

Ohio Bureau of Workers' Compensation

ACTION: Original

2020 Professional Provider Medical Services Fee Schedule

APPENDIX

DATE: 02/28/2020 11:18 AM

Appendix
4123-6-08

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2020 Professional Provider & Medical Services Fee Schedule are obtained from *Current Procedural Terminology* (CPT®), copyright 2019 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 2020 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 2020 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 2020 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:

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| Non-Facility Fee | The reimbursement fee for place of service (POS) under the non-facility rate for all bills with POS codes 01,03,04,11,12,13,14,15,16,17,20,25,32,33,49,50,54,55,57,60,62,65,71,72,81 and 99. |
| Facility Fee | The reimbursement fee for POS under the facility rate for all bills with POS codes 02,19,21,22,23,24,26,31,34,41,42,51,52,53,56 and 61. |
| By Report (BR) | The procedure or service is not typically covered and will not routinely be reimbursed. Many of the -BR codes are unclassified/unspecified generic codes and are currently assigned a dollar amount of \$0.00. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission to BWC. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. The provider must submit a report to the MCO for reimbursement consideration. |
| Prosthetics Pricing Methodology | The following three (3) prosthetic BR codes will be priced at the manufacturer's invoice price plus a negotiated percentage. This additional percentage shall not exceed a predetermined maximum based on the complexity of upper and lower extremity prosthetics. Reimbursement for all other BR prosthetic codes will continue to be established as outlined in the BR definition above. The provider must submit the manufacturer's invoice to the MCO for reimbursement consideration. |
| | L5999 - Manufacturer invoice price plus a negotiated percentage not to exceed 35% |
| | L8499 - Manufacturer invoice price plus a negotiated percentage not to exceed 35% |
| | L7499 - Manufacturer invoice price plus a negotiated percentage not to exceed 50% |
| 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. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. |
| Never Covered (NC) | The procedure or service is never covered. |
| 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) |

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| 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 reimbursement 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. |
| Modifiers | BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. The modifier code set includes 2-digit ambulance modifiers that specify trip origin and destination. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure. |
| Modifier 22 | Unusual procedural services. Procedures with this Modifier must be individually reviewed and approved by the MCO prior to payment and must include a report documenting circumstances for its use. If use of the modifier is approved, 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. |
| 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 | Intraoperative services. Reimbursement is 70% of fee schedule amount. |
| Modifier 55 | Post operative management only. The post operative global surgical period for major surgery is 60 days, except for postoperative visits rendered by the surgeon and treating physician following lumbar fusion surgery, pursuant to Ohio Administrative Code 4123-6-32. Reimbursement is 20% of the fee schedule amount. |
| 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 95 | Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system (reimbursed at 100% of standard fee schedule amount) Must include POS code 02 |
| Modifier AA | Anesthesia services performed personally by anesthesiologist (required for 100% reimbursement) |
| Modifier AD | Medical supervision by a physician: more than four concurrent anesthesia procedures (reimbursed at 50%) |
| Modifier AS | Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery. Only payable when billed with modifier 80 or 81 |
| Modifier CT | Computed Tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard. Reimbursement is 85% of the fee schedule amount. |
| Modifier FX | X-ray taken using film. Reimbursement is 80% of the fee schedule amount. |
| Modifier FY | X-ray taken using computed radiography technology/cassette-based imaging. Reimbursement is 93% of the fee schedule amount. |
| Modifier JW | Drug amount discarded/not administered to any patient. Payable in addition to the drug amount administered. |
| Modifier NU | New Equipment purchase |
| Modifier QA | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM). Reimbursement is 50% of the fee schedule amount |
| Modifier QB | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use different and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed. Reimbursement is the higher of 150% of the fee schedule amount or the fee schedule amount for the portable add on. Separate monthly payment is not allowed for the portable equipment if the stationary oxygen fee schedule amount is increased by 150%. |

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| Modifier QE | Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM). Reimbursement is 50% of the fee schedule amount. |
| Modifier QF | Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed. Reimbursement is the higher of 150% of the fee schedule of the fee schedule amount of the portable add-on. Separate monthly payment is not allowed for portable equipment if the stationary oxygen fee schedule amount is increased by 150%. |
| Modifier QG | Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM). Reimbursement is 150% of the fee schedule amount. |
| Modifier QR | Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM). Reimbursement is 150% of the fee schedule amount |
| 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 (CRNA) with medical direction by a physician is 50% of the fee schedule amount. |
| Modifier QY | Medical direction of qualified non-physician anesthetist (CRNA) by anesthesiologist is 50% of the fee schedule amount. |
| Modifier QZ | Non-physician anesthetist (CRNA) without medical direction by a physician. |
| Modifier RR | Rental equipment component reimbursement (Monthly, until purchase price is met unless an exception is noted for an individual code). |
| Modifier TC | Technical component reimbursement. Payment rates vary according to the RVU assigned to the CPT ® code when modified. |
| Modifier PC | Primary Claim (osteopathic and chiropractic treatment) reimbursement is 50% of the fee schedule amount. BWC specific modifier. |
| Modifier SC | Secondary Claim (osteopathic and chiropractic treatment) reimbursement is 50% of the fee schedule amount. BWC specific modifier. |
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| Reimbursement Methodology | |
| BWC applies a reimbursement methodology of a percentage above Medicare 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 \$2.8587 per timed minute. CPT ® code Anesthesia Base Units (ABU) are noted in a separate tab and reimbursed at \$42.88 per unit |
| Surgery 10021 - 69990 | 218% of Medicare fee schedule* |
| Radiology 70010 - 79999 | 141% of Medicare fee schedule |
| Pathology 80048 - 89399 | 125% of Medicare Fee Schedule |
| Physical medicine 97001 – 98943 | 141% of Medicare fee schedule |
| General medicine 90281 - 96999 | 141% of Medicare fee schedule |
| E& M 99000 - 99600 | 141% of Medicare fee schedule |
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| * Injection codes shall be reimbursed at 141% of the Medicare fee schedule rate. | |
| | |
| 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. | |
| CPT ® codes that do not have an assigned relative value unit (RVU) will be reimbursed based on historical and third party payer data. | |
| 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 |
| CPT® or HCPCS codes with the following designations are never covered, except as otherwise listed in the fee schedule | Category II, Category III, Temporary HCPCS (G codes, K codes, S codes), M, P, Q, T or V codes |
| Medically Unlikely Edits (MUE) | An MUE for a HCPCS/CPT code reflects the number of units of service a provider will use in most circumstances when treating an injured worker. Medical documentation supporting the necessity of additional units of service must be provided to an MCO when additional units of services beyond the listed MUE are necessary. |
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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 | |
| Certified Registered Nurse Anesthetists are reimbursed at 85 percent of CPT® code fee schedule for professional services | |
| Anesthesiology Assistants 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 | |
| BWC does not reimburse for "incident to" billing. Providers listed above must bill independently. | |
| Multiple Procedure Price Reduction | |
| Surgical procedures | When multiple surgeries are performed on the same patient, at the same operative session or on the same day, by the same servicing provider or pay to provider, the total payment equals the sum of: |
| | 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, Speech and Always Therapy) | When multiple therapies are performed on the same patient, on the same date, by the same servicing provider or pay to provider, the 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 |
| Radiology procedures | When multiple radiology services are performed on the same patient, on the same date, by the same servicing provider or pay to provider: |
| | Highest paying radiology CPT® code fee will pay at 100% |
| | Each subsequent radiology CPT® code fee will pay at a 5% reduction on the professional (26) component and 50% reduction on the technical (TC) component. |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 10004 | | | | 113.46 | 96.15 |
| 10005 | | | | 269.52 | 162.05 |
| 10006 | | | | 130.57 | 110.37 |
| 10007 | | | | 596.67 | 207.89 |
| 10008 | | | | 337.45 | 135.49 |
| 10009 | | | | 971.30 | 252.15 |
| 10010 | | | | 587.49 | 184.27 |
| 10011 | | | BR | 0.00 | 0.00 |
| 10012 | | | BR | 0.00 | 0.00 |
| 10021 | | | | 208.22 | 123.82 |
| 10030 | | | | 1193.26 | 306.05 |
| 10035 | | | | 998.24 | 191.09 |
| 10036 | | | | 856.60 | 96.34 |
| 10040 | | | NRC | 229.73 | 126.58 |
| 10060 | | | | 251.95 | 211.55 |
| 10061 | | | | 441.48 | 390.27 |
| 10080 | | | NRC | 386.39 | 220.49 |
| 10081 | | | NRC | 584.18 | 369.95 |
| 10120 | | | | 320.54 | 222.44 |
| 10121 | | | | 581.12 | 404.40 |
| 10140 | | | | 355.77 | 256.95 |
| 10160 | | | | 276.08 | 205.40 |
| 10180 | | | | 531.98 | 386.28 |
| 11000 | | | | 117.51 | 63.41 |
| 11001 | | | | 46.89 | 31.74 |
| 11004 | | | | 1288.09 | 1288.09 |
| 11005 | | | | 1748.24 | 1748.24 |
| 11006 | | | | 1577.75 | 1577.75 |
| 11008 | | | | 614.70 | 614.70 |
| 11010 | | | | 1029.26 | 610.18 |
| 11011 | | | | 1139.69 | 665.07 |
| 11012 | | | | 1481.54 | 933.34 |
| 11042 | | | | 257.00 | 134.38 |
| 11043 | | | | 494.23 | 341.31 |
| 11044 | | | | 675.26 | 505.75 |
| 11045 | | | | 88.93 | 58.64 |
| 11046 | | | | 158.72 | 124.10 |
| 11047 | | | | 268.73 | 219.68 |
| 11055 | | | | 117.11 | 35.60 |
| 11056 | | | | 140.52 | 50.36 |
| 11057 | | | | 156.72 | 65.83 |
| 11102 | | | | 206.90 | 87.16 |
| 11103 | | | | 111.75 | 50.43 |
| 11104 | | | | 260.08 | 109.33 |
| 11105 | | | | 128.14 | 59.62 |
| 11106 | | | | 314.84 | 133.07 |
| 11107 | | | | 151.16 | 71.09 |
| 11200 | | | NRC | 187.10 | 157.52 |
| 11201 | | | NRC | 41.12 | 36.79 |
| 11300 | | | | 204.27 | 77.32 |
| 11301 | | | | 251.95 | 117.07 |
| 11302 | | | | 294.98 | 137.73 |
| 11303 | | | | 326.06 | 163.05 |
| 11305 | | | | 214.89 | 86.49 |
| 11306 | | | | 255.88 | 114.50 |
| 11307 | | | | 303.89 | 147.36 |
| 11308 | | | | 323.62 | 164.93 |
| 11310 | | | | 238.97 | 104.08 |
| 11311 | | | | 286.65 | 143.83 |
| 11312 | | | | 335.84 | 170.66 |
| 11313 | | | | 394.99 | 221.16 |
| 11400 | | | NRC | 261.40 | 174.84 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 11401 | | | NRC | 319.84 | 225.34 |
| 11402 | | | NRC | 355.85 | 248.37 |
| 11403 | | | NRC | 413.11 | 320.79 |
| 11404 | | | NRC | 468.74 | 353.33 |
| 11406 | | | NRC | 678.45 | 540.68 |
| 11420 | | | NRC | 262.11 | 175.55 |
| 11421 | | | NRC | 334.85 | 238.20 |
| 11422 | | | NRC | 377.68 | 294.01 |
| 11423 | | | NRC | 431.86 | 338.81 |
| 11424 | | | NRC | 501.59 | 391.23 |
| 11426 | | | NRC | 723.56 | 603.83 |
| 11440 | | | NRC | 289.79 | 221.26 |
| 11441 | | | NRC | 359.91 | 282.73 |
| 11442 | | | NRC | 402.21 | 313.49 |
| 11443 | | | NRC | 480.92 | 386.43 |
| 11444 | | | NRC | 604.94 | 493.86 |
| 11446 | | | NRC | 841.65 | 709.65 |
| 11450 | | | NRC | 837.41 | 554.66 |
| 11451 | | | NRC | 1056.02 | 711.23 |
| 11462 | | | NRC | 814.57 | 527.49 |
| 11463 | | | NRC | 1067.93 | 714.49 |
| 11470 | | | NRC | 897.28 | 612.36 |
| 11471 | | | NRC | 1099.21 | 758.75 |
| 11600 | | | | 411.19 | 261.16 |
| 11601 | | | | 485.96 | 325.10 |
| 11602 | | | | 526.42 | 356.19 |
| 11603 | | | | 603.49 | 427.49 |
| 11604 | | | | 669.73 | 470.65 |
| 11606 | | | | 965.89 | 705.50 |
| 11620 | | | | 414.21 | 264.18 |
| 11621 | | | | 488.25 | 327.40 |
| 11622 | | | | 544.85 | 373.90 |
| 11623 | | | | 640.35 | 463.63 |
| 11624 | | | | 725.23 | 526.87 |
| 11626 | | | | 875.24 | 647.31 |
| 11640 | | | | 426.67 | 273.03 |
| 11641 | | | | 505.50 | 341.04 |
| 11642 | | | | 577.52 | 402.24 |
| 11643 | | | | 681.67 | 503.51 |
| 11644 | | | | 842.42 | 625.31 |
| 11646 | | | | 1104.07 | 869.64 |
| 11719 | | | NRC | 30.75 | 17.05 |
| 11720 | | | | 70.03 | 32.52 |
| 11721 | | | | 96.85 | 55.02 |
| 11730 | | | | 230.29 | 121.38 |
| 11732 | | | | 69.77 | 39.48 |
| 11740 | | | | 107.93 | 68.98 |
| 11750 | | | | 329.24 | 221.77 |
| 11755 | | | | 259.08 | 137.90 |
| 11760 | | | | 405.72 | 247.76 |
| 11762 | | | | 609.00 | 405.59 |
| 11765 | | | NRC | 354.82 | 201.18 |
| 11770 | | | NRC | 605.51 | 404.26 |
| 11771 | | | NRC | 1260.26 | 958.75 |
| 11772 | | | NRC | 1509.04 | 1256.58 |
| 11900 | | | NRC | 114.96 | 68.80 |
| 11901 | | | NRC | 146.64 | 106.25 |
| 11920 | | | NRC | 380.18 | 246.02 |
| 11921 | | | NRC | 435.92 | 288.78 |
| 11922 | | | NRC | 128.54 | 65.06 |
| 11950 | | | NRC | 146.90 | 103.62 |
| 11951 | | | NRC | 211.05 | 151.90 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 11952 | | | NRC | 285.42 | 214.73 |
| 11954 | | | NRC | 332.32 | 245.77 |
| 11960 | | | | 2087.89 | 2087.89 |
| 11970 | | | | 1321.77 | 1321.77 |
| 11971 | | | | 1001.42 | 686.93 |
| 11976 | | | NRC | 309.46 | 204.87 |
| 11980 | | | NRC | 202.05 | 124.14 |
| 11981 | | | | 303.59 | 184.58 |
| 11982 | | | | 337.57 | 220.71 |
| 11983 | | | | 497.98 | 394.11 |
| 12001 | | | | 188.74 | 97.85 |
| 12002 | | | | 230.65 | 128.94 |
| 12004 | | | | 271.11 | 161.47 |
| 12005 | | | | 353.03 | 210.21 |
| 12006 | | | | 417.56 | 258.15 |
| 12007 | | | | 481.46 | 321.32 |
| 12011 | | | | 230.84 | 121.20 |
| 12013 | | | | 242.13 | 128.88 |
| 12014 | | | | 291.64 | 166.13 |
| 12015 | | | | 353.09 | 208.83 |
| 12016 | | | | 447.14 | 284.85 |
| 12017 | | | | 337.00 | 337.00 |
| 12018 | | | | 382.12 | 382.12 |
| 12020 | | | | 609.58 | 410.50 |
| 12021 | | | | 357.83 | 301.57 |
| 12031 | | | | 518.68 | 332.58 |
| 12032 | | | | 643.02 | 421.58 |
| 12034 | | | | 676.80 | 452.48 |
| 12035 | | | | 815.33 | 525.36 |
| 12036 | | | | 905.73 | 613.60 |
| 12037 | | | | 1027.56 | 718.11 |
| 12041 | | | | 518.54 | 325.23 |
| 12042 | | | | 627.68 | 435.81 |
| 12044 | | | | 774.97 | 469.13 |
| 12045 | | | | 855.05 | 584.56 |
| 12046 | | | | 1030.41 | 682.01 |
| 12047 | | | | 1133.00 | 760.80 |
| 12051 | | | | 562.23 | 372.52 |
| 12052 | | | | 638.37 | 443.61 |
| 12053 | | | | 745.26 | 475.49 |
| 12054 | | | | 780.94 | 485.93 |
| 12055 | | | | 1013.05 | 659.60 |
| 12056 | | | | 1193.14 | 833.93 |
| 12057 | | | | 1266.79 | 926.33 |
| 13100 | | | | 719.42 | 448.21 |
| 13101 | | | | 848.02 | 550.84 |
| 13102 | | | | 259.12 | 163.91 |
| 13120 | | | | 752.21 | 513.46 |
| 13121 | | | | 914.53 | 583.45 |
| 13122 | | | | 283.72 | 189.23 |
| 13131 | | | | 828.09 | 545.34 |
| 13132 | | | | 1021.43 | 687.47 |
| 13133 | | | | 381.64 | 288.59 |
| 13151 | | | | 907.79 | 627.92 |
| 13152 | | | | 1084.86 | 760.99 |
| 13153 | | | | 414.89 | 311.74 |
| 13160 | | | | 1749.34 | 1749.34 |
| 14000 | | | | 1333.35 | 1086.66 |
| 14001 | | | | 1714.71 | 1418.97 |
| 14020 | | | | 1488.35 | 1227.95 |
| 14021 | | | | 1862.18 | 1558.51 |
| 14040 | | | | 1630.19 | 1370.51 |

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|-------|-----|-------------|---------------|-------------|--------------|
| 14041 | | | | 2011.57 | 1691.31 |
| 14060 | | | | 1664.36 | 1461.67 |
| 14061 | | | | 2162.14 | 1808.70 |
| 14301 | | | | 2318.05 | 1918.44 |
| 14302 | | | | 486.16 | 486.16 |
| 14350 | | | | 1494.90 | 1494.90 |
| 15002 | | | | 745.18 | 494.88 |
| 15003 | | | | 158.53 | 101.54 |
| 15004 | | | | 855.05 | 588.16 |
| 15005 | | | | 266.49 | 203.02 |
| 15040 | | | | 541.66 | 276.94 |
| 15050 | | | | 1206.93 | 963.13 |
| 15100 | | | | 1850.63 | 1558.50 |
| 15101 | | | | 396.74 | 245.98 |
| 15110 | | | | 1730.46 | 1514.07 |
| 15111 | | | | 254.46 | 231.38 |
| 15115 | | | | 1717.73 | 1502.78 |
| 15116 | | | | 365.46 | 335.16 |
| 15120 | | | | 1830.10 | 1521.38 |
| 15121 | | | | 444.94 | 294.18 |
| 15130 | | | | 1430.86 | 1210.14 |
| 15131 | | | | 217.17 | 201.30 |
| 15135 | | | | 1851.47 | 1630.75 |
| 15136 | | | | 215.00 | 201.30 |
| 15150 | | | | 1523.32 | 1398.53 |
| 15151 | | | | 265.23 | 246.48 |
| 15152 | | | | 327.03 | 307.56 |
| 15155 | | | | 1725.58 | 1596.47 |
| 15156 | | | | 357.93 | 338.46 |
| 15157 | | | | 397.49 | 369.36 |
| 15200 | | | | 1789.56 | 1465.69 |
| 15201 | | | | 308.90 | 173.30 |
| 15220 | | | | 1653.10 | 1336.44 |
| 15221 | | | | 288.37 | 157.09 |
| 15240 | | | | 2003.78 | 1739.06 |
| 15241 | | | | 390.81 | 243.67 |
| 15260 | | | | 2170.84 | 1865.73 |
| 15261 | | | | 453.31 | 306.16 |
| 15271 | | | | 309.87 | 185.80 |
| 15272 | | | | 57.32 | 38.57 |
| 15273 | | | | 656.92 | 448.46 |
| 15274 | | | | 161.48 | 102.33 |
| 15275 | | | | 328.41 | 210.83 |
| 15276 | | | | 74.37 | 56.34 |
| 15277 | | | | 719.74 | 506.96 |
| 15278 | | | | 191.13 | 127.65 |
| 15570 | | | | 1957.69 | 1599.20 |
| 15572 | | | | 1905.13 | 1618.77 |
| 15574 | | | | 1946.43 | 1653.57 |
| 15576 | | | | 1724.42 | 1453.21 |
| 15600 | | | | 686.30 | 441.77 |
| 15610 | | | | 752.21 | 514.18 |
| 15620 | | | | 931.65 | 697.22 |
| 15630 | | | | 975.20 | 742.93 |
| 15650 | | | | 1083.89 | 830.71 |
| 15730 | | | | 3250.06 | 2009.40 |
| 15731 | | | | 2420.27 | 2183.68 |
| 15733 | | | | 2289.71 | 2289.71 |
| 15734 | | | | 3317.69 | 3317.69 |
| 15736 | | | | 2679.22 | 2679.22 |
| 15738 | | | | 2864.00 | 2864.00 |
| 15740 | | | | 2169.11 | 1840.19 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 15750 | | | | 2003.73 | 2003.73 |
| 15756 | | | | 5058.17 | 5058.17 |
| 15757 | | | | 5007.87 | 5007.87 |
| 15758 | | | | 5048.49 | 5048.49 |
| 15760 | | | | 1824.31 | 1535.79 |
| 15769 | | | NRC | TBD | TBD |
| 15770 | | | | 1445.04 | 1445.04 |
| 15771 | | | NRC | TBD | TBD |
| 15772 | | | NRC | TBD | TBD |
| 15773 | | | NRC | TBD | TBD |
| 15774 | | | NRC | TBD | TBD |
| 15775 | | | NRC | 659.88 | 492.54 |
| 15776 | | | NRC | 946.74 | 697.89 |
| 15777 | | | | 479.08 | 479.08 |
| 15780 | | | NRC | 1953.02 | 1518.07 |
| 15781 | | | NRC | 1171.77 | 927.97 |
| 15782 | | | NRC | 1213.62 | 892.64 |
| 15783 | | | NRC | 1015.79 | 799.39 |
| 15786 | | | | 518.79 | 297.34 |
| 15787 | | | | 93.90 | 38.36 |
| 15788 | | | NRC | 935.53 | 507.07 |
| 15789 | | | NRC | 1174.42 | 895.27 |
| 15792 | | | NRC | 865.51 | 520.72 |
| 15793 | | | NRC | 1046.86 | 779.25 |
| 15819 | | | NRC | 1723.77 | 1723.77 |
| 15820 | | | NRC | 1215.03 | 1095.29 |
| 15821 | | | NRC | 1302.80 | 1170.08 |
| 15822 | | | NRC | 952.51 | 835.65 |
| 15823 | | | NRC | 1301.26 | 1167.09 |
| 15830 | | | NRC | 2567.73 | 2567.73 |
| 15832 | | | NRC | 2003.73 | 2003.73 |
| 15833 | | | NRC | 1891.52 | 1891.52 |
| 15834 | | | NRC | 1934.64 | 1934.64 |
| 15835 | | | NRC | 2036.11 | 2036.11 |
| 15836 | | | NRC | 1715.29 | 1715.29 |
| 15837 | | | NRC | 1855.20 | 1560.91 |
| 15838 | | | NRC | 1386.37 | 1386.37 |
| 15839 | | | NRC | 1904.11 | 1606.93 |
| 15840 | | | | 2195.15 | 2195.15 |
| 15841 | | | | 3894.91 | 3894.91 |
| 15842 | | | | 5945.25 | 5945.25 |
| 15845 | | | | 2186.44 | 2186.44 |
| 15847 | | | NRC | 1442.17 | 1442.17 |
| 15850 | | | NRC | 190.51 | 91.69 |
| 15851 | | | NRC | 211.81 | 100.73 |
| 15852 | | | NRC | 102.45 | 102.45 |
| 15860 | | | | 238.69 | 238.69 |
| 15920 | | | | 1353.34 | 1353.34 |
| 15922 | | | | 1702.70 | 1702.70 |
| 15931 | | | | 1519.55 | 1519.55 |
| 15933 | | | | 1866.44 | 1866.44 |
| 15934 | | | | 2066.78 | 2066.78 |
| 15935 | | | | 2406.85 | 2406.85 |
| 15936 | | | | 1959.62 | 1959.62 |
| 15937 | | | | 2272.11 | 2272.11 |
| 15940 | | | | 1534.78 | 1534.78 |
| 15941 | | | | 1979.19 | 1979.19 |
| 15944 | | | | 1960.08 | 1960.08 |
| 15945 | | | | 2159.52 | 2159.52 |
| 15946 | | | | 3569.21 | 3569.21 |
| 15950 | | | | 1313.30 | 1313.30 |
| 15951 | | | | 1912.82 | 1912.82 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 15952 | | | | 1967.74 | 1967.74 |
| 15953 | | | | 2171.87 | 2171.87 |
| 15956 | | | | 2539.86 | 2539.86 |
| 15958 | | | | 2587.60 | 2587.60 |
| 15999 | | | BR | 0.00 | 0.00 |
| 16000 | | | | 150.83 | 101.79 |
| 16020 | | | | 172.67 | 117.13 |
| 16025 | | | | 320.44 | 241.09 |
| 16030 | | | | 405.44 | 291.47 |
| 16035 | | | | 435.56 | 435.56 |
| 16036 | | | | 181.89 | 181.89 |
| 17000 | | | | 137.98 | 114.90 |
| 17003 | | | | 11.87 | 5.38 |
| 17004 | | | | 321.15 | 215.83 |
| 17106 | | | | 733.06 | 599.62 |
| 17107 | | | | 950.16 | 769.83 |
| 17108 | | | | 1380.26 | 1153.77 |
| 17110 | | | NRC | 230.96 | 146.57 |
| 17111 | | | NRC | 274.84 | 181.07 |
| 17250 | | | | 170.37 | 79.49 |
| 17260 | | | | 202.71 | 153.66 |
| 17261 | | | | 305.60 | 195.24 |
| 17262 | | | | 373.61 | 250.27 |
| 17263 | | | | 408.37 | 277.81 |
| 17264 | | | | 436.83 | 296.17 |
| 17266 | | | | 498.35 | 349.76 |
| 17270 | | | | 316.17 | 215.18 |
| 17271 | | | | 348.43 | 238.07 |
| 17272 | | | | 398.14 | 275.52 |
| 17273 | | | | 444.25 | 312.25 |
| 17274 | | | | 525.51 | 383.41 |
| 17276 | | | | 609.32 | 458.56 |
| 17280 | | | | 295.57 | 195.31 |
| 17281 | | | | 380.50 | 268.70 |
| 17282 | | | | 436.97 | 311.46 |
| 17283 | | | | 524.46 | 390.30 |
| 17284 | | | | 598.89 | 454.63 |
| 17286 | | | | 770.79 | 612.82 |
| 17311 | | | | 1415.97 | 827.38 |
| 17312 | | | | 837.13 | 440.41 |
| 17313 | | | | 1322.31 | 741.65 |
| 17314 | | | | 798.50 | 408.27 |
| 17315 | | | | 169.60 | 116.22 |
| 17340 | | | NRC | 113.13 | 106.63 |
| 17360 | | | NRC | 271.38 | 210.79 |
| 17999 | | | BR | 0.00 | 0.00 |
| 19000 | | | | 231.30 | 97.13 |
| 19001 | | | | 58.63 | 47.81 |
| 19020 | | | | 1004.59 | 668.46 |
| 19030 | | | | 352.86 | 171.81 |
| 19081 | | | | 1352.63 | 373.81 |
| 19082 | | | | 1096.15 | 188.02 |
| 19083 | | | | 1323.84 | 352.23 |
| 19084 | | | | 1056.41 | 175.69 |
| 19085 | | | | 2001.65 | 408.28 |
| 19086 | | | | 1597.71 | 204.14 |
| 19100 | | | | 321.98 | 156.79 |
| 19101 | | | | 721.49 | 487.06 |
| 19105 | | | | 5836.82 | 472.42 |
| 19110 | | | | 1043.35 | 753.38 |
| 19112 | | | | 979.77 | 683.31 |
| 19120 | | | | 1079.68 | 908.01 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 19125 | | | | 1197.31 | 1009.05 |
| 19126 | | | | 361.55 | 361.55 |
| 19281 | | | | 512.01 | 224.21 |
| 19282 | | | | 354.82 | 112.46 |
| 19283 | | | | 572.09 | 225.86 |
| 19284 | | | | 430.84 | 115.63 |
| 19285 | | | | 1006.97 | 192.60 |
| 19286 | | | | 865.26 | 96.34 |
| 19287 | | | | 1698.90 | 286.57 |
| 19288 | | | | 1355.09 | 144.00 |
| 19294 | | | | 363.20 | 363.20 |
| 19296 | | | | 8191.09 | 468.72 |
| 19297 | | | | 212.43 | 212.43 |
| 19298 | | | | 2080.06 | 704.52 |
| 19300 | | | NRC | 1150.05 | 906.25 |
| 19301 | | | | 1443.08 | 1443.08 |
| 19302 | | | | 1987.71 | 1987.71 |
| 19303 | | | | 2119.89 | 2119.89 |
| 19305 | | | | 2503.64 | 2503.64 |
| 19306 | | | | 2649.99 | 2649.99 |
| 19307 | | | | 2645.52 | 2645.52 |
| 19316 | | | NRC | 1685.40 | 1685.40 |
| 19318 | | | NRC | 2402.32 | 2402.32 |
| 19324 | | | NRC | 1144.45 | 1144.45 |
| 19325 | | | NRC | 1397.92 | 1397.92 |
| 19328 | | | NRC | 1079.51 | 1079.51 |
| 19330 | | | NRC | 1377.48 | 1377.48 |
| 19340 | | | NRC | 2171.18 | 2171.18 |
| 19342 | | | NRC | 2010.84 | 2010.84 |
| 19350 | | | NRC | 1773.29 | 1463.13 |
| 19355 | | | NRC | 1618.37 | 1346.44 |
| 19357 | | | NRC | 3255.77 | 3255.77 |
| 19361 | | | NRC | 3441.84 | 3441.84 |
| 19364 | | | NRC | 6041.49 | 6041.49 |
| 19366 | | | NRC | 3083.28 | 3083.28 |
| 19367 | | | NRC | 3909.89 | 3909.89 |
| 19368 | | | NRC | 4821.33 | 4821.33 |
| 19369 | | | NRC | 4473.90 | 4473.90 |
| 19370 | | | NRC | 1493.95 | 1493.95 |
| 19371 | | | NRC | 1709.28 | 1709.28 |
| 19380 | | | NRC | 1685.93 | 1685.93 |
| 19396 | | | NRC | 610.37 | 317.52 |
| 19499 | | | NRC | 0.00 | 0.00 |
| 20100 | | | | 1347.97 | 1347.97 |
| 20101 | | | | 961.24 | 462.09 |
| 20102 | | | | 1044.94 | 565.26 |
| 20103 | | | | 1239.47 | 761.96 |
| 20150 | | | | 2215.50 | 2215.50 |
| 20200 | | | | 441.20 | 208.94 |
| 20205 | | | | 622.00 | 342.85 |
| 20206 | | | | 491.09 | 128.27 |
| 20220 | | | | 354.56 | 157.64 |
| 20225 | | | | 1074.51 | 234.90 |
| 20240 | | | | 330.35 | 330.35 |
| 20245 | | | | 776.78 | 776.78 |
| 20250 | | | | 873.78 | 873.78 |
| 20251 | | | | 947.01 | 947.01 |
| 20500 | | | | 232.14 | 185.98 |
| 20501 | | | | 266.56 | 84.07 |
| 20520 | | | | 437.61 | 317.16 |
| 20525 | | | | 1010.55 | 540.26 |
| 20526 | | | | 107.10 | 81.96 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 20527 | | | | 116.29 | 93.47 |
| 20550 | | | | 73.86 | 56.17 |
| 20551 | | | | 74.75 | 57.06 |
| 20552 | | | | 76.19 | 53.84 |
| 20553 | | | | 87.78 | 61.25 |
| 20555 | | | | 470.36 | 470.36 |
| 20560 | | | BR | TBD | TBD |
| 20561 | | | BR | TBD | TBD |
| 20600 | | | | 67.39 | 51.09 |
| 20604 | | | | 101.96 | 66.58 |
| 20605 | | | | 70.26 | 53.04 |
| 20606 | | | | 112.76 | 75.98 |
| 20610 | | | | 83.48 | 65.32 |
| 20611 | | | | 126.82 | 86.78 |
| 20612 | | | | 82.96 | 59.22 |
| 20615 | | | | 334.77 | 226.76 |
| 20650 | | | | 455.01 | 347.53 |
| 20660 | | | | 544.60 | 544.60 |
| 20661 | | | | 1094.94 | 1094.94 |
| 20662 | | | | 1114.59 | 1114.59 |
| 20663 | | | | 1023.02 | 1023.02 |
| 20664 | | | | 1920.84 | 1920.84 |
| 20665 | | | | 235.34 | 200.72 |
| 20670 | | | | 783.20 | 315.79 |
| 20680 | | | | 1316.79 | 921.51 |
| 20690 | | | | 1309.75 | 1309.75 |
| 20692 | | | | 2453.49 | 2453.49 |
| 20693 | | | | 966.09 | 966.09 |
| 20694 | | | | 914.06 | 735.18 |
| 20696 | | | | 2624.81 | 2624.81 |
| 20697 | | | | 4249.39 | 4249.39 |
| 20700 | | | BR | TBD | TBD |
| 20701 | | | BR | TBD | TBD |
| 20702 | | | BR | TBD | TBD |
| 20703 | | | BR | TBD | TBD |
| 20704 | | | BR | TBD | TBD |
| 20705 | | | BR | TBD | TBD |
| 20802 | | | | 6087.10 | 6087.10 |
| 20805 | | | | 7253.88 | 7253.88 |
| 20808 | | | | 8782.90 | 8782.90 |
| 20816 | | | | 4558.73 | 4558.73 |
| 20822 | | | | 3910.81 | 3910.81 |
| 20824 | | | | 4565.94 | 4565.94 |
| 20827 | | | | 3993.82 | 3993.82 |
| 20838 | | | | 6161.27 | 6161.27 |
| 20900 | | | | 868.49 | 410.46 |
| 20902 | | | | 627.40 | 627.40 |
| 20910 | | | | 1014.81 | 1014.81 |
| 20912 | | | | 1030.47 | 1030.47 |
| 20920 | | | | 873.20 | 873.20 |
| 20922 | | | | 1283.09 | 1068.86 |
| 20924 | | | | 1101.43 | 1101.43 |
| 20930 | | | | 233.07 | 233.07 |
| 20931 | | | | 251.12 | 251.12 |
| 20932 | | | | 1580.70 | 1580.70 |
| 20933 | | | | 1449.85 | 1449.85 |
| 20934 | | | | 1579.92 | 1579.92 |
| 20936 | | | | 354.68 | 354.68 |
| 20937 | | | | 375.34 | 375.34 |
| 20938 | | | | 415.73 | 415.73 |
| 20939 | | | | 147.17 | 147.17 |
| 20950 | | | | 544.24 | 197.29 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 20955 | | | | 5479.00 | 5479.00 |
| 20956 | | | | 5814.44 | 5814.44 |
| 20957 | | | | 6089.92 | 6089.92 |
| 20962 | | | | 5868.71 | 5868.71 |
| 20969 | | | | 6053.59 | 6053.59 |
| 20970 | | | | 6293.51 | 6293.51 |
| 20972 | | | | 6316.37 | 6316.37 |
| 20973 | | | | 6673.67 | 6673.67 |
| 20974 | | | | 166.66 | 110.40 |
| 20975 | | | | 395.32 | 395.32 |
| 20979 | | | | 112.08 | 71.68 |
| 20982 | | | | 7996.18 | 814.79 |
| 20983 | | | | 11860.18 | 782.99 |
| 20985 | | | | 325.55 | 325.55 |
| 20999 | | | BR | 0.00 | 0.00 |
| 21010 | | | | 1670.50 | 1670.50 |
| 21011 | | | | 753.16 | 556.24 |
| 21012 | | | | 738.49 | 738.49 |
| 21013 | | | | 1126.09 | 875.08 |
| 21014 | | | | 1138.31 | 1138.31 |
| 21015 | | | | 1540.74 | 1540.74 |
| 21016 | | | | 2221.22 | 2221.22 |
| 21025 | | | | 1870.95 | 1596.85 |
| 21026 | | | | 1271.46 | 1042.09 |
| 21029 | | | NRC | 1656.50 | 1380.96 |
| 21030 | | | NRC | 1092.94 | 882.32 |
| 21031 | | | NRC | 841.16 | 626.93 |
| 21032 | | | NRC | 846.47 | 617.81 |
| 21034 | | | | 2837.15 | 2513.28 |
| 21040 | | | NRC | 1100.95 | 883.83 |
| 21044 | | | | 1906.12 | 1906.12 |
| 21045 | | | | 2673.05 | 2673.05 |
| 21046 | | | NRC | 2386.57 | 2386.57 |
| 21047 | | | NRC | 2872.02 | 2872.02 |
| 21048 | | | NRC | 2426.38 | 2426.38 |
| 21049 | | | NRC | 2645.17 | 2645.17 |
| 21050 | | | | 1960.26 | 1960.26 |
| 21060 | | | | 1786.14 | 1786.14 |
| 21070 | | | NRC | 1387.27 | 1387.27 |
| 21073 | | | NRC | 821.36 | 553.03 |
| 21076 | | | | 2093.88 | 1773.62 |
| 21077 | | | | 5222.24 | 4442.50 |
| 21079 | | | | 3537.47 | 2974.12 |
| 21080 | | | | 3995.96 | 3321.53 |
| 21081 | | | | 3676.43 | 3046.72 |
| 21082 | | | | 3430.00 | 2821.21 |
| 21083 | | | | 3266.09 | 2622.68 |
| 21084 | | | | 3742.71 | 3032.21 |
| 21085 | | | | 1587.37 | 1202.19 |
