	48.35
E1300	NU			180.00	180.00
E1310	NU		NC	0.00	0.00
E1310	RR		NC	0.00	0.00
E1352			BR	0.00	0.00
E1353				37.18	37.18
E1354			BR	0.00	0.00
E1355				28.00	28.00
E1356			BR	0.00	0.00
E1357			BR	0.00	0.00
E1358			BR	0.00	0.00
E1372	NU			181.85	181.85
E1372	RR			26.42	26.42
E1390	RR			213.89	213.89
E1391	RR			213.89	213.89
E1392	RR			61.96	61.96
E1399			BR	0.00	0.00
E1405	RR			259.90	259.90
E1406	RR			235.02	235.02
E1700	NU			384.64	384.64
E1700	RR			38.46	38.46
E1701				13.92	13.92
E1702				29.62	29.62
E1800	RR			160.75	160.75
E1801	RR			169.28	169.28
E1802	RR			428.86	428.86
E1805	RR			165.80	165.80
E1806	RR			139.00	139.00
E1810	RR			163.49	163.49
E1811	RR			176.00	176.00
E1812	RR			112.84	112.84
E1815	RR			165.80	165.80
E1816	RR			178.79	178.79
E1818	RR			182.52	182.52
E1820	NU			101.18	101.18
E1820	RR			10.13	10.13
E1821	NU			138.11	138.11
E1821	RR			13.79	13.79
E1825	RR			165.80	165.80
E1830	RR			165.80	165.80
E1831	RR			86.71	86.71
E1840	RR			502.21	502.21
E1841	RR			594.43	594.43

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E1902			NRC	0.00	0.00
E2000			NRC	0.00	0.00
E2000	RR		NRC	68.02	68.02
E2100	NU		NRC	844.02	844.02
E2100	RR		NRC	84.41	84.41
E2101	NU		NRC	247.44	247.44
E2101	RR		NRC	24.73	24.73
E2120	RR		NRC	372.06	372.06
E2201	NU			489.61	489.61
E2201	RR			48.96	48.96
E2202	NU			621.97	621.97
E2202	RR			62.20	62.20
E2203	NU			628.64	628.64
E2203	RR			62.84	62.84
E2204	NU			1,067.40	1,067.40
E2204	RR			106.75	106.75
E2205	NU			42.86	42.86
E2205	RR			4.27	4.27
E2206	NU			53.38	53.38
E2206	RR			5.32	5.32
E2207	NU			56.88	56.88
E2207	RR			5.71	5.71
E2208	NU			134.35	134.35
E2208	RR			13.43	13.43
E2209	NU			121.20	121.20
E2209	RR			12.14	12.14
E2210	NU			7.40	7.40
E2210	RR			0.74	0.74
E2211	NU			45.64	45.64
E2211	RR			4.46	4.46
E2212	NU			7.70	7.70
E2212	RR			0.82	0.82
E2213	NU			39.91	39.91
E2213	RR			4.01	4.01
E2214	NU			40.15	40.15
E2214	RR			4.42	4.42
E2215	NU			12.59	12.59
E2215	RR			1.25	1.25
E2216	NU		NRC	0.00	0.00
E2216	RR		NRC	0.00	0.00
E2217	NU		NRC	0.00	0.00
E2217	RR		NRC	0.00	0.00
E2218	NU		NRC	0.00	0.00
E2218	RR		NRC	0.00	0.00
E2219	NU			50.71	50.71
E2219	RR			5.27	5.27

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E2220	NU			31.82	31.82
E2220	RR			3.18	3.18
E2221	NU			33.53	33.53
E2221	RR			3.40	3.40
E2222	NU			27.64	27.64
E2222	RR			2.74	2.74
E2224	NU			109.38	109.38
E2224	RR			11.47	11.47
E2225	NU			22.84	22.84
E2225	RR			2.28	2.28
E2226	NU			49.80	49.80
E2226	RR			4.98	4.98
E2227	NU		NRC	2,454.76	2,454.76
E2227	RR		NRC	245.50	245.50
E2228	NU		NRC	1,228.62	1,228.62
E2228	RR		NRC	122.84	122.84
E2230			BR	0.00	0.00
E2231	NU			201.66	201.66
E2231	RR			20.17	20.17
E2291			NRC	0.00	0.00
E2292			NRC	0.00	0.00
E2293			NRC	0.00	0.00
E2294			NRC	0.00	0.00
E2295			NRC	0.00	0.00
E2300			NRC	0.00	0.00
E2301			NRC	0.00	0.00
E2310	NU			1,323.59	1,323.59
E2310	RR			132.35	132.35
E2311	NU			2,679.67	2,679.67
E2311	RR			267.97	267.97
E2312	NU			2,646.44	2,646.44
E2312	RR			264.64	264.64
E2313	NU			420.25	420.25
E2313	RR			42.05	42.05
E2321	NU			1,797.34	1,797.34
E2321	RR			179.75	179.75
E2322	NU			1,595.17	1,595.17
E2322	RR			159.50	159.50
E2323	NU			78.23	78.23
E2323	RR			7.81	7.81
E2324	NU			49.56	49.56
E2324	RR			4.93	4.93
E2325	NU			1,523.32	1,523.32
E2325	RR			152.35	152.35
E2326	NU			392.63	392.63
E2326	RR			39.28	39.28

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E2327	NU			2,954.70	2,954.70
E2327	RR			295.46	295.46
E2328	NU			5,604.65	5,604.65
E2328	RR			560.45	560.45
E2329	NU			1,997.56	1,997.56
E2329	RR			199.75	199.75
E2330	NU			3,870.50	3,870.50
E2330	RR			387.04	387.04
E2331			NRC	0.00	0.00
E2340	NU			470.26	470.26
E2340	RR			47.04	47.04
E2341	NU			705.44	705.44
E2341	RR			70.54	70.54
E2342	NU			587.87	587.87
E2342	RR			58.79	58.79
E2343	NU			940.60	940.60
E2343	RR			94.04	94.04
E2351	NU		NRC	790.18	790.18
E2351	RR		NRC	79.04	79.04
E2358	NU		BR	0.00	0.00
E2358	RR		BR	0.00	0.00
E2359	NU			228.52	228.52
E2359	RR			22.86	22.86
E2360	NU			134.06	134.06
E2360	RR			13.40	13.40
E2361	NU			157.74	157.74
E2361	RR			15.77	15.77
E2362	NU			120.71	120.71
E2362	RR			12.07	12.07
E2363	NU			210.38	210.38
E2363	RR			21.04	21.04
E2364	NU			134.06	134.06
E2364	RR			13.40	13.40
E2365	NU			126.86	126.86
E2365	RR			12.67	12.67
E2366	NU			253.44	253.44
E2366	RR			25.42	25.42
E2367	NU			473.99	473.99
E2367	RR			47.40	47.40
E2368	NU			584.27	584.27
E2368	RR			58.43	58.43
E2369	NU			508.90	508.90
E2369	RR			50.90	50.90
E2370	NU			908.04	908.04
E2370	RR			90.80	90.80
E2371	NU			170.50	170.50

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E2371	RR			17.06	17.06
E2372	NU		NRC	0.00	0.00
E2372	RR		NRC	0.00	0.00
E2373	NU			922.49	922.49
E2373	RR			92.23	92.23
E2374	NU			604.01	604.01
E2374	RR			60.41	60.41
E2375	NU			968.80	968.80
E2375	RR			96.86	96.86
E2376	NU			1,518.16	1,518.16
E2376	RR			151.81	151.81
E2377	NU			549.36	549.36
E2377	RR			54.92	54.92
E2378	NU		NRC	671.50	671.50
E2378	RR			67.15	67.15
E2381	NU			86.15	86.15
E2381	RR			8.64	8.64
E2382	NU			23.48	23.48
E2382	RR		NRC	2.34	2.34
E2383	NU			171.78	171.78
E2383	RR		NRC	17.18	17.18
E2384	NU			91.52	91.52
E2384	RR		NRC	9.18	9.18
E2385	NU			55.99	55.99
E2385	RR		NRC	5.63	5.63
E2386	NU			170.22	170.22
E2386	RR		NRC	17.03	17.03
E2387	NU			73.44	73.44
E2387	RR		NRC	7.36	7.36
E2388	NU			56.98	56.98
E2388	RR		NRC	5.71	5.71
E2389	NU			30.95	30.95
E2389	RR		NRC	3.11	3.11
E2390	NU			48.40	48.40
E2390	RR		NRC	4.84	4.84
E2391	NU			23.17	23.17
E2391	RR		NRC	2.33	2.33
E2392	NU			60.94	60.94
E2392	RR		NRC	6.12	6.12
E2394	NU			86.82	86.82
E2394	RR		NRC	8.70	8.70
E2395	NU			61.69	61.69
E2395	RR		NRC	6.18	6.18
E2396	NU			63.94	63.94
E2396	RR		NRC	6.84	6.84
E2397	NU			543.46	543.46

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E2397	RR			54.35	54.35
E2402	RR			1,941.38	1,941.38
E2500	NU		NRC	513.16	513.16
E2500	RR		NRC	51.32	51.32
E2502	NU		NRC	1,569.19	1,569.19
E2502	RR		NRC	156.92	156.92
E2504	NU		NRC	2,069.96	2,069.96
E2504	RR		NRC	207.02	207.02
E2506	NU		NRC	3,035.20	3,035.20
E2506	RR		NRC	303.50	303.50
E2508	NU		NRC	4,693.40	4,693.40
E2508	RR		NRC	469.33	469.33
E2510	NU			8,881.66	8,881.66
E2510	RR			888.17	888.17
E2511	NU		NRC	0.00	0.00
E2511	RR		NRC	0.00	0.00
E2512	NU		NRC	762.07	762.07
E2512	RR		NRC	76.20	76.20
E2599			NRC	0.00	0.00
E2601	NU			69.17	69.17
E2601	RR			6.94	6.94
E2602	NU			135.04	135.04
E2602	RR			13.51	13.51
E2603	NU			171.44	171.44
E2603	RR			17.16	17.16
E2604	NU			213.11	213.11
E2604	RR			21.30	21.30
E2605	NU			304.44	304.44
E2605	RR			30.46	30.46
E2606	NU			474.96	474.96
E2606	RR			47.51	47.51
E2607	NU			327.83	327.83
E2607	RR			32.78	32.78
E2608	NU			393.70	393.70
E2608	RR			39.36	39.36
E2609			NRC	0.00	0.00
E2610			NRC	0.00	0.00
E2611	NU			353.28	353.28
E2611	RR			35.32	35.32
E2612	NU			477.91	477.91
E2612	RR			47.78	47.78
E2613	NU			444.54	444.54
E2613	RR			44.46	44.46
E2614	NU			615.22	615.22
E2614	RR			61.52	61.52
E2615	NU			511.58	511.58

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
E2615	RR			51.17	51.17
E2616	NU			688.33	688.33
E2616	RR			68.83	68.83
E2617			NRC	0.00	0.00
E2619	NU			58.03	58.03
E2619	RR		NRC	5.81	5.81
E2620	NU			619.46	619.46
E2620	RR			61.96	61.96
E2621	NU			650.08	650.08
E2621	RR			65.02	65.02
E2622	NU			374.89	374.89
E2622	RR			37.50	37.50
E2623	NU			477.05	477.05
E2623	RR			47.71	47.71
E2624	NU			377.99	377.99
E2624	RR			37.81	37.81
E2625	NU			478.50	478.50
E2625	RR			47.83	47.83
E2626	NU			803.76	803.76
E2626	RR			80.39	80.39
E2627	NU			1,105.51	1,105.51
E2627	RR			110.58	110.58
E2628	NU			832.82	832.82
E2628	RR			83.28	83.28
E2629	NU			1,239.90	1,239.90
E2629	RR			123.97	123.97
E2630	NU			737.00	737.00
E2630	RR			73.70	73.70
E2631	NU			294.82	294.82
E2631	RR			29.48	29.48
E2632	NU			187.45	187.45
E2632	RR			18.73	18.73
E2633	NU			159.00	159.00
E2633	RR			15.91	15.91
E8000			NRC	0.00	0.00
E8001			NRC	0.00	0.00
E8002			NRC	0.00	0.00
G0027				11.09	11.09
G0103				31.36	31.36
G0123				33.74	33.74
G0143				33.74	33.74
G0144				34.66	34.66
G0145				38.71	38.71
G0147				18.03	18.03
G0148				18.03	18.03
G0306				13.26	13.26