| 21086 | | | | 3877.62 | 3276.77 |
| 21087 | | | | 3877.62 | 3276.77 |
| 21088 | | | BR | 0.00 | 0.00 |
| 21089 | | | BR | 0.00 | 0.00 |
| 21100 | | | | 1471.11 | 855.11 |
| 21110 | | | NRC | 1732.53 | 1459.15 |
| 21116 | | | | 372.68 | 105.80 |
| 21120 | | | NRC | 1432.03 | 1137.74 |
| 21121 | | | NRC | 1571.28 | 1349.83 |
| 21122 | | | NRC | 1681.34 | 1681.34 |
| 21123 | | | NRC | 1971.39 | 1971.39 |
| 21125 | | | NRC | 6052.86 | 1621.84 |
| 21127 | | | NRC | 8188.95 | 1875.30 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 21137 | | | NRC | 1638.38 | 1638.38 |
| 21138 | | | NRC | 2004.17 | 2004.17 |
| 21139 | | | NRC | 2434.80 | 2434.80 |
| 21141 | | | NRC | 2997.19 | 2997.19 |
| 21142 | | | NRC | 3082.00 | 3082.00 |
| 21143 | | | NRC | 3214.81 | 3214.81 |
| 21145 | | | NRC | 3519.82 | 3519.82 |
| 21146 | | | NRC | 3658.89 | 3658.89 |
| 21147 | | | NRC | 3871.19 | 3871.19 |
| 21150 | | | NRC | 3634.52 | 3634.52 |
| 21151 | | | NRC | 4003.78 | 4003.78 |
| 21154 | | | NRC | 4308.03 | 4308.03 |
| 21155 | | | NRC | 4783.34 | 4783.34 |
| 21159 | | | NRC | 5740.97 | 5740.97 |
| 21160 | | | NRC | 6230.18 | 6230.18 |
| 21172 | | | NRC | 4634.01 | 4634.01 |
| 21175 | | | NRC | 4861.98 | 4861.98 |
| 21179 | | | NRC | 3317.93 | 3317.93 |
| 21180 | | | NRC | 3735.94 | 3735.94 |
| 21181 | | | NRC | 1614.83 | 1614.83 |
| 21182 | | | NRC | 4650.05 | 4650.05 |
| 21183 | | | NRC | 5089.92 | 5089.92 |
| 21184 | | | NRC | 5480.97 | 5480.97 |
| 21188 | | | NRC | 3643.59 | 3643.59 |
| 21193 | | | NRC | 2797.91 | 2797.91 |
| 21194 | | | NRC | 3225.78 | 3225.78 |
| 21195 | | | NRC | 3105.83 | 3105.83 |
| 21196 | | | NRC | 3201.68 | 3201.68 |
| 21198 | | | NRC | 2506.04 | 2506.04 |
| 21199 | | | NRC | 2361.00 | 2361.00 |
| 21206 | | | NRC | 2582.41 | 2582.41 |
| 21208 | | | | 3687.85 | 1766.27 |
| 21209 | | | NRC | 1917.43 | 1451.46 |
| 21210 | | | | 4437.82 | 1815.13 |
| 21215 | | | | 8368.28 | 1892.34 |
| 21230 | | | | 1624.63 | 1624.63 |
| 21235 | | | | 1554.88 | 1228.13 |
| 21240 | | | | 2442.83 | 2442.83 |
| 21242 | | | | 2269.96 | 2269.96 |
| 21243 | | | | 3717.61 | 3717.61 |
| 21244 | | | | 2269.11 | 2269.11 |
| 21245 | | | | 2616.03 | 2083.70 |
| 21246 | | | | 1934.60 | 1934.60 |
| 21247 | | | NRC | 3578.81 | 3578.81 |
| 21248 | | | | 2342.13 | 1927.38 |
| 21249 | | | | 3383.39 | 2791.91 |
| 21255 | | | | 3076.55 | 3076.55 |
| 21256 | | | | 2717.64 | 2717.64 |
| 21260 | | | | 3036.86 | 3036.86 |
| 21261 | | | | 5397.54 | 5397.54 |
| 21263 | | | | 4986.61 | 4986.61 |
| 21267 | | | | 3537.48 | 3537.48 |
| 21268 | | | | 4457.83 | 4457.83 |
| 21270 | | | | 2177.99 | 1642.06 |
| 21275 | | | | 1834.76 | 1834.76 |
| 21280 | | | NRC | 1234.28 | 1234.28 |
| 21282 | | | NRC | 825.50 | 825.50 |
| 21295 | | | NRC | 401.62 | 401.62 |
| 21296 | | | NRC | 874.69 | 874.69 |
| 21299 | | | BR | 0.00 | 0.00 |
| 21310 | | | | 275.55 | 60.60 |
| 21315 | | | | 579.33 | 325.42 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 21320 | | | | 535.65 | 290.41 |
| 21325 | | | | 997.63 | 997.63 |
| 21330 | | | | 1210.32 | 1210.32 |
| 21335 | | | | 1548.81 | 1548.81 |
| 21336 | | | | 1377.75 | 1377.75 |
| 21337 | | | | 863.90 | 633.08 |
| 21338 | | | | 1413.54 | 1413.54 |
| 21339 | | | | 1605.69 | 1605.69 |
| 21340 | | | | 1625.72 | 1625.72 |
| 21343 | | | | 2330.70 | 2330.70 |
| 21344 | | | | 3022.66 | 3022.66 |
| 21345 | | | | 1673.00 | 1360.67 |
| 21346 | | | | 2004.80 | 2004.80 |
| 21347 | | | | 2195.59 | 2195.59 |
| 21348 | | | | 2371.50 | 2371.50 |
| 21355 | | | | 912.76 | 694.93 |
| 21356 | | | | 1069.06 | 819.49 |
| 21360 | | | | 1107.12 | 1107.12 |
| 21365 | | | | 2432.70 | 2432.70 |
| 21366 | | | | 2781.48 | 2781.48 |
| 21385 | | | | 1635.13 | 1635.13 |
| 21386 | | | | 1514.81 | 1514.81 |
| 21387 | | | | 1706.29 | 1706.29 |
| 21390 | | | | 1739.56 | 1739.56 |
| 21395 | | | | 2210.06 | 2210.06 |
| 21400 | | | | 424.77 | 342.54 |
| 21401 | | | | 1092.25 | 694.09 |
| 21406 | | | | 1250.15 | 1250.15 |
| 21407 | | | | 1404.06 | 1404.06 |
| 21408 | | | | 1970.26 | 1970.26 |
| 21421 | | | | 1512.79 | 1287.74 |
| 21422 | | | | 1435.09 | 1435.09 |
| 21423 | | | | 1685.57 | 1685.57 |
| 21431 | | | | 1546.76 | 1546.76 |
| 21432 | | | | 1551.87 | 1551.87 |
| 21433 | | | | 3821.48 | 3821.48 |
| 21435 | | | | 3064.17 | 3064.17 |
| 21436 | | | | 4476.95 | 4476.95 |
| 21440 | | | | 1276.44 | 1039.85 |
| 21445 | | | | 1653.78 | 1351.55 |
| 21450 | | | | 1214.35 | 1000.12 |
| 21451 | | | | 1612.39 | 1362.09 |
| 21452 | | | | 1401.26 | 842.25 |
| 21453 | | | | 2043.16 | 1756.08 |
| 21454 | | | | 1188.44 | 1188.44 |
| 21461 | | | | 4358.65 | 2098.05 |
| 21462 | | | | 4655.30 | 2338.44 |
| 21465 | | | | 1966.85 | 1966.85 |
| 21470 | | | | 2626.00 | 2626.00 |
| 21480 | | | | 226.05 | 70.24 |
| 21485 | | | | 1752.68 | 1445.40 |
| 21490 | | | | 1943.45 | 1943.45 |
| 21497 | | | | 1450.98 | 1226.65 |
| 21499 | | | BR | 0.00 | 0.00 |
| 21501 | | | | 982.07 | 701.48 |
| 21502 | | | | 1108.75 | 1108.75 |
| 21510 | | | | 969.19 | 969.19 |
| 21550 | | | | 554.02 | 341.23 |
| 21552 | | | | 979.95 | 979.95 |
| 21554 | | | | 1607.88 | 1607.88 |
| 21555 | | | | 902.02 | 664.70 |
| 21556 | | | | 1155.65 | 1155.65 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 21557 | | | | 2098.61 | 2098.61 |
| 21558 | | | | 2967.22 | 2967.22 |
| 21600 | | | NRC | 1201.41 | 1201.41 |
| 21601 | | | BR | TBD | TBD |
| 21602 | | | BR | TBD | TBD |
| 21603 | | | BR | TBD | TBD |
| 21610 | | | NRC | 2649.67 | 2649.67 |
| 21615 | | | NRC | 1352.77 | 1352.77 |
| 21616 | | | NRC | 1586.22 | 1586.22 |
| 21620 | | | NRC | 1105.88 | 1105.88 |
| 21627 | | | NRC | 1175.98 | 1175.98 |
| 21630 | | | NRC | 2708.27 | 2708.27 |
| 21632 | | | NRC | 2677.40 | 2677.40 |
| 21685 | | | NRC | 2149.54 | 2149.54 |
| 21700 | | | NRC | 789.44 | 789.44 |
| 21705 | | | NRC | 1190.37 | 1190.37 |
| 21720 | | | NRC | 1116.88 | 1116.88 |
| 21725 | | | NRC | 1180.92 | 1180.92 |
| 21740 | | | NRC | 2286.48 | 2286.48 |
| 21742 | | | NRC | 1603.99 | 1603.99 |
| 21743 | | | NRC | 1772.23 | 1772.23 |
| 21750 | | | | 1514.27 | 1514.27 |
| 21811 | | | | 1326.20 | 1326.20 |
| 21812 | | | | 1624.75 | 1624.75 |
| 21813 | | | | 2191.19 | 2191.19 |
| 21820 | | | | 304.84 | 306.28 |
| 21825 | | | | 1187.37 | 1187.37 |
| 21899 | | | BR | 0.00 | 0.00 |
| 21920 | | | | 542.55 | 344.19 |
| 21925 | | | | 981.93 | 779.96 |
| 21930 | | | | 1036.96 | 796.04 |
| 21931 | | | | 1033.82 | 1033.82 |
| 21932 | | | | 1454.81 | 1454.81 |
| 21933 | | | | 1625.57 | 1625.57 |
| 21935 | | | | 2265.48 | 2265.48 |
| 21936 | | | | 3136.61 | 3136.61 |
| 22010 | | | | 2108.98 | 2108.98 |
| 22015 | | | | 2083.49 | 2083.49 |
| 22100 | | | | 1888.73 | 1888.73 |
| 22101 | | | | 1883.48 | 1883.48 |
| 22102 | | | | 1783.35 | 1783.35 |
| 22103 | | | | 315.51 | 315.51 |
| 22110 | | | | 2306.78 | 2306.78 |
| 22112 | | | | 2439.25 | 2439.25 |
| 22114 | | | | 2470.08 | 2470.08 |
| 22116 | | | | 317.24 | 317.24 |
| 22206 | | | | 5464.14 | 5464.14 |
| 22207 | | | | 5351.75 | 5351.75 |
| 22208 | | | | 1330.40 | 1330.40 |
| 22210 | | | | 3975.33 | 3975.33 |
| 22212 | | | | 3293.94 | 3293.94 |
| 22214 | | | | 3307.88 | 3307.88 |
| 22216 | | | | 816.17 | 816.17 |
| 22220 | | | | 3590.31 | 3590.31 |
| 22222 | | | | 3818.52 | 3818.52 |
| 22224 | | | | 3500.41 | 3500.41 |
| 22226 | | | | 814.01 | 814.01 |
| 22310 | | | | 667.20 | 620.32 |
| 22315 | | | | 1913.07 | 1685.86 |
| 22318 | | | | 3644.43 | 3644.43 |
| 22319 | | | | 4038.81 | 4038.81 |
| 22325 | | | | 3199.37 | 3199.37 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 22326 | | | | 3320.20 | 3320.20 |
| 22327 | | | | 3347.03 | 3347.03 |
| 22328 | | | | 635.29 | 635.29 |
| 22505 | | | | 288.22 | 288.22 |
| 22510 | | | | 3652.45 | 962.68 |
| 22511 | | | | 3612.25 | 902.28 |
| 22512 | | | | 1876.55 | 462.06 |
| 22513 | | | | 14172.74 | 1146.56 |
| 22514 | | | | 14122.16 | 1067.85 |
| 22515 | | | | 8193.23 | 497.55 |
| 22526 | | | | 4732.91 | 747.66 |
| 22527 | | | | 3963.22 | 355.21 |
| 22532 | | | | 4007.23 | 4007.23 |
| 22533 | | | | 3674.89 | 3674.89 |
| 22534 | | | | 809.49 | 809.49 |
| 22548 | | | | 4358.33 | 4358.33 |
| 22551 | | | | 3800.84 | 3800.84 |
| 22552 | | | | 896.37 | 896.37 |
| 22554 | | | | 2778.52 | 2778.52 |
| 22556 | | | | 3716.13 | 3716.13 |
| 22558 | | | | 3404.96 | 3404.96 |
| 22585 | | | | 735.41 | 735.41 |
| 22586 | | | | NC | 4511.35 |
| 22590 | | | | 3513.17 | 3513.17 |
| 22595 | | | | 3350.47 | 3350.47 |
| 22600 | | | | 2857.09 | 2857.09 |
| 22610 | | | | 2802.98 | 2802.98 |
| 22612 | | | | 3520.43 | 3520.43 |
| 22614 | | | | 879.01 | 879.01 |
| 22630 | | | | 3499.68 | 3499.68 |
| 22632 | | | | 724.09 | 724.09 |
| 22633 | | | | 4121.99 | 4121.99 |
| 22634 | | | | 1114.62 | 1114.62 |
| 22800 | | | NRC | 3000.53 | 3000.53 |
| 22802 | | | NRC | 4674.20 | 4674.20 |
| 22804 | | | NRC | 5407.18 | 5407.18 |
| 22808 | | | NRC | 4112.76 | 4112.76 |
| 22810 | | | NRC | 4617.76 | 4617.76 |
| 22812 | | | NRC | 4831.41 | 4831.41 |
| 22818 | | | NRC | 4777.85 | 4777.85 |
| 22819 | | | NRC | 5465.09 | 5465.09 |
| 22830 | | | | 1798.66 | 1798.66 |
| 22840 | | | | 1708.60 | 1708.60 |
| 22841 | | | | 582.68 | 582.68 |
| 22842 | | | | 1718.00 | 1718.00 |
| 22843 | | | | 1837.14 | 1837.14 |
| 22844 | | | | 2216.69 | 2216.69 |
| 22845 | | | | 1642.40 | 1642.40 |
| 22846 | | | | 1705.45 | 1705.45 |
| 22847 | | | | 1794.29 | 1794.29 |
| 22848 | | | | 807.56 | 807.56 |
| 22849 | | | | 2883.77 | 2883.77 |
| 22850 | | | | 1601.07 | 1601.07 |
| 22852 | | | | 1537.22 | 1537.22 |
| 22853 | | | | 581.13 | 581.13 |
| 22854 | | | | 752.84 | 752.84 |
| 22855 | | | | 2458.61 | 2458.61 |
| 22856 | | | | 3647.05 | 3647.05 |
| 22857 | | | | 3879.54 | 3879.54 |
| 22858 | | | | 1149.48 | 1149.48 |
| 22859 | | | | 752.84 | 752.84 |
| 22861 | | | | 4973.75 | 4973.75 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 22862 | | | | 4206.73 | 4206.73 |
| 22864 | | | | 4594.16 | 4594.16 |
| 22865 | | | | 4323.54 | 4323.54 |
| 22867 | | | | 2150.44 | 2150.44 |
| 22868 | | | | 543.60 | 543.60 |
| 22869 | | | | 1008.42 | 1008.42 |
| 22870 | | | | 278.33 | 278.33 |
| 22899 | | | BR | 0.00 | 0.00 |
| 22900 | | | | 1238.54 | 1238.54 |
| 22901 | | | | 1466.92 | 1466.92 |
| 22902 | | | | 962.73 | 723.26 |
| 22903 | | | | 966.52 | 966.52 |
| 22904 | | | | 2333.86 | 2333.86 |
| 22905 | | | | 2954.05 | 2954.05 |
| 22999 | | | BR | 0.00 | 0.00 |
| 23000 | | | | 1194.86 | 780.83 |
| 23020 | | | | 1505.51 | 1505.51 |
| 23030 | | | | 923.81 | 546.57 |
| 23031 | | | | 846.65 | 453.53 |
| 23035 | | | | 1477.24 | 1477.24 |
| 23040 | | | | 1565.60 | 1565.60 |
| 23044 | | | | 1236.88 | 1236.88 |
| 23065 | | | | 474.82 | 364.46 |
| 23066 | | | | 1201.39 | 784.47 |
| 23071 | | | | 919.79 | 919.79 |
| 23073 | | | | 1526.81 | 1526.81 |
| 23075 | | | | 1036.34 | 712.47 |
| 23076 | | | | 1184.70 | 1184.70 |
| 23077 | | | | 2509.13 | 2509.13 |
| 23078 | | | | 3172.87 | 3172.87 |
| 23100 | | | | 1087.68 | 1087.68 |
| 23101 | | | | 993.25 | 993.25 |
| 23105 | | | | 1389.40 | 1389.40 |
| 23106 | | | | 1081.59 | 1081.59 |
| 23107 | | | | 1441.17 | 1441.17 |
| 23120 | | | | 1270.02 | 1270.02 |
| 23125 | | | | 1541.38 | 1541.38 |
| 23130 | | | | 1332.62 | 1332.62 |
| 23140 | | | | 1203.41 | 1203.41 |
| 23145 | | | | 1499.62 | 1499.62 |
| 23146 | | | | 1333.98 | 1333.98 |
| 23150 | | | | 1435.97 | 1435.97 |
| 23155 | | | | 1722.19 | 1722.19 |
| 23156 | | | | 1475.40 | 1475.40 |
| 23170 | | | | 1222.89 | 1222.89 |
| 23172 | | | | 1228.04 | 1228.04 |
| 23174 | | | | 1654.01 | 1654.01 |
| 23180 | | | | 1441.48 | 1441.48 |
| 23182 | | | | 1434.66 | 1434.66 |
| 23184 | | | | 1599.89 | 1599.89 |
| 23190 | | | | 1243.99 | 1243.99 |
| 23195 | | | | 1630.21 | 1630.21 |
| 23200 | | | | 3327.50 | 3327.50 |
| 23210 | | | | 3912.47 | 3912.47 |
| 23220 | | | | 4302.20 | 4302.20 |
| 23330 | | | | 591.95 | 358.24 |
| 23333 | | | | 1003.97 | 1003.97 |
| 23334 | | | | 2350.00 | 2350.00 |
| 23335 | | | | 2809.11 | 2809.11 |
| 23350 | | | | 293.51 | 113.18 |
| 23395 | | | | 2812.38 | 2812.38 |
| 23397 | | | | 2488.10 | 2488.10 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 23400 | | | | 2092.39 | 2092.39 |
| 23405 | | | | 1348.40 | 1348.40 |
| 23406 | | | | 1687.11 | 1687.11 |
| 23410 | | | | 1794.98 | 1794.98 |
| 23412 | | | | 1863.33 | 1863.33 |
| 23415 | | | | 1523.83 | 1523.83 |
| 23420 | | | | 2125.32 | 2125.32 |
| 23430 | | | | 1624.16 | 1624.16 |
| 23440 | | | | 1648.90 | 1648.90 |
| 23450 | | | | 2066.46 | 2066.46 |
| 23455 | | | | 2188.63 | 2188.63 |
| 23460 | | | | 2378.94 | 2378.94 |
| 23462 | | | | 2313.89 | 2313.89 |
| 23465 | | | | 2448.24 | 2448.24 |
| 23466 | | | | 2440.33 | 2440.33 |
| 23470 | | | | 2635.77 | 2635.77 |
| 23472 | | | | 3198.22 | 3198.22 |
| 23473 | | | | NC | 3570.61 |
| 23474 | | | | NC | 3858.50 |
| 23480 | | | | 1801.26 | 1801.26 |
| 23485 | | | | 2093.18 | 2093.18 |
| 23490 | | | | 1874.65 | 1874.65 |
| 23491 | | | | 2225.77 | 2225.77 |
| 23500 | | | | 467.16 | 476.53 |
| 23505 | | | | 762.05 | 715.89 |
| 23515 | | | | 1569.39 | 1569.39 |
| 23520 | | | | 502.86 | 503.58 |
| 23525 | | | | 832.17 | 769.42 |
| 23530 | | | | 1239.97 | 1239.97 |
| 23532 | | | | 1346.93 | 1346.93 |
| 23540 | | | | 489.91 | 491.36 |
| 23545 | | | | 739.37 | 668.68 |
| 23550 | | | | 1238.73 | 1238.73 |
| 23552 | | | | 1426.00 | 1426.00 |
| 23570 | | | | 495.89 | 511.04 |
| 23575 | | | | 865.69 | 809.42 |
| 23585 | | | | 2146.83 | 2146.83 |
| 23600 | | | | 699.19 | 659.52 |
| 23605 | | | | 1001.12 | 917.45 |
| 23615 | | | | 1933.45 | 1933.45 |
| 23616 | | | | 2721.96 | 2721.96 |
| 23620 | | | | 571.64 | 547.83 |
| 23625 | | | | 819.70 | 759.83 |
| 23630 | | | | 1704.06 | 1704.06 |
| 23650 | | | | 683.11 | 624.68 |
| 23655 | | | | 871.93 | 871.93 |
| 23660 | | | | 1268.45 | 1268.45 |
| 23665 | | | | 920.05 | 855.86 |
| 23670 | | | | 1915.21 | 1915.21 |
| 23675 | | | | 1185.82 | 1082.67 |
| 23680 | | | | 2032.43 | 2032.43 |
| 23700 | | | | 427.13 | 427.13 |
| 23800 | | | | 2244.04 | 2244.04 |
| 23802 | | | | 2799.05 | 2799.05 |
| 23900 | | | | 3046.88 | 3046.88 |
| 23920 | | | | 2470.77 | 2470.77 |
| 23921 | | | | 1017.05 | 1017.05 |
| 23929 | | | BR | 0.00 | 0.00 |
| 23930 | | | | 756.39 | 465.70 |
| 23931 | | | | 604.98 | 337.38 |
| 23935 | | | | 1104.00 | 1104.00 |
| 24000 | | | | 1036.64 | 1036.64 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 24006 | | | | 1559.41 | 1559.41 |
| 24065 | | | | 549.96 | 360.98 |
| 24066 | | | | 1345.72 | 912.93 |
| 24071 | | | | 889.87 | 889.87 |
| 24073 | | | | 1522.99 | 1522.99 |
| 24075 | | | | 1076.14 | 717.65 |
| 24076 | | | | 1189.27 | 1189.27 |
| 24077 | | | | 2284.92 | 2284.92 |
| 24079 | | | | 2923.45 | 2923.45 |
| 24100 | | | | 903.30 | 903.30 |
| 24101 | | | | 1086.68 | 1086.68 |
| 24102 | | | | 1343.47 | 1343.47 |
| 24105 | | | | 759.84 | 759.84 |
| 24110 | | | | 1276.00 | 1276.00 |
| 24115 | | | | 1595.66 | 1595.66 |
| 24116 | | | | 1885.52 | 1885.52 |
| 24120 | | | | 1153.39 | 1153.39 |
| 24125 | | | | 1355.06 | 1355.06 |
| 24126 | | | | 1403.02 | 1403.02 |
| 24130 | | | | 1108.66 | 1108.66 |
| 24134 | | | | 1630.88 | 1630.88 |
| 24136 | | | | 1378.81 | 1378.81 |
| 24138 | | | | 1471.59 | 1471.59 |
| 24140 | | | | 1532.58 | 1532.58 |
| 24145 | | | | 1293.35 | 1293.35 |
| 24147 | | | | 1355.88 | 1355.88 |
| 24149 | | | | 2569.16 | 2569.16 |
| 24150 | | | | 3419.48 | 3419.48 |
| 24152 | | | | 2920.62 | 2920.62 |
| 24155 | | | | 1860.04 | 1860.04 |
| 24160 | | | | 2776.59 | 2776.59 |
| 24164 | | | | 1585.26 | 1585.26 |
| 24200 | | | | 447.92 | 301.49 |
| 24201 | | | | 1178.65 | 792.75 |
| 24220 | | | | 349.12 | 150.04 |
| 24300 | | | | 902.12 | 902.12 |
| 24301 | | | | 1641.37 | 1641.37 |
| 24305 | | | | 1255.61 | 1255.61 |
| 24310 | | | | 1015.95 | 1015.95 |
| 24320 | | | | 1693.27 | 1693.27 |
| 24330 | | | | 1565.34 | 1565.34 |
| 24331 | | | | 1688.15 | 1688.15 |
| 24332 | | | | 1336.69 | 1336.69 |
| 24340 | | | | 1332.92 | 1332.92 |
| 24341 | | | | 1619.54 | 1619.54 |
| 24342 | | | | 1696.64 | 1696.64 |
| 24343 | | | | 1543.98 | 1543.98 |
| 24344 | | | | 2387.35 | 2387.35 |
| 24345 | | | | 1532.37 | 1532.37 |
| 24346 | | | | 2399.42 | 2399.42 |
| 24357 | | | | 903.67 | 903.67 |
| 24358 | | | | 1137.64 | 1137.64 |
| 24359 | | | | 1441.47 | 1441.47 |
| 24360 | | | | 1971.45 | 1971.45 |
| 24361 | | | | 2208.19 | 2208.19 |
| 24362 | | | | 2329.69 | 2329.69 |
| 24363 | | | | 3199.12 | 3199.12 |
| 24365 | | | | 1394.61 | 1394.61 |
| 24366 | | | | 1487.06 | 1487.06 |
| 24370 | | | | NC | 3410.54 |
| 24371 | | | | NC | 3920.71 |
| 24400 | | | | 1800.36 | 1800.36 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 24410 | | | | 2322.27 | 2322.27 |
| 24420 | | | | 2169.52 | 2169.52 |
| 24430 | | | | 2312.77 | 2312.77 |
| 24435 | | | | 2355.66 | 2355.66 |
| 24470 | | | | 1466.71 | 1466.71 |
| 24495 | | | | 1600.77 | 1600.77 |
| 24498 | | | | 1897.39 | 1897.39 |
| 24500 | | | | 762.95 | 700.91 |
| 24505 | | | | 1071.49 | 969.79 |
| 24515 | | | | 1918.29 | 1918.29 |
| 24516 | | | | 1882.89 | 1882.89 |
| 24530 | | | | 811.42 | 742.18 |
| 24535 | | | | 1331.04 | 1231.50 |
| 24538 | | | | 1629.17 | 1629.17 |
| 24545 | | | | 2035.32 | 2035.32 |
| 24546 | | | | 2277.82 | 2277.82 |
| 24560 | | | | 693.02 | 620.16 |
| 24565 | | | | 1151.40 | 1059.07 |
| 24566 | | | | 1562.91 | 1562.91 |
| 24575 | | | | 1595.28 | 1595.28 |
| 24576 | | | | 730.53 | 654.79 |
| 24577 | | | | 1187.22 | 1089.84 |
| 24579 | | | | 1825.53 | 1825.53 |
| 24582 | | | | 1764.21 | 1764.21 |
| 24586 | | | | 2376.79 | 2376.79 |
| 24587 | | | | 2386.28 | 2386.28 |
| 24600 | | | | 794.94 | 725.70 |
| 24605 | | | | 1024.77 | 1024.77 |
| 24615 | | | | 1558.05 | 1558.05 |
| 24620 | | | | 1201.51 | 1201.51 |
| 24635 | | | | 1467.85 | 1467.85 |
| 24640 | | | NRC | 215.01 | 169.57 |
| 24650 | | | | 555.23 | 514.83 |
| 24655 | | | | 948.95 | 863.11 |
| 24665 | | | | 1420.07 | 1420.07 |
| 24666 | | | | 1598.63 | 1598.63 |
| 24670 | | | | 618.06 | 563.96 |
| 24675 | | | | 984.79 | 898.95 |
| 24685 | | | | 1422.65 | 1422.65 |
| 24800 | | | | 1805.52 | 1805.52 |
| 24802 | | | | 2200.60 | 2200.60 |
| 24900 | | | | 1610.49 | 1610.49 |
| 24920 | | | | 1606.90 | 1606.90 |
| 24925 | | | | 1234.43 | 1234.43 |
| 24930 | | | | 1690.44 | 1690.44 |
| 24931 | | | | 2050.14 | 2050.14 |
| 24935 | | | | 2556.57 | 2556.57 |
| 24940 | | | | 1520.73 | 1520.73 |
| 24999 | | | BR | 0.00 | 0.00 |
| 25000 | | | | 727.42 | 727.42 |
| 25001 | | | | 742.25 | 742.25 |
| 25020 | | | | 1232.50 | 1232.50 |
| 25023 | | | | 2404.64 | 2404.64 |
| 25024 | | | | 1704.40 | 1704.40 |
| 25025 | | | | 2651.90 | 2651.90 |
| 25028 | | | | 1133.94 | 1133.94 |
| 25031 | | | | 754.32 | 754.32 |
| 25035 | | | | 1272.44 | 1272.44 |
| 25040 | | | | 1222.58 | 1222.58 |
| 25065 | | | | 543.40 | 350.08 |
| 25066 | | | | 776.44 | 776.44 |
| 25071 | | | | 929.40 | 929.40 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 25073 | | | | 1163.46 | 1163.46 |
| 25075 | | | | 1047.72 | 687.06 |
| 25076 | | | | 1126.69 | 1126.69 |
| 25077 | | | | 1937.27 | 1937.27 |
| 25078 | | | | 2570.42 | 2570.42 |
| 25085 | | | | 974.44 | 974.44 |
| 25100 | | | | 749.49 | 749.49 |
| 25101 | | | | 875.21 | 875.21 |
| 25105 | | | | 1048.61 | 1048.61 |
| 25107 | | | | 1336.62 | 1336.62 |
| 25109 | | | | 1169.11 | 1169.11 |
| 25110 | | | | 740.03 | 740.03 |
| 25111 | | | | 692.01 | 692.01 |
| 25112 | | | | 839.47 | 839.47 |
| 25115 | | | | 1650.93 | 1650.93 |
| 25116 | | | | 1302.76 | 1302.76 |
| 25118 | | | | 824.17 | 824.17 |
| 25119 | | | | 1073.07 | 1073.07 |
| 25120 | | | | 1080.10 | 1080.10 |
| 25125 | | | | 1281.81 | 1281.81 |
| 25126 | | | | 1295.01 | 1295.01 |
| 25130 | | | | 967.40 | 967.40 |
| 25135 | | | | 1209.02 | 1209.02 |
| 25136 | | | | 1061.87 | 1061.87 |
| 25145 | | | | 1121.92 | 1121.92 |
| 25150 | | | | 1232.96 | 1232.96 |
| 25151 | | | | 1264.94 | 1264.94 |
| 25170 | | | | 3246.36 | 3246.36 |
| 25210 | | | | 1057.71 | 1057.71 |
| 25215 | | | | 1344.23 | 1344.23 |
| 25230 | | | | 939.95 | 939.95 |
| 25240 | | | | 929.04 | 929.04 |
| 25246 | | | | 362.44 | 166.24 |
| 25248 | | | | 898.92 | 898.92 |
| 25250 | | | | 1150.38 | 1150.38 |
| 25251 | | | | 1569.22 | 1569.22 |
| 25259 | | | | 898.45 | 898.45 |
| 25260 | | | | 1368.17 | 1368.17 |
| 25263 | | | | 1363.09 | 1363.09 |
| 25265 | | | | 1626.92 | 1626.92 |
| 25270 | | | | 1061.99 | 1061.99 |
| 25272 | | | | 1204.33 | 1204.33 |
| 25274 | | | | 1451.68 | 1451.68 |
| 25275 | | | | 1457.89 | 1457.89 |
| 25280 | | | | 1224.91 | 1224.91 |
| 25290 | | | | 945.97 | 945.97 |
| 25295 | | | | 1142.36 | 1142.36 |
| 25300 | | | | 1481.30 | 1481.30 |
| 25301 | | | | 1400.66 | 1400.66 |
| 25310 | | | | 1345.80 | 1345.80 |
| 25312 | | | | 1565.15 | 1565.15 |
| 25315 | | | | 1680.53 | 1680.53 |
| 25316 | | | | 2006.90 | 2006.90 |
| 25320 | | | | 2141.85 | 2141.85 |
| 25332 | | | | 1838.41 | 1838.41 |
| 25335 | | | | 2071.38 | 2071.38 |
| 25337 | | | | 1938.81 | 1938.81 |
| 25350 | | | | 1469.39 | 1469.39 |
| 25355 | | | | 1654.22 | 1654.22 |
| 25360 | | | | 1427.37 | 1427.37 |
| 25365 | | | | 1994.90 | 1994.90 |
| 25370 | | | | 2210.50 | 2210.50 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 25375 | | | | 2092.83 | 2092.83 |
| 25390 | | | | 1678.55 | 1678.55 |
| 25391 | | | | 2184.84 | 2184.84 |
| 25392 | | | | 2165.51 | 2165.51 |
| 25393 | | | | 2457.49 | 2457.49 |
| 25394 | | | | 1707.60 | 1707.60 |
| 25400 | | | | 1755.85 | 1755.85 |
| 25405 | | | | 2274.03 | 2274.03 |
| 25415 | | | | 2114.83 | 2114.83 |
| 25420 | | | | 2556.61 | 2556.61 |
| 25425 | | | | 2104.07 | 2104.07 |
| 25426 | | | | 2472.17 | 2472.17 |
| 25430 | | | | 1596.25 | 1596.25 |
| 25431 | | | | 1719.68 | 1719.68 |
| 25440 | | | | 1679.07 | 1679.07 |
| 25441 | | | | 2050.49 | 2050.49 |
| 25442 | | | | 1761.84 | 1761.84 |
| 25443 | | | | 1690.69 | 1690.69 |
| 25444 | | | | 1803.18 | 1803.18 |
| 25445 | | | | 1576.20 | 1576.20 |
| 25446 | | | | 2575.16 | 2575.16 |
| 25447 | | | | 1805.46 | 1805.46 |
| 25449 | | | | 2260.76 | 2260.76 |
| 25450 | | | NRC | 1344.37 | 1344.37 |
| 25455 | | | NRC | 1587.60 | 1587.60 |
| 25490 | | | NRC | 1570.28 | 1570.28 |
| 25491 | | | NRC | 1619.29 | 1619.29 |
| 25492 | | | NRC | 1984.07 | 1984.07 |
| 25500 | | | | 587.55 | 536.34 |
| 25505 | | | | 1072.64 | 981.75 |
| 25515 | | | | 1457.68 | 1457.68 |
| 25520 | | | | 1225.11 | 1160.91 |
| 25525 | | | | 1719.73 | 1719.73 |
| 25526 | | | | 2085.43 | 2085.43 |
| 25530 | | | | 555.49 | 507.89 |
| 25535 | | | | 1053.92 | 978.90 |
| 25545 | | | | 1354.16 | 1354.16 |
| 25560 | | | | 599.03 | 540.60 |
| 25565 | | | | 1106.89 | 1001.58 |
| 25574 | | | | 1468.05 | 1468.05 |
| 25575 | | | | 1969.38 | 1969.38 |
| 25600 | | | | 699.51 | 665.60 |
| 25605 | | | | 1162.71 | 1099.23 |
| 25606 | | | | 1441.29 | 1441.29 |
| 25607 | | | | 1599.87 | 1599.87 |
| 25608 | | | | 1797.83 | 1797.83 |
| 25609 | | | | 2290.28 | 2290.28 |
| 25622 | | | | 649.01 | 597.08 |
| 25624 | | | | 1031.62 | 941.45 |
| 25628 | | | | 1569.02 | 1569.02 |
| 25630 | | | | 650.13 | 603.25 |
| 25635 | | | | 982.76 | 897.64 |
| 25645 | | | | 1236.31 | 1236.31 |
| 25650 | | | | 688.29 | 642.85 |
| 25651 | | | | 1050.84 | 1050.84 |
| 25652 | | | | 1355.22 | 1355.22 |
| 25660 | | | | 891.57 | 891.57 |
| 25670 | | | | 1318.21 | 1318.21 |
| 25671 | | | | 1145.71 | 1145.71 |
| 25675 | | | | 940.13 | 855.74 |
| 25676 | | | | 1368.99 | 1368.99 |
| 25680 | | | | 1125.76 | 1125.76 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 25685 | | | | 1606.95 | 1606.95 |
| 25690 | | | | 1045.70 | 1045.70 |
| 25695 | | | | 1379.98 | 1379.98 |
| 25800 | | | | 1594.40 | 1594.40 |
| 25805 | | | | 1847.73 | 1847.73 |
| 25810 | | | | 1893.16 | 1893.16 |
| 25820 | | | | 1343.95 | 1343.95 |
| 25825 | | | | 1656.94 | 1656.94 |
| 25830 | | | | 2038.70 | 2038.70 |
| 25900 | | | | 1550.42 | 1550.42 |
| 25905 | | | | 1524.39 | 1524.39 |
| 25907 | | | | 1325.43 | 1325.43 |
| 25909 | | | | 1491.48 | 1491.48 |
| 25915 | | | | 2579.50 | 2579.50 |
| 25920 | | | | 1528.81 | 1528.81 |
| 25922 | | | | 1340.35 | 1340.35 |
| 25924 | | | | 1470.34 | 1470.34 |
| 25927 | | | | 1742.30 | 1742.30 |
| 25929 | | | | 1302.07 | 1302.07 |
| 25931 | | | | 1602.40 | 1602.40 |
| 25999 | | | BR | 0.00 | 0.00 |
| 26010 | | | | 570.20 | 293.22 |
| 26011 | | | | 846.11 | 398.18 |
| 26020 | | | | 939.94 | 939.94 |
| 26025 | | | | 913.25 | 913.25 |
| 26030 | | | | 1065.30 | 1065.30 |
| 26034 | | | | 1178.56 | 1178.56 |
| 26035 | | | | 1874.17 | 1874.17 |
| 26037 | | | | 1232.41 | 1232.41 |
| 26040 | | | | 673.11 | 673.11 |
| 26045 | | | | 1018.07 | 1018.07 |
| 26055 | | | | 1191.40 | 667.01 |
| 26060 | | | | 553.14 | 553.14 |
| 26070 | | | | 692.26 | 692.26 |
| 26075 | | | | 722.18 | 722.18 |
| 26080 | | | | 846.27 | 846.27 |
| 26100 | | | | 725.42 | 725.42 |
| 26105 | | | | 728.43 | 728.43 |
| 26110 | | | | 695.61 | 695.61 |
| 26111 | | | | 906.44 | 906.44 |
| 26113 | | | | 1190.76 | 1190.76 |
| 26115 | | | | 1102.06 | 719.04 |
| 26116 | | | | 1143.86 | 1143.86 |
| 26117 | | | | 1621.52 | 1621.52 |
| 26118 | | | | 2299.49 | 2299.49 |
| 26121 | | | | 1299.44 | 1299.44 |
| 26123 | | | | 1815.96 | 1815.96 |
| 26125 | | | | 604.89 | 604.89 |
| 26130 | | | | 994.83 | 994.83 |
| 26135 | | | | 1197.04 | 1197.04 |
| 26140 | | | | 1096.70 | 1096.70 |
| 26145 | | | | 1114.61 | 1114.61 |
| 26160 | | | | 1229.51 | 719.55 |
| 26170 | | | | 879.71 | 879.71 |
| 26180 | | | | 963.13 | 963.13 |
| 26185 | | | | 1192.68 | 1192.68 |
| 26200 | | | | 975.88 | 975.88 |
| 26205 | | | | 1315.18 | 1315.18 |
| 26210 | | | | 959.61 | 959.61 |
| 26215 | | | | 1229.12 | 1229.12 |
| 26230 | | | | 1082.91 | 1082.91 |
| 26235 | | | | 1069.74 | 1069.74 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 26236 | | | | 956.47 | 956.47 |
| 26250 | | | | 2346.15 | 2346.15 |
| 26260 | | | | 1751.64 | 1751.64 |
| 26262 | | | | 1374.59 | 1374.59 |
| 26320 | | | | 751.76 | 751.76 |
| 26340 | | | | 719.18 | 719.18 |
| 26341 | | | | 216.30 | 163.64 |
| 26350 | | | | 1494.67 | 1494.67 |
| 26352 | | | | 1721.92 | 1721.92 |
| 26356 | | | | 1719.63 | 1719.63 |
| 26357 | | | | 1926.25 | 1926.25 |
| 26358 | | | | 2134.25 | 2134.25 |
| 26370 | | | | 1592.13 | 1592.13 |
| 26372 | | | | 1867.73 | 1867.73 |
| 26373 | | | | 1790.99 | 1790.99 |
| 26390 | | | | 1780.48 | 1780.48 |
| 26392 | | | | 2065.98 | 2065.98 |
| 26410 | | | | 1182.68 | 1182.68 |
| 26412 | | | | 1427.70 | 1427.70 |
| 26415 | | | | 1727.34 | 1727.34 |
| 26416 | | | | 1882.80 | 1882.80 |
| 26418 | | | | 1206.92 | 1206.92 |
| 26420 | | | | 1490.82 | 1490.82 |
| 26426 | | | | 1087.98 | 1087.98 |
| 26428 | | | | 1595.47 | 1595.47 |
| 26432 | | | | 1041.54 | 1041.54 |
| 26433 | | | | 1109.88 | 1109.88 |
| 26434 | | | | 1365.06 | 1365.06 |
| 26437 | | | | 1314.07 | 1314.07 |
| 26440 | | | | 1295.86 | 1295.86 |
| 26442 | | | | 2036.23 | 2036.23 |
| 26445 | | | | 1199.51 | 1199.51 |
| 26449 | | | | 1506.48 | 1506.48 |
| 26450 | | | | 855.87 | 855.87 |
| 26455 | | | | 848.53 | 848.53 |
| 26460 | | | | 829.90 | 829.90 |
| 26471 | | | | 1297.92 | 1297.92 |
| 26474 | | | | 1266.80 | 1266.80 |
| 26476 | | | | 1250.74 | 1250.74 |
| 26477 | | | | 1221.38 | 1221.38 |
| 26478 | | | | 1302.49 | 1302.49 |
| 26479 | | | | 1317.43 | 1317.43 |
| 26480 | | | | 1577.93 | 1577.93 |
| 26483 | | | | 1776.63 | 1776.63 |
| 26485 | | | | 1699.44 | 1699.44 |
| 26489 | | | | 1979.04 | 1979.04 |
| 26490 | | | | 1691.01 | 1691.01 |
| 26492 | | | | 1882.02 | 1882.02 |
| 26494 | | | | 1693.15 | 1693.15 |
| 26496 | | | | 1823.94 | 1823.94 |
| 26497 | | | | 1843.85 | 1843.85 |
| 26498 | | | | 2454.88 | 2454.88 |
| 26499 | | | | 1763.15 | 1763.15 |
| 26500 | | | | 1306.91 | 1306.91 |
| 26502 | | | | 1503.27 | 1503.27 |
| 26508 | | | | 1330.04 | 1330.04 |
| 26510 | | | | 1251.40 | 1251.40 |
| 26516 | | | | 1480.90 | 1480.90 |
| 26517 | | | | 1746.86 | 1746.86 |
| 26518 | | | | 1775.42 | 1775.42 |
| 26520 | | | | 1356.07 | 1356.07 |
| 26525 | | | | 1362.76 | 1362.76 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 26530 | | | | 1167.28 | 1167.28 |
| 26531 | | | | 1358.39 | 1358.39 |
| 26535 | | | | 931.72 | 931.72 |
| 26536 | | | | 1499.84 | 1499.84 |
| 26540 | | | | 1387.06 | 1387.06 |
| 26541 | | | | 1697.32 | 1697.32 |
| 26542 | | | | 1435.27 | 1435.27 |
| 26545 | | | | 1491.24 | 1491.24 |
| 26546 | | | | 2113.12 | 2113.12 |
| 26548 | | | | 1607.76 | 1607.76 |
| 26550 | | | | 3548.88 | 3548.88 |
| 26551 | | | | 7211.44 | 7211.44 |
| 26553 | | | | 7162.77 | 7162.77 |
| 26554 | | | | 8367.78 | 8367.78 |
| 26555 | | | | 2946.04 | 2946.04 |
| 26556 | | | | 7442.33 | 7442.33 |
| 26560 | | | | 1233.78 | 1233.78 |
| 26561 | | | | 2015.77 | 2015.77 |
| 26562 | | | | 2886.61 | 2886.61 |
| 26565 | | | | 1427.66 | 1427.66 |
| 26567 | | | | 1439.93 | 1439.93 |
| 26568 | | | | 1902.30 | 1902.30 |
| 26580 | | | NRC | 3265.18 | 3265.18 |
| 26587 | | | NRC | 2279.23 | 2279.23 |
| 26590 | | | NRC | 3038.70 | 3038.70 |
| 26591 | | | | 917.62 | 917.62 |
| 26593 | | | | 1263.15 | 1263.15 |
| 26596 | | | | 1622.12 | 1622.12 |
| 26600 | | | | 625.13 | 592.67 |
| 26605 | | | | 689.94 | 627.91 |
| 26607 | | | | 1013.49 | 1013.49 |
| 26608 | | | | 1032.94 | 1032.94 |
| 26615 | | | | 1246.83 | 1246.83 |
| 26641 | | | | 805.88 | 732.30 |
| 26645 | | | | 923.41 | 848.40 |
| 26650 | | | | 1033.00 | 1033.00 |
| 26665 | | | | 1358.79 | 1358.79 |
| 26670 | | | | 740.23 | 668.10 |
| 26675 | | | | 984.03 | 906.13 |
| 26676 | | | | 1087.04 | 1087.04 |
| 26685 | | | | 1244.53 | 1244.53 |
| 26686 | | | | 1354.05 | 1354.05 |
| 26700 | | | | 705.54 | 658.66 |
| 26705 | | | | 898.06 | 822.32 |
| 26706 | | | | 955.28 | 955.28 |
| 26715 | | | | 1240.53 | 1240.53 |
| 26720 | | | | 418.74 | 392.77 |
| 26725 | | | | 723.52 | 651.39 |
| 26727 | | | | 1017.59 | 1017.59 |
| 26735 | | | | 1291.30 | 1291.30 |
| 26740 | | | | 489.19 | 462.50 |
| 26742 | | | | 796.86 | 721.12 |
| 26746 | | | | 1615.65 | 1615.65 |
| 26750 | | | | 392.31 | 394.47 |
| 26755 | | | | 673.08 | 585.08 |
| 26756 | | | | 899.64 | 899.64 |
| 26765 | | | | 1082.91 | 1082.91 |
| 26770 | | | | 596.26 | 549.38 |
| 26775 | | | | 822.75 | 744.85 |
| 26776 | | | | 955.67 | 955.67 |
| 26785 | | | | 1184.72 | 1184.72 |
| 26820 | | | | 1665.53 | 1665.53 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 26841 | | | | 1535.16 | 1535.16 |
| 26842 | | | | 1658.47 | 1658.47 |
| 26843 | | | | 1563.88 | 1563.88 |
| 26844 | | | | 1740.14 | 1740.14 |
| 26850 | | | | 1461.04 | 1461.04 |
| 26852 | | | | 1684.50 | 1684.50 |
| 26860 | | | | 1185.63 | 1185.63 |
| 26861 | | | | 228.53 | 228.53 |
| 26862 | | | | 1535.02 | 1535.02 |
| 26863 | | | | 508.30 | 508.30 |
| 26910 | | | | 1535.40 | 1535.40 |
| 26951 | | | | 1376.05 | 1376.05 |
| 26952 | | | | 1361.82 | 1361.82 |
| 26989 | | | BR | 0.00 | 0.00 |
| 26990 | | | | 1385.49 | 1385.49 |
| 26991 | | | | 1513.79 | 1138.71 |
| 26992 | | | | 2118.40 | 2118.40 |
| 27000 | | | | 885.37 | 885.37 |
| 27001 | | | | 1170.46 | 1170.46 |
| 27003 | | | | 1293.30 | 1293.30 |
| 27005 | | | | 1579.09 | 1579.09 |
| 27006 | | | | 1575.56 | 1575.56 |
| 27025 | | | | 2003.49 | 2003.49 |
| 27027 | | | | 1939.31 | 1939.31 |
| 27030 | | | | 2056.86 | 2056.86 |
| 27033 | | | | 2133.27 | 2133.27 |
| 27035 | | | | 2486.64 | 2486.64 |
| 27036 | | | | 2217.03 | 2217.03 |
| 27040 | | | | 731.23 | 433.33 |
| 27041 | | | | 1530.38 | 1530.38 |
| 27043 | | | | 1032.44 | 1032.44 |
| 27045 | | | | 1630.82 | 1630.82 |
| 27047 | | | | 1022.88 | 789.89 |
| 27048 | | | | 1340.37 | 1340.37 |
| 27049 | | | | 2957.14 | 2957.14 |
| 27050 | | | | 872.94 | 872.94 |
| 27052 | | | | 1255.07 | 1255.07 |
| 27054 | | | | 1496.46 | 1496.46 |
| 27057 | | | | 2219.39 | 2219.39 |
| 27059 | | | | 4030.45 | 4030.45 |
| 27060 | | | | 1011.75 | 1011.75 |
| 27062 | | | | 991.28 | 991.28 |
| 27065 | | | | 1129.40 | 1129.40 |
| 27066 | | | | 1756.26 | 1756.26 |
| 27067 | | | | 2271.57 | 2271.57 |
| 27070 | | | | 1871.25 | 1871.25 |
| 27071 | | | | 2021.52 | 2021.52 |
| 27075 | | | | 4627.23 | 4627.23 |
| 27076 | | | | 5605.39 | 5605.39 |
| 27077 | | | | 6279.42 | 6279.42 |
| 27078 | | | | 4561.96 | 4561.96 |
| 27080 | | | | 1118.21 | 1118.21 |
| 27086 | | | | 636.22 | 362.12 |
| 27087 | | | | 1345.49 | 1345.49 |
| 27090 | | | | 1819.13 | 1819.13 |
| 27091 | | | | 3515.15 | 3515.15 |
| 27093 | | | | 272.40 | 99.68 |
| 27095 | | | | 362.02 | 119.46 |
| 27096 | | | | 219.07 | 117.58 |
| 27097 | | | | 1489.26 | 1489.26 |
| 27098 | | | | 1517.35 | 1517.35 |
| 27100 | | | | 1796.68 | 1796.68 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27105 | | | | 1891.66 | 1891.66 |
| 27110 | | | | 2114.21 | 2114.21 |
| 27111 | | | | 1974.88 | 1974.88 |
| 27120 | | | | 2843.95 | 2843.95 |
| 27122 | | | | 2418.09 | 2418.09 |
| 27125 | | | | 2491.03 | 2491.03 |
| 27130 | | | | 2982.78 | 2982.78 |
| 27132 | | | | 3688.58 | 3688.58 |
| 27134 | | | | 4225.95 | 4225.95 |
| 27137 | | | | 3243.07 | 3243.07 |
| 27138 | | | | 3370.58 | 3370.58 |
| 27140 | | | | 1953.17 | 1953.17 |
| 27146 | | | | 2806.87 | 2806.87 |
| 27147 | | | | 3200.05 | 3200.05 |
| 27151 | | | | 3507.61 | 3507.61 |
| 27156 | | | | 3734.23 | 3734.23 |
| 27158 | | | NRC | 3032.18 | 3032.18 |
| 27161 | | | | 2665.55 | 2665.55 |
| 27165 | | | | 3005.04 | 3005.04 |
| 27170 | | | | 2578.54 | 2578.54 |
| 27175 | | | | 1460.82 | 1460.82 |
| 27176 | | | | 2006.06 | 2006.06 |
| 27177 | | | | 2365.93 | 2365.93 |
| 27178 | | | | 2017.13 | 2017.13 |
| 27179 | | | | 2118.95 | 2118.95 |
| 27181 | | | | 2399.06 | 2399.06 |
| 27185 | | | NRC | 1571.67 | 1571.67 |
| 27187 | | | NRC | 2179.19 | 2179.19 |
| 27197 | | | | 269.57 | 269.57 |
| 27198 | | | | 661.86 | 661.86 |
| 27200 | | | | 394.37 | 403.75 |
| 27202 | | | | 1148.93 | 1148.93 |
| 27215 | | | | 1376.28 | 1376.28 |
| 27216 | | | | 2044.86 | 2044.86 |
| 27217 | | | | 1917.75 | 1917.75 |
| 27218 | | | | 2654.35 | 2654.35 |
| 27220 | | | | 1158.06 | 1142.91 |
| 27222 | | | | 2133.85 | 2133.85 |
| 27226 | | | | 2320.74 | 2320.74 |
| 27227 | | | | 3659.75 | 3659.75 |
| 27228 | | | | 4152.69 | 4152.69 |
| 27230 | | | | 1037.49 | 1025.23 |
| 27232 | | | | 1638.10 | 1638.10 |
| 27235 | | | | 1995.22 | 1995.22 |
| 27236 | | | | 2626.94 | 2626.94 |
| 27238 | | | | 1002.47 | 1002.47 |
| 27240 | | | | 2099.88 | 2099.88 |
| 27244 | | | | 2705.13 | 2705.13 |
| 27245 | | | | 2703.62 | 2703.62 |
| 27246 | | | | 840.14 | 837.98 |
| 27248 | | | | 1632.13 | 1632.13 |
| 27250 | | | | 401.87 | 401.87 |
| 27252 | | | | 1659.29 | 1659.29 |
| 27253 | | | | 2067.88 | 2067.88 |
| 27254 | | | | 2779.10 | 2779.10 |
| 27256 | | | | 659.98 | 519.33 |
| 27257 | | | | 797.09 | 797.09 |
| 27258 | | | | 2436.91 | 2436.91 |
| 27259 | | | | 3417.73 | 3417.73 |
| 27265 | | | | 870.84 | 870.84 |
| 27266 | | | | 1269.79 | 1269.79 |
| 27267 | | | | 940.21 | 940.21 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27268 | | | | 1172.63 | 1172.63 |
| 27269 | | | | 2734.12 | 2734.12 |
| 27275 | | | | 398.25 | 398.25 |
| 27279 | | | | 1518.30 | 1518.30 |
| 27280 | | | | 2996.80 | 2996.80 |
| 27282 | | | | 1877.27 | 1877.27 |
| 27284 | | | | 3505.64 | 3505.64 |
| 27286 | | | | 3644.31 | 3644.31 |
| 27290 | | | | 3578.15 | 3578.15 |
| 27295 | | | | 2778.94 | 2778.94 |
| 27299 | | | BR | 0.00 | 0.00 |
| 27301 | | | | 1451.14 | 1099.86 |
| 27303 | | | | 1397.56 | 1397.56 |
| 27305 | | | | 1045.51 | 1045.51 |
| 27306 | | | | 748.34 | 748.34 |
| 27307 | | | | 1044.28 | 1044.28 |
| 27310 | | | | 1597.36 | 1597.36 |
| 27323 | | | | 588.61 | 389.53 |
| 27324 | | | | 876.80 | 876.80 |
| 27325 | | | | 1210.52 | 1210.52 |
| 27326 | | | | 1115.34 | 1115.34 |
| 27327 | | | | 1006.88 | 680.85 |
| 27328 | | | | 1368.57 | 1368.57 |
| 27329 | | | | 2284.78 | 2284.78 |
| 27330 | | | | 903.76 | 903.76 |
| 27331 | | | | 1032.85 | 1032.85 |
| 27332 | | | | 1398.13 | 1398.13 |
| 27333 | | | | 1277.53 | 1277.53 |
| 27334 | | | | 1494.23 | 1494.23 |
| 27335 | | | | 1667.86 | 1667.86 |
| 27337 | | | | 917.62 | 917.62 |
| 27339 | | | | 1656.69 | 1656.69 |
| 27340 | | | | 804.59 | 804.59 |
| 27345 | | | | 1044.78 | 1044.78 |
| 27347 | | | | 1148.75 | 1148.75 |
| 27350 | | | | 1417.67 | 1417.67 |
| 27355 | | | | 1318.18 | 1318.18 |
| 27356 | | | | 1611.65 | 1611.65 |
| 27357 | | | | 1778.98 | 1778.98 |
| 27358 | | | | 617.32 | 617.32 |
| 27360 | | | | 1877.08 | 1877.08 |
| 27364 | | | | 3457.52 | 3457.52 |
| 27365 | | | | 4555.99 | 4555.99 |
| 27369 | | | | 298.50 | 90.04 |
| 27372 | | | | 1272.29 | 868.35 |
| 27380 | | | | 1297.89 | 1297.89 |
| 27381 | | | | 1745.97 | 1745.97 |
| 27385 | | | | 1252.62 | 1252.62 |
| 27386 | | | | 1818.04 | 1818.04 |
| 27390 | | | | 971.12 | 971.12 |
| 27391 | | | | 1248.04 | 1248.04 |
| 27392 | | | | 1548.60 | 1548.60 |
| 27393 | | | | 1111.05 | 1111.05 |
| 27394 | | | | 1401.92 | 1401.92 |
| 27395 | | | | 1918.56 | 1918.56 |
| 27396 | | | | 1336.33 | 1336.33 |
| 27397 | | | | 1999.24 | 1999.24 |
| 27400 | | | | 1503.11 | 1503.11 |
| 27403 | | | | 1398.08 | 1398.08 |
| 27405 | | | | 1474.49 | 1474.49 |
| 27407 | | | | 1713.57 | 1713.57 |
| 27409 | | | | 2104.96 | 2104.96 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27412 | | | | 3591.59 | 3591.59 |
| 27415 | | | | 2967.63 | 2967.63 |
| 27416 | | | | 2130.05 | 2130.05 |
| 27418 | | | | 1811.71 | 1811.71 |
| 27420 | | | | 1623.72 | 1623.72 |
| 27422 | | | | 1623.39 | 1623.39 |
| 27424 | | | | 1632.45 | 1632.45 |
| 27425 | | | | 975.46 | 975.46 |
| 27427 | | | | 1554.90 | 1554.90 |
| 27428 | | | | 2437.73 | 2437.73 |
| 27429 | | | | 2740.24 | 2740.24 |
| 27430 | | | | 1614.78 | 1614.78 |
| 27435 | | | | 1764.27 | 1764.27 |
| 27437 | | | | 1442.77 | 1442.77 |
| 27438 | | | | 1836.82 | 1836.82 |
| 27440 | | | | 1740.67 | 1740.67 |
| 27441 | | | | 1803.73 | 1803.73 |
| 27442 | | | | 1902.89 | 1902.89 |
| 27443 | | | | 1777.59 | 1777.59 |
| 27445 | | | | 2752.47 | 2752.47 |
| 27446 | | | | 2548.35 | 2548.35 |
| 27447 | | | | 2981.34 | 2981.34 |
| 27448 | | | | 1702.95 | 1702.95 |
| 27450 | | | | 2228.84 | 2228.84 |
| 27454 | | | | 2846.87 | 2846.87 |
| 27455 | | | | 2050.87 | 2050.87 |
| 27457 | | | | 2108.09 | 2108.09 |
| 27465 | | | | 2755.87 | 2755.87 |
| 27466 | | | | 2591.42 | 2591.42 |
| 27468 | | | | 2958.10 | 2958.10 |
| 27470 | | | | 2583.43 | 2583.43 |
| 27472 | | | | 2774.78 | 2774.78 |
| 27475 | | | NRC | 1447.95 | 1447.95 |
| 27477 | | | NRC | 1607.69 | 1607.69 |
| 27479 | | | NRC | 2021.20 | 2021.20 |
| 27485 | | | | 1468.29 | 1468.29 |
| 27486 | | | | 3090.40 | 3090.40 |
| 27487 | | | | 3872.76 | 3872.76 |
| 27488 | | | | 2637.55 | 2637.55 |
| 27495 | | | | 2475.75 | 2475.75 |
| 27496 | | | | 1183.32 | 1183.32 |
| 27497 | | | | 1267.55 | 1267.55 |
| 27498 | | | | 1427.47 | 1427.47 |
| 27499 | | | | 1524.07 | 1524.07 |
| 27500 | | | | 1125.64 | 1042.68 |
| 27501 | | | | 1096.80 | 1083.10 |
| 27502 | | | | 1664.84 | 1664.84 |
| 27503 | | | | 1750.85 | 1750.85 |
| 27506 | | | | 2939.55 | 2939.55 |
| 27507 | | | | 2136.96 | 2136.96 |
| 27508 | | | | 1131.13 | 1070.54 |
| 27509 | | | | 1408.40 | 1408.40 |
| 27510 | | | | 1493.31 | 1493.31 |
| 27511 | | | | 2194.49 | 2194.49 |
| 27513 | | | | 2735.07 | 2735.07 |
| 27514 | | | | 2129.95 | 2129.95 |
| 27516 | | | | 1100.25 | 1035.33 |
| 27517 | | | | 1484.94 | 1484.94 |
| 27519 | | | | 1960.86 | 1960.86 |
| 27520 | | | | 687.98 | 633.88 |
| 27524 | | | | 1644.26 | 1644.26 |
| 27530 | | | | 643.19 | 601.35 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27532 | | | | 1336.40 | 1256.33 |
| 27535 | | | | 1975.67 | 1975.67 |
| 27536 | | | | 2610.87 | 2610.87 |
| 27538 | | | | 1026.84 | 960.48 |
| 27540 | | | | 1779.90 | 1779.90 |
| 27550 | | | | 1121.55 | 1042.93 |
| 27552 | | | | 1366.45 | 1366.45 |
| 27556 | | | | 1925.49 | 1925.49 |
| 27557 | | | | 2295.28 | 2295.28 |
| 27558 | | | | 2616.95 | 2616.95 |
| 27560 | | | | 788.13 | 727.54 |
| 27562 | | | | 1048.97 | 1048.97 |
| 27566 | | | | 1952.55 | 1952.55 |
| 27570 | | | | 327.30 | 327.30 |
| 27580 | | | | 3165.63 | 3165.63 |
| 27590 | | | | 1764.40 | 1764.40 |
| 27591 | | | | 2116.09 | 2116.09 |
| 27592 | | | | 1505.95 | 1505.95 |
| 27594 | | | | 1113.30 | 1113.30 |
| 27596 | | | | 1586.43 | 1586.43 |
| 27598 | | | | 1569.62 | 1569.62 |
| 27599 | | | BR | 0.00 | 0.00 |
| 27600 | | | | 890.44 | 890.44 |
| 27601 | | | | 972.60 | 972.60 |
| 27602 | | | | 1069.98 | 1069.98 |
| 27603 | | | | 1141.00 | 848.15 |
| 27604 | | | | 1019.33 | 727.92 |
| 27605 | | | | 733.87 | 407.83 |
| 27606 | | | | 609.56 | 609.56 |
| 27607 | | | | 1332.70 | 1332.70 |
| 27610 | | | | 1422.56 | 1422.56 |
| 27612 | | | | 1239.28 | 1239.28 |
| 27613 | | | | 535.19 | 349.82 |
| 27614 | | | | 1237.29 | 883.84 |
| 27615 | | | | 2257.15 | 2257.15 |
| 27616 | | | | 2802.83 | 2802.83 |
| 27618 | | | | 986.13 | 668.03 |
| 27619 | | | | 1013.89 | 1013.89 |
| 27620 | | | | 984.43 | 984.43 |
| 27625 | | | | 1248.20 | 1248.20 |
| 27626 | | | | 1332.29 | 1332.29 |
| 27630 | | | | 1187.73 | 790.29 |
| 27632 | | | | 906.83 | 906.83 |
| 27634 | | | | 1490.38 | 1490.38 |
| 27635 | | | | 1267.36 | 1267.36 |
| 27637 | | | | 1628.84 | 1628.84 |
| 27638 | | | | 1675.95 | 1675.95 |
| 27640 | | | | 1824.06 | 1824.06 |
| 27641 | | | | 1452.23 | 1452.23 |
| 27645 | | | | 3918.80 | 3918.80 |
| 27646 | | | | 3382.49 | 3382.49 |
| 27647 | | | | 2258.09 | 2258.09 |
| 27648 | | | | 383.69 | 116.81 |
| 27650 | | | | 1432.96 | 1432.96 |
| 27652 | | | | 1476.63 | 1476.63 |
| 27654 | | | | 1551.05 | 1551.05 |
| 27656 | | | | 1351.49 | 859.55 |
| 27658 | | | | 809.42 | 809.42 |
| 27659 | | | | 1032.85 | 1032.85 |
| 27664 | | | | 785.96 | 785.96 |
| 27665 | | | | 901.85 | 901.85 |
| 27675 | | | | 1072.33 | 1072.33 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27676 | | | | 1311.91 | 1311.91 |
| 27680 | | | | 924.76 | 924.76 |
| 27681 | | | | 1194.23 | 1194.23 |
| 27685 | | | | 1423.08 | 1011.93 |
| 27686 | | | | 1191.78 | 1191.78 |
| 27687 | | | | 990.97 | 990.97 |
| 27690 | | | | 1394.43 | 1394.43 |
| 27691 | | | | 1628.33 | 1628.33 |
| 27692 | | | | 232.26 | 232.26 |
| 27695 | | | | 1034.19 | 1034.19 |
| 27696 | | | | 1213.26 | 1213.26 |
| 27698 | | | | 1395.32 | 1395.32 |
| 27700 | | | | 1340.30 | 1340.30 |
| 27702 | | | | 2110.41 | 2110.41 |
| 27703 | | | | 2437.77 | 2437.77 |
| 27704 | | | | 1251.43 | 1251.43 |
| 27705 | | | | 1662.98 | 1662.98 |
| 27707 | | | | 867.53 | 867.53 |
| 27709 | | | | 2564.53 | 2564.53 |
| 27712 | | | | 2405.75 | 2405.75 |
| 27715 | | | | 2350.21 | 2350.21 |
| 27720 | | | | 1914.09 | 1914.09 |
| 27722 | | | | 1946.11 | 1946.11 |
| 27724 | | | | 2784.37 | 2784.37 |
| 27725 | | | | 2668.77 | 2668.77 |
| 27726 | | | | 2111.41 | 2111.41 |
| 27727 | | | NRC | 2210.21 | 2210.21 |
| 27730 | | | | 1280.88 | 1280.88 |
| 27732 | | | | 975.34 | 975.34 |
| 27734 | | | | 1435.62 | 1435.62 |
| 27740 | | | | 1550.02 | 1550.02 |
| 27742 | | | | 1703.12 | 1703.12 |
| 27745 | | | | 1650.74 | 1650.74 |
| 27750 | | | | 738.16 | 683.34 |
| 27752 | | | | 1157.18 | 1069.18 |
| 27756 | | | | 1256.57 | 1256.57 |
| 27758 | | | | 1954.90 | 1954.90 |
| 27759 | | | | 2193.17 | 2193.17 |
| 27760 | | | | 709.80 | 653.54 |
| 27762 | | | | 1025.16 | 933.55 |
| 27766 | | | | 1320.58 | 1320.58 |
| 27767 | | | | 603.17 | 603.17 |
| 27768 | | | | 954.52 | 954.52 |
| 27769 | | | | 1596.24 | 1596.24 |
| 27780 | | | | 650.06 | 597.41 |
| 27781 | | | | 923.00 | 855.19 |
| 27784 | | | | 1562.05 | 1562.05 |
| 27786 | | | | 670.19 | 612.49 |
| 27788 | | | | 908.62 | 830.00 |
| 27792 | | | | 1416.61 | 1416.61 |
| 27808 | | | | 710.86 | 645.22 |
| 27810 | | | | 1006.87 | 914.54 |
| 27814 | | | | 1681.09 | 1681.09 |
| 27816 | | | | 692.23 | 620.82 |
| 27818 | | | | 1047.07 | 941.04 |
| 27822 | | | | 1870.95 | 1870.95 |
| 27823 | | | | 2124.41 | 2124.41 |
| 27824 | | | | 676.25 | 653.89 |
| 27825 | | | | 1184.79 | 1078.76 |
| 27826 | | | | 1834.84 | 1834.84 |
| 27827 | | | | 2405.94 | 2405.94 |
| 27828 | | | | 2876.72 | 2876.72 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 27829 | | | | 1511.29 | 1511.29 |
| 27830 | | | | 819.88 | 761.46 |
| 27831 | | | | 872.88 | 872.88 |
| 27832 | | | | 1646.00 | 1646.00 |
| 27840 | | | | 808.65 | 808.65 |
| 27842 | | | | 1065.09 | 1065.09 |
| 27846 | | | | 1574.20 | 1574.20 |
| 27848 | | | | 1749.67 | 1749.67 |
| 27860 | | | | 373.05 | 373.05 |
| 27870 | | | | 2251.43 | 2251.43 |
| 27871 | | | | 1502.53 | 1502.53 |
| 27880 | | | | 2021.07 | 2021.07 |
| 27881 | | | | 1904.15 | 1904.15 |
| 27882 | | | | 1319.80 | 1319.80 |
| 27884 | | | | 1254.95 | 1254.95 |
| 27886 | | | | 1443.34 | 1443.34 |
| 27888 | | | | 1456.16 | 1456.16 |
| 27889 | | | | 1431.97 | 1431.97 |
| 27892 | | | | 1205.06 | 1205.06 |
| 27893 | | | | 1328.42 | 1328.42 |
| 27894 | | | | 1855.53 | 1855.53 |
| 27899 | | | BR | 0.00 | 0.00 |
| 28001 | | | | 598.96 | 373.19 |
| 28002 | | | | 960.95 | 702.00 |
| 28003 | | | | 1517.69 | 1224.11 |
| 28005 | | | | 1266.34 | 1266.34 |
| 28008 | | | | 935.03 | 642.90 |
| 28010 | | | | 503.61 | 453.12 |
| 28011 | | | | 689.85 | 617.72 |
| 28020 | | | | 1162.72 | 789.08 |
| 28022 | | | | 1048.17 | 706.99 |
| 28024 | | | | 980.15 | 657.73 |
| 28035 | | | | 1141.12 | 778.30 |
| 28039 | | | | 1077.51 | 756.52 |
| 28041 | | | | 995.43 | 995.43 |
| 28043 | | | | 857.13 | 573.66 |
| 28045 | | | | 1065.26 | 760.15 |
| 28046 | | | | 1591.60 | 1591.60 |
| 28047 | | | | 2308.08 | 2308.08 |
| 28050 | | | | 914.35 | 611.39 |
| 28052 | | | | 952.97 | 617.56 |
| 28054 | | | | 806.94 | 513.37 |
| 28055 | | | | 838.18 | 838.18 |
| 28060 | | | | 1123.13 | 783.39 |
| 28062 | | | | 1264.34 | 891.42 |
| 28070 | | | | 1154.23 | 780.59 |
| 28072 | | | | 1053.42 | 702.14 |
| 28080 | | | | 1130.52 | 797.99 |
| 28086 | | | | 1171.45 | 783.39 |
| 28088 | | | | 969.90 | 622.23 |
| 28090 | | | | 1013.01 | 671.83 |
| 28092 | | | | 915.90 | 589.14 |
| 28100 | | | | 1318.60 | 906.73 |
| 28102 | | | | 1319.62 | 1319.62 |
| 28103 | | | | 858.14 | 858.14 |
| 28104 | | | | 1149.97 | 779.21 |
| 28106 | | | | 941.55 | 941.55 |
| 28107 | | | | 1113.49 | 763.65 |
| 28108 | | | | 949.59 | 629.32 |
| 28110 | | | | 1000.55 | 634.13 |
| 28111 | | | | 1057.23 | 709.55 |
| 28112 | | | | 1051.25 | 681.94 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 28113 | | | | 1271.37 | 923.70 |
| 28114 | | | | 2306.32 | 1817.27 |
| 28116 | | | | 1657.81 | 1264.69 |
| 28118 | | | | 1291.57 | 907.83 |
| 28119 | | | | 1131.11 | 787.76 |
| 28120 | | | | 1465.77 | 1088.52 |
| 28122 | | | | 1294.48 | 961.23 |
| 28124 | | | | 1032.99 | 723.54 |
| 28126 | | | | 850.44 | 541.00 |
| 28130 | | | | 1395.14 | 1395.14 |
| 28140 | | | | 1285.94 | 960.63 |
| 28150 | | | | 913.92 | 610.25 |
| 28153 | | | | 889.85 | 577.52 |
| 28160 | | | | 896.87 | 583.10 |
| 28171 | | | | 2453.16 | 2453.16 |
| 28173 | | | | 1636.28 | 1636.28 |
| 28175 | | | | 1046.20 | 1046.20 |
| 28190 | | | | 544.53 | 292.07 |
| 28192 | | | | 1010.12 | 682.64 |
| 28193 | | | | 1151.43 | 809.53 |
| 28200 | | | | 1063.65 | 706.60 |
| 28202 | | | | 1313.61 | 947.90 |
| 28208 | | | | 1036.18 | 688.51 |
| 28210 | | | | 1276.32 | 917.11 |
| 28220 | | | | 977.46 | 662.96 |
| 28222 | | | | 1119.36 | 779.62 |
| 28225 | | | | 904.49 | 579.18 |
| 28226 | | | | 1313.14 | 856.55 |
| 28230 | | | | 939.23 | 620.41 |
| 28232 | | | | 832.14 | 528.47 |
| 28234 | | | | 877.92 | 572.80 |
| 28238 | | | | 1452.52 | 1068.07 |
| 28240 | | | | 984.43 | 651.90 |
| 28250 | | | | 1248.42 | 880.55 |
| 28260 | | | | 1490.85 | 1119.38 |
| 28261 | | | | 2238.52 | 1783.37 |
| 28262 | | | | 3048.67 | 2482.44 |
| 28264 | | | | 2183.22 | 1680.47 |
| 28270 | | | | 1064.75 | 730.79 |
| 28272 | | | | 845.43 | 551.86 |
| 28280 | | | NRC | 1110.99 | 760.43 |
| 28285 | | | | 1158.33 | 827.24 |
| 28286 | | | | 969.37 | 651.27 |
| 28288 | | | | 1313.17 | 942.42 |
| 28289 | | | | 1569.32 | 1008.14 |
| 28291 | | | | 1572.20 | 1056.46 |
| 28292 | | | NRC | 1594.79 | 1062.47 |
| 28295 | | | | 2052.38 | 1191.13 |
| 28296 | | | NRC | 1957.20 | 1127.69 |
| 28297 | | | NRC | 2251.33 | 1319.40 |
| 28298 | | | NRC | 1824.79 | 1089.78 |
| 28299 | | | NRC | 2172.53 | 1278.83 |
| 28300 | | | | 1424.00 | 1424.00 |
| 28302 | | | | 1560.62 | 1560.62 |
| 28304 | | | | 1778.74 | 1323.59 |
| 28305 | | | | 1450.76 | 1450.76 |
| 28306 | | | | 1319.57 | 881.74 |
| 28307 | | | | 1388.41 | 935.43 |
| 28308 | | | | 1225.63 | 827.47 |
| 28309 | | | | 1949.76 | 1949.76 |
| 28310 | | | | 1175.38 | 781.54 |
| 28312 | | | | 1082.59 | 690.92 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 28313 | | | NRC | 1122.63 | 772.07 |
| 28315 | | | | 1040.62 | 711.70 |
| 28320 | | | | 1336.59 | 1336.59 |
| 28322 | | | | 1700.14 | 1260.14 |
| 28340 | | | NRC | 1253.15 | 906.92 |
| 28341 | | | NRC | 1456.03 | 1081.67 |
| 28344 | | | NRC | 920.90 | 612.90 |
| 28345 | | | NRC | 1130.41 | 800.05 |
| 28360 | | | NRC | 2384.95 | 2384.95 |
| 28400 | | | | 528.91 | 487.80 |
| 28405 | | | | 845.48 | 769.02 |
| 28406 | | | | 1144.51 | 1144.51 |
| 28415 | | | | 2443.99 | 2443.99 |
| 28420 | | | | 2785.48 | 2785.48 |
| 28430 | | | | 507.99 | 450.29 |
| 28435 | | | | 780.36 | 697.40 |
| 28436 | | | | 975.90 | 975.90 |
| 28445 | | | | 2304.51 | 2304.51 |
| 28446 | | | | 2677.73 | 2677.73 |
| 28450 | | | | 454.40 | 409.68 |
| 28455 | | | | 620.96 | 558.21 |
| 28456 | | | | 689.90 | 689.90 |
| 28465 | | | | 1376.80 | 1376.80 |
| 28470 | | | | 466.73 | 435.72 |
| 28475 | | | | 552.24 | 490.93 |
| 28476 | | | | 756.63 | 756.63 |
| 28485 | | | | 1184.45 | 1184.45 |
| 28490 | | | | 305.86 | 266.19 |
| 28495 | | | | 382.25 | 320.94 |
| 28496 | | | | 975.49 | 526.11 |
| 28505 | | | | 1437.49 | 1088.38 |
| 28510 | | | | 261.72 | 255.95 |
| 28515 | | | | 348.15 | 305.59 |
| 28525 | | | | 1227.68 | 873.52 |
| 28530 | | | | 248.93 | 220.80 |
| 28531 | | | | 728.52 | 395.27 |
| 28540 | | | | 416.39 | 375.99 |
| 28545 | | | | 639.39 | 565.82 |
| 28546 | | | | 1229.12 | 732.14 |
| 28555 | | | | 1869.04 | 1436.25 |
| 28570 | | | | 485.72 | 411.43 |
| 28575 | | | | 790.78 | 715.04 |
| 28576 | | | | 848.60 | 848.60 |
| 28585 | | | | 1886.72 | 1494.33 |
| 28600 | | | | 466.53 | 400.89 |
| 28605 | | | | 708.06 | 635.21 |
| 28606 | | | | 850.52 | 850.52 |
| 28615 | | | | 1761.91 | 1761.91 |
| 28630 | | | | 336.75 | 240.09 |
| 28635 | | | | 380.68 | 289.79 |
| 28636 | | | | 688.34 | 447.43 |
| 28645 | | | | 1422.44 | 1063.23 |
| 28660 | | | | 253.27 | 194.12 |
| 28665 | | | | 335.23 | 285.46 |
| 28666 | | | | 345.37 | 345.37 |
| 28675 | | | | 1227.75 | 877.19 |
| 28705 | | | | 2716.62 | 2716.62 |
| 28715 | | | | 2058.74 | 2058.74 |
| 28725 | | | | 1705.78 | 1705.78 |
| 28730 | | | | 1606.44 | 1606.44 |
| 28735 | | | | 1710.61 | 1710.61 |
| 28737 | | | | 1526.08 | 1526.08 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 28740 | | | | 1823.40 | 1361.04 |
| 28750 | | | | 1732.10 | 1277.67 |
| 28755 | | | | 1098.67 | 725.03 |
| 28760 | | | | 1716.82 | 1272.49 |
| 28800 | | | | 1175.03 | 1175.03 |
| 28805 | | | | 1604.45 | 1604.45 |
| 28810 | | | | 942.30 | 942.30 |
| 28820 | | | | 1210.13 | 860.30 |
| 28825 | | | | 1156.87 | 807.04 |
| 28890 | | | | 696.66 | 486.03 |
| 28899 | | | BR | 0.00 | 0.00 |
| 29000 | | | | 735.23 | 432.28 |
| 29010 | | | | 573.93 | 348.88 |
| 29015 | | | | 619.26 | 394.93 |
| 29035 | | | | 536.35 | 312.74 |
| 29040 | | | | 615.58 | 376.82 |
| 29044 | | | | 602.52 | 363.77 |
| 29046 | | | | 661.82 | 408.63 |
| 29049 | | | | 210.47 | 151.32 |
| 29055 | | | | 466.96 | 298.89 |
| 29058 | | | | 263.39 | 204.25 |
| 29065 | | | | 202.92 | 146.65 |
| 29075 | | | | 183.37 | 133.60 |
| 29085 | | | | 201.40 | 145.14 |
| 29086 | | | | 166.11 | 109.12 |
| 29105 | | | | 174.05 | 105.53 |
| 29125 | | | | 135.75 | 85.26 |
| 29126 | | | | 162.24 | 105.26 |
| 29130 | | | | 88.14 | 63.62 |
| 29131 | | | | 109.39 | 73.32 |
| 29200 | | | | 68.32 | 41.64 |
| 29240 | | | | 65.44 | 41.64 |
| 29260 | | | | 64.07 | 43.15 |
| 29280 | | | | 65.51 | 44.59 |
| 29305 | | | | 522.52 | 345.80 |
| 29325 | | | | 577.42 | 386.99 |
| 29345 | | | | 288.58 | 217.89 |
| 29355 | | | | 302.55 | 232.58 |
| 29358 | | | | 338.68 | 224.71 |
| 29365 | | | | 260.96 | 190.28 |
| 29405 | | | | 171.96 | 128.68 |
| 29425 | | | | 164.60 | 121.33 |
| 29435 | | | | 250.80 | 180.83 |
| 29440 | | | | 93.44 | 63.15 |
| 29445 | | | | 282.06 | 225.07 |
| 29450 | | | | 314.31 | 250.11 |
| 29505 | | | | 180.41 | 109.72 |
| 29515 | | | | 151.82 | 107.82 |
| 29520 | | | | 72.65 | 42.36 |
| 29530 | | | | 64.72 | 41.64 |
| 29540 | | | | 61.90 | 40.26 |
| 29550 | | | | 41.44 | 25.57 |
| 29580 | | | | 132.47 | 61.06 |
| 29581 | | | | 182.22 | 61.76 |
| 29584 | | | | 167.53 | 36.26 |
| 29700 | | | | 135.55 | 73.52 |
| 29705 | | | | 139.24 | 101.73 |
| 29710 | | | | 263.80 | 184.45 |
| 29720 | | | | 179.24 | 97.74 |
| 29730 | | | | 134.77 | 97.26 |
| 29740 | | | | 212.25 | 154.54 |
| 29750 | | | NRC | 231.47 | 173.04 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 29799 | | | BR | 0.00 | 0.00 |
| 29800 | | | | 1151.39 | 1151.39 |
| 29804 | | | | 1397.67 | 1397.67 |
| 29805 | | | | 1026.63 | 1026.63 |
| 29806 | | | | 2324.15 | 2324.15 |
| 29807 | | | | 2271.55 | 2271.55 |
| 29819 | | | | 1279.23 | 1279.23 |
| 29820 | | | | 1162.94 | 1162.94 |
| 29821 | | | | 1275.34 | 1275.34 |
| 29822 | | | | 1237.69 | 1237.69 |
| 29823 | | | | 1346.56 | 1346.56 |
| 29824 | | | | 1451.56 | 1451.56 |
| 29825 | | | | 1257.17 | 1257.17 |
| 29826 | | | | 389.31 | 389.31 |
| 29827 | | | | 2309.20 | 2309.20 |
| 29828 | | | | 1987.52 | 1987.52 |
| 29830 | | | | 989.13 | 989.13 |
| 29834 | | | | 1056.93 | 1056.93 |
| 29835 | | | | 1095.85 | 1095.85 |
| 29836 | | | | 1245.61 | 1245.61 |
| 29837 | | | | 1142.74 | 1142.74 |
| 29838 | | | | 1282.60 | 1282.60 |
| 29840 | | | | 977.52 | 977.52 |
| 29843 | | | | 1051.08 | 1051.08 |
| 29844 | | | | 1079.94 | 1079.94 |
| 29845 | | | | 1256.17 | 1256.17 |
| 29846 | | | | 1133.02 | 1133.02 |
| 29847 | | | | 1167.06 | 1167.06 |
| 29848 | | | | 1111.08 | 1111.08 |
| 29850 | | | | 1358.59 | 1358.59 |
| 29851 | | | | 2036.17 | 2036.17 |
| 29855 | | | | 1712.14 | 1712.14 |
| 29856 | | | | 2172.92 | 2172.92 |
| 29860 | | | | 1443.49 | 1443.49 |
| 29861 | | | | 1565.84 | 1565.84 |
| 29862 | | | | 1756.29 | 1756.29 |
| 29863 | | | | 1759.45 | 1759.45 |
| 29866 | | | | 2304.35 | 2304.35 |
| 29867 | | | | 2794.81 | 2794.81 |
| 29868 | | | | 3690.60 | 3690.60 |
| 29870 | | | | 1226.06 | 889.93 |
| 29871 | | | | 1121.94 | 1121.94 |
| 29873 | | | | 1141.46 | 1141.46 |
| 29874 | | | | 1170.27 | 1170.27 |
| 29875 | | | | 1079.49 | 1079.49 |
| 29876 | | | | 1434.30 | 1434.30 |
| 29877 | | | | 1355.83 | 1355.83 |
| 29879 | | | | 1445.63 | 1445.63 |
| 29880 | | | | 1223.72 | 1223.72 |
| 29881 | | | | 1178.39 | 1178.39 |
| 29882 | | | | 1525.87 | 1525.87 |
| 29883 | | | | 1851.09 | 1851.09 |
| 29884 | | | | 1337.14 | 1337.14 |
| 29885 | | | | 1623.82 | 1623.82 |
| 29886 | | | | 1392.52 | 1392.52 |
| 29887 | | | | 1631.17 | 1631.17 |
| 29888 | | | | 2157.53 | 2157.53 |
| 29889 | | | | 2681.03 | 2681.03 |
| 29891 | | | | 1467.74 | 1467.74 |
| 29892 | | | | 1435.38 | 1435.38 |
| 29893 | | | | 1334.80 | 933.75 |
| 29894 | | | | 1080.24 | 1080.24 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 29895 | | | | 1025.32 | 1025.32 |
| 29897 | | | | 1100.07 | 1100.07 |
| 29898 | | | | 1230.82 | 1230.82 |
| 29899 | | | | 2269.43 | 2269.43 |
| 29900 | | | | 1079.68 | 1079.68 |
| 29901 | | | | 1155.22 | 1155.22 |
| 29902 | | | | 1237.64 | 1237.64 |
| 29904 | | | | 1378.48 | 1378.48 |
| 29905 | | | | 1140.42 | 1140.42 |
| 29906 | | | | 1480.43 | 1480.43 |
| 29907 | | | | 1914.49 | 1914.49 |
| 29914 | | | | 2154.63 | 2154.63 |
| 29915 | | | | 2220.61 | 2220.61 |
| 29916 | | | | 2213.84 | 2213.84 |
| 29999 | | | BR | 0.00 | 0.00 |
| 30000 | | | | 503.84 | 254.27 |
| 30020 | | | | 508.82 | 254.20 |
| 30100 | | | | 295.56 | 146.25 |
| 30110 | | | | 492.30 | 278.79 |
| 30115 | | | | 932.83 | 932.83 |
| 30117 | | | | 1874.70 | 714.11 |
| 30118 | | | | 1671.72 | 1671.72 |
| 30120 | | | | 1099.75 | 930.97 |
| 30124 | | | | 614.76 | 614.76 |
| 30125 | | | | 1322.27 | 1322.27 |
| 30130 | | | | 820.86 | 820.86 |
| 30140 | | | | 593.77 | 391.81 |
| 30150 | | | | 1664.25 | 1664.25 |
| 30160 | | | | 1676.16 | 1676.16 |
| 30200 | | | | 235.23 | 125.59 |
| 30210 | | | | 315.04 | 211.90 |
| 30220 | | | | 632.30 | 268.04 |
| 30300 | | | | 387.50 | 234.58 |
| 30310 | | | | 431.26 | 431.26 |
| 30320 | | | | 974.73 | 974.73 |
| 30400 | | | NRC | 2317.36 | 2317.36 |
| 30410 | | | NRC | 2687.07 | 2687.07 |
| 30420 | | | | 2970.92 | 2970.92 |
| 30430 | | | | 2027.58 | 2027.58 |
| 30435 | | | | 2533.85 | 2533.85 |
| 30450 | | | | 3388.40 | 3388.40 |
| 30460 | | | NRC | 1775.30 | 1775.30 |
| 30462 | | | NRC | 3415.96 | 3415.96 |
| 30465 | | | | 2122.21 | 2122.21 |
| 30520 | | | | 1354.01 | 1354.01 |
| 30540 | | | | 1491.40 | 1491.40 |
| 30545 | | | NRC | 2045.00 | 2045.00 |
| 30560 | | | | 584.03 | 294.79 |
| 30580 | | | | 1374.97 | 1083.56 |
| 30600 | | | | 1215.80 | 947.48 |
| 30620 | | | | 1362.26 | 1362.26 |
| 30630 | | | | 1358.27 | 1358.27 |
| 30801 | | | | 464.35 | 295.56 |
| 30802 | | | | 594.87 | 410.94 |
| 30901 | | | | 290.25 | 125.07 |
| 30903 | | | | 455.91 | 173.87 |
| 30905 | | | | 689.88 | 231.85 |
| 30906 | | | | 724.58 | 299.73 |
| 30915 | | | | 1248.31 | 1248.31 |
| 30920 | | | | 1817.12 | 1817.12 |
| 30930 | | | | 257.21 | 257.21 |
| 30999 | | | BR | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 31000 | | | | 381.93 | 226.85 |
| 31002 | | | | 403.04 | 403.04 |
| 31020 | | | | 1010.57 | 776.14 |
| 31030 | | | | 1426.34 | 1127.71 |
| 31032 | | | | 1242.21 | 1242.21 |
| 31040 | | | | 1665.04 | 1665.04 |
| 31050 | | | | 1045.90 | 1045.90 |
| 31051 | | | | 1398.34 | 1398.34 |
| 31070 | | | | 946.99 | 946.99 |
| 31075 | | | | 1691.43 | 1691.43 |
| 31080 | | | | 2226.84 | 2226.84 |
| 31081 | | | | 2402.22 | 2402.22 |
| 31084 | | | | 2481.85 | 2481.85 |
| 31085 | | | | 2578.39 | 2578.39 |
| 31086 | | | | 2428.54 | 2428.54 |
| 31087 | | | | 2337.38 | 2337.38 |
| 31090 | | | | 2224.58 | 2224.58 |
| 31200 | | | | 1244.29 | 1244.29 |
| 31201 | | | | 1614.18 | 1614.18 |
| 31205 | | | | 1958.72 | 1958.72 |
| 31225 | | | | 4010.05 | 4010.05 |
| 31230 | | | | 4440.53 | 4440.53 |
| 31231 | | | NRC | 418.72 | 142.45 |
| 31233 | | | NRC | 550.87 | 295.53 |
| 31235 | | | NRC | 630.61 | 350.02 |
| 31237 | | | NRC | 543.21 | 349.90 |
| 31238 | | | | 537.77 | 366.82 |
| 31239 | | | NRC | 1332.73 | 1332.73 |
| 31240 | | | NRC | 348.59 | 348.59 |
| 31241 | | | NRC | 986.63 | 986.63 |
| 31253 | | | | 1109.19 | 1109.19 |
| 31254 | | | | 881.81 | 537.74 |
| 31255 | | | | 716.13 | 716.13 |
| 31256 | | | | 397.71 | 397.71 |
| 31257 | | | | 989.24 | 989.24 |
| 31259 | | | | 1047.68 | 1047.68 |
| 31267 | | | | 587.00 | 587.00 |
| 31276 | | | | 838.46 | 838.46 |
| 31287 | | | | 444.67 | 444.67 |
| 31288 | | | | 517.74 | 517.74 |
| 31290 | | | | 2507.51 | 2507.51 |
| 31291 | | | | 2671.88 | 2671.88 |
| 31292 | | | | 2164.95 | 2164.95 |
| 31293 | | | | 2353.80 | 2353.80 |
| 31294 | | | | 2697.67 | 2697.67 |
| 31295 | | | | 4032.99 | 348.52 |
| 31296 | | | | 4088.60 | 396.20 |
| 31297 | | | | 4002.16 | 316.98 |
| 31298 | | | | 7723.72 | 565.42 |
| 31299 | | | BR | 0.00 | 0.00 |
| 31300 | | | | 2761.03 | 2761.03 |
| 31360 | | | | 4538.97 | 4538.97 |
| 31365 | | | | 5617.36 | 5617.36 |
| 31367 | | | | 4790.69 | 4790.69 |
| 31368 | | | | 5323.05 | 5323.05 |
| 31370 | | | | 4496.40 | 4496.40 |
| 31375 | | | | 4259.62 | 4259.62 |
| 31380 | | | | 4204.35 | 4204.35 |
| 31382 | | | | 4616.35 | 4616.35 |
| 31390 | | | | 6227.10 | 6227.10 |
| 31395 | | | | 6562.32 | 6562.32 |
| 31400 | | | | 2115.35 | 2115.35 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 31420 | | | | 1786.83 | 1786.83 |
| 31500 | | | | 315.65 | 315.65 |
| 31502 | | | | 77.65 | 77.65 |
| 31505 | | | | 177.65 | 104.80 |
| 31510 | | | | 447.91 | 263.98 |
| 31511 | | | | 449.83 | 288.97 |
| 31512 | | | | 442.61 | 282.48 |