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
G0307				11.04	11.04
G0328				27.13	27.13
G0431				73.68	73.68
G0432				23.38	23.38
G0433				23.38	23.38
G0434				14.74	14.74
G0435				20.45	20.45
G9143				205.86	205.86
J0120				12.50	12.50
J0129			NRC	28.65	28.65
J0130				890.27	890.27
J0131			BR	0.00	0.00
J0132			NRC	2.97	2.97
J0133				0.08	0.08
J0135			NRC	681.22	681.22
J0153				1.02	1.02
J0171				0.18	0.18
J0178				1,176.60	1,176.60
J0180			NRC	175.44	175.44
J0190			NRC	0.00	0.00
J0200			NRC	0.00	0.00
J0205			NRC	50.43	50.43
J0207				374.11	374.11
J0210				50.88	50.88
J0215			NRC	49.97	49.97
J0220			NRC	247.95	247.95
J0221				184.35	184.35
J0256			NRC	4.93	4.93
J0257				4.76	4.76
J0270			NRC	0.81	0.81
J0275			NRC	30.87	30.87
J0278				1.54	1.54
J0280				1.86	1.86
J0282			NRC	0.32	0.32
J0285				18.44	18.44
J0287				12.51	12.51
J0288				16.80	16.80
J0289				19.57	19.57
J0290				1.87	1.87
J0295				2.12	2.12
J0300			NRC	0.00	0.00
J0330				0.18	0.18
J0348				0.87	0.87
J0350			BR	0.00	0.00
J0360				3.82	3.82
J0364			NRC	39.23	39.23

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J0365			NRC	3.18	3.18
J0380			NRC	1.70	1.70
J0390			NRC	4.90	4.90
J0395			NRC	0.00	0.00
J0400			NRC	0.66	0.66
J0401			NRC	4.52	4.52
J0456				4.12	4.12
J0461				0.06	0.06
J0470				34.36	34.36
J0475				193.58	193.58
J0476				90.60	90.60
J0480			NRC	3,074.12	3,074.12
J0485				4.55	4.55
J0490				46.59	46.59
J0500			NRC	45.48	45.48
J0515				24.02	24.02
J0520				5.34	5.34
J0558				4.95	4.95
J0561				6.23	6.23
J0571				TBD	TBD
J0572				TBD	TBD
J0573				TBD	TBD
J0574				TBD	TBD
J0575				TBD	TBD
J0583			NRC	3.85	3.85
J0585				6.51	6.51
J0586				8.81	8.81
J0587				13.37	13.37
J0588				5.38	5.38
J0592				3.94	3.94
J0594			NRC	34.72	34.72
J0595				2.13	2.13
J0597			NRC	43.62	43.62
J0598			NRC	59.06	59.06
J0600			NRC	1,810.37	1,810.37
J0610				1.93	1.93
J0620				12.32	12.32
J0630			NRC	82.82	82.82
J0636			NRC	0.42	0.42
J0637				15.71	15.71
J0638			NRC	109.24	109.24
J0640			NRC	4.75	4.75
J0641				2.04	2.04
J0670			NRC	3.58	3.58
J0690				0.94	0.94
J0692				3.09	3.09

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J0694				6.07	6.07
J0696				0.85	0.85
J0697				3.73	3.73
J0698				2.34	2.34
J0702				6.88	6.88
J0706			NRC	0.66	0.66
J0710			NRC	0.00	0.00
J0712				1.23	1.23
J0713				2.58	2.58
J0715				5.34	5.34
J0716			BR	0.00	0.00
J0717			NRC	7.12	7.12
J0720				35.95	35.95
J0725			NRC	17.69	17.69
J0735				24.59	24.59
J0740				736.85	736.85
J0743				5.56	5.56
J0744				1.32	1.32
J0745				1.62	1.62
J0760			NRC	7.89	7.89
J0770				14.10	14.10
J0775			NRC	46.12	46.12
J0780				4.83	4.83
J0795			NRC	9.30	9.30
J0800			NRC	3,798.51	3,798.51
J0833			NRC	62.76	62.76
J0834			NRC	75.52	75.52
J0840				2,904.00	2,904.00
J0850				1,216.64	1,216.64
J0878				0.76	0.76
J0881				4.48	4.48
J0882			NRC	4.48	4.48
J0885				13.75	13.75
J0886			NRC	13.75	13.75
J0887				TBD	TBD
J0888				TBD	TBD
J0890				9.84	9.84
J0894			NRC	35.83	35.83
J0895			NRC	9.90	9.90
J0897				17.19	17.19
J0945				1.00	1.00
J1000			NRC	10.60	10.60
J1020				3.81	3.81
J1030				3.43	3.43
J1040				6.56	6.56
J1050				0.29	0.29

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J1071				0.04	0.04
J1094				0.28	0.28
J1100				0.14	0.14
J1110				49.17	49.17
J1120				29.98	29.98
J1160				5.31	5.31
J1162			NRC	1,564.43	1,564.43
J1165				0.68	0.68
J1170				2.91	2.91
J1180				8.54	8.54
J1190				163.84	163.84
J1200				0.69	0.69
J1205			NRC	170.32	170.32
J1212			NRC	89.98	89.98
J1230				8.84	8.84
J1240				6.42	6.42
J1245				0.98	0.98
J1250				7.20	7.20
J1260				7.49	7.49
J1265				0.52	0.52
J1267				0.72	0.72
J1270			NRC	2.08	2.08
J1290			NRC	425.61	425.61
J1300			NRC	247.36	247.36
J1320				2.40	2.40
J1322				TBD	TBD
J1324			NRC	0.00	0.00
J1325				18.72	18.72
J1327			NRC	33.09	33.09
J1330			NRC	0.00	0.00
J1335				40.40	40.40
J1364				33.25	33.25
J1380			NRC	10.90	10.90
J1410			NRC	196.48	196.48
J1430			NRC	359.92	359.92
J1435			NRC	0.00	0.00
J1436			NRC	0.00	0.00
J1438			NRC	320.31	320.31
J1439				1.27	1.27
J1442			NRC	1.20	1.20
J1446			NRC	5.07	5.07
J1450				4.84	4.84
J1451			NRC	8.04	8.04
J1452			NRC	0.00	0.00
J1453				2.07	2.07
J1455			NRC	15.98	15.98

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J1457			NRC	2.49	2.49
J1458			NRC	431.78	431.78
J1459			NRC	44.10	44.10
J1460				29.74	29.74
J1556			NRC	45.86	45.86
J1557				44.18	44.18
J1559			NRC	9.21	9.21
J1560				297.39	297.39
J1561				47.40	47.40
J1562				8.70	8.70
J1566			NRC	36.05	36.05
J1568				36.60	36.60
J1569				47.00	47.00
J1570				88.76	88.76
J1571				60.42	60.42
J1572				43.59	43.59
J1573				61.55	61.55
J1580				1.66	1.66
J1590				0.92	0.92
J1595			NRC	0.00	0.00
J1599			NRC	0.00	0.00
J1600			NRC	36.18	36.18
J1602			NRC	28.67	28.67
J1610			NRC	158.28	158.28
J1620			NRC	0.00	0.00
J1626				0.54	0.54
J1630				1.64	1.64
J1631				23.04	23.04
J1640			NRC	19.90	19.90
J1642				0.19	0.19
J1644				0.25	0.25
J1645				16.95	16.95
J1650				2.11	2.11
J1652				4.79	4.79
J1655				5.39	5.39
J1670				358.09	358.09
J1675			NRC	0.00	0.00
J1700				1.25	1.25
J1710				2.49	2.49
J1720				6.16	6.16
J1725			BR	0.00	0.00
J1730			NRC	0.00	0.00
J1740			NRC	189.83	189.83
J1741			BR	0.00	0.00
J1742			NRC	88.21	88.21
J1743			NRC	578.66	578.66

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J1744			BR	0.00	0.00
J1745			NRC	85.62	85.62
J1750				14.31	14.31
J1756				0.31	0.31
J1786			NRC	50.41	50.41
J1790				2.57	2.57
J1800				2.23	2.23
J1810			NRC	0.00	0.00
J1815			NRC	0.77	0.77
J1817			NRC	7.60	7.60
J1826			BR	0.00	0.00
J1830			NRC	0.00	0.00
J1835				50.74	50.74
J1840				9.22	9.22
J1850				1.38	1.38
J1885				0.45	0.45
J1890				7.70	7.70
J1930			NRC	46.72	46.72
J1931			NRC	33.98	33.98
J1940				6.78	6.78
J1945			NRC	684.65	684.65
J1950			NRC	912.03	912.03
J1953			NRC	0.16	0.16
J1955			NRC	9.26	9.26
J1956				2.90	2.90
J1960			NRC	3.76	3.76
J1980				21.11	21.11
J1990				25.26	25.26
J2001			NRC	0.02	0.02
J2010				9.96	9.96
J2020				49.16	49.16
J2060				0.81	0.81
J2150				1.98	1.98
J2170			NRC	0.00	0.00
J2175				3.39	3.39
J2180				4.61	4.61
J2185				1.36	1.36
J2210			NRC	5.65	5.65
J2212			BR	0.00	0.00
J2248				1.19	1.19
J2250				0.16	0.16
J2260			NRC	4.67	4.67
J2265			BR	0.00	0.00
J2270				6.94	6.94
J2274				11.13	11.13
J2278				7.91	7.91

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J2280				5.28	5.28
J2300				1.89	1.89
J2310				24.47	24.47
J2315			NRC	3.31	3.31
J2320			NRC	0.00	0.00
J2323			NRC	16.76	16.76
J2325			NRC	72.29	72.29
J2353			NRC	166.90	166.90
J2354			NRC	1.47	1.47
J2355			NRC	331.47	331.47
J2357				31.79	31.79
J2358			NRC	3.30	3.30
J2360				6.51	6.51
J2370				4.77	4.77
J2400			NRC	25.47	25.47
J2405				0.13	0.13
J2410				2.87	2.87
J2425			NRC	17.29	17.29
J2426			NRC	9.21	9.21
J2430			NRC	16.67	16.67
J2440				1.53	1.53
J2460				1.16	1.16
J2469				23.51	23.51
J2501			NRC	1.97	1.97
J2503			NRC	1,233.57	1,233.57
J2504			NRC	331.06	331.06
J2505				3,969.04	3,969.04
J2507				679.24	679.24
J2510				17.79	17.79
J2513				13.74	13.74
J2515				39.72	39.72
J2540				0.94	0.94
J2543				1.90	1.90
J2545			NRC	102.98	102.98
J2550				1.90	1.90
J2560				21.78	21.78
J2562			NRC	359.81	359.81
J2590			NRC	0.63	0.63
J2597			NRC	6.18	6.18
J2650				0.21	0.21
J2670			NRC	0.00	0.00
J2675			NRC	1.35	1.35
J2680				23.54	23.54
J2690			NRC	29.82	29.82
J2700				2.40	2.40
J2704				0.15	0.15

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J2710			NRC	0.11	0.11
J2720				1.29	1.29
J2724			NRC	17.13	17.13
J2725			NRC	0.00	0.00
J2730				106.25	106.25
J2760			NRC	121.56	121.56
J2765				0.98	0.98
J2770				238.44	238.44
J2778			NRC	476.42	476.42
J2780				1.37	1.37
J2783			NRC	257.53	257.53
J2785				63.68	63.68
J2788			NRC	9.94	9.94
J2790			NRC	100.35	100.35
J2791			NRC	5.70	5.70
J2792			NRC	22.49	22.49
J2793			NRC	0.00	0.00
J2794				7.17	7.17
J2795				0.14	0.14
J2796			NRC	62.18	62.18
J2800				48.98	48.98
J2805			NRC	100.65	100.65
J2810				0.34	0.34
J2820			NRC	38.94	38.94
J2850			NRC	32.99	32.99
J2910			NRC	0.00	0.00
J2916			NRC	3.08	3.08
J2920				2.14	2.14
J2930				3.13	3.13
J2940			NRC	0.00	0.00
J2941			NRC	0.00	0.00
J2950				0.46	0.46
J2993				2,762.29	2,762.29
J2995				89.06	89.06
J2997				72.38	72.38
J3000				12.56	12.56
J3010				0.59	0.59
J3030			NRC	74.87	74.87
J3060			NRC	37.08	37.08
J3070			NRC	191.89	191.89
J3095			NRC	4.97	4.97
J3101				94.86	94.86
J3105				3.10	3.10
J3110			NRC	0.00	0.00
J3121				0.07	0.07
J3145				TBD	TBD

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J3230				26.00	26.00
J3240			NRC	1,453.48	1,453.48
J3243				2.13	2.13
J3246				11.17	11.17
J3250				12.54	12.54
J3260				3.13	3.13
J3262			NRC	4.45	4.45
J3265			NRC	0.00	0.00
J3280				13.36	13.36
J3285			NRC	73.48	73.48
J3300				4.45	4.45
J3301				2.12	2.12
J3302				0.34	0.34
J3303				1.73	1.73
J3305				158.90	158.90
J3310			NRC	0.00	0.00
J3315			NRC	221.67	221.67
J3320			NRC	0.00	0.00
J3350			NRC	0.00	0.00
J3355			NRC	76.11	76.11
J3357			NRC	181.76	181.76
J3360				4.75	4.75
J3364				10.99	10.99
J3365				549.28	549.28
J3370				2.41	2.41
J3385			NRC	426.28	426.28
J3396			NRC	13.26	13.26
J3400			NRC	0.00	0.00
J3410				0.39	0.39
J3411				4.21	4.21
J3415				10.09	10.09
J3420				3.04	3.04
J3430				1.23	1.23
J3465				4.54	4.54
J3470				25.44	25.44
J3471				0.30	0.30
J3472				165.36	165.36
J3473				0.37	0.37
J3475				0.24	0.24
J3480				0.02	0.02
J3485			NRC	1.80	1.80
J3486			NRC	12.49	12.49
J3489			NRC	97.72	97.72
J3490			BR	0.00	0.00
J3520			NRC	0.00	0.00
J3530			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J3535			NRC	0.00	0.00
J3570			NRC	0.00	0.00
J3590			BR	0.00	0.00
J7030				1.64	1.64
J7040				0.82	0.82
J7042				0.67	0.67
J7050				0.41	0.41
J7060				1.49	1.49
J7070				2.92	2.92
J7100				27.73	27.73
J7110				17.43	17.43
J7120				1.40	1.40
J7131			BR	0.00	0.00
J7178			BR	0.00	0.00
J7180			BR	0.00	0.00
J7181				TBD	TBD
J7182				TBD	TBD
J7183				1.08	1.08
J7185				1.36	1.36
J7186				1.12	1.12
J7187				1.14	1.14
J7189				2.05	2.05
J7190				1.10	1.10
J7191			NRC	2.04	2.04
J7192				1.36	1.36
J7193				1.17	1.17
J7194				1.32	1.32
J7195				1.59	1.59
J7196			BR	0.00	0.00
J7197				3.78	3.78
J7198				1.97	1.97
J7199			NRC	0.00	0.00
J7200				1.49	1.49
J7201				3.39	3.39
J7300			NRC	0.00	0.00
J7301			BR	0.00	0.00
J7302			NRC	0.00	0.00
J7303			NRC	0.00	0.00
J7304			NRC	0.00	0.00
J7306			NRC	0.00	0.00
J7307			NRC	0.00	0.00
J7308			NRC	298.92	298.92
J7309			NRC	100.42	100.42
J7310			NRC	20,352.00	20,352.00
J7311			NRC	23,214.00	23,214.00
J7312				236.71	236.71

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J7315			BR	0.00	0.00
J7316			NRC	1,256.04	1,256.04
J7321				107.55	107.55
J7323				185.53	185.53
J7324				222.13	222.13
J7325				14.79	14.79
J7326			NRC	699.04	699.04
J7327				1,186.06	1,186.06
J7330			BR	38,286.65	38,286.65
J7336				3.27	3.27
J7500			NRC	0.32	0.32
J7501			NRC	260.76	260.76
J7502			NRC	3.73	3.73
J7504			NRC	891.47	891.47
J7505			NRC	1,387.29	1,387.29
J7506			NRC	0.09	0.09
J7507			NRC	1.79	1.79
J7508			NRC	0.48	0.48
J7509			NRC	0.63	0.63
J7510			NRC	0.13	0.13
J7511			NRC	649.40	649.40
J7513			NRC	631.61	631.61
J7515			NRC	0.99	0.99
J7516			NRC	46.42	46.42
J7517			NRC	1.35	1.35
J7518			NRC	4.96	4.96
J7520			NRC	17.45	17.45
J7525			NRC	163.54	163.54
J7527				8.22	8.22
J7599			NRC	0.00	0.00
J7604			NRC	0.00	0.00
J7605				7.37	7.37
J7606				8.30	8.30
J7607			NRC	0.00	0.00
J7608				2.33	2.33
J7609			NRC	0.00	0.00
J7610			NRC	0.00	0.00
J7611				0.12	0.12
J7612				0.22	0.22
J7613				0.06	0.06
J7614				0.11	0.11
J7615			NRC	0.00	0.00
J7620			NRC	0.23	0.23
J7622			NRC	0.00	0.00
J7624			NRC	0.00	0.00
J7626			NRC	6.12	6.12

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J7627			NRC	0.00	0.00
J7628			NRC	0.00	0.00
J7629			NRC	0.00	0.00
J7631			NRC	0.52	0.52
J7632			NRC	0.00	0.00
J7633				0.06	0.06
J7634				0.06	0.06
J7635			NRC	0.00	0.00
J7636			NRC	0.00	0.00
J7637			NRC	0.00	0.00
J7638			NRC	0.00	0.00
J7639			NRC	39.36	39.36
J7640			NRC	0.00	0.00
J7641			NRC	0.00	0.00
J7642			NRC	0.00	0.00
J7643			NRC	0.00	0.00
J7644			NRC	0.28	0.28
J7645			NRC	0.00	0.00
J7647			NRC	0.00	0.00
J7648			NRC	0.00	0.00
J7649			NRC	0.00	0.00
J7650			NRC	0.00	0.00
J7657			NRC	0.00	0.00
J7658			NRC	0.00	0.00
J7659			NRC	0.00	0.00
J7660			NRC	0.00	0.00
J7665			NRC	0.80	0.80
J7667			NRC	0.00	0.00
J7668			NRC	0.00	0.00
J7669			NRC	0.52	0.52
J7670				0.06	0.06
J7674			NRC	0.59	0.59
J7676			NRC	0.00	0.00
J7680			NRC	0.00	0.00
J7681			NRC	0.00	0.00
J7682				130.76	130.76
J7683			NRC	0.00	0.00
J7684			NRC	0.00	0.00
J7685			NRC	0.00	0.00
J7686				552.52	552.52
J7699			NRC	0.00	0.00
J7799			BR	0.00	0.00
J8498			NRC	0.00	0.00
J8499			NRC	0.00	0.00
J8501			NRC	8.93	8.93
J8510			NRC	12.97	12.97

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J8515			NRC	4.55	4.55
J8520			NRC	12.08	12.08
J8521			NRC	40.27	40.27
J8530			NRC	1.19	1.19
J8540			NRC	0.19	0.19
J8560			NRC	69.79	69.79
J8562			NRC	98.13	98.13
J8565			NRC	0.00	0.00
J8597			NRC	0.00	0.00
J8600			NRC	10.89	10.89
J8610			NRC	1.24	1.24
J8650			NRC	0.00	0.00
J8700			NRC	8.85	8.85
J8705				110.31	110.31
J8999			NRC	0.00	0.00
J9000			NRC	3.72	3.72
J9010			NRC	748.36	748.36
J9015			NRC	2,200.73	2,200.73
J9017			NRC	59.07	59.07
J9019				413.25	413.25
J9020			NRC	77.48	77.48
J9025			NRC	5.92	5.92
J9027			NRC	155.56	155.56
J9031			NRC	146.84	146.84
J9033			NRC	25.62	25.62
J9035			NRC	78.69	78.69
J9040			NRC	25.16	25.16
J9041			NRC	54.69	54.69
J9042				128.02	128.02
J9043				170.49	170.49
J9045				4.21	4.21
J9047			NRC	35.15	35.15
J9050			NRC	1,697.55	1,697.55
J9055			NRC	63.03	63.03
J9060			NRC	2.74	2.74
J9065			NRC	27.94	27.94
J9070				62.94	62.94
J9098			NRC	653.41	653.41
J9100			NRC	1.21	1.21
J9120			NRC	774.90	774.90
J9130			NRC	4.79	4.79
J9150			NRC	30.54	30.54
J9151			NRC	69.20	69.20
J9155			NRC	3.72	3.72
J9160			NRC	1,975.42	1,975.42
J9165			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J9171				4.59	4.59
J9175				4.99	4.99
J9178				1.53	1.53
J9179				117.95	117.95
J9181				0.78	0.78
J9185			NRC	101.58	101.58
J9190				2.27	2.27
J9200			NRC	93.91	93.91
J9201				8.71	8.71
J9202			NRC	260.22	260.22
J9206			NRC	6.18	6.18
J9207			NRC	82.34	82.34
J9208			NRC	41.01	41.01
J9209			NRC	3.42	3.42
J9211			NRC	35.25	35.25
J9212			NRC	5.76	5.76
J9213			NRC	0.00	0.00
J9214			NRC	24.79	24.79
J9215			NRC	0.00	0.00
J9216			NRC	517.12	517.12
J9217			NRC	248.14	248.14
J9218			NRC	9.48	9.48
J9219			NRC	5,783.78	5,783.78
J9225			NRC	3,576.85	3,576.85
J9226			NRC	20,251.18	20,251.18
J9228				157.04	157.04
J9230			NRC	185.64	185.64
J9245			NRC	1,474.44	1,474.44
J9250				0.30	0.30
J9260				2.96	2.96
J9261			NRC	161.64	161.64
J9262			BR	0.00	0.00
J9263			NRC	0.68	0.68
J9264			NRC	11.37	11.37
J9266			NRC	7,208.86	7,208.86
J9267				0.19	0.19
J9268			NRC	1,741.24	1,741.24
J9270			NRC	0.00	0.00
J9280			NRC	27.62	27.62
J9293			NRC	40.92	40.92
J9300			NRC	3,291.11	3,291.11
J9301				65.09	65.09
J9302			NRC	56.64	56.64
J9303			NRC	113.00	113.00
J9305				71.95	71.95
J9306			NRC	12.26	12.26

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
J9307			NRC	227.67	227.67
J9310			NRC	832.68	832.68
J9315			NRC	311.97	311.97
J9320			NRC	407.22	407.22
J9328			NRC	6.17	6.17
J9330				68.51	68.51
J9340			NRC	756.84	756.84
J9351			NRC	2.63	2.63
J9354			NRC	34.96	34.96
J9355			NRC	96.76	96.76
J9357			NRC	1,285.79	1,285.79
J9360			NRC	2.28	2.28
J9370			NRC	5.84	5.84
J9371			NRC	2,480.40	2,480.40
J9390				12.73	12.73
J9395			NRC	109.07	109.07
J9400				9.68	9.68
J9600				3,696.92	3,696.92
J9999			NRC	0.00	0.00
K0001	RR			69.90	69.90
K0002	RR			107.38	107.38
K0003	RR			117.58	117.58
K0004	RR			149.06	149.06
K0005	NU			2,426.05	2,426.05
K0005	RR			242.58	242.58
K0006	RR			146.34	146.34
K0007	RR			234.23	234.23
K0008			NC	0.00	0.00
K0009	RR			97.57	97.57
K0010	NU			5,247.36	5,247.36
K0010	RR			524.74	524.74
K0011	NU			6,722.40	6,722.40
K0011	RR			672.24	672.24
K0012	RR			426.38	426.38
K0013			NC	0.00	0.00
K0014			BR	0.00	0.00
K0015	NU			205.52	205.52
K0015	RR			20.46	20.46
K0017	NU			57.80	57.80
K0017	RR			5.78	5.78
K0018	NU		NRC	32.28	32.28
K0018	RR		NRC	3.22	3.22
K0019	NU			18.49	18.49
K0019	RR			1.86	1.86
K0020	NU			52.55	52.55
K0020	RR			5.26	5.26