| 31513 | | | | 287.07 | 287.07 |
| 31515 | | | | 430.98 | 238.39 |
| 31520 | | | NRC | 342.42 | 342.42 |
| 31525 | | | | 533.24 | 348.58 |
| 31526 | | | | 343.21 | 343.21 |
| 31527 | | | | 427.03 | 427.03 |
| 31528 | | | | 315.73 | 315.73 |
| 31529 | | | | 353.44 | 353.44 |
| 31530 | | | | 437.33 | 437.33 |
| 31531 | | | | 465.46 | 465.46 |
| 31535 | | | | 414.70 | 414.70 |
| 31536 | | | | 462.38 | 462.38 |
| 31540 | | | | 529.41 | 529.41 |
| 31541 | | | | 578.60 | 578.60 |
| 31545 | | | | 796.80 | 796.80 |
| 31546 | | | | 1210.59 | 1210.59 |
| 31551 | | | NRC | 3132.53 | 3132.53 |
| 31552 | | | | 3145.54 | 3145.54 |
| 31553 | | | NRC | 3428.99 | 3428.99 |
| 31554 | | | | 3581.16 | 3581.16 |
| 31560 | | | | 688.00 | 688.00 |
| 31561 | | | | 753.32 | 753.32 |
| 31570 | | | | 723.91 | 502.47 |
| 31571 | | | | 547.05 | 547.05 |
| 31572 | | | | 1062.04 | 396.27 |
| 31573 | | | | 567.21 | 326.29 |
| 31574 | | | | 2094.95 | 326.29 |
| 31575 | | | | 245.79 | 144.81 |
| 31576 | | | | 558.01 | 258.66 |
| 31577 | | | | 585.63 | 293.50 |
| 31578 | | | | 637.89 | 326.29 |
| 31579 | | | | 391.32 | 260.76 |
| 31580 | | | | 2690.71 | 2690.71 |
| 31584 | | | | 2993.01 | 2993.01 |
| 31587 | | | | 2508.54 | 2508.54 |
| 31590 | | | | 1867.40 | 1867.40 |
| 31591 | | | | 2271.53 | 2271.53 |
| 31592 | | | | 3744.45 | 3744.45 |
| 31599 | | | BR | 0.00 | 0.00 |
| 31600 | | | | 686.19 | 686.19 |
| 31601 | | | | 996.45 | 996.45 |
| 31603 | | | | 717.91 | 717.91 |
| 31605 | | | | 743.18 | 743.18 |
| 31610 | | | | 2056.01 | 2056.01 |
| 31611 | | | | 1143.03 | 1143.03 |
| 31612 | | | | 179.30 | 107.17 |
| 31613 | | | | 949.98 | 949.98 |
| 31614 | | | | 1584.36 | 1584.36 |
| 31615 | | | | 362.14 | 251.06 |
| 31622 | | | | 511.76 | 291.04 |
| 31623 | | | | 560.40 | 293.51 |
| 31624 | | | | 530.89 | 297.19 |
| 31625 | | | | 713.91 | 346.04 |
| 31626 | | | | 1755.39 | 441.16 |
| 31627 | | | | 2742.44 | 216.41 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 31628 | | | | 759.41 | 390.10 |
| 31629 | | | | 934.90 | 414.83 |
| 31630 | | | | 439.86 | 439.86 |
| 31631 | | | | 507.03 | 507.03 |
| 31632 | | | | 137.84 | 108.98 |
| 31633 | | | | 173.12 | 141.38 |
| 31634 | | | | 3590.46 | 426.07 |
| 31635 | | | | 603.96 | 389.74 |
| 31636 | | | | 489.50 | 489.50 |
| 31637 | | | | 171.49 | 171.49 |
| 31638 | | | | 555.73 | 555.73 |
| 31640 | | | | 556.57 | 556.57 |
| 31641 | | | | 569.49 | 569.49 |
| 31643 | | | | 392.01 | 392.01 |
| 31645 | | | | 555.82 | 324.28 |
| 31646 | | | | 314.97 | 314.97 |
| 31647 | | | | NC | 470.28 |
| 31648 | | | | NC | 447.54 |
| 31649 | | | | 150.10 | 150.10 |
| 31651 | | | | 164.79 | 164.79 |
| 31652 | | | | 2009.79 | 492.87 |
| 31653 | | | | 2107.83 | 546.19 |
| 31654 | | | | 264.59 | 149.91 |
| 31660 | | | | NC | 433.64 |
| 31661 | | | | NC | 457.70 |
| 31717 | | | | 590.62 | 244.40 |
| 31720 | | | | 110.62 | 110.62 |
| 31725 | | | | 177.52 | 177.52 |
| 31730 | | | | 2492.12 | 333.95 |
| 31750 | | | | 2968.85 | 2968.85 |
| 31755 | | | | 3737.80 | 3737.80 |
| 31760 | | | | 3046.11 | 3046.11 |
| 31766 | | | | 3972.20 | 3972.20 |
| 31770 | | | | 2952.63 | 2952.63 |
| 31775 | | | | 3120.77 | 3120.77 |
| 31780 | | | | 2623.50 | 2623.50 |
| 31781 | | | | 3078.80 | 3078.80 |
| 31785 | | | | 2367.58 | 2367.58 |
| 31786 | | | | 3218.46 | 3218.46 |
| 31800 | | | | 1548.71 | 1548.71 |
| 31805 | | | | 1798.04 | 1798.04 |
| 31820 | | | | 927.33 | 709.50 |
| 31825 | | | | 1291.20 | 1042.35 |
| 31830 | | | | 955.75 | 747.29 |
| 31899 | | | BR | 0.00 | 0.00 |
| 32035 | | | | 1592.62 | 1592.62 |
| 32036 | | | | 1714.70 | 1714.70 |
| 32096 | | | | 1784.95 | 1784.95 |
| 32097 | | | | 1784.30 | 1784.30 |
| 32098 | | | | 1689.36 | 1689.36 |
| 32100 | | | | 1798.93 | 1798.93 |
| 32110 | | | | 3265.75 | 3265.75 |
| 32120 | | | | 1932.47 | 1932.47 |
| 32124 | | | | 2052.14 | 2052.14 |
| 32140 | | | | 2195.49 | 2195.49 |
| 32141 | | | | 3397.75 | 3397.75 |
| 32150 | | | | 2226.62 | 2226.62 |
| 32151 | | | | 2217.03 | 2217.03 |
| 32160 | | | | 1761.29 | 1761.29 |
| 32200 | | | | 2513.37 | 2513.37 |
| 32215 | | | | 1760.45 | 1760.45 |
| 32220 | | | | 3519.24 | 3519.24 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 32225 | | | | 2204.45 | 2204.45 |
| 32310 | | | | 2023.27 | 2023.27 |
| 32320 | | | | 3548.93 | 3548.93 |
| 32400 | | | | 330.70 | 192.93 |
| 32405 | | | | 816.27 | 200.27 |
| 32440 | | | | 3479.54 | 3479.54 |
| 32442 | | | | 6874.66 | 6874.66 |
| 32445 | | | | 7904.09 | 7904.09 |
| 32480 | | | | 3287.39 | 3287.39 |
| 32482 | | | | 3513.97 | 3513.97 |
| 32484 | | | | 3188.68 | 3188.68 |
| 32486 | | | | 5263.54 | 5263.54 |
| 32488 | | | | 5334.67 | 5334.67 |
| 32491 | | | | 3268.82 | 3268.82 |
| 32501 | | | | 547.93 | 547.93 |
| 32503 | | | | 4003.64 | 4003.64 |
| 32504 | | | | 4571.14 | 4571.14 |
| 32505 | | | | 2066.84 | 2066.84 |
| 32506 | | | | 351.12 | 351.12 |
| 32507 | | | | 350.33 | 350.33 |
| 32540 | | | | 3830.39 | 3830.39 |
| 32550 | | | | 1565.00 | 460.68 |
| 32551 | | | | 350.06 | 350.06 |
| 32552 | | | | 398.42 | 347.21 |
| 32553 | | | | 1099.43 | 399.03 |
| 32554 | | | | 446.71 | 199.30 |
| 32555 | | | | 629.97 | 248.40 |
| 32556 | | | | 1274.06 | 274.33 |
| 32557 | | | | 1179.94 | 338.89 |
| 32560 | | | | 528.90 | 174.01 |
| 32561 | | | | 201.98 | 152.21 |
| 32562 | | | | 180.74 | 136.02 |
| 32601 | | | | 686.39 | 686.39 |
| 32604 | | | | 1074.00 | 1074.00 |
| 32606 | | | | 1030.95 | 1030.95 |
| 32607 | | | | 685.67 | 685.67 |
| 32608 | | | | 842.20 | 842.20 |
| 32609 | | | | 573.99 | 573.99 |
| 32650 | | | | 1471.79 | 1471.79 |
| 32651 | | | | 2431.93 | 2431.93 |
| 32652 | | | | 3696.83 | 3696.83 |
| 32653 | | | | 2355.29 | 2355.29 |
| 32654 | | | | 2563.32 | 2563.32 |
| 32655 | | | | 2120.05 | 2120.05 |
| 32656 | | | | 1773.19 | 1773.19 |
| 32658 | | | | 1576.72 | 1576.72 |
| 32659 | | | | 1619.03 | 1619.03 |
| 32661 | | | | 1760.39 | 1760.39 |
| 32662 | | | | 1979.20 | 1979.20 |
| 32663 | | | | 3115.59 | 3115.59 |
| 32664 | | | | 1879.89 | 1879.89 |
| 32665 | | | | 2718.75 | 2718.75 |
| 32666 | | | | 1929.14 | 1929.14 |
| 32667 | | | | 351.84 | 351.84 |
| 32668 | | | | 351.84 | 351.84 |
| 32669 | | | | 2989.32 | 2989.32 |
| 32670 | | | | 3569.29 | 3569.29 |
| 32671 | | | | 3944.07 | 3944.07 |
| 32672 | | | | 3400.15 | 3400.15 |
| 32673 | | | | 2697.35 | 2697.35 |
| 32674 | | | | 483.57 | 483.57 |
| 32701 | | | | NC | 480.76 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 32800 | | | | 2078.01 | 2078.01 |
| 32810 | | | | 1990.20 | 1990.20 |
| 32815 | | | | 6253.65 | 6253.65 |
| 32820 | | | | 2951.77 | 2951.77 |
| 32850 | | | NRC | 0.00 | 0.00 |
| 32851 | | | | 7365.10 | 7365.10 |
| 32852 | | | | 8011.91 | 8011.91 |
| 32853 | | | | 10324.21 | 10324.21 |
| 32854 | | | | 10960.62 | 10960.62 |
| 32855 | | | NRC | 448.77 | 448.77 |
| 32856 | | | NRC | 673.12 | 673.12 |
| 32900 | | | | 3141.00 | 3141.00 |
| 32905 | | | | 2947.96 | 2947.96 |
| 32906 | | | | 3670.81 | 3670.81 |
| 32940 | | | | 2727.23 | 2727.23 |
| 32960 | | | | 273.38 | 202.69 |
| 32994 | | | | 11570.35 | 1017.55 |
| 32997 | | | NRC | 761.23 | 761.23 |
| 32998 | | | | 7322.34 | 989.21 |
| 32999 | | | BR | 0.00 | 0.00 |
| 33016 | | | BR | TBD | TBD |
| 33017 | | | BR | TBD | TBD |
| 33018 | | | NRC | TBD | TBD |
| 33019 | | | BR | TBD | TBD |
| 33020 | | | | 1951.83 | 1951.83 |
| 33025 | | | | 1771.50 | 1771.50 |
| 33030 | | | | 4465.14 | 4465.14 |
| 33031 | | | | 5527.80 | 5527.80 |
| 33050 | | | | 2228.22 | 2228.22 |
| 33120 | | | | 4688.01 | 4688.01 |
| 33130 | | | | 3057.59 | 3057.59 |
| 33140 | | | NRC | 3487.15 | 3487.15 |
| 33141 | | | NRC | 294.56 | 294.56 |
| 33202 | | | NRC | 1721.94 | 1721.94 |
| 33203 | | | NRC | 1804.74 | 1804.74 |
| 33206 | | | NRC | 1006.49 | 1006.49 |
| 33207 | | | NRC | 1071.13 | 1071.13 |
| 33208 | | | NRC | 1162.05 | 1162.05 |
| 33210 | | | NRC | 367.76 | 367.76 |
| 33211 | | | NRC | 382.33 | 382.33 |
| 33212 | | | NRC | 712.21 | 712.21 |
| 33213 | | | NRC | 745.47 | 745.47 |
| 33214 | | | NRC | 1064.22 | 1064.22 |
| 33215 | | | NRC | 690.64 | 690.64 |
| 33216 | | | NRC | 821.75 | 821.75 |
| 33217 | | | NRC | 809.88 | 809.88 |
| 33218 | | | NRC | 858.75 | 858.75 |
| 33220 | | | NRC | 865.04 | 865.04 |
| 33221 | | | | 798.08 | 798.08 |
| 33222 | | | NRC | 747.02 | 747.02 |
| 33223 | | | NRC | 907.37 | 907.37 |
| 33224 | | | NRC | 1156.90 | 1156.90 |
| 33225 | | | NRC | 1053.71 | 1053.71 |
| 33226 | | | NRC | 1113.09 | 1113.09 |
| 33227 | | | | 751.05 | 751.05 |
| 33228 | | | | 784.90 | 784.90 |
| 33229 | | | | 831.14 | 831.14 |
| 33230 | | | | 849.12 | 849.12 |
| 33231 | | | | 891.83 | 891.83 |
| 33233 | | | NRC | 507.39 | 507.39 |
| 33234 | | | NRC | 1079.31 | 1079.31 |
| 33235 | | | NRC | 1416.43 | 1416.43 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 33236 | | | NRC | 1718.61 | 1718.61 |
| 33237 | | | NRC | 1856.74 | 1856.74 |
| 33238 | | | NRC | 2077.84 | 2077.84 |
| 33240 | | | NRC | 812.45 | 812.45 |
| 33241 | | | NRC | 474.86 | 474.86 |
| 33243 | | | NRC | 3054.70 | 3054.70 |
| 33244 | | | NRC | 1921.70 | 1921.70 |
| 33249 | | | NRC | 2045.17 | 2045.17 |
| 33250 | | | NRC | 3221.18 | 3221.18 |
| 33251 | | | NRC | 3619.55 | 3619.55 |
| 33254 | | | NRC | 3014.84 | 3014.84 |
| 33255 | | | NRC | 3649.36 | 3649.36 |
| 33256 | | | NRC | 4336.08 | 4336.08 |
| 33257 | | | NRC | 1290.49 | 1290.49 |
| 33258 | | | NRC | 1449.17 | 1449.17 |
| 33259 | | | NRC | 1875.19 | 1875.19 |
| 33261 | | | NRC | 3607.22 | 3607.22 |
| 33262 | | | | 827.67 | 827.67 |
| 33263 | | | | 862.30 | 862.30 |
| 33264 | | | | 899.90 | 899.90 |
| 33265 | | | NRC | 3026.73 | 3026.73 |
| 33266 | | | NRC | 4124.83 | 4124.83 |
| 33270 | | | | 1261.95 | 1261.95 |
| 33271 | | | | 1016.89 | 1016.89 |
| 33272 | | | | 771.26 | 771.26 |
| 33273 | | | | 895.52 | 895.52 |
| 33274 | | | NRC | 1088.44 | 1088.44 |
| 33275 | | | NRC | 1159.32 | 1159.32 |
| 33285 | | | NRC | 10548.69 | 199.30 |
| 33286 | | | NRC | 286.31 | 195.43 |
| 33289 | | | NRC | 734.00 | 734.00 |
| 33300 | | | | 5487.86 | 5487.86 |
| 33305 | | | | 9214.48 | 9214.48 |
| 33310 | | | NRC | 2610.95 | 2610.95 |
| 33315 | | | NRC | 4276.79 | 4276.79 |
| 33320 | | | NRC | 2352.93 | 2352.93 |
| 33321 | | | NRC | 2615.72 | 2615.72 |
| 33322 | | | NRC | 3083.57 | 3083.57 |
| 33330 | | | NRC | 3187.03 | 3187.03 |
| 33335 | | | NRC | 4214.54 | 4214.54 |
| 33340 | | | NRC | 1773.36 | 1773.36 |
| 33361 | | | | NC | 3052.23 |
| 33362 | | | | NC | 3332.90 |
| 33363 | | | | NC | 3452.25 |
| 33364 | | | | NC | 3573.01 |
| 33365 | | | | NC | 4008.51 |
| 33366 | | | | 4333.84 | 4333.84 |
| 33367 | | | | NC | 1416.22 |
| 33368 | | | | NC | 1684.17 |
| 33369 | | | | NC | 2223.06 |
| 33390 | | | NRC | 4313.68 | 4313.68 |
| 33391 | | | NRC | 5106.05 | 5106.05 |
| 33404 | | | NRC | 3934.65 | 3934.65 |
| 33405 | | | NRC | 5072.86 | 5072.86 |
| 33406 | | | NRC | 6427.76 | 6427.76 |
| 33410 | | | NRC | 5688.35 | 5688.35 |
| 33411 | | | NRC | 7524.93 | 7524.93 |
| 33412 | | | NRC | 7044.27 | 7044.27 |
| 33413 | | | NRC | 7169.54 | 7169.54 |
| 33414 | | | NRC | 4792.29 | 4792.29 |
| 33415 | | | NRC | 4539.13 | 4539.13 |
| 33416 | | | NRC | 4523.31 | 4523.31 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 33417 | | | NRC | 3711.98 | 3711.98 |
| 33418 | | | | 4039.90 | 4039.90 |
| 33419 | | | | 956.22 | 956.22 |
| 33420 | | | NRC | 3261.68 | 3261.68 |
| 33422 | | | NRC | 3701.25 | 3701.25 |
| 33425 | | | NRC | 6105.86 | 6105.86 |
| 33426 | | | NRC | 5325.15 | 5325.15 |
| 33427 | | | NRC | 5469.70 | 5469.70 |
| 33430 | | | NRC | 6259.56 | 6259.56 |
| 33440 | | | NRC | 7591.38 | 7591.38 |
| 33460 | | | NRC | 5370.70 | 5370.70 |
| 33463 | | | NRC | 6918.22 | 6918.22 |
| 33464 | | | NRC | 5461.21 | 5461.21 |
| 33465 | | | NRC | 6175.58 | 6175.58 |
| 33468 | | | NRC | 5400.75 | 5400.75 |
| 33470 | | | NRC | 2765.58 | 2765.58 |
| 33471 | | | NRC | 2956.74 | 2956.74 |
| 33474 | | | NRC | 4887.35 | 4887.35 |
| 33475 | | | NRC | 5219.90 | 5219.90 |
| 33476 | | | NRC | 3327.36 | 3327.36 |
| 33477 | | | | 3069.11 | 3069.11 |
| 33478 | | | NRC | 3495.08 | 3495.08 |
| 33496 | | | NRC | 3722.46 | 3722.46 |
| 33500 | | | NRC | 3475.87 | 3475.87 |
| 33501 | | | NRC | 2487.60 | 2487.60 |
| 33502 | | | NRC | 2820.49 | 2820.49 |
| 33503 | | | NRC | 2956.65 | 2956.65 |
| 33504 | | | NRC | 3229.27 | 3229.27 |
| 33505 | | | NRC | 4520.10 | 4520.10 |
| 33506 | | | NRC | 4465.38 | 4465.38 |
| 33507 | | | NRC | 3839.79 | 3839.79 |
| 33508 | | | NRC | 36.41 | 36.41 |
| 33510 | | | NRC | 4318.80 | 4318.80 |
| 33511 | | | NRC | 4743.72 | 4743.72 |
| 33512 | | | NRC | 5403.31 | 5403.31 |
| 33513 | | | NRC | 5566.05 | 5566.05 |
| 33514 | | | NRC | 5854.18 | 5854.18 |
| 33516 | | | NRC | 6036.00 | 6036.00 |
| 33517 | | | NRC | 419.34 | 419.34 |
| 33518 | | | NRC | 924.69 | 924.69 |
| 33519 | | | NRC | 1223.12 | 1223.12 |
| 33521 | | | NRC | 1467.37 | 1467.37 |
| 33522 | | | NRC | 1648.05 | 1648.05 |
| 33523 | | | NRC | 1860.91 | 1860.91 |
| 33530 | | | NRC | 1182.06 | 1182.06 |
| 33533 | | | NRC | 4174.67 | 4174.67 |
| 33534 | | | NRC | 4912.00 | 4912.00 |
| 33535 | | | NRC | 5482.37 | 5482.37 |
| 33536 | | | NRC | 5879.61 | 5879.61 |
| 33542 | | | NRC | 5888.26 | 5888.26 |
| 33545 | | | NRC | 6906.97 | 6906.97 |
| 33548 | | | NRC | 6621.69 | 6621.69 |
| 33572 | | | NRC | 517.03 | 517.03 |
| 33600 | | | NRC | 3802.22 | 3802.22 |
| 33602 | | | NRC | 3688.26 | 3688.26 |
| 33606 | | | NRC | 3979.67 | 3979.67 |
| 33608 | | | NRC | 4030.18 | 4030.18 |
| 33610 | | | NRC | 3973.56 | 3973.56 |
| 33611 | | | NRC | 4381.35 | 4381.35 |
| 33612 | | | NRC | 4499.18 | 4499.18 |
| 33615 | | | NRC | 4477.04 | 4477.04 |
| 33617 | | | NRC | 4724.11 | 4724.11 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 33619 | | | NRC | 6123.90 | 6123.90 |
| 33620 | | | NRC | 3685.01 | 3685.01 |
| 33621 | | | NRC | 2079.76 | 2079.76 |
| 33622 | | | NRC | 7738.22 | 7738.22 |
| 33641 | | | NRC | 3657.63 | 3657.63 |
| 33645 | | | NRC | 3851.71 | 3851.71 |
| 33647 | | | NRC | 4026.79 | 4026.79 |
| 33660 | | | NRC | 3905.35 | 3905.35 |
| 33665 | | | NRC | 4296.85 | 4296.85 |
| 33670 | | | NRC | 4439.84 | 4439.84 |
| 33675 | | | NRC | 4350.98 | 4350.98 |
| 33676 | | | NRC | 4546.28 | 4546.28 |
| 33677 | | | NRC | 4722.31 | 4722.31 |
| 33681 | | | NRC | 4086.86 | 4086.86 |
| 33684 | | | NRC | 4240.23 | 4240.23 |
| 33688 | | | NRC | 4236.91 | 4236.91 |
| 33690 | | | NRC | 2675.01 | 2675.01 |
| 33692 | | | NRC | 4400.53 | 4400.53 |
| 33694 | | | NRC | 4381.35 | 4381.35 |
| 33697 | | | NRC | 4615.50 | 4615.50 |
| 33702 | | | NRC | 3406.91 | 3406.91 |
| 33710 | | | NRC | 4609.20 | 4609.20 |
| 33720 | | | NRC | 3443.20 | 3443.20 |
| 33722 | | | NRC | 3646.22 | 3646.22 |
| 33724 | | | NRC | 3411.40 | 3411.40 |
| 33726 | | | NRC | 4566.43 | 4566.43 |
| 33730 | | | NRC | 4378.47 | 4378.47 |
| 33732 | | | NRC | 3497.07 | 3497.07 |
| 33735 | | | NRC | 2891.32 | 2891.32 |
| 33736 | | | NRC | 3049.32 | 3049.32 |
| 33737 | | | NRC | 2898.62 | 2898.62 |
| 33750 | | | NRC | 2823.72 | 2823.72 |
| 33755 | | | NRC | 2938.62 | 2938.62 |
| 33762 | | | NRC | 2868.66 | 2868.66 |
| 33764 | | | NRC | 2938.62 | 2938.62 |
| 33766 | | | NRC | 2982.61 | 2982.61 |
| 33767 | | | NRC | 3186.52 | 3186.52 |
| 33768 | | | NRC | 938.03 | 938.03 |
| 33770 | | | NRC | 4760.57 | 4760.57 |
| 33771 | | | NRC | 4903.88 | 4903.88 |
| 33774 | | | NRC | 4026.76 | 4026.76 |
| 33775 | | | NRC | 4153.34 | 4153.34 |
| 33776 | | | NRC | 4235.02 | 4235.02 |
| 33777 | | | NRC | 4243.63 | 4243.63 |
| 33778 | | | NRC | 5276.20 | 5276.20 |
| 33779 | | | NRC | 5235.45 | 5235.45 |
| 33780 | | | NRC | 5135.90 | 5135.90 |
| 33781 | | | NRC | 5207.84 | 5207.84 |
| 33782 | | | NRC | 7273.77 | 7273.77 |
| 33783 | | | NRC | 7866.15 | 7866.15 |
| 33786 | | | NRC | 5118.25 | 5118.25 |
| 33788 | | | NRC | 3434.57 | 3434.57 |
| 33800 | | | NRC | 2181.74 | 2181.74 |
| 33802 | | | NRC | 2418.71 | 2418.71 |
| 33803 | | | NRC | 2575.08 | 2575.08 |
| 33813 | | | NRC | 2629.25 | 2629.25 |
| 33814 | | | NRC | 3404.56 | 3404.56 |
| 33820 | | | NRC | 2138.04 | 2138.04 |
| 33822 | | | NRC | 2281.22 | 2281.22 |
| 33824 | | | NRC | 2632.12 | 2632.12 |
| 33840 | | | NRC | 2766.82 | 2766.82 |
| 33845 | | | NRC | 2917.25 | 2917.25 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 33851 | | | NRC | 2841.21 | 2841.21 |
| 33852 | | | NRC | 2968.36 | 2968.36 |
| 33853 | | | NRC | 3997.07 | 3997.07 |
| 33858 | | | NRC | TBD | TBD |
| 33859 | | | NRC | TBD | TBD |
| 33863 | | | NRC | 7068.35 | 7068.35 |
| 33864 | | | NRC | 7240.25 | 7240.25 |
| 33866 | | | NRC | 2310.10 | 2310.10 |
| 33871 | | | NRC | TBD | TBD |
| 33875 | | | NRC | 6163.88 | 6163.88 |
| 33877 | | | NRC | 8148.39 | 8148.39 |
| 33880 | | | NRC | 4031.16 | 4031.16 |
| 33881 | | | NRC | 3459.23 | 3459.23 |
| 33883 | | | NRC | 2501.23 | 2501.23 |
| 33884 | | | NRC | 889.50 | 889.50 |
| 33886 | | | NRC | 2143.76 | 2143.76 |
| 33889 | | | NRC | 1777.19 | 1777.19 |
| 33891 | | | NRC | 2160.00 | 2160.00 |
| 33910 | | | | 5887.84 | 5887.84 |
| 33915 | | | | 3067.83 | 3067.83 |
| 33916 | | | NRC | 9521.22 | 9521.22 |
| 33917 | | | NRC | 3241.47 | 3241.47 |
| 33920 | | | NRC | 4062.57 | 4062.57 |
| 33922 | | | NRC | 3073.99 | 3073.99 |
| 33924 | | | NRC | 635.49 | 635.49 |
| 33925 | | | NRC | 3855.85 | 3855.85 |
| 33926 | | | NRC | 5436.65 | 5436.65 |
| 33927 | | | NRC | 5757.95 | 5757.95 |
| 33928 | | | NRC | 0.00 | 0.00 |
| 33929 | | | NRC | 0.00 | 0.00 |
| 33930 | | | NRC | 0.00 | 0.00 |
| 33933 | | | NRC | 448.77 | 448.77 |
| 33935 | | | NRC | 11134.29 | 11134.29 |
| 33940 | | | NRC | 0.00 | 0.00 |
| 33944 | | | NRC | 448.77 | 448.77 |
| 33945 | | | NRC | 10926.52 | 10926.52 |
| 33946 | | | | 696.15 | 696.15 |
| 33947 | | | | 772.19 | 772.19 |
| 33948 | | | | 534.43 | 534.43 |
| 33949 | | | | 520.15 | 520.15 |
| 33951 | | | NRC | 959.42 | 959.42 |
| 33952 | | | | 962.40 | 962.40 |
| 33953 | | | NRC | 1072.59 | 1072.59 |
| 33954 | | | | 1075.13 | 1075.13 |
| 33955 | | | NRC | 1880.53 | 1880.53 |
| 33956 | | | | 1876.54 | 1876.54 |
| 33957 | | | NRC | 416.59 | 416.59 |
| 33958 | | | | 415.80 | 415.80 |
| 33959 | | | NRC | 529.83 | 529.83 |
| 33962 | | | | 526.67 | 526.67 |
| 33963 | | | NRC | 1060.19 | 1060.19 |
| 33964 | | | | 1105.66 | 1105.66 |
| 33965 | | | NRC | 416.59 | 416.59 |
| 33966 | | | | 534.80 | 534.80 |
| 33967 | | | NRC | 584.53 | 584.53 |
| 33968 | | | NRC | 75.77 | 75.77 |
| 33969 | | | NRC | 618.20 | 618.20 |
| 33970 | | | NRC | 795.97 | 795.97 |
| 33971 | | | NRC | 1576.66 | 1576.66 |
| 33973 | | | NRC | 1163.57 | 1163.57 |
| 33974 | | | NRC | 1983.13 | 1983.13 |
| 33975 | | | NRC | 2940.12 | 2940.12 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 33976 | | | NRC | 3587.49 | 3587.49 |
| 33977 | | | NRC | 2523.95 | 2523.95 |
| 33978 | | | NRC | 3009.10 | 3009.10 |
| 33979 | | | NRC | 4392.24 | 4392.24 |
| 33980 | | | NRC | 4010.55 | 4010.55 |
| 33981 | | | NRC | 1885.71 | 1885.71 |
| 33982 | | | NRC | 4421.81 | 4421.81 |
| 33983 | | | NRC | 5203.98 | 5203.98 |
| 33984 | | | | 639.17 | 639.17 |
| 33985 | | | NRC | 1164.11 | 1164.11 |
| 33986 | | | | 1173.65 | 1173.65 |
| 33987 | | | | 470.65 | 470.65 |
| 33988 | | | | 1746.10 | 1746.10 |
| 33989 | | | | 1093.02 | 1093.02 |
| 33990 | | | | NC | 958.53 |
| 33991 | | | | NC | 1406.27 |
| 33992 | | | | NC | 448.66 |
| 33993 | | | | NC | 393.28 |
| 33999 | | | NRC | 0.00 | 0.00 |
| 34001 | | | NRC | 2155.20 | 2155.20 |
| 34051 | | | NRC | 2203.99 | 2203.99 |
| 34101 | | | NRC | 1338.05 | 1338.05 |
| 34111 | | | NRC | 1342.82 | 1342.82 |
| 34151 | | | NRC | 3128.29 | 3128.29 |
| 34201 | | | | 2306.40 | 2306.40 |
| 34203 | | | | 2130.69 | 2130.69 |
| 34401 | | | NRC | 3270.76 | 3270.76 |
| 34421 | | | | 1648.03 | 1648.03 |
| 34451 | | | | 3193.20 | 3193.20 |
| 34471 | | | NRC | 2415.54 | 2415.54 |
| 34490 | | | NRC | 1427.70 | 1427.70 |
| 34501 | | | NRC | 1978.78 | 1978.78 |
| 34502 | | | NRC | 3447.76 | 3447.76 |
| 34510 | | | NRC | 2286.09 | 2286.09 |
| 34520 | | | NRC | 2195.68 | 2195.68 |
| 34530 | | | NRC | 2011.42 | 2011.42 |
| 34701 | | | NRC | 2777.11 | 2777.11 |
| 34702 | | | NRC | 4150.52 | 4150.52 |
| 34703 | | | NRC | 3127.97 | 3127.97 |
| 34704 | | | NRC | 5217.47 | 5217.47 |
| 34705 | | | NRC | 3440.71 | 3440.71 |
| 34706 | | | NRC | 5187.50 | 5187.50 |
| 34707 | | | NRC | 2590.82 | 2590.82 |
| 34708 | | | NRC | 4162.84 | 4162.84 |
| 34709 | | | NRC | 729.06 | 729.06 |
| 34710 | | | NRC | 1796.83 | 1796.83 |
| 34711 | | | NRC | 673.10 | 673.10 |
| 34712 | | | NRC | 1526.97 | 1526.97 |
| 34713 | | | NRC | 288.90 | 288.90 |
| 34714 | | | NRC | 607.05 | 607.05 |
| 34715 | | | NRC | 681.17 | 681.17 |
| 34716 | | | NRC | 840.84 | 840.84 |
| 34717 | | | NRC | TBD | TBD |
| 34718 | | | NRC | TBD | TBD |
| 34808 | | | NRC | 474.68 | 474.68 |
| 34812 | | | NRC | 466.33 | 466.33 |
| 34813 | | | NRC | 532.99 | 532.99 |
| 34820 | | | NRC | 784.44 | 784.44 |
| 34830 | | | NRC | 3949.93 | 3949.93 |
| 34831 | | | NRC | 4345.91 | 4345.91 |
| 34832 | | | NRC | 4195.61 | 4195.61 |
| 34833 | | | NRC | 911.53 | 911.53 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 34834 | | | NRC | 291.95 | 291.95 |
| 34839 | | | BR | 0.00 | 0.00 |
| 34841 | | | NRC | 2650.78 | 2650.78 |
| 34842 | | | NRC | 3207.68 | 3207.68 |
| 34843 | | | NRC | 3138.29 | 3138.29 |
| 34844 | | | NRC | 3242.82 | 3242.82 |
| 34845 | | | NRC | 2650.78 | 2650.78 |
| 34846 | | | NRC | 3207.68 | 3207.68 |
| 34847 | | | NRC | 3138.29 | 3138.29 |
| 34848 | | | NRC | 3242.82 | 3242.82 |
| 35001 | | | NRC | 2490.95 | 2490.95 |
| 35002 | | | NRC | 2527.78 | 2527.78 |
| 35005 | | | NRC | 2225.61 | 2225.61 |
| 35011 | | | NRC | 2246.34 | 2246.34 |
| 35013 | | | NRC | 2810.67 | 2810.67 |
| 35021 | | | NRC | 2805.58 | 2805.58 |
| 35022 | | | NRC | 3134.25 | 3134.25 |
| 35045 | | | NRC | 2197.61 | 2197.61 |
| 35081 | | | NRC | 3894.43 | 3894.43 |
| 35082 | | | NRC | 4912.69 | 4912.69 |
| 35091 | | | NRC | 4025.12 | 4025.12 |
| 35092 | | | NRC | 5863.73 | 5863.73 |
| 35102 | | | NRC | 4228.65 | 4228.65 |
| 35103 | | | NRC | 5042.51 | 5042.51 |
| 35111 | | | NRC | 2960.92 | 2960.92 |
| 35112 | | | NRC | 3669.43 | 3669.43 |
| 35121 | | | NRC | 3739.49 | 3739.49 |
| 35122 | | | NRC | 4248.68 | 4248.68 |
| 35131 | | | NRC | 3115.43 | 3115.43 |
| 35132 | | | NRC | 3654.41 | 3654.41 |
| 35141 | | | NRC | 2475.78 | 2475.78 |
| 35142 | | | NRC | 2981.98 | 2981.98 |
| 35151 | | | NRC | 2780.38 | 2780.38 |
| 35152 | | | NRC | 3103.04 | 3103.04 |
| 35180 | | | NRC | 1958.38 | 1958.38 |
| 35182 | | | NRC | 4003.55 | 4003.55 |
| 35184 | | | NRC | 2154.93 | 2154.93 |
| 35188 | | | NRC | 2839.42 | 2839.42 |
| 35189 | | | NRC | 3358.79 | 3358.79 |
| 35190 | | | NRC | 1698.13 | 1698.13 |
| 35201 | | | | 2104.44 | 2104.44 |
| 35206 | | | | 1746.82 | 1746.82 |
| 35207 | | | | 1654.29 | 1654.29 |
| 35211 | | | NRC | 3087.24 | 3087.24 |
| 35216 | | | NRC | 4602.94 | 4602.94 |
| 35221 | | | NRC | 3280.64 | 3280.64 |
| 35226 | | | | 1866.09 | 1866.09 |
| 35231 | | | NRC | 2744.70 | 2744.70 |
| 35236 | | | | 2238.52 | 2238.52 |
| 35241 | | | NRC | 3215.14 | 3215.14 |
| 35246 | | | NRC | 3492.58 | 3492.58 |
| 35251 | | | NRC | 3894.28 | 3894.28 |
| 35256 | | | NRC | 2296.06 | 2296.06 |
| 35261 | | | NRC | 2189.30 | 2189.30 |
| 35266 | | | NRC | 1941.86 | 1941.86 |
| 35271 | | | NRC | 3085.66 | 3085.66 |
| 35276 | | | NRC | 3261.84 | 3261.84 |
| 35281 | | | NRC | 3622.13 | 3622.13 |
| 35286 | | | NRC | 2085.67 | 2085.67 |
| 35301 | | | NRC | 2537.39 | 2537.39 |
| 35302 | | | NRC | 2517.57 | 2517.57 |
| 35303 | | | NRC | 2784.65 | 2784.65 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 35304 | | | NRC | 2869.74 | 2869.74 |
| 35305 | | | NRC | 2759.57 | 2759.57 |
| 35306 | | | | 1001.74 | 1001.74 |
| 35311 | | | | 3483.28 | 3483.28 |
| 35321 | | | | 1999.93 | 1999.93 |
| 35331 | | | | 3280.11 | 3280.11 |
| 35341 | | | | 3093.99 | 3093.99 |
| 35351 | | | | 2874.99 | 2874.99 |
| 35355 | | | | 2316.44 | 2316.44 |
| 35361 | | | | 3404.19 | 3404.19 |
| 35363 | | | | 3640.47 | 3640.47 |
| 35371 | | | | 1833.83 | 1833.83 |
| 35372 | | | | 2197.02 | 2197.02 |
| 35390 | | | | 358.34 | 358.34 |
| 35400 | | | NRC | 335.97 | 335.97 |
| 35500 | | | NRC | 722.39 | 722.39 |
| 35501 | | | NRC | 3361.36 | 3361.36 |
| 35506 | | | NRC | 2847.65 | 2847.65 |
| 35508 | | | NRC | 2931.74 | 2931.74 |
| 35509 | | | NRC | 3158.42 | 3158.42 |
| 35510 | | | NRC | 2745.36 | 2745.36 |
| 35511 | | | NRC | 2462.51 | 2462.51 |
| 35512 | | | NRC | 2705.79 | 2705.79 |
| 35515 | | | NRC | 2813.95 | 2813.95 |
| 35516 | | | NRC | 2737.94 | 2737.94 |
| 35518 | | | NRC | 2543.27 | 2543.27 |
| 35521 | | | NRC | 2743.15 | 2743.15 |
| 35522 | | | NRC | 2709.98 | 2709.98 |
| 35523 | | | NRC | 2872.71 | 2872.71 |
| 35525 | | | NRC | 2561.84 | 2561.84 |
| 35526 | | | NRC | 3900.04 | 3900.04 |
| 35531 | | | NRC | 4366.98 | 4366.98 |
| 35533 | | | NRC | 3368.37 | 3368.37 |
| 35535 | | | NRC | 4276.56 | 4276.56 |
| 35536 | | | NRC | 3796.51 | 3796.51 |
| 35537 | | | NRC | 4648.53 | 4648.53 |
| 35538 | | | NRC | 5215.85 | 5215.85 |
| 35539 | | | NRC | 4893.32 | 4893.32 |
| 35540 | | | NRC | 5499.63 | 5499.63 |
| 35556 | | | NRC | 3139.70 | 3139.70 |
| 35558 | | | NRC | 2757.73 | 2757.73 |
| 35560 | | | NRC | 3775.50 | 3775.50 |
| 35563 | | | NRC | 2967.75 | 2967.75 |
| 35565 | | | NRC | 2953.07 | 2953.07 |
| 35566 | | | NRC | 3750.76 | 3750.76 |
| 35570 | | | NRC | 3390.64 | 3390.64 |
| 35571 | | | NRC | 2973.27 | 2973.27 |
| 35572 | | | NRC | 780.18 | 780.18 |
| 35583 | | | NRC | 3243.03 | 3243.03 |
| 35585 | | | NRC | 3758.63 | 3758.63 |
| 35587 | | | NRC | 3062.21 | 3062.21 |
| 35600 | | | NRC | 575.94 | 575.94 |
| 35601 | | | NRC | 3139.38 | 3139.38 |
| 35606 | | | NRC | 2635.40 | 2635.40 |
| 35612 | | | NRC | 2324.48 | 2324.48 |
| 35616 | | | NRC | 2459.12 | 2459.12 |
| 35621 | | | NRC | 2460.76 | 2460.76 |
| 35623 | | | NRC | 2938.79 | 2938.79 |
| 35626 | | | NRC | 3555.87 | 3555.87 |
| 35631 | | | NRC | 4167.78 | 4167.78 |
| 35632 | | | NRC | 4021.13 | 4021.13 |
| 35633 | | | NRC | 4487.96 | 4487.96 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 35634 | | | NRC | 3954.29 | 3954.29 |
| 35636 | | | NRC | 3579.74 | 3579.74 |
| 35637 | | | NRC | 3712.54 | 3712.54 |
| 35638 | | | NRC | 3945.93 | 3945.93 |
| 35642 | | | NRC | 2206.90 | 2206.90 |
| 35645 | | | NRC | 2119.72 | 2119.72 |
| 35646 | | | NRC | 3855.53 | 3855.53 |
| 35647 | | | NRC | 3489.59 | 3489.59 |
| 35650 | | | NRC | 2426.94 | 2426.94 |
| 35654 | | | NRC | 3074.69 | 3074.69 |
| 35656 | | | NRC | 2426.63 | 2426.63 |
| 35661 | | | NRC | 2432.06 | 2432.06 |
| 35663 | | | NRC | 2722.88 | 2722.88 |
| 35665 | | | NRC | 2633.47 | 2633.47 |
| 35666 | | | NRC | 2834.81 | 2834.81 |
| 35671 | | | NRC | 2497.46 | 2497.46 |
| 35681 | | | NRC | 181.73 | 181.73 |
| 35682 | | | NRC | 795.34 | 795.34 |
| 35683 | | | NRC | 922.24 | 922.24 |
| 35685 | | | NRC | 448.29 | 448.29 |
| 35686 | | | NRC | 361.69 | 361.69 |
| 35691 | | | NRC | 2116.63 | 2116.63 |
| 35693 | | | NRC | 1827.08 | 1827.08 |
| 35694 | | | NRC | 2207.74 | 2207.74 |
| 35695 | | | NRC | 2273.80 | 2273.80 |
| 35697 | | | NRC | 334.53 | 334.53 |
| 35700 | | | NRC | 343.77 | 343.77 |
| 35701 | | | NRC | 1254.03 | 1254.03 |
| 35702 | | | NRC | TBD | TBD |
| 35703 | | | NRC | TBD | TBD |
| 35800 | | | NRC | 1598.24 | 1598.24 |
| 35820 | | | NRC | 4505.68 | 4505.68 |
| 35840 | | | NRC | 2666.63 | 2666.63 |
| 35860 | | | NRC | 1872.97 | 1872.97 |
| 35870 | | | NRC | 2779.60 | 2779.60 |
| 35875 | | | NRC | 1331.49 | 1331.49 |
| 35876 | | | NRC | 2122.15 | 2122.15 |
| 35879 | | | NRC | 2076.50 | 2076.50 |
| 35881 | | | NRC | 2283.22 | 2283.22 |
| 35883 | | | NRC | 2698.58 | 2698.58 |
| 35884 | | | NRC | 2777.81 | 2777.81 |
| 35901 | | | NRC | 1045.24 | 1045.24 |
| 35903 | | | NRC | 1255.35 | 1255.35 |
| 35905 | | | NRC | 3754.12 | 3754.12 |
| 35907 | | | NRC | 4288.04 | 4288.04 |
| 36000 | | | | 56.85 | 20.79 |
| 36002 | | | | 338.60 | 234.01 |
| 36005 | | | | 639.11 | 108.22 |
| 36010 | | | | 1046.83 | 246.89 |
| 36011 | | | NRC | 1756.28 | 351.16 |
| 36012 | | | NRC | 1793.80 | 389.40 |
| 36013 | | | NRC | 1593.87 | 272.43 |
| 36014 | | | NRC | 1685.97 | 338.56 |
| 36015 | | | NRC | 1827.52 | 384.90 |
| 36100 | | | | 1092.83 | 352.04 |
| 36140 | | | | 932.21 | 202.97 |
| 36160 | | | | 1072.44 | 277.55 |
| 36200 | | | | 1192.86 | 314.30 |
| 36215 | | | | 2151.97 | 475.64 |
| 36216 | | | | 2326.31 | 613.19 |
| 36217 | | | | 3881.05 | 735.41 |
| 36218 | | | | 504.82 | 116.76 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 36221 | | | | 2145.30 | 449.49 |
| 36222 | | | | 2547.90 | 635.70 |
| 36223 | | | | 3216.98 | 708.98 |
| 36224 | | | | 4154.47 | 808.30 |
| 36225 | | | | 3101.06 | 707.75 |
| 36226 | | | | 3931.10 | 797.00 |
| 36227 | | | | 538.82 | 263.28 |
| 36228 | | | | 2750.66 | 542.72 |
| 36245 | | | | 2735.56 | 532.67 |
| 36246 | | | | 1756.21 | 572.54 |
| 36247 | | | | 3119.35 | 679.88 |
| 36248 | | | | 303.81 | 109.78 |
| 36251 | | | | 2868.44 | 584.05 |
| 36252 | | | | 3114.71 | 810.84 |
| 36253 | | | | 4568.54 | 801.13 |
| 36254 | | | | 4450.16 | 938.09 |
| 36260 | | | | 1437.38 | 1437.38 |
| 36261 | | | | 885.71 | 885.71 |
| 36262 | | | | 675.72 | 675.72 |
| 36299 | | | BR | 0.00 | 0.00 |
| 36400 | | | NRC | 56.72 | 40.85 |
| 36405 | | | NRC | 49.77 | 33.90 |
| 36406 | | | NRC | 35.15 | 19.28 |
| 36410 | | | | 36.66 | 20.79 |
| 36415 | | | | 3.75 | 3.75 |
| 36416 | | | | 3.75 | 3.75 |
| 36420 | | | NRC | 105.08 | 105.08 |
| 36425 | | | | 89.33 | 89.33 |
| 36430 | | | | 71.55 | 71.55 |
| 36440 | | | NRC | 112.52 | 112.52 |
| 36450 | | | NRC | 380.77 | 380.77 |
| 36455 | | | | 285.25 | 285.25 |
| 36456 | | | NRC | 233.48 | 233.48 |
| 36460 | | | NRC | 757.99 | 757.99 |
| 36465 | | | NRC | 3166.40 | 267.45 |
| 36466 | | | NRC | 3332.40 | 340.40 |
| 36468 | | | NRC | 0.00 | 0.00 |
| 36470 | | | NRC | 223.70 | 85.93 |
| 36471 | | | NRC | 406.15 | 171.00 |