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
K0037	NU			46.30	46.30
K0037	RR			4.13	4.13
K0038	NU			27.46	27.46
K0038	RR			2.75	2.75
K0039	NU			60.94	60.94
K0039	RR			6.12	6.12
K0040	NU			84.46	84.46
K0040	RR			8.42	8.42
K0041	NU			59.84	59.84
K0041	RR			6.02	6.02
K0042	NU			39.18	39.18
K0042	RR			3.94	3.94
K0043	NU			22.07	22.07
K0043	RR			2.20	2.20
K0044	NU			18.82	18.82
K0044	RR			1.90	1.90
K0045	NU			64.04	64.04
K0045	RR			6.40	6.40
K0046	NU			22.07	22.07
K0046	RR			2.20	2.20
K0047	NU			86.50	86.50
K0047	RR			8.68	8.68
K0050	NU			36.76	36.76
K0050	RR			3.66	3.66
K0051	NU			59.50	59.50
K0051	RR			5.99	5.99
K0052	NU			104.56	104.56
K0052	RR			10.45	10.45
K0053	NU			115.38	115.38
K0053	RR			11.53	11.53
K0056	NU			124.80	124.80
K0056	RR			12.48	12.48
K0065	NU			58.33	58.33
K0065	RR			5.84	5.84
K0069	NU			131.14	131.14
K0069	RR			13.66	13.66
K0070	NU			240.35	240.35
K0070	RR			24.06	24.06
K0071	NU			143.36	143.36
K0071	RR			14.35	14.35
K0072	NU			86.30	86.30
K0072	RR			8.63	8.63
K0073	NU			43.91	43.91
K0073	RR			4.43	4.43
K0077	NU			77.23	77.23
K0077	RR			7.70	7.70

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
K0098	NU			29.88	29.88
K0098	RR			3.00	3.00
K0105	NU			130.48	130.48
K0105	RR			13.04	13.04
K0108			BR	0.00	0.00
K0195	RR			23.84	23.84
K0455	RR			347.58	347.58
K0462			BR	0.00	0.00
K0552				3.43	3.43
K0601	NU			1.45	1.45
K0602	NU			8.34	8.34
K0603	NU			0.74	0.74
K0604	NU			7.98	7.98
K0605	NU			19.16	19.16
K0606	RR			3,304.62	3,304.62
K0607			NRC	0.00	0.00
K0607	NU		NRC	254.88	254.88
K0607	RR		NRC	25.50	25.50
K0608			NRC	0.00	0.00
K0608	NU		NRC	159.05	159.05
K0608	RR		NRC	15.94	15.94
K0609			NRC	1,057.79	1,057.79
K0669			NRC	0.00	0.00
K0672				95.96	95.96
K0730	NU			2,262.35	2,262.35
K0730	RR			226.24	226.24
K0733	NU			34.16	34.16
K0733	RR			3.44	3.44
K0738	RR			61.96	61.96
K0739				17.46	17.46
K0740			BR	0.00	0.00
K0743			NC	0.00	0.00
K0744			NC	0.00	0.00
K0745			NC	0.00	0.00
K0746			NC	0.00	0.00
K0800	NU			1,462.16	1,462.16
K0800	RR			146.23	146.23
K0801	NU			2,357.33	2,357.33
K0801	RR			235.69	235.69
K0802	NU			2,667.74	2,667.74
K0802	RR			266.77	266.77
K0806	NU			1,768.82	1,768.82
K0806	RR			176.88	176.88
K0807	NU			2,684.02	2,684.02
K0807	RR			268.40	268.40
K0808	NU			4,152.72	4,152.72

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
K0808	RR			415.27	415.27
K0812			NRC	0.00	0.00
K0813	RR			409.27	409.27
K0814	RR			523.91	523.91
K0815	RR			596.53	596.53
K0816	RR			571.31	571.31
K0820	RR			437.16	437.16
K0821	RR			561.17	561.17
K0822	RR			678.20	678.20
K0823	RR			682.67	682.67
K0824	RR			821.58	821.58
K0825	RR			752.16	752.16
K0826	RR			1,063.66	1,063.66
K0827	RR			904.40	904.40
K0828	RR			1,172.02	1,172.02
K0829	RR			1,076.27	1,076.27
K0830			NRC	0.00	0.00
K0831			NRC	0.00	0.00
K0835	RR			688.37	688.37
K0836	RR			713.87	713.87
K0837	RR			821.58	821.58
K0838	RR			734.98	734.98
K0839	RR			1,063.66	1,063.66
K0840	RR			1,611.41	1,611.41
K0841	RR			732.70	732.70
K0842	RR			732.70	732.70
K0843	RR			882.14	882.14
K0848	RR			896.52	896.52
K0849	RR			861.97	861.97
K0850	RR			1,039.94	1,039.94
K0851	RR			999.90	999.90
K0852	RR			1,201.58	1,201.58
K0853	RR			1,234.33	1,234.33
K0854	RR			1,635.22	1,635.22
K0855	RR			1,544.71	1,544.71
K0856	RR			962.33	962.33
K0857	RR			981.61	981.61
K0858	RR			1,193.98	1,193.98
K0859	RR			1,138.68	1,138.68
K0860	RR			1,705.73	1,705.73
K0861	RR			963.86	963.86
K0862	RR			1,193.98	1,193.98
K0863	RR			1,705.73	1,705.73
K0864	RR			2,029.84	2,029.84
K0868			NRC	0.00	0.00
K0869			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
K0870			NRC	0.00	0.00
K0871			NRC	0.00	0.00
K0877			NRC	0.00	0.00
K0878			NRC	0.00	0.00
K0879			NRC	0.00	0.00
K0880			NRC	0.00	0.00
K0884			NRC	0.00	0.00
K0885			NRC	0.00	0.00
K0886			NRC	0.00	0.00
K0890			NRC	0.00	0.00
K0891			NRC	0.00	0.00
K0898			BR	0.00	0.00
K0899			NC	0.00	0.00
K0900			NRC	0.00	0.00
K0901				1,030.58	1,030.58
K0902				962.14	962.14
L0112				1,583.82	1,583.82
L0113				322.72	322.72
L0120				29.93	29.93
L0130				172.73	172.73
L0140				67.74	67.74
L0150				121.14	121.14
L0160				176.87	176.87
L0170				909.84	909.84
L0172				160.26	160.26
L0174				315.13	315.13
L0180				510.55	510.55
L0190				602.11	602.11
L0200				698.39	698.39
L0220				146.20	146.20
L0450				183.90	183.90
L0452			NRC	0.00	0.00
L0454				392.47	392.47
L0455				392.47	392.47
L0456				1,125.48	1,125.48
L0457				1,125.48	1,125.48
L0458				1,009.22	1,009.22
L0460				1,135.96	1,135.96
L0462				1,412.93	1,412.93
L0464				1,682.08	1,682.08
L0466				429.34	429.34
L0467				429.34	429.34
L0468				538.06	538.06
L0469				538.06	538.06
L0470				744.54	744.54
L0472				458.14	458.14

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L0480				1,709.23	1,709.23
L0482				1,909.24	1,909.24
L0484				2,061.92	2,061.92
L0486				2,315.59	2,315.59
L0488				1,135.96	1,135.96
L0490				320.10	320.10
L0491				869.08	869.08
L0492				565.92	565.92
L0621				97.57	97.57
L0622				302.46	302.46
L0623			NRC	0.00	0.00
L0624			NRC	0.00	0.00
L0625				62.34	62.34
L0626				88.21	88.21
L0627				465.12	465.12
L0628				94.91	94.91
L0629			NRC	0.00	0.00
L0630				183.29	183.29
L0631				1,161.67	1,161.67
L0632			NRC	0.00	0.00
L0633				324.50	324.50
L0634			NRC	0.00	0.00
L0635				1,130.75	1,130.75
L0636				1,534.21	1,534.21
L0637				1,466.00	1,466.00
L0638				1,492.51	1,492.51
L0639				1,466.00	1,466.00
L0640				1,184.11	1,184.11
L0641				88.21	88.21
L0642				465.12	465.12
L0643				183.29	183.29
L0648				1,161.67	1,161.67
L0649				324.50	324.50
L0650				1,466.00	1,466.00
L0651				1,466.00	1,466.00
L0700				2,252.77	2,252.77
L0710				2,476.40	2,476.40
L0810				3,024.68	3,024.68
L0820				2,379.35	2,379.35
L0830				3,640.74	3,640.74
L0859				1,289.02	1,289.02
L0861				243.91	243.91
L0970				120.94	120.94
L0972				110.06	110.06
L0974				197.75	197.75
L0976				169.19	169.19

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L0978			NRC	212.94	212.94
L0980				19.36	19.36
L0982				17.70	17.70
L0984				76.58	76.58
L0999			BR	0.00	0.00
L1000			NRC	2,294.66	2,294.66
L1001			NRC	0.00	0.00
L1005			NRC	3,621.89	3,621.89
L1010			NRC	94.68	94.68
L1020			NRC	121.94	121.94
L1025			NRC	175.92	175.92
L1030			NRC	88.60	88.60
L1040			NRC	100.33	100.33
L1050			NRC	113.53	113.53
L1060			NRC	122.56	122.56
L1070			NRC	126.95	126.95
L1080			NRC	59.21	59.21
L1085			NRC	198.20	198.20
L1090			NRC	113.88	113.88
L1100			NRC	214.90	214.90
L1110			NRC	360.31	360.31
L1120			NRC	43.04	43.04
L1200				2,025.05	2,025.05
L1210				276.86	276.86
L1220				269.47	269.47
L1230				754.92	754.92
L1240				102.91	102.91
L1250				89.47	89.47
L1260				106.73	106.73
L1270			NRC	93.79	93.79
L1280			NRC	98.87	98.87
L1290			NRC	87.94	87.94
L1300			NRC	1,950.31	1,950.31
L1310			NRC	2,031.40	2,031.40
L1499			BR	0.00	0.00
L1600			NRC	145.81	145.81
L1610			NRC	61.93	61.93
L1620			NRC	177.82	177.82
L1630			NRC	239.06	239.06
L1640			NRC	535.68	535.68
L1650			NRC	279.06	279.06
L1652				403.38	403.38
L1660				204.49	204.49
L1680				1,289.21	1,289.21
L1685				1,258.60	1,258.60
L1686				1,060.36	1,060.36

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L1690				2,188.27	2,188.27
L1700			NRC	1,760.60	1,760.60
L1710			NRC	2,241.94	2,241.94
L1720			NRC	1,669.33	1,669.33
L1730			NRC	1,409.28	1,409.28
L1755			NRC	2,026.15	2,026.15
L1810				116.47	116.47
L1812				116.47	116.47
L1820				160.82	160.82
L1830				94.13	94.13
L1831				333.06	333.06
L1832				779.46	779.46
L1833				779.46	779.46
L1834				821.36	821.36
L1836				150.97	150.97
L1840				1,064.18	1,064.18
L1843				1,015.36	1,015.36
L1844				1,723.27	1,723.27
L1845				947.92	947.92
L1846				1,324.02	1,324.02
L1847				650.87	650.87
L1848				650.87	650.87
L1850				322.38	322.38
L1860				1,411.09	1,411.09
L1900				322.85	322.85
L1902				84.47	84.47
L1904				510.78	510.78
L1906				127.25	127.25
L1907				636.76	636.76
L1910				317.34	317.34
L1920				464.87	464.87
L1930				285.10	285.10
L1932				1,009.80	1,009.80
L1940				551.06	551.06
L1945				1,270.21	1,270.21
L1950				870.28	870.28
L1951				950.35	950.35
L1960				701.45	701.45
L1970				783.23	783.23
L1971				530.45	530.45
L1980				456.92	456.92
L1990				528.82	528.82
L2000				1,265.90	1,265.90
L2005				4,637.04	4,637.04
L2010				987.40	987.40
L2020				1,247.04	1,247.04