| 36473 | | | | 3013.86 | 399.10 |
| 36474 | | | | 581.59 | 199.29 |
| 36475 | | | NRC | 2970.61 | 627.06 |
| 36476 | | | NRC | 637.83 | 304.58 |
| 36478 | | | NRC | 2356.94 | 622.90 |
| 36479 | | | NRC | 672.18 | 305.75 |
| 36481 | | | | 4047.53 | 746.09 |
| 36482 | | | NRC | 4210.59 | 397.01 |
| 36483 | | | NRC | 321.13 | 199.23 |
| 36500 | | | | 409.36 | 409.36 |
| 36510 | | | NRC | 176.39 | 118.68 |
| 36511 | | | | 237.63 | 237.63 |
| 36512 | | | | 238.35 | 238.35 |
| 36513 | | | | 242.72 | 242.72 |
| 36514 | | | | 1491.68 | 212.08 |
| 36516 | | | | 4070.88 | 189.50 |
| 36522 | | | | 4428.13 | 213.50 |
| 36555 | | | NRC | 398.10 | 191.08 |
| 36556 | | | | 444.88 | 189.53 |
| 36557 | | | NRC | 2136.09 | 702.12 |
| 36558 | | | | 1599.30 | 577.92 |
| 36560 | | | NRC | 2729.21 | 845.87 |
| 36561 | | | | 2252.25 | 746.87 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 36563 | | | | 2534.68 | 812.90 |
| 36565 | | | | 1838.85 | 741.01 |
| 36566 | | | | 9842.84 | 804.07 |
| 36568 | | | NRC | 206.17 | 206.17 |
| 36569 | | | | 209.78 | 209.78 |
| 36570 | | | NRC | 2990.67 | 731.52 |
| 36571 | | | | 2627.94 | 689.06 |
| 36573 | | | | 820.21 | 189.07 |
| 36575 | | | | 336.08 | 77.85 |
| 36576 | | | | 694.87 | 407.79 |
| 36578 | | | | 967.25 | 447.91 |
| 36580 | | | | 451.76 | 148.08 |
| 36581 | | | | 1573.24 | 406.87 |
| 36582 | | | | 2083.11 | 642.65 |
| 36583 | | | | 2630.79 | 722.20 |
| 36584 | | | | 714.04 | 133.38 |
| 36585 | | | | 2236.23 | 598.13 |
| 36589 | | | | 356.84 | 302.74 |
| 36590 | | | | 481.22 | 419.91 |
| 36591 | | | | 49.84 | 49.84 |
| 36592 | | | | 55.61 | 55.61 |
| 36593 | | | | 64.34 | 64.34 |
| 36595 | | | | 1274.01 | 408.43 |
| 36596 | | | | 263.10 | 97.92 |
| 36597 | | | | 274.96 | 136.47 |
| 36598 | | | | 243.35 | 81.77 |
| 36600 | | | | 65.05 | 34.76 |
| 36620 | | | | 99.41 | 99.41 |
| 36625 | | | | 236.06 | 236.06 |
| 36640 | | | | 252.78 | 252.78 |
| 36660 | | | NRC | 152.58 | 152.58 |
| 36680 | | | | 130.98 | 130.98 |
| 36800 | | | NRC | 272.70 | 272.70 |
| 36810 | | | NRC | 466.05 | 466.05 |
| 36815 | | | NRC | 303.29 | 303.29 |
| 36818 | | | NRC | 1551.39 | 1551.39 |
| 36819 | | | NRC | 1636.48 | 1636.48 |
| 36820 | | | NRC | 1638.96 | 1638.96 |
| 36821 | | | NRC | 1485.32 | 1485.32 |
| 36823 | | | NRC | 3102.00 | 3102.00 |
| 36825 | | | NRC | 1777.98 | 1777.98 |
| 36830 | | | NRC | 1492.87 | 1492.87 |
| 36831 | | | NRC | 1377.01 | 1377.01 |
| 36832 | | | NRC | 1689.27 | 1689.27 |
| 36833 | | | NRC | 1815.96 | 1815.96 |
| 36835 | | | NRC | 1060.37 | 1060.37 |
| 36838 | | | NRC | 2567.30 | 2567.30 |
| 36860 | | | NRC | 533.63 | 247.27 |
| 36861 | | | NRC | 310.64 | 310.64 |
| 36901 | | | NRC | 1347.36 | 377.19 |
| 36902 | | | NRC | 2639.39 | 539.65 |
| 36903 | | | NRC | 11027.39 | 714.07 |
| 36904 | | | NRC | 3887.05 | 833.02 |
| 36905 | | | NRC | 4885.57 | 998.42 |
| 36906 | | | NRC | 13534.66 | 1152.61 |
| 36907 | | | NRC | 1496.13 | 329.77 |
| 36908 | | | NRC | 4938.47 | 467.06 |
| 36909 | | | NRC | 3996.90 | 452.37 |
| 37140 | | | | 5190.15 | 5190.15 |
| 37145 | | | | 4812.00 | 4812.00 |
| 37160 | | | | 4944.39 | 4944.39 |
| 37180 | | | | 4752.36 | 4752.36 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 37181 | | | | 5190.15 | 5190.15 |
| 37182 | | | | 1836.90 | 1836.90 |
| 37183 | | | | 12343.45 | 839.96 |
| 37184 | | | | 4412.07 | 1002.42 |
| 37185 | | | | 1364.74 | 375.82 |
| 37186 | | | | 2740.73 | 550.83 |
| 37187 | | | | 4066.36 | 881.05 |
| 37188 | | | | 3411.88 | 620.40 |
| 37191 | | | | 5078.85 | 501.40 |
| 37192 | | | | 2761.91 | 777.58 |
| 37193 | | | | 3231.10 | 785.13 |
| 37195 | | | | 290.84 | 290.84 |
| 37197 | | | | 3176.37 | 679.18 |
| 37200 | | | | 486.90 | 486.90 |
| 37211 | | | | NC | 868.40 |
| 37212 | | | | NC | 759.47 |
| 37213 | | | | NC | 523.39 |
| 37214 | | | | NC | 276.46 |
| 37215 | | | NRC | 2252.33 | 2252.33 |
| 37216 | | | NRC | 2247.00 | 2247.00 |
| 37217 | | | | 2429.10 | 2429.10 |
| 37218 | | | | 1831.12 | 1831.12 |
| 37220 | | | NRC | 6105.06 | 905.84 |
| 37221 | | | NRC | 8652.36 | 1118.98 |
| 37222 | | | NRC | 1662.94 | 420.84 |
| 37223 | | | NRC | 4550.18 | 481.26 |
| 37224 | | | NRC | 7331.97 | 1003.17 |
| 37225 | | | NRC | 25000.41 | 1364.46 |
| 37226 | | | NRC | 21684.66 | 1177.04 |
| 37227 | | | NRC | 32205.26 | 1641.10 |
| 37228 | | | NRC | 10612.66 | 1226.22 |
| 37229 | | | NRC | 25030.07 | 1593.19 |
| 37230 | | | NRC | 21324.70 | 1579.50 |
| 37231 | | | NRC | 30600.41 | 1716.19 |
| 37232 | | | NRC | 2277.10 | 453.62 |
| 37233 | | | NRC | 2787.58 | 739.05 |
| 37234 | | | NRC | 7960.55 | 644.28 |
| 37235 | | | NRC | 8650.87 | 904.70 |
| 37236 | | | | 7399.35 | 1002.76 |
| 37237 | | | | 4386.31 | 480.40 |
| 37238 | | | | 7449.90 | 682.55 |
| 37239 | | | | 3555.81 | 342.36 |
| 37241 | | | | 9973.80 | 994.91 |
| 37242 | | | | 15329.01 | 1073.00 |
| 37243 | | | | 19820.25 | 1261.61 |
| 37244 | | | | 14212.41 | 1491.35 |
| 37246 | | | NRC | 4329.32 | 783.35 |
| 37247 | | | NRC | 1655.89 | 384.94 |
| 37248 | | | NRC | 3101.91 | 669.64 |
| 37249 | | | NRC | 1231.94 | 326.69 |
| 37252 | | | | 2595.24 | 205.53 |
| 37253 | | | | 415.48 | 165.19 |
| 37500 | | | NRC | 1414.95 | 1414.95 |
| 37501 | | | BR | 0.00 | 0.00 |
| 37565 | | | NRC | 1593.96 | 1593.96 |
| 37600 | | | NRC | 1615.84 | 1615.84 |
| 37605 | | | NRC | 1646.14 | 1646.14 |
| 37606 | | | NRC | 1553.55 | 1553.55 |
| 37607 | | | NRC | 831.82 | 831.82 |
| 37609 | | | | 663.94 | 452.59 |
| 37615 | | | | 1157.17 | 1157.17 |
| 37616 | | | | 2465.77 | 2465.77 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 37617 | | | | 2993.31 | 2993.31 |
| 37618 | | | | 849.88 | 849.88 |
| 37619 | | | | 3855.80 | 3855.80 |
| 37650 | | | NRC | 1022.50 | 1022.50 |
| 37660 | | | NRC | 2928.11 | 2928.11 |
| 37700 | | | NRC | 540.93 | 540.93 |
| 37718 | | | NRC | 955.94 | 955.94 |
| 37722 | | | NRC | 1056.07 | 1056.07 |
| 37735 | | | NRC | 1296.81 | 1296.81 |
| 37760 | | | NRC | 1391.54 | 1391.54 |
| 37761 | | | NRC | 1202.51 | 1202.51 |
| 37765 | | | NRC | 1397.07 | 996.03 |
| 37766 | | | NRC | 1664.17 | 1217.68 |
| 37780 | | | NRC | 518.84 | 518.84 |
| 37785 | | | NRC | 758.18 | 569.20 |
| 37788 | | | NRC | 2808.80 | 2808.80 |
| 37790 | | | NRC | 1077.80 | 1077.80 |
| 37799 | | | BR | 0.00 | 0.00 |
| 38100 | | | | 2571.85 | 2571.85 |
| 38101 | | | | 2577.79 | 2577.79 |
| 38102 | | | | 590.62 | 590.62 |
| 38115 | | | | 2848.23 | 2848.23 |
| 38120 | | | | 2340.65 | 2340.65 |
| 38129 | | | BR | 0.00 | 0.00 |
| 38200 | | | | 295.81 | 295.81 |
| 38204 | | | NRC | 233.48 | 233.48 |
| 38205 | | | NRC | 182.09 | 182.09 |
| 38206 | | | NRC | 182.88 | 182.88 |
| 38207 | | | NRC | 104.02 | 104.02 |
| 38208 | | | NRC | 66.24 | 66.24 |
| 38209 | | | NRC | 27.74 | 27.74 |
| 38210 | | | NRC | 184.89 | 184.89 |
| 38211 | | | | 166.39 | 166.39 |
| 38212 | | | NRC | 110.18 | 110.18 |
| 38213 | | | NRC | 27.74 | 27.74 |
| 38214 | | | NRC | 94.77 | 94.77 |
| 38215 | | | NRC | 110.18 | 110.18 |
| 38220 | | | | 348.68 | 152.48 |
| 38221 | | | | 325.64 | 153.24 |
| 38222 | | | | 361.37 | 171.67 |
| 38230 | | | NRC | 458.39 | 458.39 |
| 38232 | | | | 441.41 | 441.41 |
| 38240 | | | NRC | 498.93 | 498.93 |
| 38241 | | | NRC | 372.90 | 372.90 |
| 38242 | | | NRC | 263.53 | 263.53 |
| 38243 | | | | NC | 265.10 |
| 38300 | | | | 682.17 | 441.25 |
| 38305 | | | | 1064.59 | 1064.59 |
| 38308 | | | NRC | 992.55 | 992.55 |
| 38380 | | | NRC | 1239.28 | 1239.28 |
| 38381 | | | NRC | 1783.12 | 1783.12 |
| 38382 | | | NRC | 1486.93 | 1486.93 |
| 38500 | | | | 721.78 | 561.65 |
| 38505 | | | | 264.99 | 153.91 |
| 38510 | | | | 1131.23 | 924.21 |
| 38520 | | | | 1022.63 | 1022.63 |
| 38525 | | | | 964.31 | 964.31 |
| 38530 | | | | 1229.69 | 1229.69 |
| 38531 | | | | 961.58 | 961.58 |
| 38542 | | | | 1135.07 | 1135.07 |
| 38550 | | | | 1124.43 | 1124.43 |
| 38555 | | | | 2232.84 | 2232.84 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 38562 | | | | 1565.47 | 1565.47 |
| 38564 | | | | 1564.90 | 1564.90 |
| 38570 | | | | 1127.96 | 1127.96 |
| 38571 | | | | 1470.00 | 1470.00 |
| 38572 | | | | 2047.07 | 2047.07 |
| 38573 | | | | 2590.74 | 2590.74 |
| 38589 | | | BR | 0.00 | 0.00 |
| 38700 | | | | 1764.08 | 1764.08 |
| 38720 | | | | 2952.77 | 2952.77 |
| 38724 | | | | 3187.27 | 3187.27 |
| 38740 | | | | 1541.67 | 1541.67 |
| 38745 | | | | 1948.35 | 1948.35 |
| 38746 | | | | 482.85 | 482.85 |
| 38747 | | | | 600.14 | 600.14 |
| 38760 | | | | 1867.25 | 1867.25 |
| 38765 | | | | 2889.46 | 2889.46 |
| 38770 | | | | 1794.99 | 1794.99 |
| 38780 | | | | 2283.42 | 2283.42 |
| 38790 | | | | 182.27 | 182.27 |
| 38792 | | | | 173.58 | 74.04 |
| 38794 | | | | 651.10 | 651.10 |
| 38900 | | | | 308.93 | 308.93 |
| 38999 | | | BR | 0.00 | 0.00 |
| 39000 | | | | 1096.65 | 1096.65 |
| 39010 | | | | 1746.35 | 1746.35 |
| 39200 | | | NRC | 1930.90 | 1930.90 |
| 39220 | | | | 2522.21 | 2522.21 |
| 39401 | | | | 690.67 | 690.67 |
| 39402 | | | | 905.27 | 905.27 |
| 39499 | | | BR | 0.00 | 0.00 |
| 39501 | | | | 1891.11 | 1891.11 |
| 39503 | | | NRC | 13456.68 | 13456.68 |
| 39540 | | | NRC | 1936.02 | 1936.02 |
| 39541 | | | NRC | 2093.67 | 2093.67 |
| 39545 | | | | 1973.53 | 1973.53 |
| 39560 | | | | 1777.96 | 1777.96 |
| 39561 | | | | 2754.58 | 2754.58 |
| 39599 | | | BR | 0.00 | 0.00 |
| 40490 | | | | 268.09 | 159.90 |
| 40500 | | | NRC | 1090.68 | 789.17 |
| 40510 | | | NRC | 1043.68 | 771.75 |
| 40520 | | | NRC | 1057.91 | 778.76 |
| 40525 | | | NRC | 1203.64 | 1203.64 |
| 40527 | | | NRC | 1347.43 | 1347.43 |
| 40530 | | | NRC | 1163.90 | 876.82 |
| 40650 | | | | 967.70 | 656.82 |
| 40652 | | | | 1063.08 | 767.34 |
| 40654 | | | | 1231.38 | 925.55 |
| 40700 | | | NRC | 2206.77 | 2206.77 |
| 40701 | | | NRC | 2618.48 | 2618.48 |
| 40702 | | | NRC | 2195.30 | 2195.30 |
| 40720 | | | NRC | 2256.50 | 2256.50 |
| 40761 | | | NRC | 2382.05 | 2382.05 |
| 40799 | | | BR | 0.00 | 0.00 |
| 40800 | | | | 447.97 | 277.74 |
| 40801 | | | | 659.23 | 471.69 |
| 40804 | | | | 404.29 | 252.09 |
| 40805 | | | | 664.16 | 485.27 |
| 40806 | | | NRC | 212.41 | 69.59 |
| 40808 | | | | 395.05 | 228.42 |
| 40810 | | | | 442.40 | 272.89 |
| 40812 | | | | 616.86 | 424.27 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 40814 | | | | 826.86 | 655.19 |
| 40816 | | | | 861.09 | 679.32 |
| 40818 | | | | 778.28 | 591.46 |
| 40819 | | | | 672.01 | 509.00 |
| 40820 | | | | 554.07 | 364.37 |
| 40830 | | | | 574.86 | 359.19 |
| 40831 | | | | 737.18 | 491.94 |
| 40840 | | | | 1769.12 | 1374.56 |
| 40842 | | | | 1714.16 | 1346.29 |
| 40843 | | | | 2271.25 | 1803.12 |
| 40844 | | | | 2959.39 | 2422.73 |
| 40845 | | | | 3191.41 | 2689.37 |
| 40899 | | | BR | 0.00 | 0.00 |
| 41000 | | | | 345.68 | 242.53 |
| 41005 | | | | 467.39 | 265.42 |
| 41006 | | | | 761.42 | 556.57 |
| 41007 | | | | 746.66 | 538.20 |
| 41008 | | | | 825.68 | 584.76 |
| 41009 | | | | 883.92 | 638.67 |
| 41010 | | | NRC | 433.93 | 232.68 |
| 41015 | | | | 901.32 | 718.82 |
| 41016 | | | | 956.06 | 757.70 |
| 41017 | | | | 970.56 | 765.71 |
| 41018 | | | | 1102.46 | 896.16 |
| 41019 | | | | 1055.32 | 1055.32 |
| 41100 | | | | 367.05 | 232.17 |
| 41105 | | | | 373.29 | 241.29 |
| 41108 | | | | 323.57 | 194.46 |
| 41110 | | | | 459.71 | 283.71 |
| 41112 | | | | 717.59 | 542.31 |
| 41113 | | | | 783.18 | 600.69 |
| 41114 | | | | 1372.43 | 1372.43 |
| 41115 | | | | 530.67 | 314.27 |
| 41116 | | | | 708.01 | 474.30 |
| 41120 | | | NRC | 2310.05 | 2310.05 |
| 41130 | | | NRC | 2866.30 | 2866.30 |
| 41135 | | | NRC | 4766.84 | 4766.84 |
| 41140 | | | NRC | 4763.96 | 4763.96 |
| 41145 | | | NRC | 6042.88 | 6042.88 |
| 41150 | | | NRC | 4806.97 | 4806.97 |
| 41153 | | | NRC | 5219.25 | 5219.25 |
| 41155 | | | NRC | 6627.40 | 6627.40 |
| 41250 | | | | 580.17 | 333.49 |
| 41251 | | | | 649.37 | 399.80 |
| 41252 | | | | 681.39 | 456.34 |
| 41510 | | | NRC | 964.80 | 964.80 |
| 41512 | | | NRC | 1418.18 | 1418.18 |
| 41520 | | | NRC | 750.56 | 534.17 |
| 41530 | | | NRC | 2005.52 | 799.49 |
| 41599 | | | BR | 0.00 | 0.00 |
| 41800 | | | | 607.44 | 323.24 |
| 41805 | | | | 606.80 | 401.94 |
| 41806 | | | | 836.86 | 591.61 |
| 41820 | | | NRC | 0.00 | 0.00 |
| 41821 | | | NRC | 0.00 | 0.00 |
| 41822 | | | | 607.82 | 384.93 |
| 41823 | | | | 938.48 | 697.56 |
| 41825 | | | | 457.29 | 265.42 |
| 41826 | | | | 674.18 | 458.50 |
| 41827 | | | | 954.67 | 667.59 |
| 41828 | | | | 674.72 | 460.49 |
| 41830 | | | | 850.14 | 608.50 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 41850 | | | NRC | 0.00 | 0.00 |
| 41870 | | | NRC | 0.00 | 0.00 |
| 41872 | | | NRC | 831.36 | 577.46 |
| 41874 | | | NRC | 830.85 | 558.92 |
| 41899 | | | BR | 0.00 | 0.00 |
| 42000 | | | NRC | 329.87 | 223.83 |
| 42100 | | | | 319.05 | 236.82 |
| 42104 | | | | 460.05 | 299.92 |
| 42106 | | | | 578.36 | 381.44 |
| 42107 | | | | 998.29 | 751.60 |
| 42120 | | | | 2191.24 | 2191.24 |
| 42140 | | | | 566.08 | 334.53 |
| 42145 | | | | 1515.31 | 1515.31 |
| 42160 | | | | 496.51 | 317.62 |
| 42180 | | | | 529.11 | 399.27 |
| 42182 | | | | 695.43 | 557.66 |
| 42200 | | | NRC | 2062.50 | 2062.50 |
| 42205 | | | NRC | 2158.10 | 2158.10 |
| 42210 | | | NRC | 2403.85 | 2403.85 |
| 42215 | | | NRC | 1563.05 | 1563.05 |
| 42220 | | | NRC | 1286.47 | 1286.47 |
| 42225 | | | NRC | 2125.25 | 2125.25 |
| 42226 | | | NRC | 1903.21 | 1903.21 |
| 42227 | | | NRC | 1794.72 | 1794.72 |
| 42235 | | | NRC | 1561.47 | 1561.47 |
| 42260 | | | NRC | 1774.08 | 1445.16 |
| 42280 | | | NRC | 380.12 | 243.79 |
| 42281 | | | NRC | 488.46 | 357.90 |
| 42299 | | | BR | 0.00 | 0.00 |
| 42300 | | | NRC | 449.10 | 330.80 |
| 42305 | | | NRC | 935.64 | 935.64 |
| 42310 | | | NRC | 378.81 | 295.13 |
| 42320 | | | NRC | 540.32 | 382.35 |
| 42330 | | | NRC | 496.71 | 357.50 |
| 42335 | | | NRC | 829.20 | 557.98 |
| 42340 | | | NRC | 1032.45 | 737.43 |
| 42400 | | | | 218.43 | 117.45 |
| 42405 | | | | 644.74 | 493.98 |
| 42408 | | | NRC | 1099.76 | 774.45 |
| 42409 | | | NRC | 742.50 | 484.27 |
| 42410 | | | | 1364.80 | 1364.80 |
| 42415 | | | | 2315.77 | 2315.77 |
| 42420 | | | | 2604.23 | 2604.23 |
| 42425 | | | | 1830.96 | 1830.96 |
| 42426 | | | | 2970.75 | 2970.75 |
| 42440 | | | NRC | 899.70 | 899.70 |
| 42450 | | | NRC | 974.15 | 775.79 |
| 42500 | | | | 934.28 | 740.24 |
| 42505 | | | | 1201.01 | 984.61 |
| 42507 | | | NRC | 1092.22 | 1092.22 |
| 42509 | | | NRC | 1816.67 | 1816.67 |
| 42510 | | | NRC | 1345.31 | 1345.31 |
| 42550 | | | NRC | 309.78 | 141.71 |
| 42600 | | | NRC | 1057.82 | 759.20 |
| 42650 | | | NRC | 172.41 | 125.53 |
| 42660 | | | NRC | 270.06 | 195.04 |
| 42665 | | | NRC | 699.28 | 449.70 |
| 42699 | | | BR | 0.00 | 0.00 |
| 42700 | | | NRC | 404.24 | 292.43 |
| 42720 | | | NRC | 987.43 | 859.76 |
| 42725 | | | NRC | 1789.95 | 1789.95 |
| 42800 | | | | 335.45 | 243.84 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 42804 | | | | 417.28 | 246.33 |
| 42806 | | | | 468.17 | 287.12 |
| 42808 | | | | 487.99 | 354.55 |
| 42809 | | | | 428.77 | 268.64 |
| 42810 | | | NRC | 823.16 | 616.87 |
| 42815 | | | NRC | 1194.29 | 1194.29 |
| 42820 | | | NRC | 630.39 | 630.39 |
| 42821 | | | NRC | 654.53 | 654.53 |
| 42825 | | | NRC | 568.08 | 568.08 |
| 42826 | | | NRC | 545.98 | 545.98 |
| 42830 | | | NRC | 449.11 | 449.11 |
| 42831 | | | NRC | 484.99 | 484.99 |
| 42835 | | | NRC | 416.85 | 416.85 |
| 42836 | | | NRC | 521.38 | 521.38 |
| 42842 | | | NRC | 2188.16 | 2188.16 |
| 42844 | | | NRC | 3015.24 | 3015.24 |
| 42845 | | | NRC | 4884.18 | 4884.18 |
| 42860 | | | NRC | 406.09 | 406.09 |
| 42870 | | | NRC | 1268.46 | 1268.46 |
| 42890 | | | NRC | 3121.13 | 3121.13 |
| 42892 | | | NRC | 4103.39 | 4103.39 |
| 42894 | | | NRC | 5199.76 | 5199.76 |
| 42900 | | | | 735.86 | 735.86 |
| 42950 | | | NRC | 1741.51 | 1741.51 |
| 42953 | | | NRC | 2085.36 | 2085.36 |
| 42955 | | | NRC | 1651.47 | 1651.47 |
| 42960 | | | | 366.42 | 366.42 |
| 42961 | | | | 907.48 | 907.48 |
| 42962 | | | | 1125.43 | 1125.43 |
| 42970 | | | | 894.03 | 894.03 |
| 42971 | | | | 990.98 | 990.98 |
| 42972 | | | | 1110.94 | 1110.94 |
| 42999 | | | BR | 0.00 | 0.00 |
| 43020 | | | | 1233.87 | 1233.87 |
| 43030 | | | NRC | 1136.95 | 1136.95 |
| 43045 | | | | 2895.96 | 2895.96 |
| 43100 | | | | 1368.54 | 1368.54 |
| 43101 | | | | 2234.34 | 2234.34 |
| 43107 | | | NRC | 6664.25 | 6664.25 |
| 43108 | | | NRC | 10052.08 | 10052.08 |
| 43112 | | | NRC | 7839.02 | 7839.02 |
| 43113 | | | NRC | 9805.94 | 9805.94 |
| 43116 | | | NRC | 11270.51 | 11270.51 |
| 43117 | | | NRC | 7278.36 | 7278.36 |
| 43118 | | | NRC | 8174.02 | 8174.02 |
| 43121 | | | NRC | 6352.26 | 6352.26 |
| 43122 | | | NRC | 5705.59 | 5705.59 |
| 43123 | | | NRC | 10050.96 | 10050.96 |
| 43124 | | | NRC | 8532.38 | 8532.38 |
| 43130 | | | NRC | 1729.64 | 1729.64 |
| 43135 | | | NRC | 3281.64 | 3281.64 |
| 43180 | | | | 1204.30 | 1204.30 |
| 43191 | | | | 341.24 | 341.24 |
| 43192 | | | | 373.05 | 373.05 |
| 43193 | | | | 373.05 | 373.05 |
| 43194 | | | | 429.35 | 429.35 |
| 43195 | | | | 406.83 | 406.83 |
| 43196 | | | | 433.92 | 433.92 |
| 43197 | | | | 396.83 | 184.77 |
| 43198 | | | | 437.88 | 220.05 |
| 43200 | | | NRC | 479.65 | 193.29 |
| 43201 | | | NRC | 485.42 | 228.63 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 43202 | | | | 673.68 | 229.35 |
| 43204 | | | NRC | 302.93 | 302.93 |
| 43205 | | | NRC | 316.05 | 316.05 |
| 43206 | | | NRC | 583.26 | 298.34 |
| 43210 | | | | 964.77 | 964.77 |
| 43211 | | | | 527.05 | 527.05 |
| 43212 | | | | 425.96 | 425.96 |
| 43213 | | | | 2476.51 | 580.18 |
| 43214 | | | | 430.11 | 430.11 |
| 43215 | | | | 781.85 | 317.32 |
| 43216 | | | | 783.64 | 295.31 |
| 43217 | | | | 825.38 | 359.41 |
| 43220 | | | NRC | 2148.64 | 262.41 |
| 43226 | | | NRC | 708.85 | 291.22 |
| 43227 | | | | 1304.78 | 370.68 |
| 43229 | | | | 1403.02 | 442.24 |
| 43231 | | | NRC | 726.73 | 355.98 |
| 43232 | | | | 883.99 | 446.15 |
| 43233 | | | | 512.63 | 512.63 |
| 43235 | | | | 564.50 | 273.81 |
| 43236 | | | NRC | 739.85 | 309.95 |
| 43237 | | | NRC | 439.01 | 439.01 |
| 43238 | | | | 522.04 | 522.04 |
| 43239 | | | | 752.84 | 309.95 |
| 43240 | | | NRC | 882.56 | 882.56 |
| 43241 | | | NRC | 319.47 | 319.47 |
| 43242 | | | | 589.65 | 589.65 |
| 43243 | | | NRC | 532.34 | 532.34 |
| 43244 | | | NRC | 549.71 | 549.71 |
| 43245 | | | | 1193.19 | 393.26 |
| 43246 | | | | 449.74 | 449.74 |
| 43247 | | | | 761.90 | 396.92 |
| 43248 | | | NRC | 780.45 | 372.19 |
| 43249 | | | NRC | 2183.14 | 343.79 |
| 43250 | | | | 873.72 | 381.07 |
| 43251 | | | | 966.43 | 439.87 |
| 43252 | | | NRC | 668.53 | 379.28 |
| 43253 | | | | 590.44 | 590.44 |
| 43254 | | | | 606.64 | 606.64 |
| 43255 | | | | 1380.26 | 449.77 |
| 43257 | | | NRC | 521.60 | 521.60 |
| 43259 | | | NRC | 507.35 | 507.35 |
| 43260 | | | | 724.96 | 724.96 |
| 43261 | | | | 761.09 | 761.09 |
| 43262 | | | NRC | 802.54 | 802.54 |
| 43263 | | | NRC | 803.40 | 803.40 |
| 43264 | | | NRC | 817.95 | 817.95 |
| 43265 | | | NRC | 974.04 | 974.04 |
| 43266 | | | | 490.39 | 490.39 |
| 43270 | | | | 1447.09 | 503.61 |
| 43273 | | | NRC | 268.30 | 268.30 |
| 43274 | | | | 1040.94 | 1040.94 |
| 43275 | | | | 847.21 | 847.21 |
| 43276 | | | | 1083.96 | 1083.96 |
| 43277 | | | | 851.01 | 851.01 |
| 43278 | | | | 973.25 | 973.25 |
| 43279 | | | NRC | 2876.99 | 2876.99 |
| 43280 | | | NRC | 2407.39 | 2407.39 |
| 43281 | | | NRC | 3446.90 | 3446.90 |
| 43282 | | | NRC | 3877.33 | 3877.33 |
| 43283 | | | NRC | 355.84 | 355.84 |
| 43284 | | | NRC | 1429.68 | 1429.68 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 43285 | | | NRC | 1452.28 | 1452.28 |
| 43286 | | | NRC | 6995.88 | 6995.88 |
| 43287 | | | NRC | 8012.63 | 8012.63 |
| 43288 | | | NRC | 8343.56 | 8343.56 |
| 43289 | | | BR | 0.00 | 0.00 |
| 43300 | | | NRC | 1343.10 | 1343.10 |
| 43305 | | | | 2393.67 | 2393.67 |
| 43310 | | | | 3309.82 | 3309.82 |
| 43312 | | | NRC | 3566.03 | 3566.03 |
| 43313 | | | NRC | 6117.79 | 6117.79 |
| 43314 | | | NRC | 6364.33 | 6364.33 |
| 43320 | | | NRC | 3108.96 | 3108.96 |
| 43325 | | | NRC | 3024.08 | 3024.08 |
| 43327 | | | NRC | 1822.73 | 1822.73 |
| 43328 | | | NRC | 2513.52 | 2513.52 |
| 43330 | | | NRC | 2973.04 | 2973.04 |
| 43331 | | | NRC | 2981.30 | 2981.30 |
| 43332 | | | NRC | 2583.68 | 2583.68 |
| 43333 | | | NRC | 2813.49 | 2813.49 |
| 43334 | | | NRC | 2792.08 | 2792.08 |
| 43335 | | | NRC | 2989.48 | 2989.48 |
| 43336 | | | NRC | 3371.80 | 3371.80 |
| 43337 | | | NRC | 3439.98 | 3439.98 |
| 43338 | | | NRC | 261.04 | 261.04 |
| 43340 | | | NRC | 3063.28 | 3063.28 |
| 43341 | | | NRC | 3126.45 | 3126.45 |
| 43351 | | | NRC | 2895.09 | 2895.09 |
| 43352 | | | NRC | 2372.90 | 2372.90 |
| 43360 | | | NRC | 5031.99 | 5031.99 |
| 43361 | | | NRC | 6024.66 | 6024.66 |
| 43400 | | | NRC | 3401.28 | 3401.28 |
| 43405 | | | NRC | 3229.56 | 3229.56 |
| 43410 | | | | 2246.74 | 2246.74 |
| 43415 | | | | 5751.01 | 5751.01 |
| 43420 | | | NRC | 2231.75 | 2231.75 |
| 43425 | | | NRC | 3206.83 | 3206.83 |
| 43450 | | | NRC | 348.55 | 176.16 |
| 43453 | | | NRC | 1846.26 | 190.85 |
| 43460 | | | NRC | 476.72 | 476.72 |
| 43496 | | | NRC | 4937.65 | 4937.65 |
| 43499 | | | BR | 0.00 | 0.00 |
| 43500 | | | NRC | 1743.98 | 1743.98 |
| 43501 | | | NRC | 2999.89 | 2999.89 |
| 43502 | | | NRC | 3382.41 | 3382.41 |
| 43510 | | | NRC | 2104.97 | 2104.97 |
| 43520 | | | NRC | 1530.38 | 1530.38 |
| 43605 | | | | 1866.75 | 1866.75 |
| 43610 | | | | 2189.65 | 2189.65 |
| 43611 | | | | 2731.85 | 2731.85 |
| 43620 | | | NRC | 4388.40 | 4388.40 |
| 43621 | | | NRC | 5082.88 | 5082.88 |
| 43622 | | | NRC | 5159.76 | 5159.76 |
| 43631 | | | NRC | 3235.83 | 3235.83 |
| 43632 | | | NRC | 4548.46 | 4548.46 |
| 43633 | | | NRC | 4296.00 | 4296.00 |
| 43634 | | | NRC | 4733.03 | 4733.03 |
| 43635 | | | NRC | 251.92 | 251.92 |
| 43640 | | | NRC | 2625.71 | 2625.71 |
| 43641 | | | NRC | 2659.18 | 2659.18 |
| 43644 | | | NRC | 3863.37 | 3863.37 |
| 43645 | | | NRC | 4135.99 | 4135.99 |
| 43647 | | | NRC | 653.96 | 653.96 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 43648 | | | NRC | 653.96 | 653.96 |
| 43651 | | | NRC | 1444.24 | 1444.24 |
| 43652 | | | NRC | 1700.21 | 1700.21 |
| 43653 | | | NRC | 1268.03 | 1268.03 |
| 43659 | | | BR | 0.00 | 0.00 |
| 43752 | | | | 90.24 | 90.24 |
| 43753 | | | | 48.80 | 48.80 |
| 43754 | | | NRC | 336.60 | 78.37 |
| 43755 | | | NRC | 326.51 | 132.48 |
| 43756 | | | NRC | 476.01 | 112.47 |
| 43757 | | | NRC | 664.29 | 170.19 |
| 43761 | | | | 262.26 | 229.80 |
| 43762 | | | NRC | 460.81 | 84.28 |
| 43763 | | | NRC | 686.46 | 184.43 |
| 43770 | | | NRC | 2497.32 | 2497.32 |
| 43771 | | | NRC | 2820.67 | 2820.67 |
| 43772 | | | NRC | 2106.36 | 2106.36 |
| 43773 | | | NRC | 2825.28 | 2825.28 |
| 43774 | | | NRC | 2135.20 | 2135.20 |
| 43775 | | | NRC | 2500.10 | 2500.10 |
| 43800 | | | NRC | 2072.62 | 2072.62 |
| 43810 | | | NRC | 2258.86 | 2258.86 |
| 43820 | | | NRC | 2994.87 | 2994.87 |
| 43825 | | | NRC | 2909.84 | 2909.84 |
| 43830 | | | NRC | 1552.48 | 1552.48 |
| 43831 | | | NRC | 1321.23 | 1321.23 |
| 43832 | | | | 2310.60 | 2310.60 |
| 43840 | | | | 3030.94 | 3030.94 |
| 43842 | | | NRC | 2652.25 | 2652.25 |
| 43843 | | | NRC | 2809.77 | 2809.77 |
| 43845 | | | NRC | 4344.95 | 4344.95 |
| 43846 | | | NRC | 3613.31 | 3613.31 |
| 43847 | | | NRC | 4004.39 | 4004.39 |
| 43848 | | | NRC | 4299.63 | 4299.63 |
| 43850 | | | NRC | 3613.33 | 3613.33 |
| 43855 | | | NRC | 3584.96 | 3584.96 |
| 43860 | | | NRC | 3647.43 | 3647.43 |
| 43865 | | | NRC | 3801.32 | 3801.32 |
| 43870 | | | NRC | 1578.45 | 1578.45 |
| 43880 | | | NRC | 3551.53 | 3551.53 |
| 43881 | | | NRC | 1314.53 | 1314.53 |
| 43882 | | | NRC | 1314.53 | 1314.53 |
| 43886 | | | NRC | 793.77 | 793.77 |
| 43887 | | | NRC | 716.11 | 716.11 |
| 43888 | | | NRC | 1013.22 | 1013.22 |
| 43999 | | | BR | 0.00 | 0.00 |
| 44005 | | | NRC | 2440.97 | 2440.97 |
| 44010 | | | | 1911.64 | 1911.64 |
| 44015 | | | NRC | 319.30 | 319.30 |
| 44020 | | | | 2169.77 | 2169.77 |
| 44021 | | | | 2173.41 | 2173.41 |
| 44025 | | | | 2192.10 | 2192.10 |
| 44050 | | | NRC | 2082.44 | 2082.44 |
| 44055 | | | NRC | 3338.88 | 3338.88 |
| 44100 | | | | 241.55 | 241.55 |
| 44110 | | | | 1889.16 | 1889.16 |
| 44111 | | | | 2188.20 | 2188.20 |
| 44120 | | | NRC | 2728.16 | 2728.16 |
| 44121 | | | NRC | 543.78 | 543.78 |
| 44125 | | | NRC | 2628.32 | 2628.32 |
| 44126 | | | NRC | 5488.22 | 5488.22 |
| 44127 | | | NRC | 6391.31 | 6391.31 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 44128 | | | NRC | 548.60 | 548.60 |
| 44130 | | | NRC | 2928.67 | 2928.67 |
| 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 | 271.13 | 271.13 |
| 44140 | | | NRC | 2990.27 | 2990.27 |
| 44141 | | | NRC | 4059.39 | 4059.39 |
| 44143 | | | NRC | 3706.75 | 3706.75 |
| 44144 | | | NRC | 3945.08 | 3945.08 |
| 44145 | | | NRC | 3694.58 | 3694.58 |
| 44146 | | | NRC | 4708.08 | 4708.08 |
| 44147 | | | NRC | 4336.19 | 4336.19 |
| 44150 | | | NRC | 4144.09 | 4144.09 |
| 44151 | | | NRC | 4806.01 | 4806.01 |
| 44155 | | | NRC | 4611.18 | 4611.18 |
| 44156 | | | NRC | 5101.69 | 5101.69 |
| 44157 | | | NRC | 4880.08 | 4880.08 |
| 44158 | | | NRC | 5010.80 | 5010.80 |
| 44160 | | | NRC | 2766.02 | 2766.02 |
| 44180 | | | NRC | 2047.59 | 2047.59 |
| 44186 | | | NRC | 1445.05 | 1445.05 |
| 44187 | | | NRC | 2436.54 | 2436.54 |
| 44188 | | | NRC | 2712.69 | 2712.69 |
| 44202 | | | NRC | 3083.54 | 3083.54 |
| 44203 | | | NRC | 537.67 | 537.67 |
| 44204 | | | NRC | 3429.03 | 3429.03 |
| 44205 | | | NRC | 2978.59 | 2978.59 |
| 44206 | | | NRC | 3894.57 | 3894.57 |
| 44207 | | | NRC | 4051.95 | 4051.95 |
| 44208 | | | NRC | 4408.00 | 4408.00 |
| 44210 | | | NRC | 3949.97 | 3949.97 |
| 44211 | | | NRC | 4827.39 | 4827.39 |
| 44212 | | | NRC | 4535.13 | 4535.13 |
| 44213 | | | NRC | 420.81 | 420.81 |
| 44227 | | | NRC | 3711.54 | 3711.54 |
| 44238 | | | BR | 0.00 | 0.00 |
| 44300 | | | | 1875.02 | 1875.02 |
| 44310 | | | | 2321.84 | 2321.84 |
| 44312 | | | NRC | 1309.77 | 1309.77 |
| 44314 | | | NRC | 2231.22 | 2231.22 |
| 44316 | | | NRC | 3156.69 | 3156.69 |
| 44320 | | | NRC | 2674.36 | 2674.36 |
| 44322 | | | NRC | 2198.41 | 2198.41 |
| 44340 | | | NRC | 1375.89 | 1375.89 |
| 44345 | | | NRC | 2333.30 | 2333.30 |
| 44346 | | | NRC | 2629.03 | 2629.03 |
| 44360 | | | | 321.42 | 321.42 |
| 44361 | | | | 355.99 | 355.99 |
| 44363 | | | | 430.69 | 430.69 |
| 44364 | | | | 458.95 | 458.95 |
| 44365 | | | | 407.46 | 407.46 |
| 44366 | | | NRC | 538.17 | 538.17 |
| 44369 | | | | 551.22 | 551.22 |
| 44370 | | | NRC | 597.74 | 597.74 |
| 44372 | | | | 538.59 | 538.59 |
| 44373 | | | | 430.83 | 430.83 |
| 44376 | | | | 639.11 | 639.11 |
| 44377 | | | | 672.89 | 672.89 |
| 44378 | | | NRC | 865.56 | 865.56 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 44379 | | | NRC | 919.48 | 919.48 |
| 44380 | | | | 364.93 | 124.74 |
| 44381 | | | NRC | 1963.64 | 186.33 |
| 44382 | | | | 571.37 | 163.11 |
| 44384 | | | NRC | 343.32 | 343.32 |
| 44385 | | | | 412.95 | 159.77 |
| 44386 | | | | 614.26 | 198.79 |
| 44388 | | | | 628.08 | 349.65 |
| 44389 | | | | 821.91 | 384.79 |
| 44390 | | | | 818.30 | 472.79 |
| 44391 | | | NRC | 1423.35 | 515.22 |
| 44392 | | | | 766.27 | 446.73 |
| 44394 | | | | 880.75 | 506.39 |
| 44401 | | | | 6252.57 | 544.11 |
| 44402 | | | NRC | 587.36 | 587.36 |
| 44403 | | | NRC | 682.07 | 682.07 |
| 44404 | | | NRC | 801.64 | 385.44 |
| 44405 | | | NRC | 1147.08 | 411.34 |
| 44406 | | | NRC | 515.88 | 515.88 |
| 44407 | | | | 619.63 | 619.63 |
| 44408 | | | NRC | 520.47 | 520.47 |
| 44500 | | | NRC | 43.15 | 43.15 |
| 44602 | | | | 3154.86 | 3154.86 |
| 44603 | | | | 3618.14 | 3618.14 |
| 44604 | | | | 2361.89 | 2361.89 |
| 44605 | | | | 2902.71 | 2902.71 |
| 44615 | | | NRC | 2392.62 | 2392.62 |
| 44620 | | | NRC | 1928.77 | 1928.77 |
| 44625 | | | NRC | 2259.59 | 2259.59 |
| 44626 | | | NRC | 3573.36 | 3573.36 |
| 44640 | | | NRC | 3126.68 | 3126.68 |
| 44650 | | | NRC | 3220.75 | 3220.75 |
| 44660 | | | NRC | 2976.24 | 2976.24 |
| 44661 | | | NRC | 3461.44 | 3461.44 |
| 44680 | | | NRC | 2387.03 | 2387.03 |
| 44700 | | | NRC | 2238.24 | 2238.24 |
| 44701 | | | NRC | 381.69 | 381.69 |
| 44705 | | | NRC | 245.01 | 166.39 |
| 44715 | | | NRC | 0.00 | 0.00 |
| 44720 | | | NRC | 617.35 | 617.35 |
| 44721 | | | NRC | 863.11 | 863.11 |
| 44799 | | | BR | 0.00 | 0.00 |
| 44800 | | | NRC | 1701.12 | 1701.12 |
| 44820 | | | | 1861.65 | 1861.65 |
| 44850 | | | NRC | 1663.21 | 1663.21 |
| 44899 | | | NRC | 0.00 | 0.00 |
| 44900 | | | NRC | 1718.67 | 1718.67 |
| 44950 | | | NRC | 1429.32 | 1429.32 |
| 44955 | | | NRC | 189.06 | 189.06 |
| 44960 | | | NRC | 1951.33 | 1951.33 |
| 44970 | | | NRC | 1333.59 | 1333.59 |
| 44979 | | | NRC | 0.00 | 0.00 |
| 45000 | | | NRC | 934.07 | 934.07 |
| 45005 | | | NRC | 603.24 | 352.23 |
| 45020 | | | NRC | 1264.35 | 1264.35 |
| 45100 | | | | 654.85 | 654.85 |
| 45108 | | | | 813.81 | 813.81 |
| 45110 | | | NRC | 4088.56 | 4088.56 |
| 45111 | | | NRC | 2413.68 | 2413.68 |
| 45112 | | | NRC | 4153.16 | 4153.16 |
| 45113 | | | NRC | 4194.48 | 4194.48 |
| 45114 | | | NRC | 4046.17 | 4046.17 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 45116 | | | NRC | 3463.23 | 3463.23 |
| 45119 | | | NRC | 4293.57 | 4293.57 |
| 45120 | | | NRC | 3535.99 | 3535.99 |
| 45121 | | | NRC | 3838.97 | 3838.97 |
| 45123 | | | NRC | 2490.21 | 2490.21 |
| 45126 | | | | 6189.46 | 6189.46 |
| 45130 | | | NRC | 2412.76 | 2412.76 |
| 45135 | | | NRC | 2886.97 | 2886.97 |
| 45136 | | | NRC | 4088.20 | 4088.20 |
| 45150 | | | NRC | 914.83 | 914.83 |
| 45160 | | | | 2276.39 | 2276.39 |
| 45171 | | | | 1321.26 | 1321.26 |
| 45172 | | | | 1790.02 | 1790.02 |
| 45190 | | | | 1534.03 | 1534.03 |
| 45300 | | | | 256.42 | 107.83 |
| 45303 | | | NRC | 1910.67 | 188.90 |
| 45305 | | | | 324.90 | 161.16 |
| 45307 | | | | 375.07 | 213.49 |
| 45308 | | | | 366.31 | 185.98 |
| 45309 | | | | 380.08 | 198.31 |
| 45315 | | | | 418.66 | 235.45 |