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L2030				1,225.75	1,225.75
L2034				2,298.84	2,298.84
L2035			NRC	196.03	196.03
L2036				2,097.96	2,097.96
L2037				1,876.58	1,876.58
L2038				1,512.80	1,512.80
L2040			NRC	228.91	228.91
L2050			NRC	551.45	551.45
L2060			NRC	689.74	689.74
L2070			NRC	175.62	175.62
L2080			NRC	422.30	422.30
L2090			NRC	562.66	562.66
L2106				891.96	891.96
L2108				1,300.96	1,300.96
L2112				570.89	570.89
L2114				715.07	715.07
L2116				872.18	872.18
L2126				1,444.96	1,444.96
L2128			NRC	1,814.36	1,814.36
L2132				1,101.29	1,101.29
L2134				1,304.06	1,304.06
L2136				1,427.10	1,427.10
L2180				150.02	150.02
L2182				129.31	129.31
L2184				131.08	131.08
L2186				174.30	174.30
L2188				316.88	316.88
L2190				96.53	96.53
L2192				377.27	377.27
L2200				56.86	56.86
L2210				71.12	71.12
L2220				91.57	91.57
L2230				108.25	108.25
L2232				109.92	109.92
L2240				107.72	107.72
L2250				377.99	377.99
L2260				212.11	212.11
L2265				152.11	152.11
L2270				69.76	69.76
L2275				147.52	147.52
L2280				638.83	638.83
L2300				284.88	284.88
L2310				130.16	130.16
L2320				218.28	218.28
L2330				415.48	415.48
L2335				318.10	318.10

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L2340				472.90	472.90
L2350				942.83	942.83
L2360				58.37	58.37
L2370				362.16	362.16
L2375				139.24	139.24
L2380				146.03	146.03
L2385				166.28	166.28
L2387			NRC	216.02	216.02
L2390				115.82	115.82
L2395				165.55	165.55
L2397				138.13	138.13
L2405				98.66	98.66
L2415				137.48	137.48
L2425				162.22	162.22
L2430				162.22	162.22
L2492				132.72	132.72
L2500				354.11	354.11
L2510				912.66	912.66
L2520				608.24	608.24
L2525				1,289.82	1,289.82
L2526				724.74	724.74
L2530				271.40	271.40
L2540				513.53	513.53
L2550				385.03	385.03
L2570				503.99	503.99
L2580				491.08	491.08
L2600				241.36	241.36
L2610				266.70	266.70
L2620				282.91	282.91
L2622				360.10	360.10
L2624				441.54	441.54
L2627				2,418.53	2,418.53
L2628				1,772.74	1,772.74
L2630				262.01	262.01
L2640				355.58	355.58
L2650				156.59	156.59
L2660				202.76	202.76
L2670				180.49	180.49
L2680				165.58	165.58
L2750			NRC	88.44	88.44
L2755				147.85	147.85
L2760			NRC	64.28	64.28
L2768				147.43	147.43
L2780				71.62	71.62
L2785				33.54	33.54
L2795				92.80	92.80

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L2800				113.98	113.98
L2810				92.41	92.41
L2820				91.88	91.88
L2830				99.41	99.41
L2840				48.80	48.80
L2850				68.45	68.45
L2861			BR	0.00	0.00
L2999			BR	0.00	0.00
L3000				355.48	355.48
L3001				149.69	149.69
L3002				182.76	182.76
L3003				197.16	197.16
L3010				197.16	197.16
L3020				224.51	224.51
L3030				86.34	86.34
L3031			NRC	138.60	138.60
L3040				53.27	53.27
L3050				53.27	53.27
L3060				83.46	83.46
L3070				35.98	35.98
L3080				35.98	35.98
L3090				46.07	46.07
L3100			NRC	48.95	48.95
L3140			NRC	100.74	100.74
L3150			NRC	92.12	92.12
L3160			NRC	0.00	0.00
L3170				57.55	57.55
L3201			NRC	0.00	0.00
L3202			NRC	0.00	0.00
L3203			NRC	0.00	0.00
L3204			NRC	0.00	0.00
L3206			NRC	0.00	0.00
L3207			NRC	0.00	0.00
L3208			NRC	0.00	0.00
L3209			NRC	0.00	0.00
L3211			NRC	0.00	0.00
L3212			NRC	0.00	0.00
L3213			NRC	0.00	0.00
L3214			NRC	0.00	0.00
L3215				120.00	120.00
L3216				115.00	115.00
L3217				130.00	130.00
L3219				130.00	130.00
L3221				125.00	125.00
L3222				140.00	140.00
L3224				76.46	76.46

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L3225				83.52	83.52
L3230				249.96	249.96
L3250				300.00	300.00
L3251				300.00	300.00
L3252				100.00	100.00
L3253				50.00	50.00
L3254				100.00	100.00
L3255				100.00	100.00
L3257				50.00	50.00
L3260				32.99	32.99
L3265				40.00	40.00
L3300				59.02	59.02
L3310				92.12	92.12
L3320				69.10	69.10
L3330				640.42	640.42
L3332				83.46	83.46
L3334				43.16	43.16
L3340				96.46	96.46
L3350				25.90	25.90
L3360				40.30	40.30
L3370				56.14	56.14
L3380			NRC	56.14	56.14
L3390				56.14	56.14
L3400				46.07	46.07
L3410				105.06	105.06
L3420				61.90	61.90
L3430				181.33	181.33
L3440				86.34	86.34
L3450				119.42	119.42
L3455				46.07	46.07
L3460				38.87	38.87
L3465				66.23	66.23
L3470				70.50	70.50
L3480				70.50	70.50
L3485				64.48	64.48
L3500				33.08	33.08
L3510				33.08	33.08
L3520				35.98	35.98
L3530				35.98	35.98
L3540				57.55	57.55
L3550			NRC	10.10	10.10
L3560			NRC	25.90	25.90
L3570				96.46	96.46
L3580				73.40	73.40
L3590				60.44	60.44
L3595				47.47	47.47

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L3600				86.34	86.34
L3610				113.70	113.70
L3620				86.34	86.34
L3630				113.70	113.70
L3640			NRC	48.95	48.95
L3649			BR	0.00	0.00
L3650				74.21	74.21
L3660				106.42	106.42
L3670				117.08	117.08
L3671				927.96	927.96
L3674				1,217.34	1,217.34
L3675				180.74	180.74
L3677				300.00	300.00
L3678			BR	0.00	0.00
L3702				297.38	297.38
L3710				147.06	147.06
L3720				703.67	703.67
L3730				933.36	933.36
L3740				1,106.58	1,106.58
L3760				515.04	515.04
L3762				110.74	110.74
L3763				770.71	770.71
L3764				806.54	806.54
L3765				1,320.55	1,320.55
L3766				1,398.37	1,398.37
L3806				467.78	467.78
L3807				257.51	257.51
L3808				366.85	366.85
L3809				257.51	257.51
L3891			NRC	0.00	0.00
L3900				1,668.34	1,668.34
L3901				2,186.45	2,186.45
L3904				3,476.21	3,476.21
L3905				1,021.31	1,021.31
L3906				521.92	521.92
L3908				75.52	75.52
L3912				108.50	108.50
L3913				278.92	278.92
L3915				547.45	547.45
L3916				547.45	547.45
L3917				108.76	108.76
L3918				108.76	108.76
L3919				278.92	278.92
L3921				330.80	330.80
L3923				99.48	99.48
L3924				99.48	99.48

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L3925				67.66	67.66
L3927				36.06	36.06
L3929				94.06	94.06
L3930				94.06	94.06
L3931				214.73	214.73
L3933				219.73	219.73
L3935				227.52	227.52
L3956				37.99	37.99
L3960				821.40	821.40
L3961				1,730.33	1,730.33
L3962				742.90	742.90
L3967				2,042.89	2,042.89
L3971				1,939.19	1,939.19
L3973				2,042.89	2,042.89
L3975				1,730.33	1,730.33
L3976				1,730.33	1,730.33
L3977				1,939.19	1,939.19
L3978				2,042.89	2,042.89
L3980				398.41	398.41
L3981				1,052.18	1,052.18
L3982				404.54	404.54
L3984				356.38	356.38
L3995				42.30	42.30
L3999			BR	0.00	0.00
L4000				1,495.33	1,495.33
L4002			BR	0.00	0.00
L4010				908.89	908.89
L4020				1,091.81	1,091.81
L4030				693.83	693.83
L4040				469.87	469.87
L4045				347.09	347.09
L4050				465.36	465.36
L4055				282.86	282.86
L4060				367.69	367.69
L4070				297.78	297.78
L4080				112.40	112.40
L4090				95.63	95.63
L4100				114.91	114.91
L4110				89.72	89.72
L4130				542.40	542.40
L4205				25.99	25.99
L4210				99.98	99.98
L4350				109.50	109.50
L4360				292.98	292.98
L4361				292.98	292.98
L4370				266.34	266.34

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L4386				179.42	179.42
L4387				179.42	179.42
L4392				26.62	26.62
L4394				19.45	19.45
L4396				189.90	189.90
L4397				189.90	189.90
L4398				87.42	87.42
L4631				1,668.17	1,668.17
L5000				649.81	649.81
L5010				1,815.62	1,815.62
L5020				2,844.52	2,844.52
L5050				3,106.75	3,106.75
L5060				3,829.73	3,829.73
L5100				3,093.46	3,093.46
L5105				4,365.54	4,365.54
L5150				4,853.44	4,853.44
L5160				5,328.84	5,328.84
L5200				4,121.46	4,121.46
L5210				3,272.44	3,272.44
L5220				3,604.82	3,604.82
L5230				5,406.68	5,406.68
L5250				6,339.48	6,339.48
L5270				7,063.42	7,063.42
L5280				6,865.90	6,865.90
L5301				3,037.70	3,037.70
L5312				4,786.12	4,786.12
L5321				4,050.66	4,050.66
L5331				5,932.78	5,932.78
L5341				6,306.46	6,306.46
L5400				1,808.96	1,808.96
L5410				499.75	499.75
L5420				2,284.64	2,284.64
L5430				620.15	620.15
L5450				536.23	536.23
L5460				703.32	703.32
L5500				1,672.02	1,672.02
L5505				2,352.06	2,352.06
L5510				1,996.66	1,996.66
L5520				1,789.78	1,789.78
L5530				2,352.76	2,352.76
L5535				2,193.26	2,193.26
L5540				2,323.00	2,323.00
L5560				2,646.92	2,646.92
L5570				2,568.92	2,568.92
L5580				3,188.41	3,188.41
L5585				3,733.90	3,733.90

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L5590				3,324.25	3,324.25
L5595				5,194.93	5,194.93
L5600				5,912.58	5,912.58
L5610				2,851.61	2,851.61
L5611				1,816.24	1,816.24
L5613				2,762.60	2,762.60
L5614				1,913.29	1,913.29
L5616				1,665.79	1,665.79
L5617				634.39	634.39
L5618				378.84	378.84
L5620				336.12	336.12
L5622				452.83	452.83
L5624				452.66	452.66
L5626				716.63	716.63
L5628				725.69	725.69
L5629				358.25	358.25
L5630				622.46	622.46
L5631				495.30	495.30
L5632				305.28	305.28
L5634				381.78	381.78
L5636				291.82	291.82
L5637				434.21	434.21
L5638				731.47	731.47
L5639				1,263.88	1,263.88
L5640				830.76	830.76
L5642				770.08	770.08
L5643				2,271.32	2,271.32
L5644				665.82	665.82
L5645				1,104.55	1,104.55
L5646				699.97	699.97
L5647				896.70	896.70
L5648				827.08	827.08
L5649				2,779.07	2,779.07
L5650				550.32	550.32
L5651				1,612.38	1,612.38
L5652				491.47	491.47
L5653				766.81	766.81
L5654				444.52	444.52
L5655				320.96	320.96
L5656				487.60	487.60
L5658				514.68	514.68
L5661				738.43	738.43
L5665				656.50	656.50
L5666				86.93	86.93
L5668				129.49	129.49
L5670				305.88	305.88

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L5671				560.71	560.71
L5672				404.77	404.77
L5673				891.13	891.13
L5676				408.49	408.49
L5677				625.62	625.62
L5678				44.76	44.76
L5679				742.62	742.62
L5680				343.12	343.12
L5681				1,491.44	1,491.44
L5682				704.99	704.99
L5683				1,491.44	1,491.44
L5684				54.25	54.25
L5685				145.22	145.22
L5686				65.24	65.24
L5688				69.29	69.29
L5690				141.48	141.48
L5692				149.80	149.80
L5694				204.50	204.50
L5695				183.84	183.84
L5696				222.07	222.07
L5697				105.47	105.47
L5698				135.29	135.29
L5699				231.22	231.22
L5700				3,477.82	3,477.82
L5701				4,314.56	4,314.56
L5702				5,437.84	5,437.84
L5703				2,860.45	2,860.45
L5704				709.10	709.10
L5705				1,300.06	1,300.06
L5706				1,268.05	1,268.05
L5707				1,703.64	1,703.64
L5710				405.43	405.43
L5711				680.45	680.45
L5712				485.74	485.74
L5714				494.24	494.24
L5716				977.29	977.29
L5718				1,045.04	1,045.04
L5722				1,270.82	1,270.82
L5724				1,958.77	1,958.77
L5726				2,332.01	2,332.01
L5728				2,732.84	2,732.84
L5780				1,504.64	1,504.64
L5781				4,536.65	4,536.65
L5782				4,782.64	4,782.64
L5785				585.68	585.68
L5790				845.29	845.29

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L5795				1,210.34	1,210.34
L5810				644.87	644.87
L5811				889.92	889.92
L5812				669.70	669.70
L5814				4,210.88	4,210.88
L5816				958.68	958.68
L5818				1,082.54	1,082.54
L5822				1,985.92	1,985.92
L5824				1,877.27	1,877.27
L5826				3,540.83	3,540.83
L5828				3,341.08	3,341.08
L5830				2,252.77	2,252.77
L5840				4,421.60	4,421.60
L5845				2,032.24	2,032.24
L5848				1,219.24	1,219.24
L5850				144.20	144.20
L5855				348.13	348.13
L5856				27,218.38	27,218.38
L5857				9,658.09	9,658.09
L5858				21,072.34	21,072.34
L5859			NRC	16,450.97	16,450.97
L5910				408.26	408.26
L5920				598.13	598.13
L5925				378.77	378.77
L5930				3,816.36	3,816.36
L5940				565.45	565.45
L5950				877.03	877.03
L5960				1,311.38	1,311.38
L5961				5,412.05	5,412.05
L5962				662.60	662.60
L5964				1,270.99	1,270.99
L5966				1,637.26	1,637.26
L5968				4,120.18	4,120.18
L5969				16,450.97	16,450.97
L5970				246.28	246.28
L5971				246.28	246.28
L5972				448.63	448.63
L5973				20,017.55	20,017.55
L5974				262.69	262.69
L5975				525.64	525.64
L5976				666.31	666.31
L5978				353.08	353.08
L5979				2,826.91	2,826.91
L5980				4,307.08	4,307.08
L5981				3,868.81	3,868.81
L5982				726.78	726.78

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L5984				729.05	729.05
L5985				320.16	320.16
L5986				879.42	879.42
L5987				8,156.47	8,156.47
L5988				2,265.02	2,265.02
L5990				2,056.93	2,056.93
L5999			BR	0.00	0.00
L6000				1,997.06	1,997.06
L6010				2,222.40	2,222.40
L6020				2,072.04	2,072.04
L6026				5,005.98	5,005.98
L6050				2,818.39	2,818.39
L6055				3,595.00	3,595.00
L6100				2,852.12	2,852.12
L6110				3,017.35	3,017.35
L6120				3,412.64	3,412.64
L6130				3,600.41	3,600.41
L6200				3,708.84	3,708.84
L6205				5,116.27	5,116.27
L6250				3,648.85	3,648.85
L6300				5,032.78	5,032.78
L6310				4,561.10	4,561.10
L6320				2,377.12	2,377.12
L6350				5,514.36	5,514.36
L6360				4,787.42	4,787.42
L6370				2,776.38	2,776.38
L6380				1,605.78	1,605.78
L6382				1,911.61	1,911.61
L6384				2,418.29	2,418.29
L6386				530.08	530.08
L6388				583.78	583.78
L6400				3,085.28	3,085.28
L6450				4,032.30	4,032.30
L6500				3,959.63	3,959.63
L6550				5,128.54	5,128.54
L6570				5,725.33	5,725.33
L6580				2,289.12	2,289.12
L6582				1,922.54	1,922.54
L6584				2,846.77	2,846.77
L6586				2,536.66	2,536.66
L6588				4,039.97	4,039.97
L6590				3,520.98	3,520.98
L6600				257.17	257.17
L6605				264.71	264.71
L6610				250.24	250.24
L6611				466.80	466.80

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L6615				242.90	242.90
L6616				73.12	73.12
L6620				424.66	424.66
L6621				2,593.40	2,593.40
L6623				808.94	808.94
L6624				4,270.07	4,270.07
L6625				599.54	599.54
L6628				645.34	645.34
L6629				219.90	219.90
L6630				323.93	323.93
L6632				73.24	73.24
L6635				234.12	234.12
L6637				458.36	458.36
L6638				2,835.40	2,835.40
L6640				381.74	381.74
L6641				222.29	222.29
L6642				326.83	326.83
L6645				412.85	412.85
L6646				3,576.08	3,576.08
L6647				588.76	588.76
L6648				3,688.21	3,688.21
L6650				447.76	447.76
L6655				86.86	86.86
L6660				116.23	116.23
L6665				51.91	51.91
L6670				54.06	54.06
L6672				248.10	248.10
L6675				135.37	135.37
L6676				141.64	141.64
L6677				336.34	336.34
L6680				348.72	348.72
L6682				385.55	385.55
L6684				523.91	523.91
L6686				777.42	777.42
L6687				650.23	650.23
L6688				719.62	719.62
L6689				857.66	857.66
L6690				1,009.79	1,009.79
L6691				398.59	398.59
L6692				725.14	725.14
L6693				3,218.93	3,218.93
L6694				891.13	891.13
L6695				742.62	742.62
L6696				1,491.44	1,491.44
L6697				1,491.44	1,491.44
L6698				560.71	560.71

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L6703				396.58	396.58
L6704				765.52	765.52
L6706				475.06	475.06
L6707				1,680.47	1,680.47
L6708				1,110.85	1,110.85
L6709				1,576.58	1,576.58
L6711				762.26	762.26
L6712				1,403.54	1,403.54
L6713				1,771.36	1,771.36
L6714				1,500.34	1,500.34
L6715				3,579.66	3,579.66
L6721				2,666.72	2,666.72
L6722				2,298.89	2,298.89
L6805				434.86	434.86
L6810				231.17	231.17
L6880				27,089.86	27,089.86
L6881				4,635.36	4,635.36
L6882				3,516.14	3,516.14
L6883				2,252.30	2,252.30
L6884				3,081.68	3,081.68
L6885				4,787.42	4,787.42
L6890				226.45	226.45
L6895				757.18	757.18
L6900				2,198.82	2,198.82
L6905				2,176.24	2,176.24
L6910				2,139.38	2,139.38
L6915				919.20	919.20
L6920				9,497.98	9,497.98
L6925				10,146.97	10,146.97
L6930				9,147.84	9,147.84
L6935				10,099.31	10,099.31
L6940				11,812.90	11,812.90
L6945				13,178.82	13,178.82
L6950				11,790.98	11,790.98
L6955				13,673.84	13,673.84
L6960				14,384.36	14,384.36
L6965				17,040.49	17,040.49
L6970				18,239.96	18,239.96
L6975				20,104.74	20,104.74
L7007				4,141.30	4,141.30
L7008			NRC	6,421.93	6,421.93
L7009				4,237.06	4,237.06
L7040				3,448.68	3,448.68
L7045			NRC	1,822.04	1,822.04
L7170				6,820.18	6,820.18
L7180				44,124.30	44,124.30

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L7181				45,430.13	45,430.13
L7185			NRC	7,170.23	7,170.23
L7186			NRC	12,054.14	12,054.14
L7190			NRC	9,514.21	9,514.21
L7191			NRC	12,679.07	12,679.07
L7259				4,716.38	4,716.38
L7360				299.94	299.94
L7362				327.68	327.68
L7364				579.79	579.79
L7366				797.39	797.39
L7367				441.43	441.43
L7368				572.24	572.24
L7400				347.51	347.51
L7401				389.00	389.00
L7402				420.12	420.12
L7403				417.55	417.55
L7404				630.22	630.22
L7405				824.17	824.17
L7499			BR	0.00	0.00
L7510				250.00	250.00
L7520				35.32	35.32
L7600				65.10	65.10
L7900			NRC	595.72	595.72
L7902			NRC	21.30	21.30
L8000			NRC	48.00	48.00
L8001			NRC	142.24	142.24
L8002			NRC	187.06	187.06
L8015			NRC	67.97	67.97
L8020			NRC	256.37	256.37
L8030			NRC	396.30	396.30
L8031			NRC	396.30	396.30
L8032			NRC	44.40	44.40
L8035			NRC	4,153.88	4,153.88
L8039			NRC	0.00	0.00
L8040				2,810.92	2,810.92
L8041				3,387.77	3,387.77
L8042				3,806.47	3,806.47
L8043				4,263.28	4,263.28
L8044				4,720.04	4,720.04
L8045				3,696.11	3,696.11
L8046				3,045.20	3,045.20
L8047				1,560.67	1,560.67
L8048			BR	0.00	0.00
L8049				50.00	50.00
L8300				95.09	95.09
L8310				168.47	168.47

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L8320				69.91	69.91
L8330				55.66	55.66
L8400				17.75	17.75
L8410				23.35	23.35
L8415				24.17	24.17
L8417				85.27	85.27
L8420				23.64	23.64
L8430				26.78	26.78
L8435				25.45	25.45
L8440				52.86	52.86
L8460				75.13	75.13
L8465				69.43	69.43
L8470				7.52	7.52
L8480				10.38	10.38
L8485				13.98	13.98
L8499			BR	0.00	0.00
L8500				746.12	746.12
L8501				136.18	136.18
L8505				28.97	28.97
L8507				47.48	47.48
L8509				123.83	123.83
L8510				286.54	286.54
L8511				82.44	82.44
L8512				2.48	2.48
L8513				5.89	5.89
L8514				106.92	106.92
L8515				71.57	71.57
L8600			NRC	938.57	938.57
L8603			NRC	493.62	493.62
L8604			NRC	0.00	0.00
L8605				812.08	812.08
L8606			NRC	232.86	232.86
L8609			NRC	7,387.36	7,387.36
L8610			NRC	770.74	770.74
L8612			NRC	897.38	897.38
L8613			NRC	385.31	385.31
L8614			NRC	22,200.08	22,200.08
L8615			NRC	511.36	511.36
L8616			NRC	119.09	119.09
L8617			NRC	104.03	104.03
L8618			NRC	29.74	29.74
L8619			NRC	9,530.24	9,530.24
L8621			NRC	0.70	0.70
L8622			NRC	0.37	0.37
L8623			NRC	73.34	73.34
L8624			NRC	182.84	182.84

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
L8627			NRC	8,089.07	8,089.07
L8628			NRC	1,441.18	1,441.18
L8629			NRC	203.03	203.03
L8630			NRC	506.38	506.38
L8631			NRC	2,494.16	2,494.16
L8641			NRC	394.60	394.60
L8642			NRC	352.84	352.84
L8658			NRC	344.05	344.05
L8659			NRC	2,187.92	2,187.92
L8670			NRC	627.50	627.50
L8679				9,715.31	9,715.31
L8680				503.28	503.28
L8681				1,293.14	1,293.14
L8682				6,941.38	6,941.38
L8683				6,110.00	6,110.00
L8684				958.75	958.75
L8685				14,328.08	14,328.08
L8686				9,142.44	9,142.44
L8687				18,646.56	18,646.56
L8688				11,898.01	11,898.01
L8689				1,955.80	1,955.80
L8690			NRC	5,393.76	5,393.76
L8691			NRC	3,023.40	3,023.40
L8692			NRC	0.00	0.00
L8693				1,719.25	1,719.25
L8695				18.90	18.90
L8696				249.41	249.41
L8699			NRC	0.00	0.00
L9900			BR	0.00	0.00
Q0111				7.28	7.28
Q0112				7.28	7.28
Q0113				9.23	9.23
Q0114				12.20	12.20
Q0115				16.88	16.88
Q0138				0.86	0.86
Q0139			NRC	0.86	0.86
Q0144			NRC	0.00	0.00
Q0162				0.07	0.07
Q0163				0.24	0.24
Q0164				0.04	0.04
Q0166				2.13	2.13
Q0167				4.26	4.26
Q0169				0.03	0.03
Q0173				0.99	0.99
Q0174			NRC	0.00	0.00
Q0175				0.53	0.53