| 45317 | | | NRC | 412.71 | 248.26 |
| 45320 | | | | 408.36 | 233.09 |
| 45321 | | | NRC | 229.21 | 229.21 |
| 45327 | | | NRC | 259.32 | 259.32 |
| 45330 | | | | 358.32 | 123.89 |
| 45331 | | | | 556.68 | 158.51 |
| 45332 | | | | 544.18 | 234.01 |
| 45333 | | | | 637.16 | 208.70 |
| 45334 | | | NRC | 1123.58 | 263.06 |
| 45335 | | | NRC | 523.57 | 147.04 |
| 45337 | | | NRC | 258.94 | 258.94 |
| 45338 | | | | 584.44 | 267.78 |
| 45340 | | | NRC | 919.70 | 172.42 |
| 45341 | | | NRC | 276.10 | 276.10 |
| 45342 | | | | 379.79 | 379.79 |
| 45346 | | | | 5963.15 | 359.99 |
| 45347 | | | NRC | 346.28 | 346.28 |
| 45349 | | | NRC | 444.46 | 444.46 |
| 45350 | | | NRC | 1195.58 | 224.70 |
| 45378 | | | | 686.63 | 414.70 |
| 45379 | | | | 887.50 | 536.95 |
| 45380 | | | | 876.92 | 449.91 |
| 45381 | | | NRC | 857.45 | 449.91 |
| 45382 | | | NRC | 1493.79 | 581.33 |
| 45384 | | | | 977.95 | 512.70 |
| 45385 | | | | 927.04 | 571.44 |
| 45386 | | | NRC | 1254.37 | 475.36 |
| 45388 | | | | 6302.61 | 607.85 |
| 45389 | | | NRC | 651.52 | 651.52 |
| 45390 | | | NRC | 747.32 | 747.32 |
| 45391 | | | NRC | 578.97 | 578.97 |
| 45392 | | | | 683.44 | 683.44 |
| 45393 | | | NRC | 569.68 | 569.68 |
| 45395 | | | NRC | 4377.91 | 4377.91 |
| 45397 | | | NRC | 4764.24 | 4764.24 |
| 45398 | | | NRC | 1537.44 | 528.32 |
| 45399 | | | NRC | 0.00 | 0.00 |
| 45400 | | | NRC | 2527.55 | 2527.55 |
| 45402 | | | NRC | 3367.05 | 3367.05 |
| 45499 | | | BR | 0.00 | 0.00 |
| 45500 | | | NRC | 1229.05 | 1229.05 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 45505 | | | NRC | 1302.94 | 1302.94 |
| 45520 | | | NRC | 322.24 | 87.82 |
| 45540 | | | NRC | 2348.32 | 2348.32 |
| 45541 | | | NRC | 2088.65 | 2088.65 |
| 45550 | | | NRC | 3252.70 | 3252.70 |
| 45560 | | | NRC | 1511.22 | 1511.22 |
| 45562 | | | NRC | 2482.90 | 2482.90 |
| 45563 | | | NRC | 3657.62 | 3657.62 |
| 45800 | | | NRC | 2797.34 | 2797.34 |
| 45805 | | | NRC | 3261.33 | 3261.33 |
| 45820 | | | NRC | 2813.78 | 2813.78 |
| 45825 | | | NRC | 3403.81 | 3403.81 |
| 45900 | | | NRC | 443.92 | 443.92 |
| 45905 | | | NRC | 369.53 | 369.53 |
| 45910 | | | NRC | 420.75 | 420.75 |
| 45915 | | | | 724.03 | 499.70 |
| 45990 | | | NRC | 236.92 | 236.92 |
| 45999 | | | BR | 0.00 | 0.00 |
| 46020 | | | NRC | 600.51 | 513.23 |
| 46030 | | | NRC | 301.16 | 196.57 |
| 46040 | | | | 1160.85 | 911.27 |
| 46045 | | | | 954.97 | 954.97 |
| 46050 | | | | 441.03 | 213.10 |
| 46060 | | | NRC | 1048.33 | 1048.33 |
| 46070 | | | NRC | 565.28 | 565.28 |
| 46080 | | | NRC | 554.48 | 351.07 |
| 46083 | | | NRC | 389.10 | 233.29 |
| 46200 | | | NRC | 965.71 | 709.65 |
| 46220 | | | NRC | 461.31 | 260.79 |
| 46221 | | | NRC | 578.36 | 415.34 |
| 46230 | | | NRC | 605.34 | 380.29 |
| 46250 | | | NRC | 1002.87 | 691.98 |
| 46255 | | | NRC | 1100.22 | 779.23 |
| 46257 | | | NRC | 928.38 | 928.38 |
| 46258 | | | NRC | 1030.68 | 1030.68 |
| 46260 | | | NRC | 1047.83 | 1047.83 |
| 46261 | | | NRC | 1147.89 | 1147.89 |
| 46262 | | | NRC | 1216.09 | 1216.09 |
| 46270 | | | NRC | 1107.31 | 859.18 |
| 46275 | | | NRC | 1169.65 | 907.09 |
| 46280 | | | NRC | 1034.27 | 1034.27 |
| 46285 | | | NRC | 1164.46 | 906.95 |
| 46288 | | | NRC | 1204.27 | 1204.27 |
| 46320 | | | NRC | 404.46 | 245.05 |
| 46500 | | | NRC | 606.94 | 382.61 |
| 46505 | | | NRC | 626.93 | 524.51 |
| 46600 | | | | 200.41 | 89.33 |
| 46601 | | | | 298.05 | 206.45 |
| 46604 | | | NRC | 1327.83 | 144.88 |
| 46606 | | | | 506.20 | 165.74 |
| 46607 | | | | 419.45 | 278.79 |
| 46608 | | | | 534.38 | 185.98 |
| 46610 | | | | 507.07 | 177.43 |
| 46611 | | | NRC | 401.61 | 178.01 |
| 46612 | | | | 616.74 | 209.92 |
| 46614 | | | NRC | 294.07 | 142.59 |
| 46615 | | | | 324.43 | 201.81 |
| 46700 | | | NRC | 1444.80 | 1444.80 |
| 46705 | | | NRC | 1223.00 | 1223.00 |
| 46706 | | | NRC | 387.88 | 387.88 |
| 46707 | | | NRC | 1075.85 | 1075.85 |
| 46710 | | | NRC | 2457.48 | 2457.48 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 46712 | | | NRC | 4969.08 | 4969.08 |
| 46715 | | | NRC | 1200.00 | 1200.00 |
| 46716 | | | NRC | 2677.18 | 2677.18 |
| 46730 | | | NRC | 4366.69 | 4366.69 |
| 46735 | | | NRC | 5045.91 | 5045.91 |
| 46740 | | | NRC | 4775.75 | 4775.75 |
| 46742 | | | NRC | 5539.66 | 5539.66 |
| 46744 | | | NRC | 7779.46 | 7779.46 |
| 46746 | | | NRC | 8694.70 | 8694.70 |
| 46748 | | | NRC | 9441.26 | 9441.26 |
| 46750 | | | NRC | 1649.33 | 1649.33 |
| 46751 | | | NRC | 1447.58 | 1447.58 |
| 46753 | | | NRC | 1354.04 | 1354.04 |
| 46754 | | | NRC | 673.97 | 509.51 |
| 46760 | | | NRC | 2410.03 | 2410.03 |
| 46761 | | | NRC | 2021.41 | 2021.41 |
| 46900 | | | | 501.95 | 297.09 |
| 46910 | | | | 547.67 | 293.04 |
| 46916 | | | | 506.93 | 312.89 |
| 46917 | | | | 899.39 | 283.39 |
| 46922 | | | | 592.08 | 297.79 |
| 46924 | | | | 1110.43 | 397.06 |
| 46930 | | | NRC | 446.33 | 320.83 |
| 46940 | | | NRC | 507.61 | 320.79 |
| 46942 | | | NRC | 483.14 | 288.39 |
| 46945 | | | NRC | 672.22 | 489.00 |
| 46946 | | | NRC | 681.73 | 489.14 |
| 46947 | | | NRC | 844.54 | 844.54 |
| 46948 | | | NRC | TBD | TBD |
| 46999 | | | BR | 0.00 | 0.00 |
| 47000 | | | | 640.80 | 197.91 |
| 47001 | | | | 233.29 | 233.29 |
| 47010 | | | | 2694.73 | 2694.73 |
| 47015 | | | NRC | 2589.25 | 2589.25 |
| 47100 | | | | 1872.34 | 1872.34 |
| 47120 | | | NRC | 5208.77 | 5208.77 |
| 47122 | | | NRC | 7675.04 | 7675.04 |
| 47125 | | | NRC | 6892.83 | 6892.83 |
| 47130 | | | NRC | 7407.17 | 7407.17 |
| 47133 | | | NRC | 0.00 | 0.00 |
| 47135 | | | NRC | 12013.43 | 12013.43 |
| 47140 | | | NRC | 7965.72 | 7965.72 |
| 47141 | | | NRC | 9540.02 | 9540.02 |
| 47142 | | | NRC | 10501.59 | 10501.59 |
| 47143 | | | NRC | 735.81 | 735.81 |
| 47144 | | | NRC | 735.81 | 735.81 |
| 47145 | | | NRC | 735.81 | 735.81 |
| 47146 | | | NRC | 728.65 | 728.65 |
| 47147 | | | NRC | 858.36 | 858.36 |
| 47300 | | | | 2513.55 | 2513.55 |
| 47350 | | | NRC | 3046.09 | 3046.09 |
| 47360 | | | NRC | 4186.25 | 4186.25 |
| 47361 | | | NRC | 6774.10 | 6774.10 |
| 47362 | | | NRC | 3231.31 | 3231.31 |
| 47370 | | | | 2787.77 | 2787.77 |
| 47371 | | | | 2722.12 | 2722.12 |
| 47379 | | | BR | 0.00 | 0.00 |
| 47380 | | | | 3216.25 | 3216.25 |
| 47381 | | | | 3263.85 | 3263.85 |
| 47382 | | | | 9532.12 | 1660.44 |
| 47383 | | | | 14214.56 | 1019.60 |
| 47399 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 47400 | | | NRC | 4815.43 | 4815.43 |
| 47420 | | | NRC | 2985.52 | 2985.52 |
| 47425 | | | NRC | 3047.44 | 3047.44 |
| 47460 | | | NRC | 2815.34 | 2815.34 |
| 47480 | | | NRC | 1941.47 | 1941.47 |
| 47490 | | | NRC | 723.56 | 723.56 |
| 47531 | | | | 722.70 | 157.91 |
| 47532 | | | | 1706.12 | 476.29 |
| 47533 | | | | 2580.35 | 596.74 |
| 47534 | | | | 3015.90 | 833.93 |
| 47535 | | | | 2080.34 | 442.97 |
| 47536 | | | | 1431.68 | 295.62 |
| 47537 | | | | 843.35 | 214.37 |
| 47538 | | | | 8819.50 | 530.18 |
| 47539 | | | | 9806.73 | 959.12 |
| 47540 | | | | 9975.32 | 989.94 |
| 47541 | | | | 2487.05 | 743.64 |
| 47542 | | | | 1024.40 | 304.53 |
| 47543 | | | | 986.57 | 324.41 |
| 47544 | | | | 2135.56 | 356.09 |
| 47550 | | | NRC | 370.86 | 370.86 |
| 47552 | | | NRC | 693.35 | 693.35 |
| 47553 | | | NRC | 688.10 | 688.10 |
| 47554 | | | NRC | 1154.77 | 1154.77 |
| 47555 | | | NRC | 736.15 | 736.15 |
| 47556 | | | NRC | 834.19 | 834.19 |
| 47562 | | | NRC | 1460.93 | 1460.93 |
| 47563 | | | NRC | 1590.51 | 1590.51 |
| 47564 | | | NRC | 2474.61 | 2474.61 |
| 47570 | | | NRC | 1726.00 | 1726.00 |
| 47579 | | | NRC | 0.00 | 0.00 |
| 47600 | | | NRC | 2376.34 | 2376.34 |
| 47605 | | | NRC | 2502.38 | 2502.38 |
| 47610 | | | NRC | 2795.70 | 2795.70 |
| 47612 | | | NRC | 2818.79 | 2818.79 |
| 47620 | | | NRC | 3041.08 | 3041.08 |
| 47700 | | | NRC | 2344.14 | 2344.14 |
| 47701 | | | NRC | 3804.55 | 3804.55 |
| 47711 | | | | 3466.19 | 3466.19 |
| 47712 | | | | 4450.27 | 4450.27 |
| 47715 | | | NRC | 2949.75 | 2949.75 |
| 47720 | | | NRC | 2561.26 | 2561.26 |
| 47721 | | | NRC | 3018.83 | 3018.83 |
| 47740 | | | NRC | 2895.30 | 2895.30 |
| 47741 | | | NRC | 3282.85 | 3282.85 |
| 47760 | | | NRC | 5035.40 | 5035.40 |
| 47765 | | | NRC | 6771.26 | 6771.26 |
| 47780 | | | NRC | 5531.66 | 5531.66 |
| 47785 | | | NRC | 7271.44 | 7271.44 |
| 47800 | | | NRC | 3497.62 | 3497.62 |
| 47801 | | | NRC | 2476.47 | 2476.47 |
| 47802 | | | NRC | 3403.73 | 3403.73 |
| 47900 | | | NRC | 3050.41 | 3050.41 |
| 47999 | | | BR | 0.00 | 0.00 |
| 48000 | | | NRC | 4206.68 | 4206.68 |
| 48001 | | | NRC | 5131.66 | 5131.66 |
| 48020 | | | NRC | 2622.78 | 2622.78 |
| 48100 | | | | 1981.02 | 1981.02 |
| 48102 | | | | 1131.43 | 534.90 |
| 48105 | | | NRC | 6343.90 | 6343.90 |
| 48120 | | | | 2463.58 | 2463.58 |
| 48140 | | | NRC | 3493.46 | 3493.46 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 48145 | | | NRC | 3638.65 | 3638.65 |
| 48146 | | | NRC | 4181.98 | 4181.98 |
| 48148 | | | NRC | 2776.33 | 2776.33 |
| 48150 | | | NRC | 6968.26 | 6968.26 |
| 48152 | | | NRC | 6449.19 | 6449.19 |
| 48153 | | | NRC | 6936.46 | 6936.46 |
| 48154 | | | NRC | 6488.86 | 6488.86 |
| 48155 | | | NRC | 4039.60 | 4039.60 |
| 48160 | | | NRC | 0.00 | 0.00 |
| 48400 | | | NRC | 237.08 | 237.08 |
| 48500 | | | NRC | 2559.71 | 2559.71 |
| 48510 | | | NRC | 2433.66 | 2433.66 |
| 48520 | | | NRC | 2425.06 | 2425.06 |
| 48540 | | | NRC | 2909.50 | 2909.50 |
| 48545 | | | NRC | 2987.82 | 2987.82 |
| 48547 | | | NRC | 3991.45 | 3991.45 |
| 48548 | | | NRC | 3707.18 | 3707.18 |
| 48550 | | | NRC | 0.00 | 0.00 |
| 48551 | | | NRC | 457.63 | 457.63 |
| 48552 | | | NRC | 530.81 | 530.81 |
| 48554 | | | NRC | 5638.41 | 5638.41 |
| 48556 | | | NRC | 2824.97 | 2824.97 |
| 48999 | | | NRC | 0.00 | 0.00 |
| 49000 | | | | 1711.50 | 1711.50 |
| 49002 | | | | 2331.32 | 2331.32 |
| 49010 | | | | 2069.13 | 2069.13 |
| 49013 | | | BR | TBD | TBD |
| 49014 | | | BR | TBD | TBD |
| 49020 | | | NRC | 3542.86 | 3542.86 |
| 49040 | | | NRC | 2217.71 | 2217.71 |
| 49060 | | | NRC | 2445.81 | 2445.81 |
| 49062 | | | NRC | 1641.15 | 1641.15 |
| 49082 | | | | 418.19 | 162.12 |
| 49083 | | | | 623.09 | 238.63 |
| 49084 | | | | 241.74 | 241.74 |
| 49180 | | | | 352.07 | 189.78 |
| 49185 | | | | 2201.00 | 267.88 |
| 49203 | | | | 2664.21 | 2664.21 |
| 49204 | | | | 3411.03 | 3411.03 |
| 49205 | | | | 3925.18 | 3925.18 |
| 49215 | | | | 4938.82 | 4938.82 |
| 49220 | | | | 2164.42 | 2164.42 |
| 49250 | | | NRC | 1304.43 | 1304.43 |
| 49255 | | | NRC | 1754.87 | 1754.87 |
| 49320 | | | | 721.09 | 721.09 |
| 49321 | | | | 762.63 | 762.63 |
| 49322 | | | NRC | 819.35 | 819.35 |
| 49323 | | | NRC | 1400.50 | 1400.50 |
| 49324 | | | NRC | 858.82 | 858.82 |
| 49325 | | | NRC | 917.09 | 917.09 |
| 49326 | | | NRC | 423.02 | 423.02 |
| 49327 | | | | 291.28 | 291.28 |
| 49329 | | | BR | 0.00 | 0.00 |
| 49400 | | | NRC | 297.20 | 207.04 |
| 49402 | | | | 1905.51 | 1905.51 |
| 49405 | | | | 1754.64 | 441.13 |
| 49406 | | | | 1753.92 | 441.13 |
| 49407 | | | | 1432.03 | 467.63 |
| 49411 | | | | 1017.26 | 410.63 |
| 49412 | | | | 186.19 | 186.19 |
| 49418 | | | | 2633.93 | 453.41 |
| 49419 | | | NRC | 977.38 | 977.38 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 49421 | | | NRC | 512.94 | 512.94 |
| 49422 | | | NRC | 498.24 | 498.24 |
| 49423 | | | NRC | 1174.63 | 159.74 |
| 49424 | | | NRC | 319.22 | 84.79 |
| 49425 | | | NRC | 1598.81 | 1598.81 |
| 49426 | | | | 1371.60 | 1371.60 |
| 49427 | | | | 101.85 | 101.85 |
| 49428 | | | | 958.70 | 958.70 |
| 49429 | | | | 1019.52 | 1019.52 |
| 49435 | | | NRC | 267.14 | 267.14 |
| 49436 | | | NRC | 408.74 | 408.74 |
| 49440 | | | | 1975.04 | 458.12 |
| 49441 | | | | 2242.70 | 538.24 |
| 49442 | | | | 1865.39 | 462.44 |
| 49446 | | | | 1893.65 | 332.01 |
| 49450 | | | | 1365.85 | 148.27 |
| 49451 | | | | 1488.34 | 202.24 |
| 49452 | | | | 1835.22 | 309.65 |
| 49460 | | | | 1481.32 | 107.22 |
| 49465 | | | | 327.54 | 68.59 |
| 49491 | | | NRC | 1764.75 | 1764.75 |
| 49492 | | | NRC | 2131.29 | 2131.29 |
| 49495 | | | NRC | 906.34 | 906.34 |
| 49496 | | | NRC | 1360.50 | 1360.50 |
| 49500 | | | NRC | 890.30 | 890.30 |
| 49501 | | | NRC | 1342.73 | 1342.73 |
| 49505 | | | | 1151.93 | 1151.93 |
| 49507 | | | | 1298.23 | 1298.23 |
| 49520 | | | | 1402.28 | 1402.28 |
| 49521 | | | | 1591.94 | 1591.94 |
| 49525 | | | | 1270.94 | 1270.94 |
| 49540 | | | | 1495.22 | 1495.22 |
| 49550 | | | | 1276.52 | 1276.52 |
| 49553 | | | | 1401.76 | 1401.76 |
| 49555 | | | | 1326.64 | 1326.64 |
| 49557 | | | | 1607.49 | 1607.49 |
| 49560 | | | | 1639.23 | 1639.23 |
| 49561 | | | | 2068.55 | 2068.55 |
| 49565 | | | | 1706.27 | 1706.27 |
| 49566 | | | | 2086.98 | 2086.98 |
| 49568 | | | | 600.21 | 600.21 |
| 49570 | | | | 919.88 | 919.88 |
| 49572 | | | | 1142.69 | 1142.69 |
| 49580 | | | NRC | 710.73 | 710.73 |
| 49582 | | | NRC | 1018.70 | 1018.70 |
| 49585 | | | | 981.94 | 981.94 |
| 49587 | | | | 1050.24 | 1050.24 |
| 49590 | | | | 1268.58 | 1268.58 |
| 49600 | | | | 1610.39 | 1610.39 |
| 49605 | | | | 10988.77 | 10988.77 |
| 49606 | | | | 2529.80 | 2529.80 |
| 49610 | | | | 1531.54 | 1531.54 |
| 49611 | | | | 1346.20 | 1346.20 |
| 49650 | | | | 946.99 | 946.99 |
| 49651 | | | | 1233.27 | 1233.27 |
| 49652 | | | | 1651.63 | 1651.63 |
| 49653 | | | | 2062.96 | 2062.96 |
| 49654 | | | | 1878.62 | 1878.62 |
| 49655 | | | | 2294.73 | 2294.73 |
| 49656 | | | | 2038.62 | 2038.62 |
| 49657 | | | | 2938.44 | 2938.44 |
| 49659 | | | BR | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 49900 | | | | 1805.72 | 1805.72 |
| 49904 | | | | 3132.88 | 3132.88 |
| 49905 | | | | 791.66 | 791.66 |
| 49906 | | | NRC | 0.00 | 0.00 |
| 49999 | | | BR | 0.00 | 0.00 |
| 50010 | | | | 1624.09 | 1624.09 |
| 50020 | | | NRC | 2245.33 | 2245.33 |
| 50040 | | | NRC | 2054.82 | 2054.82 |
| 50045 | | | NRC | 2068.07 | 2068.07 |
| 50060 | | | NRC | 2533.17 | 2533.17 |
| 50065 | | | NRC | 2685.90 | 2685.90 |
| 50070 | | | NRC | 2634.23 | 2634.23 |
| 50075 | | | NRC | 3236.10 | 3236.10 |
| 50080 | | | NRC | 1928.91 | 1928.91 |
| 50081 | | | NRC | 2837.46 | 2837.46 |
| 50100 | | | NRC | 2331.35 | 2331.35 |
| 50120 | | | NRC | 2106.17 | 2106.17 |
| 50125 | | | NRC | 2180.67 | 2180.67 |
| 50130 | | | NRC | 2291.69 | 2291.69 |
| 50135 | | | NRC | 2492.31 | 2492.31 |
| 50200 | | | | 1119.30 | 284.74 |
| 50205 | | | | 1675.99 | 1675.99 |
| 50220 | | | NRC | 2326.84 | 2326.84 |
| 50225 | | | NRC | 2677.14 | 2677.14 |
| 50230 | | | NRC | 2852.04 | 2852.04 |
| 50234 | | | NRC | 2896.54 | 2896.54 |
| 50236 | | | NRC | 3255.88 | 3255.88 |
| 50240 | | | NRC | 2943.47 | 2943.47 |
| 50250 | | | | 2699.54 | 2699.54 |
| 50280 | | | | 2122.26 | 2122.26 |
| 50290 | | | | 1992.45 | 1992.45 |
| 50300 | | | NRC | 0.00 | 0.00 |
| 50320 | | | NRC | 3317.64 | 3317.64 |
| 50323 | | | NRC | 426.31 | 426.31 |
| 50325 | | | NRC | 426.31 | 426.31 |
| 50327 | | | NRC | 485.98 | 485.98 |
| 50328 | | | NRC | 425.69 | 425.69 |
| 50329 | | | NRC | 404.76 | 404.76 |
| 50340 | | | NRC | 2096.78 | 2096.78 |
| 50360 | | | NRC | 5377.80 | 5377.80 |
| 50365 | | | NRC | 6361.33 | 6361.33 |
| 50370 | | | NRC | 2668.62 | 2668.62 |
| 50380 | | | NRC | 4418.24 | 4418.24 |
| 50382 | | | NRC | 2298.84 | 575.63 |
| 50384 | | | NRC | 1840.15 | 515.82 |
| 50385 | | | NRC | 2249.74 | 487.57 |
| 50386 | | | NRC | 1487.11 | 361.14 |
| 50387 | | | NRC | 1069.91 | 187.74 |
| 50389 | | | NRC | 692.40 | 120.40 |
| 50390 | | | | 214.50 | 214.50 |
| 50391 | | | NRC | 268.01 | 218.96 |
| 50396 | | | NRC | 258.69 | 258.69 |
| 50400 | | | NRC | 2576.41 | 2576.41 |
| 50405 | | | NRC | 3100.36 | 3100.36 |
| 50430 | | | | 1068.87 | 342.51 |
| 50431 | | | | 442.83 | 144.92 |
| 50432 | | | | 1725.06 | 459.88 |
| 50433 | | | | 2290.12 | 572.67 |
| 50434 | | | | 1805.52 | 430.70 |
| 50435 | | | | 1068.27 | 222.17 |
| 50436 | | | NRC | 335.23 | 335.23 |
| 50437 | | | NRC | 560.62 | 560.62 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 50500 | | | | 2866.06 | 2866.06 |
| 50520 | | | NRC | 2578.64 | 2578.64 |
| 50525 | | | NRC | 3275.89 | 3275.89 |
| 50526 | | | NRC | 3513.05 | 3513.05 |
| 50540 | | | NRC | 2540.67 | 2540.67 |
| 50541 | | | NRC | 2041.13 | 2041.13 |
| 50542 | | | | 2591.08 | 2591.08 |
| 50543 | | | NRC | 3306.69 | 3306.69 |
| 50544 | | | NRC | 2769.32 | 2769.32 |
| 50545 | | | NRC | 2979.80 | 2979.80 |
| 50546 | | | NRC | 2674.97 | 2674.97 |
| 50547 | | | NRC | 3563.35 | 3563.35 |
| 50548 | | | NRC | 2997.76 | 2997.76 |
| 50549 | | | NRC | 0.00 | 0.00 |
| 50551 | | | NRC | 793.19 | 656.86 |
| 50553 | | | NRC | 847.15 | 699.28 |
| 50555 | | | | 906.63 | 760.21 |
| 50557 | | | | 922.44 | 770.24 |
| 50561 | | | NRC | 1044.80 | 878.18 |
| 50562 | | | | 1292.07 | 1292.07 |
| 50570 | | | NRC | 1095.91 | 1095.91 |
| 50572 | | | NRC | 1186.15 | 1186.15 |
| 50574 | | | | 1261.77 | 1261.77 |
| 50575 | | | NRC | 1593.48 | 1593.48 |
| 50576 | | | | 1258.69 | 1258.69 |
| 50580 | | | NRC | 1355.09 | 1355.09 |
| 50590 | | | NRC | 1586.02 | 1257.82 |
| 50592 | | | | 6710.91 | 762.97 |
| 50593 | | | | 9115.12 | 1025.61 |
| 50600 | | | NRC | 2084.27 | 2084.27 |
| 50605 | | | NRC | 2200.46 | 2200.46 |
| 50606 | | | | 1378.64 | 342.11 |
| 50610 | | | NRC | 2092.24 | 2092.24 |
| 50620 | | | NRC | 2002.08 | 2002.08 |
| 50630 | | | NRC | 1981.37 | 1981.37 |
| 50650 | | | NRC | 2303.99 | 2303.99 |
| 50660 | | | NRC | 2536.95 | 2536.95 |
| 50684 | | | NRC | 229.12 | 110.11 |
| 50686 | | | NRC | 298.84 | 194.97 |
| 50688 | | | NRC | 170.89 | 170.89 |
| 50690 | | | NRC | 215.35 | 154.04 |
| 50693 | | | | 2101.33 | 456.74 |
| 50694 | | | | 2323.95 | 597.85 |
| 50695 | | | | 2840.68 | 766.19 |
| 50700 | | | NRC | 2052.59 | 2052.59 |
| 50705 | | | | 4127.37 | 439.30 |
| 50706 | | | | 2004.28 | 410.18 |
| 50715 | | | NRC | 2704.10 | 2704.10 |
| 50722 | | | NRC | 2229.89 | 2229.89 |
| 50725 | | | NRC | 2448.37 | 2448.37 |
| 50727 | | | NRC | 1122.17 | 1122.17 |
| 50728 | | | NRC | 1624.16 | 1624.16 |
| 50740 | | | NRC | 2723.89 | 2723.89 |
| 50750 | | | NRC | 2563.27 | 2563.27 |
| 50760 | | | NRC | 2505.75 | 2505.75 |
| 50770 | | | NRC | 2560.11 | 2560.11 |
| 50780 | | | NRC | 2454.66 | 2454.66 |
| 50782 | | | NRC | 2384.22 | 2384.22 |
| 50783 | | | NRC | 2504.64 | 2504.64 |
| 50785 | | | NRC | 2698.17 | 2698.17 |
| 50800 | | | NRC | 2058.43 | 2058.43 |
| 50810 | | | NRC | 3111.91 | 3111.91 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 50815 | | | NRC | 2713.50 | 2713.50 |
| 50820 | | | NRC | 2919.89 | 2919.89 |
| 50825 | | | NRC | 3693.64 | 3693.64 |
| 50830 | | | NRC | 4007.87 | 4007.87 |
| 50840 | | | NRC | 2728.12 | 2728.12 |
| 50845 | | | NRC | 2771.93 | 2771.93 |
| 50860 | | | NRC | 2095.73 | 2095.73 |
| 50900 | | | | 1865.94 | 1865.94 |
| 50920 | | | NRC | 1945.19 | 1945.19 |
| 50930 | | | NRC | 2447.59 | 2447.59 |
| 50940 | | | NRC | 1964.63 | 1964.63 |
| 50945 | | | NRC | 2157.57 | 2157.57 |
| 50947 | | | NRC | 3086.96 | 3086.96 |
| 50948 | | | NRC | 2832.34 | 2832.34 |
| 50949 | | | BR | 0.00 | 0.00 |
| 50951 | | | NRC | 828.79 | 683.81 |
| 50953 | | | NRC | 877.12 | 727.81 |
| 50955 | | | | 936.34 | 784.86 |
| 50957 | | | | 944.61 | 789.52 |
| 50961 | | | NRC | 851.15 | 705.45 |
| 50970 | | | NRC | 825.13 | 825.13 |
| 50972 | | | NRC | 798.18 | 798.18 |
| 50974 | | | | 1054.27 | 1054.27 |
| 50976 | | | | 1040.37 | 1040.37 |
| 50980 | | | NRC | 793.52 | 793.52 |
| 51020 | | | NRC | 1030.51 | 1030.51 |
| 51030 | | | NRC | 1038.58 | 1038.58 |
| 51040 | | | NRC | 635.72 | 635.72 |
| 51045 | | | NRC | 1083.28 | 1083.28 |
| 51050 | | | NRC | 1043.44 | 1043.44 |
| 51060 | | | NRC | 1285.82 | 1285.82 |
| 51065 | | | NRC | 1281.49 | 1281.49 |
| 51080 | | | NRC | 900.73 | 900.73 |
| 51100 | | | NRC | 138.44 | 87.22 |
| 51101 | | | NRC | 280.87 | 115.69 |
| 51102 | | | NRC | 495.63 | 321.07 |
| 51500 | | | NRC | 1407.66 | 1407.66 |
| 51520 | | | | 1315.14 | 1315.14 |
| 51525 | | | | 1904.46 | 1904.46 |
| 51530 | | | | 1704.67 | 1704.67 |
| 51535 | | | | 1727.11 | 1727.11 |
| 51550 | | | NRC | 2140.39 | 2140.39 |
| 51555 | | | NRC | 2817.56 | 2817.56 |
| 51565 | | | NRC | 2882.51 | 2882.51 |
| 51570 | | | NRC | 3276.21 | 3276.21 |
| 51575 | | | NRC | 4055.03 | 4055.03 |
| 51580 | | | NRC | 4207.85 | 4207.85 |
| 51585 | | | NRC | 4692.38 | 4692.38 |
| 51590 | | | NRC | 4303.10 | 4303.10 |
| 51595 | | | NRC | 4871.33 | 4871.33 |
| 51596 | | | NRC | 5240.69 | 5240.69 |
| 51597 | | | | 5101.06 | 5101.06 |
| 51600 | | | NRC | 408.14 | 99.42 |
| 51605 | | | NRC | 84.73 | 84.73 |
| 51610 | | | NRC | 239.09 | 140.99 |
| 51700 | | | NRC | 157.25 | 67.09 |
| 51701 | | | | 95.22 | 56.27 |
| 51702 | | | | 130.56 | 56.27 |
| 51703 | | | | 283.36 | 171.56 |
| 51705 | | | | 199.16 | 114.76 |
| 51710 | | | | 276.02 | 175.75 |
| 51715 | | | NRC | 681.49 | 442.74 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 51720 | | | | 179.42 | 97.91 |
| 51725 | | | | 421.25 | 421.25 |
| 51725 | 26 | | | 168.73 | 168.73 |
| 51725 | TC | | | 252.53 | 252.53 |
| 51726 | | | | 584.99 | 584.99 |
| 51726 | 26 | | | 189.58 | 189.58 |
| 51726 | TC | | | 395.42 | 395.42 |
| 51727 | | | | 692.47 | 692.47 |
| 51727 | 26 | | | 235.74 | 235.74 |
| 51727 | TC | | | 456.73 | 456.73 |
| 51728 | | | | 703.94 | 703.94 |
| 51728 | 26 | | | 232.07 | 232.07 |
| 51728 | TC | | | 471.88 | 471.88 |
| 51729 | | | | 754.44 | 754.44 |
| 51729 | 26 | | | 279.68 | 279.68 |
| 51729 | TC | | | 474.76 | 474.76 |
| 51736 | | | NRC | 30.10 | 30.10 |
| 51736 | 26 | | NRC | 18.49 | 18.49 |
| 51736 | TC | | NRC | 11.61 | 11.61 |
| 51741 | | | NRC | 30.82 | 30.82 |
| 51741 | 26 | | NRC | 18.49 | 18.49 |
| 51741 | TC | | NRC | 12.33 | 12.33 |
| 51784 | | | NRC | 144.59 | 144.59 |
| 51784 | 26 | | NRC | 83.21 | 83.21 |
| 51784 | TC | | NRC | 61.38 | 61.38 |
| 51785 | | | NRC | 674.75 | 674.75 |
| 51785 | 26 | | NRC | 205.04 | 205.04 |
| 51785 | TC | | NRC | 469.71 | 469.71 |
| 51792 | | | NRC | 481.85 | 481.85 |
| 51792 | 26 | | NRC | 122.49 | 122.49 |
| 51792 | TC | | NRC | 359.35 | 359.35 |
| 51797 | | | NRC | 290.63 | 290.63 |
| 51797 | 26 | | NRC | 89.38 | 89.38 |
| 51797 | TC | | NRC | 201.25 | 201.25 |
| 51798 | | | NRC | 26.04 | 26.04 |
| 51800 | | | NRC | 2331.39 | 2331.39 |
| 51820 | | | NRC | 2405.68 | 2405.68 |
| 51840 | | | NRC | 1475.64 | 1475.64 |
| 51841 | | | NRC | 1720.42 | 1720.42 |
| 51845 | | | NRC | 1287.99 | 1287.99 |
| 51860 | | | NRC | 1649.57 | 1649.57 |
| 51865 | | | NRC | 1989.22 | 1989.22 |
| 51880 | | | NRC | 1032.80 | 1032.80 |
| 51900 | | | | 1824.69 | 1824.69 |
| 51920 | | | NRC | 1690.45 | 1690.45 |
| 51925 | | | NRC | 2258.67 | 2258.67 |
| 51940 | | | NRC | 3651.38 | 3651.38 |
| 51960 | | | NRC | 3074.07 | 3074.07 |
| 51980 | | | NRC | 1578.90 | 1578.90 |
| 51990 | | | NRC | 1658.15 | 1658.15 |
| 51992 | | | NRC | 1841.86 | 1841.86 |
| 51999 | | | BR | 0.00 | 0.00 |
| 52000 | | | | 399.95 | 179.95 |
| 52001 | | | NRC | 856.20 | 639.08 |
| 52005 | | | | 598.00 | 294.33 |
| 52007 | | | | 972.76 | 368.30 |
| 52010 | | | NRC | 814.00 | 366.79 |
| 52204 | | | | 798.59 | 313.14 |
| 52214 | | | NRC | 1468.17 | 393.42 |
| 52224 | | | | 1537.03 | 454.34 |
| 52234 | | | | 547.27 | 547.27 |
| 52235 | | | | 641.24 | 641.24 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 52240 | | | | 872.61 | 872.61 |
| 52250 | | | | 531.85 | 531.85 |
| 52260 | | | NRC | 466.34 | 466.34 |
| 52265 | | | NRC | 788.23 | 358.33 |
| 52270 | | | NRC | 811.52 | 404.70 |
| 52275 | | | NRC | 1077.17 | 552.77 |
| 52276 | | | NRC | 588.19 | 588.19 |
| 52277 | | | NRC | 719.35 | 719.35 |
| 52281 | | | | 635.38 | 337.48 |
| 52282 | | | NRC | 750.91 | 750.91 |
| 52283 | | | NRC | 653.36 | 447.78 |
| 52285 | | | NRC | 651.00 | 434.60 |
| 52287 | | | | 719.45 | 376.11 |
| 52290 | | | NRC | 543.33 | 543.33 |
| 52300 | | | NRC | 622.16 | 622.16 |
| 52301 | | | NRC | 644.52 | 644.52 |
| 52305 | | | NRC | 619.99 | 619.99 |
| 52310 | | | | 574.53 | 336.50 |
| 52315 | | | | 948.26 | 610.69 |
| 52317 | | | NRC | 1788.01 | 773.85 |
| 52318 | | | NRC | 1055.91 | 1055.91 |
| 52320 | | | NRC | 548.45 | 548.45 |
| 52325 | | | NRC | 713.52 | 713.52 |
| 52327 | | | NRC | 585.31 | 585.31 |
| 52330 | | | NRC | 1151.80 | 587.01 |
| 52332 | | | NRC | 996.56 | 345.22 |
| 52334 | | | NRC | 406.93 | 406.93 |
| 52341 | | | NRC | 631.21 | 631.21 |
| 52342 | | | NRC | 686.76 | 686.76 |
| 52343 | | | NRC | 766.17 | 766.17 |
| 52344 | | | NRC | 822.51 | 822.51 |
| 52345 | | | NRC | 877.99 | 877.99 |
| 52346 | | | NRC | 994.53 | 994.53 |
| 52351 | | | NRC | 673.05 | 673.05 |
| 52352 | | | NRC | 789.33 | 789.33 |
| 52353 | | | NRC | 872.61 | 872.61 |
| 52354 | | | | 929.74 | 929.74 |
| 52355 | | | | 1041.62 | 1041.62 |
| 52356 | | | | 927.57 | 927.57 |
| 52400 | | | NRC | 1060.96 | 1060.96 |
| 52402 | | | NRC | 596.00 | 596.00 |
| 52441 | | | NRC | 2641.76 | 505.23 |
| 52442 | | | NRC | 1965.65 | 134.96 |
| 52450 | | | NRC | 1036.94 | 1036.94 |
| 52500 | | | NRC | 1078.59 | 1078.59 |
| 52601 | | | NRC | 1617.20 | 1617.20 |
| 52630 | | | NRC | 883.75 | 883.75 |
| 52640 | | | NRC | 694.22 | 694.22 |
| 52647 | | | NRC | 3421.38 | 1434.17 |
| 52648 | | | NRC | 3532.14 | 1529.06 |
| 52649 | | | NRC | 1825.81 | 1825.81 |
| 52700 | | | NRC | 975.04 | 975.04 |
| 53000 | | | NRC | 325.73 | 325.73 |
| 53010 | | | NRC | 646.28 | 646.28 |
| 53020 | | | NRC | 214.91 | 214.91 |
| 53025 | | | NRC | 150.38 | 150.38 |
| 53040 | | | NRC | 866.44 | 866.44 |
| 53060 | | | NRC | 397.61 | 357.94 |
| 53080 | | | NRC | 926.83 | 926.83 |
| 53085 | | | NRC | 1436.20 | 1436.20 |
| 53200 | | | | 347.32 | 316.31 |
| 53210 | | | NRC | 1705.60 | 1705.60 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 53215 | | | NRC | 2059.68 | 2059.68 |
| 53220 | | | | 997.59 | 997.59 |
| 53230 | | | | 1339.28 | 1339.28 |
| 53235 | | | | 1399.27 | 1399.27 |
| 53240 | | | NRC | 937.39 | 937.39 |
| 53250 | | | NRC | 872.73 | 872.73 |
| 53260 | | | | 442.80 | 397.36 |
| 53265 | | | | 481.94 | 411.25 |
| 53270 | | | NRC | 454.27 | 406.66 |
| 53275 | | | NRC | 580.12 | 580.12 |
| 53400 | | | NRC | 1771.38 | 1771.38 |
| 53405 | | | NRC | 1936.97 | 1936.97 |
| 53410 | | | NRC | 2170.17 | 2170.17 |
| 53415 | | | NRC | 2509.76 | 2509.76 |
| 53420 | | | NRC | 1866.28 | 1866.28 |
| 53425 | | | NRC | 2079.22 | 2079.22 |
| 53430 | | | NRC | 2143.92 | 2143.92 |
| 53431 | | | NRC | 2562.08 | 2562.08 |
| 53440 | | | NRC | 1668.42 | 1668.42 |
| 53442 | | | NRC | 1731.37 | 1731.37 |
| 53444 | | | NRC | 1757.27 | 1757.27 |
| 53445 | | | NRC | 1665.72 | 1665.72 |
| 53446 | | | NRC | 1419.87 | 1419.87 |
| 53447 | | | NRC | 1789.81 | 1789.81 |
| 53448 | | | NRC | 2838.10 | 2838.10 |
| 53449 | | | NRC | 1352.97 | 1352.97 |
| 53450 | | | NRC | 901.98 | 901.98 |
| 53460 | | | NRC | 1011.50 | 1011.50 |
| 53500 | | | NRC | 1648.89 | 1648.89 |
| 53502 | | | | 1074.39 | 1074.39 |
| 53505 | | | | 1073.67 | 1073.67 |
| 53510 | | | | 1396.98 | 1396.98 |
| 53515 | | | | 1764.17 | 1764.17 |
| 53520 | | | NRC | 1231.92 | 1231.92 |
| 53600 | | | NRC | 181.19 | 141.52 |
| 53601 | | | NRC | 172.34 | 118.96 |
| 53605 | | | NRC | 144.21 | 144.21 |
| 53620 | | | NRC | 285.20 | 193.59 |
| 53621 | | | NRC | 266.64 | 160.61 |
| 53660 | | | NRC | 148.73 | 91.75 |
| 53661 | | | NRC | 146.63 | 89.65 |
| 53665 | | | NRC | 86.37 | 86.37 |
| 53850 | | | | 3314.95 | 768.00 |
| 53852 | | | | 3214.82 | 826.56 |
| 53854 | | | | 3797.92 | 829.00 |
| 53855 | | | NRC | 1582.97 | 184.35 |
| 53860 | | | NRC | 3831.65 | 496.31 |
| 53899 | | | BR | 0.00 | 0.00 |
| 54000 | | | NRC | 329.00 | 238.12 |
| 54001 | | | NRC | 408.75 | 306.32 |
| 54015 | | | | 682.63 | 682.63 |
| 54050 | | | | 283.70 | 229.60 |
| 54055 | | | | 261.01 | 203.30 |
| 54056 | | | | 300.36 | 239.05 |
| 54057 | | | | 295.82 | 208.54 |
| 54060 | | | | 396.09 | 285.73 |
| 54065 | | | | 473.56 | 376.90 |
| 54100 | | | | 420.96 | 273.09 |
| 54105 | | | | 579.92 | 470.28 |
| 54110 | | | | 1381.50 | 1381.50 |
| 54111 | | | | 1771.76 | 1771.76 |
| 54112 | | | | 2081.51 | 2081.51 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 54115 | | | | 994.90 | 936.48 |
| 54120 | | | | 1399.68 | 1399.68 |
| 54125 | | | | 1806.47 | 1806.47 |
| 54130 | | | NRC | 2650.75 | 2650.75 |
| 54135 | | | NRC | 3361.97 | 3361.97 |
| 54150 | | | NRC | 332.82 | 218.13 |
| 54160 | | | NRC | 474.26 | 319.17 |
| 54161 | | | NRC | 435.45 | 435.45 |
| 54162 | | | | 559.52 | 440.50 |
| 54163 | | | NRC | 479.45 | 479.45 |
| 54164 | | | NRC | 424.63 | 424.63 |
| 54200 | | | | 233.85 | 182.64 |
| 54205 | | | | 1176.24 | 1176.24 |
| 54220 | | | | 448.57 | 297.09 |
| 54230 | | | NRC | 213.20 | 175.69 |
| 54231 | | | NRC | 309.21 | 257.27 |
| 54235 | | | NRC | 193.33 | 160.87 |
| 54240 | | | NRC | 224.03 | 224.03 |
| 54240 | 26 | | NRC | 148.94 | 148.94 |
| 54240 | TC | | NRC | 75.09 | 75.09 |
| 54250 | | | NRC | 268.27 | 268.27 |
| 54250 | 26 | | NRC | 243.67 | 243.67 |
| 54250 | TC | | NRC | 24.59 | 24.59 |
| 54300 | | | NRC | 1427.02 | 1427.02 |
| 54304 | | | NRC | 1659.75 | 1659.75 |
| 54308 | | | NRC | 1584.34 | 1584.34 |
| 54312 | | | NRC | 1813.88 | 1813.88 |
| 54316 | | | NRC | 2214.12 | 2214.12 |
| 54318 | | | NRC | 1573.58 | 1573.58 |
| 54322 | | | NRC | 1732.10 | 1732.10 |
| 54324 | | | NRC | 2149.78 | 2149.78 |
| 54326 | | | NRC | 2096.92 | 2096.92 |
| 54328 | | | NRC | 2083.02 | 2083.02 |
| 54332 | | | NRC | 2250.38 | 2250.38 |
| 54336 | | | NRC | 2641.17 | 2641.17 |
| 54340 | | | NRC | 1259.52 | 1259.52 |
| 54344 | | | NRC | 2101.51 | 2101.51 |
| 54348 | | | NRC | 2250.06 | 2250.06 |
| 54352 | | | NRC | 3148.84 | 3148.84 |
| 54360 | | | NRC | 1596.27 | 1596.27 |
| 54380 | | | NRC | 1771.77 | 1771.77 |
| 54385 | | | NRC | 2059.67 | 2059.67 |
| 54390 | | | NRC | 2757.78 | 2757.78 |
| 54400 | | | NRC | 1173.35 | 1173.35 |
| 54401 | | | NRC | 1445.24 | 1445.24 |
| 54405 | | | NRC | 1793.74 | 1793.74 |
| 54406 | | | NRC | 1618.05 | 1618.05 |
| 54408 | | | NRC | 1751.12 | 1751.12 |
| 54410 | | | NRC | 1906.01 | 1906.01 |
| 54411 | | | NRC | 2275.94 | 2275.94 |
| 54415 | | | NRC | 1168.44 | 1168.44 |