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
Q0177				0.05	0.05
Q0180				84.21	84.21
Q0181			NRC	0.00	0.00
Q0478			NRC	208.34	208.34
Q0479			NRC	13,693.97	13,693.97
Q0480				102,117.34	102,117.34
Q0481				16,475.47	16,475.47
Q0482				5,160.41	5,160.41
Q0483				21,258.60	21,258.60
Q0484				4,128.35	4,128.35
Q0485				398.62	398.62
Q0486				331.73	331.73
Q0487				387.01	387.01
Q0489				18,430.06	18,430.06
Q0490				797.20	797.20
Q0491				1,253.27	1,253.27
Q0492				100.98	100.98
Q0493				287.48	287.48
Q0494				243.26	243.26
Q0495				4,736.04	4,736.04
Q0496				1,699.87	1,699.87
Q0497				530.80	530.80
Q0498				582.38	582.38
Q0499				189.22	189.22
Q0500				34.62	34.62
Q0501				579.02	579.02
Q0502				737.21	737.21
Q0503				1,474.38	1,474.38
Q0504				778.01	778.01
Q0506				968.40	968.40
Q0515				2.16	2.16
Q2009				1.70	1.70
Q2017				416.34	416.34
Q2035			NRC	13.85	13.85
Q2036			NRC	10.29	10.29
Q2037			NRC	17.96	17.96
Q2038			NRC	14.45	14.45
Q2039			NRC	0.00	0.00
Q2043			BR	41,997.68	41,997.68
Q2052				TBD	TBD
Q3027			NRC	40.71	40.71
Q4001				57.42	57.42
Q4002				216.98	216.98
Q4003				41.23	41.23
Q4004				142.75	142.75
Q4005				15.20	15.20

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
Q4006				34.26	34.26
Q4007			NRC	7.61	7.61
Q4008			NRC	17.12	17.12
Q4009				10.15	10.15
Q4010				22.85	22.85
Q4011			NRC	5.06	5.06
Q4012			NRC	11.44	11.44
Q4013				18.48	18.48
Q4014				31.16	31.16
Q4015			NRC	9.25	9.25
Q4016			NRC	15.58	15.58
Q4017				10.69	10.69
Q4018				17.03	17.03
Q4019			NRC	5.35	5.35
Q4020			NRC	8.53	8.53
Q4021				7.91	7.91
Q4022				14.27	14.27
Q4023			NRC	3.97	3.97
Q4024			NRC	7.14	7.14
Q4025				44.33	44.33
Q4026				138.41	138.41
Q4027			NRC	22.18	22.18
Q4028			NRC	69.23	69.23
Q4029				33.90	33.90
Q4030				89.23	89.23
Q4031			NRC	16.94	16.94
Q4032			NRC	44.62	44.62
Q4033				31.62	31.62
Q4034				78.65	78.65
Q4035			NRC	15.80	15.80
Q4036			NRC	39.34	39.34
Q4037				19.28	19.28
Q4038				48.32	48.32
Q4039			NRC	9.66	9.66
Q4040			NRC	24.16	24.16
Q4041				23.46	23.46
Q4042				40.04	40.04
Q4043			NRC	11.74	11.74
Q4044			NRC	20.03	20.03
Q4045				13.62	13.62
Q4046				21.90	21.90
Q4047			NRC	6.79	6.79
Q4048			NRC	10.96	10.96
Q4049				2.48	2.48
Q4050			BR	0.00	0.00
Q4051			BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
Q4074				97.94	97.94
Q4081				1.37	1.37
Q4100			NRC	0.00	0.00
Q4101				48.90	48.90
Q4102				10.64	10.64
Q4103				11.63	11.63
Q4104				33.21	33.21
Q4105				14.55	14.55
Q4106				53.29	53.29
Q4107				119.20	119.20
Q4108				34.29	34.29
Q4110				47.12	47.12
Q4111				8.47	8.47
Q4112				527.67	527.67
Q4113				527.67	527.67
Q4114				1,496.84	1,496.84
Q4115				14.71	14.71
Q4116				39.41	39.41
Q4117			BR	0.00	0.00
Q4118			BR	0.00	0.00
Q4119			BR	0.00	0.00
Q4120			BR	0.00	0.00
Q4121			NRC	27.81	27.81
Q4122			BR	0.00	0.00
Q4123			NRC	20.62	20.62
Q4124			BR	0.00	0.00
Q4125			BR	0.00	0.00
Q4126			BR	0.00	0.00
Q4127			BR	0.00	0.00
Q4128			BR	0.00	0.00
Q4129			BR	0.00	0.00
Q4130			BR	0.00	0.00
Q4131			BR	0.00	0.00
Q4132			BR	0.00	0.00
Q4133			BR	0.00	0.00
Q4134			BR	0.00	0.00
Q4135			BR	0.00	0.00
Q4136			BR	0.00	0.00
Q4150				TBD	TBD
Q4151				TBD	TBD
Q4152				TBD	TBD
Q4153				TBD	TBD
Q4154				TBD	TBD
Q4155				TBD	TBD
Q4156				TBD	TBD
Q4157				TBD	TBD

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
Q4158				TBD	TBD
Q4159				TBD	TBD
Q4160				TBD	TBD
Q9951				0.35	0.35
Q9953				37.23	37.23
Q9954				13.99	13.99
Q9955			NRC	0.00	0.00
Q9956			NRC	44.35	44.35
Q9957			NRC	66.53	66.53
Q9958				0.10	0.10
Q9959				0.12	0.12
Q9960				0.21	0.21
Q9961				0.23	0.23
Q9962				0.22	0.22
Q9963				0.23	0.23
Q9964				0.35	0.35
Q9965				1.27	1.27
Q9966				0.26	0.26
Q9967				0.21	0.21
Q9968			NRC	0.00	0.00
Q9969			BR	0.00	0.00
S0209				8.33	8.33
S0215				8.33	8.33
S0630				25.37	12.13
S1034				TBD	TBD
S1035				TBD	TBD
S1036				TBD	TBD
S1037				TBD	TBD
S2300			BR	0.00	0.00
S2325			BR	0.00	0.00
S5161				29.95	29.95
S5162				199.99	199.99
S5199				0.14	0.14
S8032				TBD	TBD
S8301				3.19	3.19
S8420			BR	0.00	0.00
S8421				73.90	73.90
S8422			BR	0.00	0.00
S8423			BR	0.00	0.00
S8424				60.00	60.00
S8425			BR	0.00	0.00
S8426			BR	0.00	0.00
S8427				66.22	66.22
S8428				38.42	38.42
S8429			BR	0.00	0.00
S8430				21.00	21.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
S8431				22.50	22.50
S8450				6.73	6.73
S8451				51.49	51.49
S8452				103.36	103.36
S9901				TBD	TBD
V2020				84.80	84.80
V2025			NRC	0.00	0.00
V2100				52.42	52.42
V2101				50.35	50.35
V2102				87.07	87.07
V2103				44.11	44.11
V2104				45.47	45.47
V2105				54.07	54.07
V2106				59.92	59.92
V2107				53.36	53.36
V2108				53.50	53.50
V2109				74.52	74.52
V2110				60.18	60.18
V2111				72.94	72.94
V2112				82.38	82.38
V2113				83.32	83.32
V2114				98.72	98.72
V2115				99.50	99.50
V2118				108.28	108.28
V2121				97.63	97.63
V2199			BR	0.00	0.00
V2200				59.02	59.02
V2201				63.23	63.23
V2202				78.38	78.38
V2203				60.78	60.78
V2204				62.56	62.56
V2205				69.32	69.32
V2206				81.41	81.41
V2207				68.80	68.80
V2208				67.60	67.60
V2209				79.36	79.36
V2210				85.51	85.51
V2211				83.24	83.24
V2212				87.14	87.14
V2213				91.62	91.62
V2214				95.76	95.76
V2215				119.56	119.56
V2218				121.85	121.85
V2219				56.22	56.22
V2220				49.93	49.93
V2221				99.58	99.58

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
V2299			BR	0.00	0.00
V2300				80.68	80.68
V2301				98.94	98.94
V2302				92.45	92.45
V2303				77.66	77.66
V2304				78.59	78.59
V2305				87.77	87.77
V2306				90.37	90.37
V2307				86.04	86.04
V2308				93.86	93.86
V2309				98.21	98.21
V2310				102.60	102.60
V2311				118.44	118.44
V2312				108.59	108.59
V2313				118.52	118.52
V2314				121.15	121.15
V2315				134.51	134.51
V2318				165.36	165.36
V2319				74.64	74.64
V2320				78.74	78.74
V2321				132.59	132.59
V2399			BR	0.00	0.00
V2410				115.91	115.91
V2430				122.71	122.71
V2499			BR	0.00	0.00
V2500				103.72	103.72
V2501				147.19	147.19
V2502				199.44	199.44
V2503				192.61	192.61
V2510				138.30	138.30
V2511				205.00	205.00
V2512				235.97	235.97
V2513				237.71	237.71
V2520				137.82	137.82
V2521				272.90	272.90
V2522				199.72	199.72
V2523				209.66	209.66
V2530				335.22	335.22
V2531				613.91	613.91
V2599			BR	0.00	0.00
V2600				33.60	33.60
V2610				80.00	80.00
V2615			NRC	0.00	0.00
V2623				1,062.98	1,062.98
V2624				68.63	68.63
V2625				543.50	543.50

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
V2626				224.90	224.90
V2627				1,612.37	1,612.37
V2628				342.97	342.97
V2629			BR	0.00	0.00
V2630				134.17	134.17
V2631				134.17	134.17
V2632				134.17	134.17
V2700				50.54	50.54
V2702			NRC	0.00	0.00
V2710			NRC	82.87	82.87
V2715			NRC	16.24	16.24
V2718			NRC	35.08	35.08
V2730			NRC	29.39	29.39
V2744			NRC	20.09	20.09
V2745				11.58	11.58
V2750			NRC	22.57	22.57
V2755				18.89	18.89
V2756			NRC	0.00	0.00
V2760				18.62	18.62
V2761			NRC	0.00	0.00
V2762				67.60	67.60
V2770				22.00	22.00
V2780				14.12	14.12
V2781				204.97	204.97
V2782				73.00	73.00
V2783				82.31	82.31
V2784				53.52	53.52
V2785			BR	0.00	0.00
V2786				100.00	100.00
V2787			NRC	0.00	0.00
V2788			NRC	0.00	0.00
V2790			NRC	0.00	0.00
V2797			BR	0.00	0.00
V2799			BR	0.00	0.00
V5008				34.50	34.50
V5010				132.00	132.00
V5011				50.00	50.00
V5014				259.96	259.96
V5020			NRC	0.00	0.00
V5030				577.50	577.50
V5040				577.50	577.50
V5050				1,073.84	1,073.84
V5060				1,399.80	1,399.80
V5070			NRC	0.00	0.00
V5080			NRC	0.00	0.00
V5090			NRC	0.00	0.00