| 54416 | | | NRC | 1572.40 | 1572.40 |
| 54417 | | | NRC | 1990.41 | 1990.41 |
| 54420 | | | NRC | 1558.83 | 1558.83 |
| 54430 | | | NRC | 1417.31 | 1417.31 |
| 54435 | | | NRC | 917.39 | 917.39 |
| 54437 | | | | 1488.85 | 1488.85 |
| 54438 | | | | 2972.49 | 2972.49 |
| 54440 | | | BR | 0.00 | 0.00 |
| 54450 | | | NRC | 151.75 | 128.67 |
| 54500 | | | | 164.60 | 164.60 |
| 54505 | | | | 463.39 | 463.39 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 54512 | | | | 1194.43 | 1194.43 |
| 54520 | | | NRC | 720.81 | 720.81 |
| 54522 | | | NRC | 1304.51 | 1304.51 |
| 54530 | | | | 1117.16 | 1117.16 |
| 54535 | | | | 1645.97 | 1645.97 |
| 54550 | | | NRC | 1087.77 | 1087.77 |
| 54560 | | | NRC | 1521.45 | 1521.45 |
| 54600 | | | NRC | 1000.54 | 1000.54 |
| 54620 | | | NRC | 662.62 | 662.62 |
| 54640 | | | NRC | 1055.34 | 1055.34 |
| 54650 | | | NRC | 1573.98 | 1573.98 |
| 54660 | | | NRC | 786.95 | 786.95 |
| 54670 | | | NRC | 896.01 | 896.01 |
| 54680 | | | NRC | 1745.47 | 1745.47 |
| 54690 | | | NRC | 1454.88 | 1454.88 |
| 54692 | | | NRC | 1682.72 | 1682.72 |
| 54699 | | | BR | 0.00 | 0.00 |
| 54700 | | | NRC | 469.96 | 469.96 |
| 54800 | | | | 279.57 | 279.57 |
| 54830 | | | | 821.59 | 821.59 |
| 54840 | | | | 708.52 | 708.52 |
| 54860 | | | NRC | 924.94 | 924.94 |
| 54861 | | | NRC | 1252.97 | 1252.97 |
| 54865 | | | NRC | 790.03 | 790.03 |
| 54900 | | | NRC | 1774.86 | 1774.86 |
| 54901 | | | NRC | 2345.80 | 2345.80 |
| 55000 | | | NRC | 251.43 | 187.23 |
| 55040 | | | NRC | 744.73 | 744.73 |
| 55041 | | | NRC | 1127.92 | 1127.92 |
| 55060 | | | NRC | 839.30 | 839.30 |
| 55100 | | | NRC | 471.13 | 364.37 |
| 55110 | | | NRC | 854.32 | 854.32 |
| 55120 | | | | 779.61 | 779.61 |
| 55150 | | | NRC | 1086.29 | 1086.29 |
| 55175 | | | NRC | 800.27 | 800.27 |
| 55180 | | | NRC | 1523.18 | 1523.18 |
| 55200 | | | NRC | 908.12 | 613.10 |
| 55250 | | | NRC | 793.55 | 499.26 |
| 55300 | | | NRC | 416.50 | 416.50 |
| 55400 | | | NRC | 1100.48 | 1100.48 |
| 55500 | | | NRC | 870.65 | 870.65 |
| 55520 | | | | 1000.23 | 1000.23 |
| 55530 | | | NRC | 775.61 | 775.61 |
| 55535 | | | NRC | 949.65 | 949.65 |
| 55540 | | | NRC | 1222.20 | 1222.20 |
| 55550 | | | NRC | 946.11 | 946.11 |
| 55559 | | | BR | 0.00 | 0.00 |
| 55600 | | | NRC | 930.38 | 930.38 |
| 55605 | | | NRC | 1153.09 | 1153.09 |
| 55650 | | | NRC | 1586.56 | 1586.56 |
| 55680 | | | | 756.23 | 756.23 |
| 55700 | | | | 531.77 | 290.13 |
| 55705 | | | | 587.53 | 587.53 |
| 55706 | | | | 823.21 | 823.21 |
| 55720 | | | NRC | 998.25 | 998.25 |
| 55725 | | | NRC | 1312.51 | 1312.51 |
| 55801 | | | NRC | 2426.45 | 2426.45 |
| 55810 | | | NRC | 2920.12 | 2920.12 |
| 55812 | | | NRC | 3578.00 | 3578.00 |
| 55815 | | | NRC | 3908.53 | 3908.53 |
| 55821 | | | NRC | 1938.48 | 1938.48 |
| 55831 | | | NRC | 2098.03 | 2098.03 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 55840 | | | NRC | 2601.97 | 2601.97 |
| 55842 | | | | 2604.27 | 2604.27 |
| 55845 | | | NRC | 3031.59 | 3031.59 |
| 55860 | | | | 1942.61 | 1942.61 |
| 55862 | | | | 2435.65 | 2435.65 |
| 55865 | | | | 2945.84 | 2945.84 |
| 55866 | | | NRC | 3209.10 | 3209.10 |
| 55870 | | | NRC | 382.32 | 314.52 |
| 55873 | | | NRC | 12832.57 | 1694.07 |
| 55874 | | | NRC | 7137.37 | 368.57 |
| 55875 | | | NRC | 1694.28 | 1694.28 |
| 55876 | | | | 304.67 | 222.44 |
| 55899 | | | BR | 0.00 | 0.00 |
| 55920 | | | | 997.46 | 997.46 |
| 56405 | | | NRC | 245.47 | 243.31 |
| 56420 | | | NRC | 289.07 | 209.01 |
| 56440 | | | | 392.84 | 392.84 |
| 56441 | | | | 327.25 | 309.94 |
| 56442 | | | NRC | 101.65 | 101.65 |
| 56501 | | | | 307.44 | 257.67 |
| 56515 | | | | 507.74 | 441.38 |
| 56605 | | | | 183.43 | 131.50 |
| 56606 | | | | 82.77 | 65.46 |
| 56620 | | | NRC | 1176.75 | 1176.75 |
| 56625 | | | NRC | 1416.76 | 1416.76 |
| 56630 | | | NRC | 2084.38 | 2084.38 |
| 56631 | | | NRC | 2638.45 | 2638.45 |
| 56632 | | | NRC | 3109.41 | 3109.41 |
| 56633 | | | NRC | 2706.83 | 2706.83 |
| 56634 | | | NRC | 2900.68 | 2900.68 |
| 56637 | | | NRC | 3367.34 | 3367.34 |
| 56640 | | | NRC | 3339.86 | 3339.86 |
| 56700 | | | NRC | 408.89 | 408.89 |
| 56740 | | | | 661.36 | 661.36 |
| 56800 | | | NRC | 528.13 | 528.13 |
| 56805 | | | NRC | 2490.12 | 2490.12 |
| 56810 | | | NRC | 571.94 | 571.94 |
| 56820 | | | NRC | 248.04 | 188.90 |
| 56821 | | | | 329.95 | 252.05 |
| 57000 | | | NRC | 414.53 | 414.53 |
| 57010 | | | NRC | 946.72 | 946.72 |
| 57020 | | | NRC | 210.84 | 176.22 |
| 57022 | | | NRC | 370.60 | 370.60 |
| 57023 | | | | 674.89 | 674.89 |
| 57061 | | | | 263.57 | 220.29 |
| 57065 | | | | 444.27 | 386.56 |
| 57100 | | | | 199.58 | 146.92 |
| 57105 | | | | 315.39 | 283.65 |
| 57106 | | | NRC | 1106.27 | 1106.27 |
| 57107 | | | NRC | 3215.68 | 3215.68 |
| 57109 | | | NRC | 3902.14 | 3902.14 |
| 57110 | | | NRC | 1945.08 | 1945.08 |
| 57111 | | | NRC | 3909.25 | 3909.25 |
| 57112 | | | NRC | 4198.29 | 4198.29 |
| 57120 | | | NRC | 1113.89 | 1113.89 |
| 57130 | | | | 401.74 | 349.80 |
| 57135 | | | | 438.48 | 384.38 |
| 57150 | | | NRC | 103.22 | 57.78 |
| 57155 | | | | 807.10 | 620.28 |
| 57156 | | | | 445.96 | 326.95 |
| 57160 | | | NRC | 135.62 | 102.44 |
| 57170 | | | NRC | 140.15 | 105.52 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 57180 | | | | 327.17 | 236.29 |
| 57200 | | | | 673.16 | 673.16 |
| 57210 | | | NRC | 809.02 | 809.02 |
| 57220 | | | NRC | 702.03 | 702.03 |
| 57230 | | | | 864.15 | 864.15 |
| 57240 | | | NRC | 1300.21 | 1300.21 |
| 57250 | | | NRC | 1303.16 | 1303.16 |
| 57260 | | | NRC | 1666.81 | 1666.81 |
| 57265 | | | NRC | 1872.42 | 1872.42 |
| 57267 | | | NRC | 558.69 | 558.69 |
| 57268 | | | NRC | 1061.58 | 1061.58 |
| 57270 | | | NRC | 1763.44 | 1763.44 |
| 57280 | | | NRC | 2090.30 | 2090.30 |
| 57282 | | | NRC | 1108.70 | 1108.70 |
| 57283 | | | NRC | 1500.82 | 1500.82 |
| 57284 | | | NRC | 1788.73 | 1788.73 |
| 57285 | | | NRC | 1475.70 | 1475.70 |
| 57287 | | | NRC | 1520.60 | 1520.60 |
| 57288 | | | NRC | 1576.81 | 1576.81 |
| 57289 | | | NRC | 1664.90 | 1664.90 |
| 57291 | | | NRC | 1151.65 | 1151.65 |
| 57292 | | | NRC | 1769.43 | 1769.43 |
| 57295 | | | NRC | 1050.60 | 1050.60 |
| 57296 | | | NRC | 2062.15 | 2062.15 |
| 57300 | | | NRC | 1255.28 | 1255.28 |
| 57305 | | | NRC | 2092.43 | 2092.43 |
| 57307 | | | NRC | 2277.60 | 2277.60 |
| 57308 | | | NRC | 1448.37 | 1448.37 |
| 57310 | | | | 1034.37 | 1034.37 |
| 57311 | | | | 1177.87 | 1177.87 |
| 57320 | | | | 1185.44 | 1185.44 |
| 57330 | | | | 1655.55 | 1655.55 |
| 57335 | | | NRC | 2513.53 | 2513.53 |
| 57400 | | | NRC | 291.86 | 291.86 |
| 57410 | | | NRC | 233.16 | 233.16 |
| 57415 | | | NRC | 357.42 | 357.42 |
| 57420 | | | | 261.10 | 201.23 |
| 57421 | | | | 349.89 | 270.55 |
| 57423 | | | NRC | 2002.55 | 2002.55 |
| 57425 | | | NRC | 2121.90 | 2121.90 |
| 57426 | | | NRC | 1852.49 | 1852.49 |
| 57452 | | | | 245.67 | 200.23 |
| 57454 | | | | 338.06 | 291.90 |
| 57455 | | | | 317.67 | 239.77 |
| 57456 | | | | 298.59 | 222.85 |
| 57460 | | | | 619.59 | 351.26 |
| 57461 | | | | 699.01 | 406.15 |
| 57500 | | | | 282.97 | 162.51 |
| 57505 | | | NRC | 238.98 | 207.24 |
| 57510 | | | NRC | 295.31 | 247.70 |
| 57511 | | | NRC | 333.86 | 292.75 |
| 57513 | | | NRC | 347.40 | 302.68 |
| 57520 | | | NRC | 691.71 | 609.48 |
| 57522 | | | NRC | 589.05 | 530.62 |
| 57530 | | | NRC | 764.17 | 764.17 |
| 57531 | | | NRC | 3672.75 | 3672.75 |
| 57540 | | | NRC | 1682.18 | 1682.18 |
| 57545 | | | NRC | 1784.07 | 1784.07 |
| 57550 | | | NRC | 888.15 | 888.15 |
| 57555 | | | NRC | 1307.09 | 1307.09 |
| 57556 | | | NRC | 1236.32 | 1236.32 |
| 57558 | | | NRC | 286.71 | 252.81 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 57700 | | | NRC | 690.42 | 690.42 |
| 57720 | | | NRC | 675.01 | 675.01 |
| 57800 | | | NRC | 139.16 | 104.54 |
| 58100 | | | | 199.36 | 153.92 |
| 58110 | | | | 109.59 | 90.11 |
| 58120 | | | NRC | 579.36 | 484.86 |
| 58140 | | | | 2006.16 | 2006.16 |
| 58145 | | | | 1204.85 | 1204.85 |
| 58146 | | | | 2497.00 | 2497.00 |
| 58150 | | | NRC | 2231.14 | 2231.14 |
| 58152 | | | NRC | 2730.22 | 2730.22 |
| 58180 | | | NRC | 2099.83 | 2099.83 |
| 58200 | | | NRC | 3046.99 | 3046.99 |
| 58210 | | | | 4099.42 | 4099.42 |
| 58240 | | | | 6507.59 | 6507.59 |
| 58260 | | | NRC | 1797.72 | 1797.72 |
| 58262 | | | NRC | 1999.85 | 1999.85 |
| 58263 | | | NRC | 2150.89 | 2150.89 |
| 58267 | | | NRC | 2287.73 | 2287.73 |
| 58270 | | | NRC | 1921.89 | 1921.89 |
| 58275 | | | NRC | 2139.42 | 2139.42 |
| 58280 | | | NRC | 2278.88 | 2278.88 |
| 58285 | | | NRC | 3211.30 | 3211.30 |
| 58290 | | | NRC | 2499.26 | 2499.26 |
| 58291 | | | NRC | 2731.83 | 2731.83 |
| 58292 | | | NRC | 2840.57 | 2840.57 |
| 58293 | | | NRC | 2959.30 | 2959.30 |
| 58294 | | | NRC | 2638.01 | 2638.01 |
| 58300 | | | NRC | 172.02 | 118.65 |
| 58301 | | | NRC | 204.08 | 147.10 |
| 58321 | | | NRC | 165.46 | 106.31 |
| 58322 | | | NRC | 186.25 | 127.10 |
| 58323 | | | NRC | 32.73 | 26.96 |
| 58340 | | | NRC | 328.86 | 124.73 |
| 58345 | | | NRC | 607.15 | 607.15 |
| 58346 | | | | 1009.56 | 1009.56 |
| 58350 | | | NRC | 229.19 | 176.54 |
| 58353 | | | NRC | 2050.41 | 478.67 |
| 58356 | | | NRC | 3807.89 | 756.74 |
| 58400 | | | NRC | 968.43 | 968.43 |
| 58410 | | | NRC | 1745.11 | 1745.11 |
| 58520 | | | NRC | 1708.12 | 1708.12 |
| 58540 | | | NRC | 1969.73 | 1969.73 |
| 58541 | | | NRC | 1557.73 | 1557.73 |
| 58542 | | | NRC | 1784.15 | 1784.15 |
| 58543 | | | NRC | 1800.32 | 1800.32 |
| 58544 | | | NRC | 1956.79 | 1956.79 |
| 58545 | | | NRC | 1964.48 | 1964.48 |
| 58546 | | | NRC | 2426.89 | 2426.89 |
| 58548 | | | NRC | 4223.32 | 4223.32 |
| 58550 | | | NRC | 1908.62 | 1908.62 |
| 58552 | | | NRC | 2149.74 | 2149.74 |
| 58553 | | | NRC | 2440.80 | 2440.80 |
| 58554 | | | NRC | 2886.09 | 2886.09 |
| 58555 | | | NRC | 625.49 | 333.36 |
| 58558 | | | | 2834.50 | 508.99 |
| 58559 | | | NRC | 629.93 | 629.93 |
| 58560 | | | NRC | 686.96 | 686.96 |
| 58561 | | | NRC | 788.62 | 788.62 |
| 58562 | | | NRC | 778.81 | 486.68 |
| 58563 | | | NRC | 3654.49 | 541.31 |
| 58565 | | | NRC | 3788.56 | 947.31 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 58570 | | | NRC | 1716.94 | 1716.94 |
| 58571 | | | NRC | 1978.87 | 1978.87 |
| 58572 | | | NRC | 2252.77 | 2252.77 |
| 58573 | | | NRC | 2684.97 | 2684.97 |
| 58575 | | | | 4176.67 | 4176.67 |
| 58578 | | | NRC | 0.00 | 0.00 |
| 58579 | | | NRC | 0.00 | 0.00 |
| 58600 | | | NRC | 788.48 | 788.48 |
| 58605 | | | NRC | 713.12 | 713.12 |
| 58611 | | | NRC | 167.17 | 167.17 |
| 58615 | | | NRC | 530.15 | 530.15 |
| 58660 | | | NRC | 1472.66 | 1472.66 |
| 58661 | | | NRC | 1423.42 | 1423.42 |
| 58662 | | | | 1549.52 | 1549.52 |
| 58670 | | | NRC | 788.41 | 788.41 |
| 58671 | | | NRC | 789.20 | 789.20 |
| 58672 | | | NRC | 1587.79 | 1587.79 |
| 58673 | | | NRC | 1721.16 | 1721.16 |
| 58674 | | | NRC | 1763.02 | 1763.02 |
| 58679 | | | NRC | 0.00 | 0.00 |
| 58700 | | | NRC | 1712.24 | 1712.24 |
| 58720 | | | NRC | 1631.63 | 1631.63 |
| 58740 | | | NRC | 1956.19 | 1956.19 |
| 58750 | | | NRC | 1954.05 | 1954.05 |
| 58752 | | | NRC | 1949.01 | 1949.01 |
| 58760 | | | NRC | 1756.85 | 1756.85 |
| 58770 | | | NRC | 1849.58 | 1849.58 |
| 58800 | | | NRC | 707.47 | 649.76 |
| 58805 | | | NRC | 884.55 | 884.55 |
| 58820 | | | NRC | 685.05 | 685.05 |
| 58822 | | | NRC | 1515.16 | 1515.16 |
| 58825 | | | NRC | 1504.87 | 1504.87 |
| 58900 | | | | 901.46 | 901.46 |
| 58920 | | | NRC | 1520.10 | 1520.10 |
| 58925 | | | NRC | 1642.38 | 1642.38 |
| 58940 | | | NRC | 1168.03 | 1168.03 |
| 58943 | | | NRC | 2621.30 | 2621.30 |
| 58950 | | | | 2524.27 | 2524.27 |
| 58951 | | | | 3233.26 | 3233.26 |
| 58952 | | | | 3667.01 | 3667.01 |
| 58953 | | | NRC | 4522.22 | 4522.22 |
| 58954 | | | NRC | 4911.85 | 4911.85 |
| 58956 | | | | 3064.85 | 3064.85 |
| 58957 | | | | 3548.97 | 3548.97 |
| 58958 | | | | 3930.31 | 3930.31 |
| 58960 | | | | 2164.29 | 2164.29 |
| 58970 | | | NRC | 489.62 | 431.20 |
| 58976 | | | NRC | 536.51 | 465.10 |
| 58999 | | | NRC | 0.00 | 0.00 |
| 59000 | | | NRC | 265.46 | 178.91 |
| 59001 | | | NRC | 396.39 | 396.39 |
| 59012 | | | NRC | 448.35 | 448.35 |
| 59015 | | | | 340.67 | 290.90 |
| 59020 | | | NRC | 148.96 | 148.96 |
| 59020 | 26 | | NRC | 81.81 | 81.81 |
| 59020 | TC | | NRC | 67.15 | 67.15 |
| 59025 | | | NRC | 103.18 | 103.18 |
| 59025 | 26 | | NRC | 65.60 | 65.60 |
| 59025 | TC | | NRC | 37.58 | 37.58 |
| 59030 | | | NRC | 250.95 | 250.95 |
| 59050 | | | NRC | 112.71 | 112.71 |
| 59051 | | | NRC | 93.43 | 93.43 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 59070 | | | NRC | 875.16 | 686.90 |
| 59072 | | | NRC | 1160.98 | 1160.98 |
| 59074 | | | NRC | 844.86 | 686.90 |
| 59076 | | | NRC | 1160.98 | 1160.98 |
| 59100 | | | | 1856.03 | 1856.03 |
| 59120 | | | NRC | 1767.26 | 1767.26 |
| 59121 | | | NRC | 1770.02 | 1770.02 |
| 59130 | | | NRC | 2064.92 | 2064.92 |
| 59135 | | | NRC | 2039.80 | 2039.80 |
| 59136 | | | NRC | 1955.62 | 1955.62 |
| 59140 | | | NRC | 889.63 | 889.63 |
| 59150 | | | NRC | 1712.80 | 1712.80 |
| 59151 | | | NRC | 1667.07 | 1667.07 |
| 59160 | | | NRC | 470.80 | 391.46 |
| 59200 | | | NRC | 167.39 | 99.59 |
| 59300 | | | NRC | 436.22 | 327.31 |
| 59320 | | | NRC | 335.77 | 335.77 |
| 59325 | | | NRC | 535.74 | 535.74 |
| 59350 | | | NRC | 623.79 | 623.79 |
| 59400 | | | NRC | 4621.95 | 4621.95 |
| 59409 | | | NRC | 1803.06 | 1803.06 |
| 59410 | | | NRC | 2306.75 | 2306.75 |
| 59412 | | | NRC | 226.93 | 226.93 |
| 59414 | | | NRC | 204.57 | 204.57 |
| 59425 | | | NRC | 1001.99 | 787.04 |
| 59426 | | | NRC | 1786.76 | 1387.88 |
| 59430 | | | NRC | 421.70 | 306.29 |
| 59510 | | | NRC | 5128.47 | 5128.47 |
| 59514 | | | NRC | 2032.14 | 2032.14 |
| 59515 | | | NRC | 2803.47 | 2803.47 |
| 59525 | | | NRC | 1077.80 | 1077.80 |
| 59610 | | | NRC | 4853.46 | 4853.46 |
| 59612 | | | NRC | 2033.64 | 2033.64 |
| 59614 | | | NRC | 2519.23 | 2519.23 |
| 59618 | | | NRC | 5196.93 | 5196.93 |
| 59620 | | | NRC | 2088.88 | 2088.88 |
| 59622 | | | NRC | 2887.01 | 2887.01 |
| 59812 | | | NRC | 712.68 | 656.42 |
| 59820 | | | NRC | 850.87 | 793.16 |
| 59821 | | | NRC | 853.71 | 791.67 |
| 59830 | | | NRC | 975.12 | 975.12 |
| 59840 | | | NRC | 493.83 | 463.54 |
| 59841 | | | NRC | 857.68 | 801.42 |
| 59850 | | | NRC | 776.44 | 776.44 |
| 59851 | | | NRC | 833.56 | 833.56 |
| 59852 | | | NRC | 1141.95 | 1141.95 |
| 59855 | | | NRC | 918.98 | 918.98 |
| 59856 | | | NRC | 1081.75 | 1081.75 |
| 59857 | | | NRC | 1151.85 | 1151.85 |
| 59866 | | | NRC | 476.64 | 476.64 |
| 59870 | | | NRC | 1067.97 | 1067.97 |
| 59871 | | | NRC | 293.12 | 293.12 |
| 59897 | | | NRC | 0.00 | 0.00 |
| 59898 | | | NRC | 0.00 | 0.00 |
| 59899 | | | NRC | 0.00 | 0.00 |
| 60000 | | | NRC | 364.83 | 327.32 |
| 60100 | | | | 242.04 | 174.96 |
| 60200 | | | | 1452.02 | 1452.02 |
| 60210 | | | NRC | 1557.93 | 1557.93 |
| 60212 | | | NRC | 2226.34 | 2226.34 |
| 60220 | | | NRC | 1553.09 | 1553.09 |
| 60225 | | | NRC | 2046.62 | 2046.62 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 60240 | | | NRC | 2027.86 | 2027.86 |
| 60252 | | | NRC | 2915.34 | 2915.34 |
| 60254 | | | NRC | 3693.32 | 3693.32 |
| 60260 | | | NRC | 2411.79 | 2411.79 |
| 60270 | | | NRC | 3027.82 | 3027.82 |
| 60271 | | | NRC | 2334.21 | 2334.21 |
| 60280 | | | | 961.93 | 961.93 |
| 60281 | | | | 1279.55 | 1279.55 |
| 60300 | | | NRC | 242.96 | 110.96 |
| 60500 | | | NRC | 2134.44 | 2134.44 |
| 60502 | | | NRC | 2858.94 | 2858.94 |
| 60505 | | | NRC | 3077.66 | 3077.66 |
| 60512 | | | NRC | 542.30 | 542.30 |
| 60520 | | | NRC | 2317.74 | 2317.74 |
| 60521 | | | NRC | 2493.45 | 2493.45 |
| 60522 | | | NRC | 3040.37 | 3040.37 |
| 60540 | | | NRC | 2369.22 | 2369.22 |
| 60545 | | | NRC | 2714.66 | 2714.66 |
| 60600 | | | | 3058.92 | 3058.92 |
| 60605 | | | | 3719.23 | 3719.23 |
| 60650 | | | NRC | 2652.76 | 2652.76 |
| 60659 | | | NRC | 0.00 | 0.00 |
| 60699 | | | BR | 0.00 | 0.00 |
| 61000 | | | NRC | 243.94 | 243.94 |
| 61001 | | | NRC | 241.89 | 241.89 |
| 61020 | | | | 219.30 | 219.30 |
| 61026 | | | | 233.25 | 233.25 |
| 61050 | | | | 187.55 | 187.55 |
| 61055 | | | | 277.87 | 277.87 |
| 61070 | | | | 125.14 | 125.14 |
| 61105 | | | | 1025.72 | 1025.72 |
| 61107 | | | | 709.61 | 709.61 |
| 61108 | | | | 1983.40 | 1983.40 |
| 61120 | | | | 1658.90 | 1658.90 |
| 61140 | | | | 2824.64 | 2824.64 |
| 61150 | | | | 3048.62 | 3048.62 |
| 61151 | | | | 2231.56 | 2231.56 |
| 61154 | | | | 2837.75 | 2837.75 |
| 61156 | | | | 2797.79 | 2797.79 |
| 61210 | | | | 837.81 | 837.81 |
| 61215 | | | | 1128.33 | 1128.33 |
| 61250 | | | | 1928.89 | 1928.89 |
| 61253 | | | | 2207.84 | 2207.84 |
| 61304 | | | | 3690.54 | 3690.54 |
| 61305 | | | | 4497.53 | 4497.53 |
| 61312 | | | | 4672.94 | 4672.94 |
| 61313 | | | | 4447.90 | 4447.90 |
| 61314 | | | | 4081.78 | 4081.78 |
| 61315 | | | | 4634.49 | 4634.49 |
| 61316 | | | | 200.56 | 200.56 |
| 61320 | | | | 4261.73 | 4261.73 |
| 61321 | | | | 4731.09 | 4731.09 |
| 61322 | | | | 5351.18 | 5351.18 |
| 61323 | | | | 5361.87 | 5361.87 |
| 61330 | | | | 4003.12 | 4003.12 |
| 61333 | | | | 4577.45 | 4577.45 |
| 61340 | | | | 3169.71 | 3169.71 |
| 61343 | | | | 4916.19 | 4916.19 |
| 61345 | | | | 4575.45 | 4575.45 |
| 61450 | | | NRC | 4295.72 | 4295.72 |
| 61458 | | | | 4515.60 | 4515.60 |
| 61460 | | | | 4733.93 | 4733.93 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 61500 | | | | 2922.40 | 2922.40 |
| 61501 | | | | 2532.70 | 2532.70 |
| 61510 | | | | 4909.94 | 4909.94 |
| 61512 | | | | 5742.17 | 5742.17 |
| 61514 | | | | 4290.25 | 4290.25 |
| 61516 | | | | 4174.07 | 4174.07 |
| 61517 | | | | 199.78 | 199.78 |
| 61518 | | | | 6218.02 | 6218.02 |
| 61519 | | | | 6664.00 | 6664.00 |
| 61520 | | | | 8480.03 | 8480.03 |
| 61521 | | | | 7202.42 | 7202.42 |
| 61522 | | | | 4827.29 | 4827.29 |
| 61524 | | | | 4668.77 | 4668.77 |
| 61526 | | | | 7525.66 | 7525.66 |
| 61530 | | | | 7001.17 | 7001.17 |
| 61531 | | | | 2694.19 | 2694.19 |
| 61533 | | | | 3406.66 | 3406.66 |
| 61534 | | | | 3631.52 | 3631.52 |
| 61535 | | | | 2224.96 | 2224.96 |
| 61536 | | | | 5776.11 | 5776.11 |
| 61537 | | | | 5567.74 | 5567.74 |
| 61538 | | | | 6015.95 | 6015.95 |
| 61539 | | | | 5346.43 | 5346.43 |
| 61540 | | | | 4836.96 | 4836.96 |
| 61541 | | | | 4810.49 | 4810.49 |
| 61543 | | | | 4730.91 | 4730.91 |
| 61544 | | | | 4296.89 | 4296.89 |
| 61545 | | | | 7140.97 | 7140.97 |
| 61546 | | | | 5176.33 | 5176.33 |
| 61548 | | | | 3515.72 | 3515.72 |
| 61550 | | | NRC | 2445.59 | 2445.59 |
| 61552 | | | NRC | 3331.04 | 3331.04 |
| 61556 | | | NRC | 3845.53 | 3845.53 |
| 61557 | | | NRC | 3783.92 | 3783.92 |
| 61558 | | | NRC | 4236.85 | 4236.85 |
| 61559 | | | NRC | 5091.30 | 5091.30 |
| 61563 | | | | 4411.81 | 4411.81 |
| 61564 | | | | 5445.24 | 5445.24 |
| 61566 | | | | 4975.67 | 4975.67 |
| 61567 | | | | 5592.53 | 5592.53 |
| 61570 | | | | 4178.05 | 4178.05 |
| 61571 | | | | 4394.14 | 4394.14 |
| 61575 | | | | 5652.96 | 5652.96 |
| 61576 | | | | 9245.03 | 9245.03 |
| 61580 | | | | 5351.49 | 5351.49 |
| 61581 | | | | 5787.89 | 5787.89 |
| 61582 | | | | 6717.17 | 6717.17 |
| 61583 | | | | 6429.24 | 6429.24 |
| 61584 | | | | 6386.78 | 6386.78 |
| 61585 | | | | 7268.77 | 7268.77 |
| 61586 | | | | 5340.58 | 5340.58 |
| 61590 | | | | 6733.75 | 6733.75 |
| 61591 | | | | 6809.93 | 6809.93 |
| 61592 | | | | 7071.69 | 7071.69 |
| 61595 | | | | 5191.51 | 5191.51 |
| 61596 | | | | 5353.08 | 5353.08 |
| 61597 | | | | 6540.77 | 6540.77 |
| 61598 | | | | 6320.00 | 6320.00 |
| 61600 | | | | 4683.94 | 4683.94 |
| 61601 | | | | 5340.35 | 5340.35 |
| 61605 | | | | 4732.08 | 4732.08 |
| 61606 | | | | 6556.41 | 6556.41 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 61607 | | | | 5954.50 | 5954.50 |
| 61608 | | | | 7324.81 | 7324.81 |
| 61611 | | | | 1070.81 | 1070.81 |
| 61613 | | | | 7421.63 | 7421.63 |
| 61615 | | | | 6243.45 | 6243.45 |
| 61616 | | | | 7439.33 | 7439.33 |
| 61618 | | | | 2874.26 | 2874.26 |
| 61619 | | | | 3170.50 | 3170.50 |
| 61623 | | | NRC | 1281.96 | 1281.96 |
| 61624 | | | | 2601.80 | 2601.80 |
| 61626 | | | | 1973.75 | 1973.75 |
| 61630 | | | NRC | 3122.71 | 3122.71 |
| 61635 | | | NRC | 3276.61 | 3276.61 |
| 61640 | | | NRC | 1102.69 | 1102.69 |
| 61641 | | | NRC | 387.24 | 387.24 |
| 61642 | | | NRC | 774.48 | 774.48 |
| 61645 | | | | 1878.01 | 1878.01 |
| 61650 | | | | 1243.84 | 1243.84 |
| 61651 | | | | 541.42 | 541.42 |
| 61680 | | | NRC | 5070.16 | 5070.16 |
| 61682 | | | NRC | 9506.88 | 9506.88 |
| 61684 | | | NRC | 6385.10 | 6385.10 |
| 61686 | | | NRC | 10502.02 | 10502.02 |
| 61690 | | | NRC | 4883.11 | 4883.11 |
| 61692 | | | NRC | 8368.78 | 8368.78 |
| 61697 | | | NRC | 9652.23 | 9652.23 |
| 61698 | | | NRC | 10777.34 | 10777.34 |
| 61700 | | | NRC | 7742.86 | 7742.86 |
| 61702 | | | NRC | 9094.47 | 9094.47 |
| 61703 | | | NRC | 2985.13 | 2985.13 |
| 61705 | | | NRC | 5645.86 | 5645.86 |
| 61708 | | | NRC | 5773.96 | 5773.96 |
| 61710 | | | NRC | 4867.16 | 4867.16 |
| 61711 | | | NRC | 5821.25 | 5821.25 |
| 61720 | | | NRC | 2858.30 | 2858.30 |
| 61735 | | | NRC | 3585.97 | 3585.97 |
| 61750 | | | | 3173.83 | 3173.83 |
| 61751 | | | | 3096.19 | 3096.19 |
| 61760 | | | | 3530.74 | 3530.74 |
| 61770 | | | | 3664.56 | 3664.56 |
| 61781 | | | NRC | 535.32 | 535.32 |
| 61782 | | | NRC | 386.11 | 386.11 |
| 61783 | | | NRC | 523.97 | 523.97 |
| 61790 | | | NRC | 1968.16 | 1968.16 |
| 61791 | | | NRC | 2527.27 | 2527.27 |
| 61796 | | | | 2275.45 | 2275.45 |
| 61797 | | | NRC | 499.89 | 499.89 |
| 61798 | | | | 3110.41 | 3110.41 |
| 61799 | | | NRC | 692.78 | 692.78 |
| 61800 | | | NRC | 347.09 | 347.09 |
| 61850 | | | | 2153.32 | 2153.32 |
| 61860 | | | | 3509.73 | 3509.73 |
| 61863 | | | | 3365.76 | 3365.76 |
| 61864 | | | | 644.93 | 644.93 |
| 61867 | | | | 5132.61 | 5132.61 |
| 61868 | | | | 1136.36 | 1136.36 |
| 61870 | | | | 2663.06 | 2663.06 |
| 61880 | | | | 1267.77 | 1267.77 |
| 61885 | | | | 1134.95 | 1134.95 |
| 61886 | | | | 1878.66 | 1878.66 |
| 61888 | | | | 882.96 | 882.96 |
| 62000 | | | | 2312.79 | 2312.79 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 62005 | | | | 2803.75 | 2803.75 |
| 62010 | | | | 3425.59 | 3425.59 |
| 62100 | | | | 3558.37 | 3558.37 |
| 62115 | | | NRC | 3765.05 | 3765.05 |
| 62117 | | | NRC | 4438.91 | 4438.91 |
| 62120 | | | | 4699.95 | 4699.95 |
| 62121 | | | NRC | 3488.51 | 3488.51 |
| 62140 | | | | 2290.56 | 2290.56 |
| 62141 | | | | 2538.75 | 2538.75 |
| 62142 | | | | 1969.16 | 1969.16 |
| 62143 | | | | 2322.01 | 2322.01 |
| 62145 | | | | 3143.38 | 3143.38 |
| 62146 | | | | 2622.76 | 2622.76 |
| 62147 | | | | 3214.70 | 3214.70 |
| 62148 | | | | 287.78 | 287.78 |
| 62160 | | | | 432.83 | 432.83 |
| 62161 | | | NRC | 3380.69 | 3380.69 |
| 62162 | | | NRC | 4242.89 | 4242.89 |
| 62163 | | | | 2627.43 | 2627.43 |
| 62164 | | | | 4679.08 | 4679.08 |
| 62165 | | | | 3417.68 | 3417.68 |
| 62180 | | | NRC | 3607.63 | 3607.63 |
| 62190 | | | NRC | 2071.33 | 2071.33 |
| 62192 | | | NRC | 2184.90 | 2184.90 |
| 62194 | | | NRC | 1075.83 | 1075.83 |
| 62200 | | | NRC | 3086.31 | 3086.31 |
| 62201 | | | NRC | 2703.41 | 2703.41 |
| 62220 | | | NRC | 2240.68 | 2240.68 |
| 62223 | | | NRC | 2317.84 | 2317.84 |
| 62225 | | | NRC | 1167.37 | 1167.37 |
| 62230 | | | NRC | 1875.90 | 1875.90 |
| 62252 | | | NRC | 175.56 | 175.56 |
| 62252 | 26 | | NRC | 104.08 | 104.08 |
| 62252 | TC | | NRC | 71.48 | 71.48 |
| 62256 | | | NRC | 1333.78 | 1333.78 |
| 62258 | | | NRC | 2491.89 | 2491.89 |
| 62263 | | | | 1270.30 | 678.82 |
| 62264 | | | | 912.86 | 528.40 |
| 62267 | | | | 550.90 | 349.65 |
| 62268 | | | | 567.97 | 567.97 |
| 62269 | | | | 588.21 | 588.21 |
| 62270 | | | | 314.58 | 171.04 |
| 62272 | | | | 412.66 | 184.73 |
| 62273 | | | | 370.96 | 250.50 |
| 62280 | | | | 453.14 | 234.79 |
| 62281 | | | | 335.38 | 225.51 |
| 62282 | | | | 412.63 | 204.52 |
| 62284 | | | | 268.61 | 125.68 |
| 62287 | | | | 1273.88 | 1273.88 |
| 62290 | | | | 461.67 | 237.74 |
| 62291 | | | | 445.42 | 229.87 |
| 62292 | | | | 808.47 | 808.47 |
| 62294 | | | | 1374.63 | 1374.63 |
| 62302 | | | | 342.49 | 173.96 |
| 62303 | | | | 349.94 | 173.96 |
| 62304 | | | | 338.13 | 170.99 |
| 62305 | | | | 367.00 | 178.44 |
| 62320 | | | | 350.43 | 218.43 |
| 62321 | | | | 532.46 | 235.28 |
| 62322 | | | | 325.58 | 188.53 |
| 62323 | | | | 525.71 | 217.71 |
| 62324 | | | | 310.56 | 200.92 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 62325 | | | | 496.72 | 237.77 |
| 62326 | | | | 321.38 | 197.32 |
| 62327 | | | | 496.07 | 214.04 |
| 62328 | | | BR | TBD | TBD |
| 62329 | | | BR | TBD | TBD |
| 62350 | | | | 876.97 | 876.97 |
| 62351 | | | | 1894.73 | 1894.73 |
| 62355 | | | | 585.94 | 585.94 |
| 62360 | | | | 693.68 | 693.68 |
| 62361 | | | | 945.52 | 945.52 |
| 62362 | | | | 841.13 | 841.13 |
| 62365 | | | | 646.58 | 646.58 |
| 62367 | | | | 85.71 | 55.41 |
| 62368 | | | | 118.10 | 77.71 |
| 62369 | | | | 245.78 | 77.71 |
| 62370 | | | | 256.73 | 102.36 |
| 62380 | | | | 1459.77 | 1459.77 |
| 63001 | | | | 2760.87 | 2760.87 |
| 63003 | | | | 2755.93 | 2755.93 |
| 63005 | | | | 2631.53 | 2631.53 |
| 63011 | | | | 2416.55 | 2416.55 |
| 63012 | | | | 2648.15 | 2648.15 |
| 63015 | | | | 3304.94 | 3304.94 |
| 63016 | | | | 3398.55 | 3398.55 |
| 63017 | | | | 2803.76 | 2803.76 |
| 63020 | | | | 2571.52 | 2571.52 |
| 63030 | | | | 2148.53 | 2148.53 |
| 63035 | | | | 429.50 | 429.50 |
| 63040 | | | | 3096.08 | 3096.08 |
| 63042 | | | | 2873.95 | 2873.95 |
| 63043 | | | | 589.46 | 589.46 |
| 63044 | | | | 589.46 | 589.46 |
| 63045 | | | | 2856.68 | 2856.68 |
| 63046 | | | | 2721.45 | 2721.45 |
| 63047 | | | | 2438.71 | 2438.71 |
| 63048 | | | | 474.90 | 474.90 |
| 63050 | | | | 3326.75 | 3326.75 |
| 63051 | | | | 3804.66 | 3804.66 |
| 63055 | | | | 3637.48 | 3637.48 |
| 63056 | | | | 3312.56 | 3312.56 |
| 63057 | | | | 717.48 | 717.48 |
| 63064 | | | | 3976.75 | 3976.75 |
| 63066 | | | | 465.10 | 465.10 |
| 63075 | | | | 3002.74 | 3002.74 |
| 63076 | | | | 554.30 | 554.30 |
| 63077 | | | | 3388.09 | 3388.09 |
| 63078 | | | | 467.39 | 467.39 |
| 63081 | | | | 3915.26 | 3915.26 |
| 63082 | | | | 598.13 | 598.13 |
| 63085 | | | | 4292.84 | 4292.84 |
| 63086 | | | | 429.83 | 429.83 |
| 63087 | | | | 5396.34 | 5396.34 |
| 63088 | | | | 579.80 | 579.80 |
| 63090 | | | | 4365.76 | 4365.76 |
| 63091 | | | | 398.61 | 398.61 |
| 63101 | | | | 5195.70 | 5195.70 |
| 63102 | | | | 5058.95 | 5058.95 |
| 63103 | | | | 662.25 | 662.25 |
| 63170 | | | | 3555.25 | 3555.25 |
| 63172 | | | NRC | 3097.35 | 3097.35 |
| 63173 | | | NRC | 3838.69 | 3838.69 |
| 63180 | | | | 3183.29 | 3183.29 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 63182 | | | | 3363.34 | 3363.34 |
| 63185 | | | | 2537.28 | 2537.28 |
| 63190 | | | | 2745.43 | 2745.43 |
| 63191 | | | | 3100.76 | 3100.76 |
| 63194 | | | | 3594.46 | 3594.46 |
| 63195 | | | | 3460.17 | 3460.17 |
| 63196 | | | | 4018.92 | 4018.92 |
| 63197 | | | | 3527.28 | 3527.28 |
| 63198 | | | | 4723.37 | 4723.37 |
| 63199 | | | | 4950.98 | 4950.98 |
| 63200 | | | NRC | 3422.07 | 3422.07 |
| 63250 | | | NRC | 6576.40 | 6576.40 |
| 63251 | | | NRC | 6871.68 | 6871.68 |
| 63252 | | | NRC | 6830.58 | 6830.58 |
| 63265 | | | | 3725.68 | 3725.68 |
| 63266 | | | | 3850.30 | 3850.30 |
| 63267 | | | | 3044.76 | 3044.76 |
| 63268 | | | | 3151.04 | 3151.04 |
| 63270 | | | | 4634.37 | 4634.37 |
| 63271 | | | | 4634.80 | 4634.80 |
| 63272 | | | | 4228.82 | 4228.82 |
| 63273 | | | | 4174.25 | 4174.25 |
| 63275 | | | | 4030.87 | 4030.87 |
| 63276 | | | | 4004.68 | 4004.68 |
| 63277 | | | | 3471.21 | 3471.21 |
| 63278 | | | | 3543.87 | 3543.87 |
| 63280 | | | | 4749.90 | 4749.90 |
| 63281 | | | | 4694.21 | 4694.21 |
| 63282 | | | | 4421.55 | 4421.55 |
| 63283 | | | | 4238.83 | 4238.83 |
| 63285 | | | | 5897.46 | 5897.46 |
| 63286 | | | | 5807.65 | 5807.65 |
| 63287 | | | | 6151.89 | 6151.89 |
| 63290 | | | | 6244.97 | 6244.97 |
| 63295 | | | NRC | 752.88 | 752.88 |
| 63300 | | | | 4108.75 | 4108.75 |
| 63301 | | | | 4920.54 | 4920.54 |
| 63302 | | | | 4853.96 | 4853.96 |
| 63303 | | | | 4850.87 | 4850.87 |
| 63304 | | | | 5177.20 | 5177.20 |
| 63305 | | | | 5664.38 | 5664.38 |
| 63306 | | | | 5387.02 | 5387.02 |
| 63307 | | | | 5450.97 | 5450.97 |
| 63308 | | | | 729.03 | 729.03 |
| 63600 | | | | 2455.36 | 2455.36 |
| 63610 | | | | 1318.97 | 1318.97 |
| 63620 | | | | 2518.41 | 2518.41 |
| 63621 | | | | 577.08 | 577.08 |
| 63650 | | | | 3367.98 | 903.98 |
| 63655 | | | | 1834.92 | 1834.92 |
| 63661 | | | | 1301.93 | 711.17 |
| 63662 | | | | 1857.57 | 1857.57 |
| 63663 | | | | 1748.00 | 991.34 |
| 63664 | | | | 1926.41 | 1926.41 |
| 63685 | | | | 791.39 | 791.39 |
| 63688 | | | | 816.60 | 816.60 |
| 63700 | | | NRC | 2902.26 | 2902.26 |
| 63702 | | | NRC | 3199.70 | 3199.70 |
| 63704 | | | NRC | 3560.28 | 3560.28 |
| 63706 | | | NRC | 3950.73 | 3950.73 |
| 63707 | | | | 2056.86 | 2056.86 |
| 63709 | | | | 2446.65 | 2446.65 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 63710 | | | | 2412.08 | 2412.08 |
| 63740 | | | NRC | 2165.22 | 2165.22 |
| 63741 | | | NRC | 1502.06 | 1502.06 |
| 63744 | | | NRC | 1488.87 | 1488.87 |
| 63746 | | | NRC | 1320.95 | 1320.95 |
| 64400 | | | | 186.43 | 102.63 |
| 64405 | | | | 115.19 | 76.55 |
| 64408 | | | | 162.40 | 120.03 |
| 64415 | | | | 164.13 | 93.83 |
| 64416 | | | | 114.40 | 114.40 |
| 64417 | | | | 181.66 | 100.65 |
| 64418 | | | | 131.34 | 81.52 |
| 64420 | | | | 152.12 | 94.85 |
| 64421 | | | | 215.35 | 130.61 |
| 64425 | | | | 191.10 | 134.77 |
| 64430 | | | NRC | 199.52 | 113.86 |
| 64435 | | | NRC | 193.09 | 116.28 |
| 64445 | | | | 188.01 | 104.21 |
| 64446 | | | | 114.40 | 114.40 |
| 64447 | | | | 167.94 | 95.78 |
| 64448 | | | | 102.89 | 102.89 |
| 64449 | | | | 122.03 | 122.03 |
| 64450 | | | | 105.43 | 63.06 |
| 64451 | | | BR | TBD | TBD |
| 64454 | | | BR | TBD | TBD |
| 64455 | | | | 66.74 | 49.98 |
| 64461 | | | | 192.36 | 116.48 |