**Ohio Bureau of Workers Compensation
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CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
V5095			NRC	0.00	0.00
V5100				770.00	770.00
V5110			NRC	0.00	0.00
V5120				770.00	770.00
V5130				1,899.72	1,899.72
V5140				2,794.59	2,794.59
V5150			NRC	0.00	0.00
V5160			NRC	0.00	0.00
V5170				770.00	770.00
V5180				770.00	770.00
V5190			NRC	0.00	0.00
V5200			NRC	0.00	0.00
V5210				1,540.00	1,540.00
V5220				1,540.00	1,540.00
V5230			NRC	0.00	0.00
V5240			NRC	0.00	0.00
V5241			NRC	0.00	0.00
V5242				2,500.00	2,500.00
V5243				2,500.00	2,500.00
V5244				2,500.00	2,500.00
V5245				2,500.00	2,500.00
V5246				2,500.00	2,500.00
V5247				2,500.00	2,500.00
V5248				5,000.00	5,000.00
V5249				5,000.00	5,000.00
V5250				5,000.00	5,000.00
V5251				5,000.00	5,000.00
V5252				5,000.00	5,000.00
V5253				5,000.00	5,000.00
V5254				3,000.00	3,000.00
V5255				3,000.00	3,000.00
V5256				3,000.00	3,000.00
V5257				3,000.00	3,000.00
V5258				6,000.00	6,000.00
V5259				6,000.00	6,000.00
V5260				6,000.00	6,000.00
V5261				6,000.00	6,000.00
V5262			NRC	0.00	0.00
V5263			NRC	0.00	0.00
V5264				169.24	169.24
V5265			NRC	0.00	0.00
V5266				0.85	0.85
V5267				10.00	10.00
V5268				150.00	150.00
V5269				300.00	300.00
V5270				200.00	200.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
V5271			NRC	0.00	0.00
V5272				500.00	500.00
V5273			NRC	0.00	0.00
V5274			NRC	0.00	0.00
V5275				20.00	20.00
V5281			BR	0.00	0.00
V5282			BR	0.00	0.00
V5283			BR	0.00	0.00
V5284			BR	0.00	0.00
V5285			BR	0.00	0.00
V5286			BR	0.00	0.00
V5287			BR	0.00	0.00
V5288			BR	0.00	0.00
V5289			BR	0.00	0.00
V5290			BR	0.00	0.00
V5298			BR	0.00	0.00
V5299			BR	0.00	0.00
V5336				100.00	100.00
V5362				66.00	66.00
V5363				66.00	66.00
V5364				66.00	66.00
W0100		Home health agency registered nurse, per 15 minutes		18.75	18.75
W0101		Nursing outcome assemnt.information set/documentation		30.00	30.00
W0105		Home health agency skilled nursing visit		108.00	108.00
W0110		Home health agency lpn, per 15 minutes		15.00	15.00
W0120		Home health agency nurses' aide, per hr		28.20	28.20
W0168		Intermediate care facil. loa		126.00	126.00
W0169		Skilled nursing facility loa		165.00	165.00
W0170		Skilled nursing care facility, daily		185.00	185.00
W0174		Tbi lab and diagnostic services		1,000.00	1,000.00
W0176		Sp. skl. nursing facil. per/day negotiate		negotiated	negotiated
W0177		Acute brain injury freestanding facility outpatient daily rate		760.00	760.00
W0178		Acute brain injury freestanding facility inpatient daily rate		1,050.00	1,050.00
W0179		Post-acute brain injury freestanding facility outpatient daily rate		569.00	569.00
W0180		Intermediate nursing care facility, dail		150.00	150.00
W0181		Post-acute brain injury freestanding facility inpatient daily rate		665.00	665.00
W0182		Lifelong living placment post acute fac		250.00	250.00
W0183		Tbi in house pharmacy services		500.00	500.00
W0184		Tbi therapeutic leave of absence		See daily rate	See daily rate
W0185		Trans. living placement post acute fac		300.00	300.00
W0270		Specialty bed maint.mo. post purch price		100.00	100.00
W0271		Lat. rotation bed therapy, daily rental		120.00	120.00
W0500		Driving evaluation, pt, ot, instructor	BR	0.00	0.00
W0549		Driving instruction modified vehicle, non facility	BR	0.00	0.00
W0675		Home modification (rehabilitation)	BR	0.00	0.00

**Ohio Bureau of Workers Compensation
2015 Professional Provider Medical Services Fee Schedule**

CPT	MOD	DESCRIPTION / NOTES	COVERAGE FLAG	NON-FAC FEE	FACILITY FEE
W0676		Portable ramp for home	BR	0.00	0.00
W0677		Home/vehicle modifications (repair of)	BR	0.00	0.00
W0678		Pt/ot home evaluation for home/vehicle modification	BR	0.00	0.00
W0679		Van/auto modifications (rehabilitation)	BR	0.00	0.00
W0750		Weight reduction program per hour max 9 hrs.		60.00	60.00
W0751		Weight control program with fda approved drugs		2,000.00	2,000.00
W1000		Carf accredited/bwc certified chronic pain program/day		500.00	500.00
W1001		Chronic pain program preadmission evaluation, per day		600.00	600.00
W1002		CARF accredited/BWC certified chronic pain program 1/2 day		250.00	250.00
W1930		Translator/interpreter-bwc/ic		20.00	20.00
W1931		Interpreter wait time, per 6 minutes		3.50	3.50
W1932		Interpreter travel time, per 6 minutes		3.50	3.50
W1933		Interpreter mileage, per mile		0.45	0.45
W2703		Social worker home health visit		110.00	110.00
W2704		Mileage hh worker begin 51st mile, per mi		0.45	0.45
W2705		Travel time hh prof worker each 6 min		4.00	4.00
W2706		Travel time hh non-prof worker ea 6 min		2.30	2.30
W4000		Lift, 3-4 wheeled chair incl manual swing		2,070.00	2,070.00
W4001		Lift, 3-4 wheeled chair incl power swing		3,163.00	3,163.00
W4215		Travel per mile orthotist prosthetist		0.45	0.45
W5000		Smoking cessation program with fda drugs		1,150.00	1,150.00
W5001		Smoking cessation program w/o fda drugs		575.00	575.00
W9006	NU	Sharps container needle disposal each		6.90	6.90
W9010		Parenteral nutrition therapy, all-inclusive per diem rate		negotiated	negotiated
W9020		Enteral nutrition therapy, all-inclusive per diem rate		negotiated	negotiated
W9030		Antibiotic home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9040		Pain management home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9050		Fluid replacement home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9060		Chemotherapy home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9070		Multiple home infusion therapies, all-inclusive per diem rate		negotiated	negotiated
W9075		Home infusion therapy, includes nursing services and medical supplies, only		negotiated	negotiated
Z0100		Mileage, taxi, per mile (bill with a0100)		2.00	2.00
Z0180		Residential care/assisted living facility, per diem		115.00	115.00
Z0450		Non-hospital based detox, per diem		500.00	500.00
Z0500		Hospice in home care per diem		250.00	250.00
Z0550		Hospice respite care per diem		150.00	150.00
Z0560		Hospice acute hospital care pain mgnt		557.00	557.00
Z0600		Rehab or chronic pain program non-claimant reimbursement travel		negotiated	negotiated
Z0601		Rehab or chronic pain program non-claimant reimbursement meals		negotiated	negotiated
Z0602		Rehab or chronic pain program non-claimant reimbursement lodging		negotiated	negotiated
Z1000		Catastrophic claim life care planning, per hr		100.00	100.00
Z5601		Emergency response system initial/instalation		250.00	250.00
Z5602		Emergency response system monthly fee		34.95	34.95

**Ohio Bureau of Workers Compensation
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PHYSICAL MEDICINE MULTIPLE PROCEDURE PRICE REDUCTION FEES				
CPT	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
97001	104.82	104.82	84.38	84.38
97002	58.57	58.57	45.41	45.41
97003	117.03	117.03	90.48	90.48
97004	72.66	72.66	52.46	52.46
97005	96.09	96.09	85.75	85.75
97006	52.97	52.97	46.58	46.58
97012	22.22	22.22	17.76	17.76
97014	21.95	21.95	15.84	15.84
97016	26.18	26.18	17.96	17.96
97018	14.90	14.90	9.26	9.26
97022	31.78	31.78	20.50	20.50
97024	8.79	8.79	6.21	6.21
97026	8.32	8.32	5.97	5.97
97028	10.28	10.28	7.46	7.46
97032	26.45	26.45	19.87	19.87
97033	43.88	43.88	28.84	28.84
97034	24.89	24.89	18.07	18.07
97035	17.84	17.84	14.55	14.55
97036	44.43	44.43	29.63	29.63
97110	44.15	44.15	33.82	33.82
97112	46.03	46.03	34.76	34.76
97113	58.68	58.68	40.83	40.83
97116	39.26	39.26	30.10	30.10
97124	36.24	36.24	27.32	27.32
97140	41.26	41.26	31.86	31.86
97150	24.26	24.26	19.80	19.80
97530	47.87	47.87	35.42	35.42
97532	37.07	37.07	30.02	30.02
97533	40.36	40.36	31.66	31.66
97535	47.91	47.91	35.70	35.70
97537	41.80	41.80	32.64	32.64
97542	42.27	42.27	32.88	32.88
97597	103.52	34.92	66.16	31.86
97598	34.60	16.74	24.26	15.33
97602	150.22	84.71	132.10	82.97
97605	59.33	39.13	45.94	35.84
97606	63.49	43.28	49.86	39.76
97750	46.23	46.23	35.42	35.42
97755	50.66	50.66	41.96	41.96
97760	52.81	52.81	38.71	38.71
97761	46.23	46.23	35.42	35.42
97762	64.05	64.05	38.67	38.67

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
00100	5
00102	6
00103	5
00104	4
00120	5
00124	4
00126	4
00140	5
00142	4
00144	6
00145	6
00147	4
00148	4
00160	5
00162	7
00164	4
00170	5
00172	6
00174	6
00176	7
00190	5
00192	7
00210	11
00211	10
00212	5
00214	9
00215	9
00216	15
00218	13
00220	10
00222	6
00300	5
00320	6
00322	3
00326	7
00350	10
00352	5
00400	3
00402	5
00404	5
00406	13
00410	4
00450	5
00452	6
00454	3

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
00470	6
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	7
00539	18
00540	12
00542	15
00541	15
00546	15
00548	17
00550	10
00560	15
00561	25
00562	20
00563	25
00566	25
00567	18
00580	20
00600	10
00604	13
00620	10
00622	13
00625	13
00626	15
00630	8
00632	7
00634	10
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00740	5
00750	4
00752	6

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
00754	7
00756	7
00770	15
00790	7
00792	13
00794	8
00796	30
00797	11
00800	4
00802	5
00810	5
00820	5
00830	4
00832	6
00834	5
00836	6
00840	6
00842	4
00844	7
00846	8
00848	8
00851	6
00860	6
00862	7
00864	8
00865	7
00866	10
00868	10
00870	5
00872	7
00873	5
00880	15
00882	10
00902	5
00904	7
00906	4
00908	6
00910	3
00912	5
00914	5
00916	5
00918	5
00920	3
00921	3
00922	6

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
00924	4
00926	4
00928	6
00930	4
00932	4
00934	6
00936	8
00938	4
00940	3
00942	4
00944	6
00948	4
00950	5
00952	4
01112	5
01120	6
01130	3
01140	15
01150	10
01160	4
01170	8
01173	12
01180	3
01190	4
01200	4
01202	4
01210	6
01212	10
01214	8
01215	10
01220	4
01230	6
01232	5
01234	8
01250	4
01260	3
01270	8
01272	4
01274	6
01320	4
01340	4
01360	5
01380	3
01382	3
01390	3

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
01392	4
01400	4
01402	7
01404	5
01420	3
01430	3
01432	6
01440	8
01442	8
01444	8
01462	3
01464	3
01470	3
01472	5
01474	5
01480	3
01482	4
01484	4
01486	7
01490	3
01500	8
01502	6
01520	3
01522	5
01610	5
01620	4
01622	4
01630	5
01634	9
01636	15
01638	10
01650	6
01652	10
01654	8
01656	10
01670	4
01680	3
01682	4
01710	3
01712	5
01714	5
01716	5
01730	3
01732	3
01740	4

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
01742	5
01744	5
01756	6
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3
01820	3
01829	3
01830	3
01832	6
01840	6
01842	6
01844	6
01850	3
01852	4
01860	3
01916	5
01920	7
01922	7
01924	5
01925	7
01926	8
01930	5
01931	7
01932	6
01933	7
01935	5
01936	5
01951	3
01952	5
01953	1
01958	5
01960	5
01961	7
01962	8
01963	8
01964	4
01965	4
01966	4
01967	5
01968	2

**Ohio Bureau of Workers Compensation
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ANESTHESIA BASE UNITS	
CPT CODE	BASE UNITS
01969	5
01990	7
01991	3
01992	5
01995	5
01996	3
01999	0