| 64462 | | | | 107.46 | 73.47 |
| 64463 | | | | 247.51 | 121.34 |
| 64479 | | | | 334.11 | 185.59 |
| 64480 | | | | 164.81 | 89.39 |
| 64483 | | | | 308.50 | 157.19 |
| 64484 | | | | 134.46 | 73.94 |
| 64486 | | | | 151.05 | 80.75 |
| 64487 | | | | 215.81 | 93.83 |
| 64488 | | | | 185.63 | 101.37 |
| 64489 | | | | 317.81 | 113.89 |
| 64490 | | | | 259.32 | 149.45 |
| 64491 | | | | 130.11 | 85.41 |
| 64492 | | | | 131.04 | 86.34 |
| 64493 | | | | 235.58 | 127.10 |
| 64494 | | | | 120.54 | 73.98 |
| 64495 | | | | 120.54 | 74.92 |
| 64505 | | | NRC | 163.28 | 132.08 |
| 64510 | | | | 181.57 | 104.75 |
| 64517 | | | NRC | 262.83 | 177.63 |
| 64520 | | | | 273.97 | 115.21 |
| 64530 | | | NRC | 274.01 | 129.68 |
| 64553 | | | NRC | 3566.08 | 779.65 |
| 64555 | | | | 3238.93 | 753.29 |
| 64561 | | | NRC | 1548.79 | 670.96 |
| 64566 | | | | 265.45 | 67.09 |
| 64568 | | | NRC | 1406.48 | 1406.48 |
| 64569 | | | NRC | 1690.52 | 1690.52 |
| 64570 | | | NRC | 1620.07 | 1620.07 |
| 64575 | | | NRC | 728.72 | 728.72 |
| 64580 | | | NRC | 673.36 | 673.36 |
| 64581 | | | NRC | 1466.47 | 1466.47 |
| 64585 | | | | 522.73 | 314.27 |
| 64590 | | | NRC | 566.41 | 352.90 |
| 64595 | | | | 510.20 | 275.05 |
| 64600 | | | | 918.73 | 508.30 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 64605 | | | | 1262.38 | 771.89 |
| 64610 | | | | 1657.28 | 1093.21 |
| 64611 | | | NRC | 258.35 | 228.05 |
| 64612 | | | | 287.54 | 255.81 |
| 64615 | | | | 324.30 | 274.53 |
| 64616 | | | | 287.69 | 242.97 |
| 64617 | | | | 347.59 | 240.83 |
| 64620 | | | | 446.89 | 381.25 |
| 64624 | | | BR | TBD | TBD |
| 64625 | | | BR | TBD | TBD |
| 64630 | | | NRC | 511.08 | 417.31 |
| 64632 | | | | 185.31 | 149.96 |
| 64633 | | | | 884.86 | 491.02 |
| 64634 | | | | 394.56 | 150.04 |
| 64635 | | | | 875.02 | 484.07 |
| 64636 | | | | 358.03 | 131.54 |
| 64640 | | | | 287.15 | 202.76 |
| 64642 | | | | 312.75 | 238.45 |
| 64643 | | | | 200.77 | 159.66 |
| 64644 | | | | 362.39 | 261.41 |
| 64645 | | | | 251.49 | 184.40 |
| 64646 | | | | 328.50 | 255.65 |
| 64647 | | | | 387.38 | 303.71 |
| 64650 | | | NRC | 167.77 | 92.75 |
| 64653 | | | NRC | 206.35 | 119.07 |
| 64680 | | | NRC | 673.32 | 355.22 |
| 64681 | | | NRC | 1217.55 | 600.10 |
| 64702 | | | | 1092.08 | 1092.08 |
| 64704 | | | | 699.85 | 699.85 |
| 64708 | | | | 1090.03 | 1090.03 |
| 64712 | | | | 1274.64 | 1274.64 |
| 64713 | | | | 1713.04 | 1713.04 |
| 64714 | | | | 1583.15 | 1583.15 |
| 64716 | | | | 1135.77 | 1135.77 |
| 64718 | | | | 1286.28 | 1286.28 |
| 64719 | | | | 872.86 | 872.86 |
| 64721 | | | | 937.40 | 928.03 |
| 64722 | | | | 776.84 | 776.84 |
| 64726 | | | | 592.99 | 592.99 |
| 64727 | | | | 407.69 | 407.69 |
| 64732 | | | | 975.75 | 975.75 |
| 64734 | | | | 1103.11 | 1103.11 |
| 64736 | | | | 813.93 | 813.93 |
| 64738 | | | | 1013.39 | 1013.39 |
| 64740 | | | | 1058.50 | 1058.50 |
| 64742 | | | | 1065.89 | 1065.89 |
| 64744 | | | | 1083.54 | 1083.54 |
| 64746 | | | | 949.43 | 949.43 |
| 64755 | | | | 2018.73 | 2018.73 |
| 64760 | | | | 1127.49 | 1127.49 |
| 64763 | | | | 1126.68 | 1126.68 |
| 64766 | | | | 1365.24 | 1365.24 |
| 64771 | | | | 1296.38 | 1296.38 |
| 64772 | | | | 1233.91 | 1233.91 |
| 64774 | | | | 889.10 | 889.10 |
| 64776 | | | | 848.53 | 848.53 |
| 64778 | | | | 406.96 | 406.96 |
| 64782 | | | | 1004.87 | 1004.87 |
| 64783 | | | | 486.07 | 486.07 |
| 64784 | | | | 1591.33 | 1591.33 |
| 64786 | | | | 2223.31 | 2223.31 |
| 64787 | | | | 534.68 | 534.68 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 64788 | | | | 874.73 | 874.73 |
| 64790 | | | | 1844.20 | 1844.20 |
| 64792 | | | | 2402.52 | 2402.52 |
| 64795 | | | | 432.15 | 432.15 |
| 64802 | | | | 1853.07 | 1853.07 |
| 64804 | | | | 2612.06 | 2612.06 |
| 64809 | | | | 2370.61 | 2370.61 |
| 64818 | | | | 1716.59 | 1716.59 |
| 64820 | | | | 1566.14 | 1566.14 |
| 64821 | | | | 1517.41 | 1517.41 |
| 64822 | | | | 1517.41 | 1517.41 |
| 64823 | | | | 1728.64 | 1728.64 |
| 64831 | | | | 1498.63 | 1498.63 |
| 64832 | | | | 745.72 | 745.72 |
| 64834 | | | | 1626.68 | 1626.68 |
| 64835 | | | | 1785.56 | 1785.56 |
| 64836 | | | | 1787.14 | 1787.14 |
| 64837 | | | | 817.79 | 817.79 |
| 64840 | | | | 2118.23 | 2118.23 |
| 64856 | | | | 2226.30 | 2226.30 |
| 64857 | | | | 2319.10 | 2319.10 |
| 64858 | | | | 2599.19 | 2599.19 |
| 64859 | | | | 552.05 | 552.05 |
| 64861 | | | | 3407.75 | 3407.75 |
| 64862 | | | | 2999.20 | 2999.20 |
| 64864 | | | | 1898.88 | 1898.88 |
| 64865 | | | | 2385.34 | 2385.34 |
| 64866 | | | | 2783.52 | 2783.52 |
| 64868 | | | | 2193.08 | 2193.08 |
| 64872 | | | | 260.36 | 260.36 |
| 64874 | | | | 388.52 | 388.52 |
| 64876 | | | | 441.53 | 441.53 |
| 64885 | | | | 2451.82 | 2451.82 |
| 64886 | | | | 2847.48 | 2847.48 |
| 64890 | | | | 2379.95 | 2379.95 |
| 64891 | | | | 2525.14 | 2525.14 |
| 64892 | | | | 2296.50 | 2296.50 |
| 64893 | | | | 2474.82 | 2474.82 |
| 64895 | | | | 2922.13 | 2922.13 |
| 64896 | | | | 3165.87 | 3165.87 |
| 64897 | | | | 2784.48 | 2784.48 |
| 64898 | | | | 3024.99 | 3024.99 |
| 64901 | | | | 1336.93 | 1336.93 |
| 64902 | | | | 1547.30 | 1547.30 |
| 64905 | | | | 2244.22 | 2244.22 |
| 64907 | | | | 2880.01 | 2880.01 |
| 64910 | | | | 1732.09 | 1732.09 |
| 64911 | | | | 2241.54 | 2241.54 |
| 64912 | | | | 1700.57 | 1700.57 |
| 64913 | | | | 347.22 | 347.22 |
| 64999 | | | BR | 0.00 | 0.00 |
| 65091 | | | | 1378.21 | 1378.21 |
| 65093 | | | | 1363.07 | 1363.07 |
| 65101 | | | | 1599.79 | 1599.79 |
| 65103 | | | | 1667.13 | 1667.13 |
| 65105 | | | | 1836.38 | 1836.38 |
| 65110 | | | | 2638.59 | 2638.59 |
| 65112 | | | | 3057.14 | 3057.14 |
| 65114 | | | | 3205.07 | 3205.07 |
| 65125 | | | | 962.88 | 623.14 |
| 65130 | | | | 1586.21 | 1586.21 |
| 65135 | | | | 1609.10 | 1609.10 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 65140 | | | | 1748.57 | 1748.57 |
| 65150 | | | | 1256.97 | 1256.97 |
| 65155 | | | | 1831.00 | 1831.00 |
| 65175 | | | | 1426.08 | 1426.08 |
| 65205 | | | | 97.90 | 76.98 |
| 65210 | | | | 119.67 | 92.26 |
| 65220 | | | | 126.30 | 90.96 |
| 65222 | | | | 145.04 | 112.58 |
| 65235 | | | | 1524.70 | 1524.70 |
| 65260 | | | | 2065.29 | 2065.29 |
| 65265 | | | | 2321.74 | 2321.74 |
| 65270 | | | | 575.60 | 302.95 |
| 65272 | | | | 1082.75 | 755.27 |
| 65273 | | | | 818.94 | 818.94 |
| 65275 | | | | 1237.95 | 992.71 |
| 65280 | | | | 1441.62 | 1441.62 |
| 65285 | | | | 2385.22 | 2385.22 |
| 65286 | | | | 1494.28 | 1065.10 |
| 65290 | | | | 1052.84 | 1052.84 |
| 65400 | | | | 1454.93 | 1289.03 |
| 65410 | | | | 306.82 | 223.87 |
| 65420 | | | | 1107.60 | 806.09 |
| 65426 | | | | 1395.66 | 1023.46 |
| 65430 | | | | 249.11 | 222.42 |
| 65435 | | | | 173.77 | 149.24 |
| 65436 | | | | 830.94 | 794.88 |
| 65450 | | | | 695.27 | 684.46 |
| 65600 | | | | 850.35 | 732.06 |
| 65710 | | | | 2392.50 | 2392.50 |
| 65730 | | | | 2650.33 | 2650.33 |
| 65750 | | | | 2666.46 | 2666.46 |
| 65755 | | | | 2652.75 | 2652.75 |
| 65756 | | | | 2545.61 | 2545.61 |
| 65757 | | | | 280.42 | 280.42 |
| 65760 | | | NRC | 0.00 | 0.00 |
| 65765 | | | NRC | 0.00 | 0.00 |
| 65767 | | | NRC | 0.00 | 0.00 |
| 65770 | | | | 2996.99 | 2996.99 |
| 65771 | | | NRC | 0.00 | 0.00 |
| 65772 | | | | 964.84 | 868.91 |
| 65775 | | | | 1189.69 | 1189.69 |
| 65778 | | | | 2897.96 | 120.91 |
| 65779 | | | | 2506.89 | 329.24 |
| 65780 | | | NRC | 1421.75 | 1421.75 |
| 65781 | | | NRC | 2861.99 | 2861.99 |
| 65782 | | | NRC | 2465.74 | 2465.74 |
| 65785 | | | | 5055.34 | 945.30 |
| 65800 | | | NRC | 257.44 | 197.57 |
| 65810 | | | NRC | 995.20 | 995.20 |
| 65815 | | | | 1359.27 | 1020.97 |
| 65820 | | | NRC | 1616.38 | 1616.38 |
| 65850 | | | NRC | 1801.74 | 1801.74 |
| 65855 | | | NRC | 526.75 | 447.40 |
| 65860 | | | | 660.71 | 543.14 |
| 65865 | | | | 1011.46 | 1011.46 |
| 65870 | | | | 1262.28 | 1262.28 |
| 65875 | | | | 1347.46 | 1347.46 |
| 65880 | | | | 1419.13 | 1419.13 |
| 65900 | | | | 2080.96 | 2080.96 |
| 65920 | | | | 1686.67 | 1686.67 |
| 65930 | | | | 1363.78 | 1363.78 |
| 66020 | | | | 403.21 | 281.31 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 66030 | | | | 360.46 | 237.11 |
| 66130 | | | | 1494.08 | 1220.71 |
| 66150 | | | NRC | 1872.96 | 1872.96 |
| 66155 | | | NRC | 1871.45 | 1871.45 |
| 66160 | | | NRC | 2114.01 | 2114.01 |
| 66170 | | | NRC | 2342.73 | 2342.73 |
| 66172 | | | NRC | 2549.61 | 2549.61 |
| 66174 | | | NRC | 2033.55 | 2033.55 |
| 66175 | | | NRC | 2131.19 | 2131.19 |
| 66179 | | | | 2309.94 | 2309.94 |
| 66180 | | | NRC | 2438.92 | 2438.92 |
| 66183 | | | | 2205.55 | 2205.55 |
| 66184 | | | | 1678.73 | 1678.73 |
| 66185 | | | NRC | 1809.09 | 1809.09 |
| 66225 | | | | 1998.79 | 1998.79 |
| 66250 | | | | 1594.21 | 1191.72 |
| 66500 | | | | 762.61 | 762.61 |
| 66505 | | | | 835.40 | 835.40 |
| 66600 | | | | 1797.95 | 1797.95 |
| 66605 | | | NRC | 2288.43 | 2288.43 |
| 66625 | | | NRC | 917.30 | 917.30 |
| 66630 | | | NRC | 1217.49 | 1217.49 |
| 66635 | | | | 1229.69 | 1229.69 |
| 66680 | | | | 1105.95 | 1105.95 |
| 66682 | | | | 1378.02 | 1378.02 |
| 66700 | | | | 963.80 | 841.89 |
| 66710 | | | | 945.04 | 841.89 |
| 66711 | | | | 1374.28 | 1374.28 |
| 66720 | | | | 982.68 | 872.32 |
| 66740 | | | | 937.83 | 841.89 |
| 66761 | | | NRC | 634.22 | 505.11 |
| 66762 | | | NRC | 1016.65 | 909.89 |
| 66770 | | | | 1130.08 | 1031.99 |
| 66820 | | | NRC | 854.74 | 854.74 |
| 66821 | | | NRC | 703.54 | 662.42 |
| 66825 | | | | 1639.39 | 1639.39 |
| 66830 | | | | 1520.12 | 1520.12 |
| 66840 | | | | 1491.98 | 1491.98 |
| 66850 | | | | 1698.53 | 1698.53 |
| 66852 | | | NRC | 1810.60 | 1810.60 |
| 66920 | | | NRC | 1615.52 | 1615.52 |
| 66930 | | | NRC | 1836.50 | 1836.50 |
| 66940 | | | NRC | 1676.37 | 1676.37 |
| 66982 | | | NRC | 1705.09 | 1705.09 |
| 66983 | | | NRC | 1593.63 | 1593.63 |
| 66984 | | | NRC | 1369.68 | 1369.68 |
| 66985 | | | NRC | 1646.86 | 1646.86 |
| 66986 | | | NRC | 1949.35 | 1949.35 |
| 66987 | | | NRC | TBD | TBD |
| 66988 | | | NRC | TBD | TBD |
| 66990 | | | | 195.28 | 195.28 |
| 66999 | | | BR | 0.00 | 0.00 |
| 67005 | | | | 1010.08 | 1010.08 |
| 67010 | | | | 1161.89 | 1161.89 |
| 67015 | | | | 1246.15 | 1246.15 |
| 67025 | | | | 1560.90 | 1353.16 |
| 67027 | | | | 1828.63 | 1828.63 |
| 67028 | | | | 218.62 | 214.29 |
| 67030 | | | NRC | 1140.05 | 1140.05 |
| 67031 | | | NRC | 832.85 | 762.88 |
| 67036 | | | | 1932.57 | 1932.57 |
| 67039 | | | | 2071.38 | 2071.38 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 67040 | | | | 2239.90 | 2239.90 |
| 67041 | | | NRC | 2477.15 | 2477.15 |
| 67042 | | | NRC | 2477.15 | 2477.15 |
| 67043 | | | NRC | 2614.39 | 2614.39 |
| 67101 | | | | 702.68 | 608.91 |
| 67105 | | | | 633.37 | 587.93 |
| 67107 | | | | 2434.39 | 2434.39 |
| 67108 | | | | 2580.10 | 2580.10 |
| 67110 | | | | 1881.81 | 1739.72 |
| 67113 | | | | 2878.78 | 2878.78 |
| 67115 | | | | 1066.48 | 1066.48 |
| 67120 | | | NRC | 1410.28 | 1191.72 |
| 67121 | | | NRC | 1947.84 | 1947.84 |
| 67141 | | | NRC | 1119.40 | 1041.49 |
| 67145 | | | NRC | 1127.79 | 1064.31 |
| 67208 | | | | 1285.03 | 1238.15 |
| 67210 | | | | 1106.48 | 1069.69 |
| 67218 | | | | 2983.63 | 2983.63 |
| 67220 | | | | 1139.66 | 1069.69 |
| 67221 | | | NRC | 606.35 | 460.65 |
| 67225 | | | NRC | 63.87 | 60.98 |
| 67227 | | | | 626.22 | 551.21 |
| 67228 | | | | 732.71 | 659.86 |
| 67229 | | | NRC | 2505.02 | 2505.02 |
| 67250 | | | | 1698.40 | 1698.40 |
| 67255 | | | | 1459.65 | 1459.65 |
| 67299 | | | BR | 0.00 | 0.00 |
| 67311 | | | NRC | 1277.95 | 1277.95 |
| 67312 | | | NRC | 1527.13 | 1527.13 |
| 67314 | | | NRC | 1439.46 | 1439.46 |
| 67316 | | | NRC | 1717.09 | 1717.09 |
| 67318 | | | NRC | 1503.85 | 1503.85 |
| 67320 | | | NRC | 699.47 | 699.47 |
| 67331 | | | NRC | 663.66 | 663.66 |
| 67332 | | | NRC | 720.06 | 720.06 |
| 67334 | | | NRC | 655.14 | 655.14 |
| 67335 | | | NRC | 321.18 | 321.18 |
| 67340 | | | NRC | 777.17 | 777.17 |
| 67343 | | | NRC | 1397.11 | 1397.11 |
| 67345 | | | | 524.59 | 471.22 |
| 67346 | | | | 416.91 | 416.91 |
| 67399 | | | BR | 0.00 | 0.00 |
| 67400 | | | | 2011.26 | 2011.26 |
| 67405 | | | | 1714.52 | 1714.52 |
| 67412 | | | | 1852.98 | 1852.98 |
| 67413 | | | | 1854.03 | 1854.03 |
| 67414 | | | | 2876.46 | 2876.46 |
| 67415 | | | NRC | 226.62 | 226.62 |
| 67420 | | | | 3493.62 | 3493.62 |
| 67430 | | | | 2699.90 | 2699.90 |
| 67440 | | | | 2613.09 | 2613.09 |
| 67445 | | | | 3043.41 | 3043.41 |
| 67450 | | | | 2715.90 | 2715.90 |
| 67500 | | | | 154.03 | 133.11 |
| 67505 | | | | 180.00 | 154.75 |
| 67515 | | | | 166.82 | 153.83 |
| 67550 | | | | 2090.11 | 2090.11 |
| 67560 | | | | 2142.56 | 2142.56 |
| 67570 | | | | 2557.96 | 2557.96 |
| 67599 | | | BR | 0.00 | 0.00 |
| 67700 | | | NRC | 573.97 | 248.66 |
| 67710 | | | NRC | 480.72 | 207.34 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 67715 | | | NRC | 519.23 | 231.42 |
| 67800 | | | | 272.46 | 221.24 |
| 67801 | | | | 348.13 | 286.82 |
| 67805 | | | | 431.47 | 352.85 |
| 67808 | | | | 786.36 | 786.36 |
| 67810 | | | | 368.61 | 155.10 |
| 67820 | | | NRC | 69.31 | 73.64 |
| 67825 | | | NRC | 277.64 | 259.60 |
| 67830 | | | NRC | 563.41 | 295.08 |
| 67835 | | | NRC | 939.60 | 939.60 |
| 67840 | | | | 585.31 | 338.62 |
| 67850 | | | | 454.77 | 289.59 |
| 67875 | | | NRC | 367.35 | 207.94 |
| 67880 | | | NRC | 978.82 | 787.67 |
| 67882 | | | NRC | 1203.66 | 1009.63 |
| 67900 | | | NRC | 1367.17 | 1091.63 |
| 67901 | | | NRC | 1634.82 | 1246.76 |
| 67902 | | | NRC | 1551.09 | 1551.09 |
| 67903 | | | NRC | 1270.75 | 1037.05 |
| 67904 | | | NRC | 1566.82 | 1281.90 |
| 67906 | | | NRC | 1090.28 | 1090.28 |
| 67908 | | | NRC | 1059.47 | 910.88 |
| 67909 | | | NRC | 1147.42 | 938.24 |
| 67911 | | | NRC | 1204.85 | 1204.85 |
| 67912 | | | NRC | 1879.46 | 1047.07 |
| 67914 | | | NRC | 1002.36 | 696.52 |
| 67915 | | | NRC | 628.85 | 419.67 |
| 67916 | | | NRC | 1268.59 | 921.64 |
| 67917 | | | NRC | 1294.10 | 980.33 |
| 67921 | | | NRC | 982.36 | 660.65 |
| 67922 | | | NRC | 618.03 | 418.23 |
| 67923 | | | NRC | 1268.52 | 922.29 |
| 67924 | | | NRC | 1351.73 | 980.26 |
| 67930 | | | | 778.10 | 517.70 |
| 67935 | | | | 1268.74 | 954.25 |
| 67938 | | | | 528.26 | 248.39 |
| 67950 | | | | 1224.73 | 991.75 |
| 67961 | | | | 1229.37 | 974.03 |
| 67966 | | | | 1647.48 | 1412.33 |
| 67971 | | | | 1555.21 | 1555.21 |
| 67973 | | | | 2002.03 | 2002.03 |
| 67974 | | | | 1997.23 | 1997.23 |
| 67975 | | | | 1470.49 | 1470.49 |
| 67999 | | | BR | 0.00 | 0.00 |
| 68020 | | | NRC | 258.09 | 237.18 |
| 68040 | | | | 134.29 | 107.60 |
| 68100 | | | | 368.00 | 207.87 |
| 68110 | | | | 485.96 | 317.18 |
| 68115 | | | | 671.21 | 394.23 |
| 68130 | | | | 1152.45 | 881.96 |
| 68135 | | | | 337.18 | 322.03 |
| 68200 | | | NRC | 88.59 | 74.89 |
| 68320 | | | NRC | 1548.58 | 1152.58 |
| 68325 | | | NRC | 1408.77 | 1408.77 |
| 68326 | | | NRC | 1382.94 | 1382.94 |
| 68328 | | | NRC | 1518.10 | 1518.10 |
| 68330 | | | NRC | 1295.01 | 985.56 |
| 68335 | | | NRC | 1388.25 | 1388.25 |
| 68340 | | | NRC | 1191.20 | 852.91 |
| 68360 | | | NRC | 1140.41 | 882.90 |
| 68362 | | | NRC | 1407.33 | 1407.33 |
| 68371 | | | NRC | 882.61 | 882.61 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 68399 | | | BR | 0.00 | 0.00 |
| 68400 | | | NRC | 606.62 | 283.47 |
| 68420 | | | NRC | 685.97 | 361.38 |
| 68440 | | | NRC | 217.57 | 209.64 |
| 68500 | | | | 2100.04 | 2100.04 |
| 68505 | | | | 2090.14 | 2090.14 |
| 68510 | | | | 958.69 | 633.38 |
| 68520 | | | NRC | 1475.94 | 1475.94 |
| 68525 | | | | 573.78 | 573.78 |
| 68530 | | | | 910.35 | 551.86 |
| 68540 | | | | 1997.81 | 1997.81 |
| 68550 | | | | 2453.02 | 2453.02 |
| 68700 | | | NRC | 1293.89 | 1293.89 |
| 68705 | | | NRC | 519.08 | 355.34 |
| 68720 | | | NRC | 1628.39 | 1628.39 |
| 68745 | | | NRC | 1634.08 | 1634.08 |
| 68750 | | | NRC | 1693.64 | 1693.64 |
| 68760 | | | NRC | 439.54 | 311.87 |
| 68761 | | | NRC | 314.22 | 252.19 |
| 68770 | | | NRC | 1347.98 | 1347.98 |
| 68801 | | | NRC | 191.08 | 165.83 |
| 68810 | | | NRC | 333.24 | 273.37 |
| 68811 | | | NRC | 291.48 | 291.48 |
| 68815 | | | NRC | 827.67 | 474.23 |
| 68816 | | | NRC | 1493.51 | 338.69 |
| 68840 | | | NRC | 273.83 | 247.86 |
| 68850 | | | NRC | 134.82 | 120.40 |
| 68899 | | | BR | 0.00 | 0.00 |
| 69000 | | | | 392.68 | 257.80 |
| 69005 | | | | 458.48 | 340.91 |
| 69020 | | | | 485.41 | 302.20 |
| 69100 | | | | 207.30 | 107.03 |
| 69105 | | | | 294.18 | 135.49 |
| 69110 | | | | 964.56 | 691.18 |
| 69120 | | | | 852.59 | 852.59 |
| 69140 | | | | 1865.97 | 1865.97 |
| 69145 | | | | 823.87 | 528.13 |
| 69150 | | | | 2231.06 | 2231.06 |
| 69155 | | | | 3567.69 | 3567.69 |
| 69200 | | | | 173.06 | 103.10 |
| 69205 | | | | 212.49 | 212.49 |
| 69209 | | | | 28.92 | 28.92 |
| 69210 | | | NRC | 101.12 | 72.27 |
| 69220 | | | NRC | 171.43 | 112.28 |
| 69222 | | | NRC | 452.36 | 287.90 |
| 69300 | | | NRC | 1360.04 | 1047.71 |
| 69310 | | | | 2321.72 | 2321.72 |
| 69320 | | | NRC | 3270.51 | 3270.51 |
| 69399 | | | BR | 0.00 | 0.00 |
| 69420 | | | NRC | 397.02 | 256.36 |
| 69421 | | | NRC | 317.81 | 317.81 |
| 69424 | | | NRC | 268.22 | 132.61 |
| 69433 | | | NRC | 420.83 | 282.33 |
| 69436 | | | NRC | 340.37 | 340.37 |
| 69440 | | | NRC | 1468.19 | 1468.19 |
| 69450 | | | NRC | 1158.63 | 1158.63 |
| 69501 | | | NRC | 1556.61 | 1556.61 |
| 69502 | | | NRC | 2067.97 | 2067.97 |
| 69505 | | | NRC | 2571.66 | 2571.66 |
| 69511 | | | NRC | 2637.05 | 2637.05 |
| 69530 | | | NRC | 3552.95 | 3552.95 |
| 69535 | | | NRC | 5817.50 | 5817.50 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 69540 | | | | 432.82 | 268.36 |
| 69550 | | | | 2222.56 | 2222.56 |
| 69552 | | | | 3377.00 | 3377.00 |
| 69554 | | | | 5453.19 | 5453.19 |
| 69601 | | | NRC | 2228.97 | 2228.97 |
| 69602 | | | NRC | 2335.93 | 2335.93 |
| 69603 | | | NRC | 2698.57 | 2698.57 |
| 69604 | | | NRC | 2390.57 | 2390.57 |
| 69605 | | | NRC | 3348.39 | 3348.39 |
| 69610 | | | | 814.79 | 630.14 |
| 69620 | | | NRC | 1474.89 | 1047.15 |
| 69631 | | | NRC | 1888.24 | 1888.24 |
| 69632 | | | NRC | 2308.31 | 2308.31 |
| 69633 | | | NRC | 2235.78 | 2235.78 |
| 69635 | | | NRC | 2655.67 | 2655.67 |
| 69636 | | | NRC | 2953.75 | 2953.75 |
| 69637 | | | NRC | 2995.08 | 2995.08 |
| 69641 | | | NRC | 2233.49 | 2233.49 |
| 69642 | | | NRC | 2875.30 | 2875.30 |
| 69643 | | | NRC | 2626.80 | 2626.80 |
| 69644 | | | NRC | 3172.15 | 3172.15 |
| 69645 | | | NRC | 3115.03 | 3115.03 |
| 69646 | | | NRC | 3319.40 | 3319.40 |
| 69650 | | | NRC | 1720.36 | 1720.36 |
| 69660 | | | NRC | 1991.96 | 1991.96 |
| 69661 | | | NRC | 2597.43 | 2597.43 |
| 69662 | | | NRC | 2494.36 | 2494.36 |
| 69666 | | | NRC | 1730.39 | 1730.39 |
| 69667 | | | NRC | 1737.23 | 1737.23 |
| 69670 | | | NRC | 2022.77 | 2022.77 |
| 69676 | | | NRC | 1775.04 | 1775.04 |
| 69700 | | | NRC | 1455.08 | 1455.08 |
| 69710 | | | NRC | 0.00 | 0.00 |
| 69711 | | | NRC | 1831.92 | 1831.92 |
| 69714 | | | NRC | 2306.85 | 2306.85 |
| 69715 | | | NRC | 2857.05 | 2857.05 |
| 69717 | | | NRC | 2419.26 | 2419.26 |
| 69718 | | | NRC | 2886.30 | 2886.30 |
| 69720 | | | | 2576.79 | 2576.79 |
| 69725 | | | | 4071.35 | 4071.35 |
| 69740 | | | | 2518.62 | 2518.62 |
| 69745 | | | | 2677.85 | 2677.85 |
| 69799 | | | BR | 0.00 | 0.00 |
| 69801 | | | NRC | 436.05 | 273.76 |
| 69805 | | | NRC | 2261.60 | 2261.60 |
| 69806 | | | NRC | 2014.91 | 2014.91 |
| 69905 | | | NRC | 1964.19 | 1964.19 |
| 69910 | | | NRC | 2174.48 | 2174.48 |
| 69915 | | | | 3317.01 | 3317.01 |
| 69930 | | | NRC | 2647.83 | 2647.83 |
| 69949 | | | BR | 0.00 | 0.00 |
| 69950 | | | | 3858.50 | 3858.50 |
| 69955 | | | | 4276.26 | 4276.26 |
| 69960 | | | NRC | 4161.89 | 4161.89 |
| 69970 | | | | 4647.40 | 4647.40 |
| 69979 | | | BR | 0.00 | 0.00 |
| 69990 | | | | 493.57 | 493.57 |
| 70010 | | | | 86.00 | 86.00 |
| 70015 | | | | 207.89 | 207.89 |
| 70015 | 26 | | | 84.47 | 84.47 |
| 70015 | TC | | | 123.42 | 123.42 |
| 70030 | | | | 39.45 | 39.45 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 70030 | 26 | | | 11.93 | 11.93 |
| 70030 | TC | | | 27.51 | 27.51 |
| 70100 | | | | 46.01 | 46.01 |
| 70100 | 26 | | | 12.91 | 12.91 |
| 70100 | TC | | | 33.10 | 33.10 |
| 70110 | | | | 53.75 | 53.75 |
| 70110 | 26 | | | 17.86 | 17.86 |
| 70110 | TC | | | 35.89 | 35.89 |
| 70120 | | | | 46.01 | 46.01 |
| 70120 | 26 | | | 12.91 | 12.91 |
| 70120 | TC | | | 33.10 | 33.10 |
| 70130 | | | | 76.52 | 76.52 |
| 70130 | 26 | | | 24.33 | 24.33 |
| 70130 | TC | | | 52.19 | 52.19 |
| 70134 | | | | 71.82 | 71.82 |
| 70134 | 26 | | | 24.76 | 24.76 |
| 70134 | TC | | | 47.07 | 47.07 |
| 70140 | | | | 40.93 | 40.93 |
| 70140 | 26 | | | 14.35 | 14.35 |
| 70140 | TC | | | 26.58 | 26.58 |
| 70150 | | | | 58.45 | 58.45 |
| 70150 | 26 | | | 18.83 | 18.83 |
| 70150 | TC | | | 39.62 | 39.62 |
| 70160 | | | | 45.97 | 45.97 |
| 70160 | 26 | | | 12.40 | 12.40 |
| 70160 | TC | | | 33.57 | 33.57 |
| 70170 | | | | 277.24 | 277.24 |
| 70170 | 26 | | | 21.37 | 21.37 |
| 70170 | TC | | | 255.87 | 255.87 |
| 70190 | | | | 48.93 | 48.93 |
| 70190 | 26 | | | 15.36 | 15.36 |
| 70190 | TC | | | 33.57 | 33.57 |
| 70200 | | | | 59.00 | 59.00 |
| 70200 | 26 | | | 19.85 | 19.85 |
| 70200 | TC | | | 39.15 | 39.15 |
| 70210 | | | | 42.24 | 42.24 |
| 70210 | 26 | | | 12.40 | 12.40 |
| 70210 | TC | | | 29.84 | 29.84 |
| 70220 | | | | 52.35 | 52.35 |
| 70220 | 26 | | | 17.86 | 17.86 |
| 70220 | TC | | | 34.50 | 34.50 |
| 70240 | | | | 42.32 | 42.32 |
| 70240 | 26 | | | 13.88 | 13.88 |
| 70240 | TC | | | 28.44 | 28.44 |
| 70250 | | | | 50.92 | 50.92 |
| 70250 | 26 | | | 17.82 | 17.82 |
| 70250 | TC | | | 33.10 | 33.10 |
| 70260 | | | | 63.95 | 63.95 |
| 70260 | 26 | | | 24.80 | 24.80 |
| 70260 | TC | | | 39.15 | 39.15 |
| 70300 | | | | 19.13 | 19.13 |
| 70300 | 26 | | | 7.92 | 7.92 |
| 70300 | TC | | | 11.22 | 11.22 |
| 70310 | | | | 50.11 | 50.11 |
| 70310 | 26 | | | 10.96 | 10.96 |
| 70310 | TC | | | 39.15 | 39.15 |
| 70320 | | | | 72.29 | 72.29 |
| 70320 | 26 | | | 17.31 | 17.31 |
| 70320 | TC | | | 54.98 | 54.98 |
| 70328 | | | | 42.28 | 42.28 |
| 70328 | 26 | | | 12.91 | 12.91 |
| 70328 | TC | | | 29.38 | 29.38 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 70330 | | | | 65.81 | 65.81 |
| 70330 | 26 | | | 17.35 | 17.35 |
| 70330 | TC | | | 48.46 | 48.46 |
| 70332 | | | | 102.55 | 102.55 |
| 70332 | 26 | | | 38.26 | 38.26 |
| 70332 | TC | | | 64.29 | 64.29 |
| 70336 | | | | 419.17 | 419.17 |
| 70336 | 26 | | | 103.90 | 103.90 |
| 70336 | TC | | | 315.27 | 315.27 |
| 70350 | | | NRC | 25.53 | 25.53 |
| 70350 | 26 | | NRC | 13.84 | 13.84 |
| 70350 | TC | | NRC | 11.68 | 11.68 |
| 70355 | | | | 27.05 | 27.05 |
| 70355 | 26 | | | 15.36 | 15.36 |
| 70355 | TC | | | 11.68 | 11.68 |
| 70360 | | | | 40.38 | 40.38 |
| 70360 | 26 | | | 11.93 | 11.93 |
| 70360 | TC | | | 28.44 | 28.44 |
| 70370 | | | NRC | 107.12 | 107.12 |
| 70370 | 26 | | NRC | 20.95 | 20.95 |
| 70370 | TC | | NRC | 86.17 | 86.17 |
| 70371 | | | NRC | 132.81 | 132.81 |
| 70371 | 26 | | NRC | 60.14 | 60.14 |
| 70371 | TC | | NRC | 72.67 | 72.67 |
| 70380 | | | NRC | 45.03 | 45.03 |
| 70380 | 26 | | NRC | 11.93 | 11.93 |
| 70380 | TC | | NRC | 33.10 | 33.10 |
| 70390 | | | NRC | 136.75 | 136.75 |
| 70390 | 26 | | NRC | 26.83 | 26.83 |
| 70390 | TC | | NRC | 109.92 | 109.92 |
| 70450 | | | | 155.62 | 155.62 |
| 70450 | 26 | | | 60.14 | 60.14 |
| 70450 | TC | | | 95.48 | 95.48 |
| 70460 | | | | 219.74 | 219.74 |
| 70460 | 26 | | | 80.50 | 80.50 |
| 70460 | TC | | | 139.25 | 139.25 |
| 70470 | | | | 256.65 | 256.65 |
| 70470 | 26 | | | 89.93 | 89.93 |
| 70470 | TC | | | 166.72 | 166.72 |
| 70480 | | | | 310.69 | 310.69 |
| 70480 | 26 | | | 90.44 | 90.44 |
| 70480 | TC | | | 220.25 | 220.25 |
| 70481 | | | | 367.49 | 367.49 |
| 70481 | 26 | | | 97.89 | 97.89 |
| 70481 | TC | | | 269.60 | 269.60 |
| 70482 | | | | 399.96 | 399.96 |
| 70482 | 26 | | | 102.37 | 102.37 |
| 70482 | TC | | | 297.58 | 297.58 |
| 70486 | | | | 186.35 | 186.35 |
| 70486 | 26 | | | 60.60 | 60.60 |
| 70486 | TC | | | 125.75 | 125.75 |
| 70487 | | | | 224.35 | 224.35 |
| 70487 | 26 | | | 79.52 | 79.52 |
| 70487 | TC | | | 144.83 | 144.83 |
| 70488 | | | | 272.94 | 272.94 |
| 70488 | 26 | | | 89.93 | 89.93 |
| 70488 | TC | | | 183.01 | 183.01 |
| 70490 | | | | 221.31 | 221.31 |
| 70490 | 26 | | | 90.44 | 90.44 |
| 70490 | TC | | | 130.87 | 130.87 |
| 70491 | | | | 272.05 | 272.05 |
| 70491 | 26 | | | 97.89 | 97.89 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 70491 | TC | | | 174.16 | 174.16 |
| 70492 | | | | 327.58 | 327.58 |
| 70492 | 26 | | | 114.31 | 114.31 |
| 70492 | TC | | | 213.27 | 213.27 |
| 70496 | | | | 394.79 | 394.79 |
| 70496 | 26 | | | 123.75 | 123.75 |
| 70496 | TC | | | 271.05 | 271.05 |
| 70498 | | | | 393.86 | 393.86 |
| 70498 | 26 | | | 123.75 | 123.75 |
| 70498 | TC | | | 270.11 | 270.11 |
| 70540 | | | | 354.33 | 354.33 |
| 70540 | 26 | | | 95.43 | 95.43 |
| 70540 | TC | | | 258.90 | 258.90 |
| 70542 | | | | 421.20 | 421.20 |
| 70542 | 26 | | | 114.77 | 114.77 |
| 70542 | TC | | | 306.43 | 306.43 |
| 70543 | | | | 529.72 | 529.72 |
| 70543 | 26 | | | 151.13 | 151.13 |
| 70543 | TC | | | 378.59 | 378.59 |
| 70544 | | | | 370.46 | 370.46 |
| 70544 | 26 | | | 84.98 | 84.98 |
| 70544 | TC | | | 285.48 | 285.48 |
| 70545 | | | | 367.67 | 367.67 |
| 70545 | 26 | | | 84.98 | 84.98 |
| 70545 | TC | | | 282.68 | 282.68 |
| 70546 | | | | 542.12 | 542.12 |
| 70546 | 26 | | | 104.36 | 104.36 |
| 70546 | TC | | | 437.76 | 437.76 |
| 70547 | | | | 371.86 | 371.86 |
| 70547 | 26 | | | 84.98 | 84.98 |
| 70547 | TC | | | 286.87 | 286.87 |
| 70548 | | | | 409.99 | 409.99 |
| 70548 | 26 | | | 106.35 | 106.35 |
| 70548 | TC | | | 303.64 | 303.64 |
| 70549 | | | | 567.77 | 567.77 |
| 70549 | 26 | | | 127.22 | 127.22 |
| 70549 | TC | | | 440.55 | 440.55 |
| 70551 | | | | 303.67 | 303.67 |
| 70551 | 26 | | | 104.83 | 104.83 |
| 70551 | TC | | | 198.84 | 198.84 |
| 70552 | | | | 420.52 | 420.52 |
| 70552 | 26 | | | 126.20 | 126.20 |
| 70552 | TC | | | 294.32 | 294.32 |
| 70553 | | | | 496.83 | 496.83 |
| 70553 | 26 | | | 161.54 | 161.54 |
| 70553 | TC | | | 335.29 | 335.29 |
| 70554 | | | | 586.86 | 586.86 |
| 70554 | 26 | | | 149.10 | 149.10 |
| 70554 | TC | | | 437.76 | 437.76 |
| 70555 | | | | 908.84 | 908.84 |
| 70555 | 26 | | | 178.00 | 178.00 |
| 70555 | TC | | | 730.84 | 730.84 |
| 70557 | 26 | | | 219.64 | 219.64 |
| 70558 | 26 | | | 241.90 | 241.90 |
| 70559 | 26 | | | 232.06 | 232.06 |
| 71045 | | | | 33.44 | 33.44 |
| 71045 | 26 | | | 12.91 | 12.91 |
| 71045 | TC | | | 20.53 | 20.53 |
| 71046 | | | | 42.45 | 42.45 |
| 71046 | 26 | | | 15.40 | 15.40 |
| 71046 | TC | | | 27.05 | 27.05 |
| 71047 | | | | 53.37 | 53.37 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 71047 | 26 | | | 19.80 | 19.80 |
| 71047 | TC | | | 33.57 | 33.57 |
| 71048 | | | | 57.73 | 57.73 |
| 71048 | 26 | | | 22.77 | 22.77 |
| 71048 | TC | | | 34.96 | 34.96 |
| 71100 | | | | 46.18 | 46.18 |
| 71100 | 26 | | | 15.87 | 15.87 |
| 71100 | TC | | | 30.31 | 30.31 |
| 71101 | | | | 52.95 | 52.95 |
| 71101 | 26 | | | 19.38 | 19.38 |
| 71101 | TC | | | 33.57 | 33.57 |
| 71110 | | | | 55.32 | 55.32 |
| 71110 | 26 | | | 20.82 | 20.82 |
| 71110 | TC | | | 34.50 | 34.50 |
| 71111 | | | | 65.73 | 65.73 |
| 71111 | 26 | | | 23.32 | 23.32 |
| 71111 | TC | | | 42.41 | 42.41 |
| 71120 | | | | 41.90 | 41.90 |
| 71120 | 26 | | | 14.39 | 14.39 |
| 71120 | TC | | | 27.51 | 27.51 |
| 71130 | | | | 49.90 | 49.90 |
| 71130 | 26 | | | 15.40 | 15.40 |
| 71130 | TC | | | 34.50 | 34.50 |
| 71250 | | | | 213.35 | 213.35 |
| 71250 | 26 | | | 82.48 | 82.48 |
| 71250 | TC | | | 130.87 | 130.87 |
| 71260 | | | | 263.04 | 263.04 |
| 71260 | 26 | | | 87.94 | 87.94 |
| 71260 | TC | | | 175.10 | 175.10 |
| 71270 | | | | 311.63 | 311.63 |
| 71270 | 26 | | | 97.89 | 97.89 |
| 71270 | TC | | | 213.74 | 213.74 |
| 71275 | | | | 403.93 | 403.93 |
| 71275 | 26 | | | 128.70 | 128.70 |
| 71275 | TC | | | 275.24 | 275.24 |
| 71550 | | | | 537.80 | 537.80 |
| 71550 | 26 | | | 102.88 | 102.88 |
| 71550 | TC | | | 434.92 | 434.92 |
| 71551 | | | | 595.83 | 595.83 |
| 71551 | 26 | | | 122.26 | 122.26 |
| 71551 | TC | | | 473.56 | 473.56 |
| 71552 | | | | 752.81 | 752.81 |
| 71552 | 26 | | | 159.55 | 159.55 |
| 71552 | TC | | | 593.26 | 593.26 |
| 71555 | | | | 521.63 | 521.63 |
| 71555 | 26 | | | 126.28 | 126.28 |
| 71555 | TC | | | 395.35 | 395.35 |
| 72020 | | | | 30.98 | 30.98 |
| 72020 | 26 | | | 10.92 | 10.92 |
| 72020 | TC | | | 20.06 | 20.06 |
| 72040 | | | | 48.97 | 48.97 |
| 72040 | 26 | | | 15.87 | 15.87 |
| 72040 | TC | | | 33.10 | 33.10 |
| 72050 | | | | 67.55 | 67.55 |
| 72050 | 26 | | | 22.35 | 22.35 |
| 72050 | TC | | | 45.20 | 45.20 |
| 72052 | | | | 80.33 | 80.33 |
| 72052 | 26 | | | 25.82 | 25.82 |
| 72052 | TC | | | 54.52 | 54.52 |
| 72070 | | | | 45.71 | 45.71 |
| 72070 | 26 | | | 15.87 | 15.87 |
| 72070 | TC | | | 29.84 | 29.84 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 72072 | | | | 48.50 | 48.50 |
| 72072 | 26 | | | 15.40 | 15.40 |
| 72072 | TC | | | 33.10 | 33.10 |
| 72074 | | | | 53.16 | 53.16 |
| 72074 | 26 | | | 15.40 | 15.40 |
| 72074 | TC | | | 37.76 | 37.76 |
| 72080 | | | | 45.24 | 45.24 |
| 72080 | 26 | | | 15.87 | 15.87 |
| 72080 | TC | | | 29.38 | 29.38 |
| 72081 | | | | 54.30 | 54.30 |
| 72081 | 26 | | | 19.34 | 19.34 |
| 72081 | TC | | | 34.96 | 34.96 |
| 72082 | | | | 86.64 | 86.64 |
| 72082 | 26 | | | 22.81 | 22.81 |
| 72082 | TC | | | 63.83 | 63.83 |
| 72083 | | | | 102.17 | 102.17 |
| 72083 | 26 | | | 25.77 | 25.77 |
| 72083 | TC | | | 76.40 | 76.40 |
| 72084 | | | | 119.23 | 119.23 |
| 72084 | 26 | | | 29.80 | 29.80 |
| 72084 | TC | | | 89.43 | 89.43 |
| 72100 | | | | 48.97 | 48.97 |
| 72100 | 26 | | | 15.87 | 15.87 |
| 72100 | TC | | | 33.10 | 33.10 |
| 72110 | | | | 68.48 | 68.48 |
| 72110 | 26 | | | 22.35 | 22.35 |
| 72110 | TC | | | 46.14 | 46.14 |
| 72114 | | | | 77.83 | 77.83 |
| 72114 | 26 | | | 23.32 | 23.32 |
| 72114 | TC | | | 54.52 | 54.52 |
| 72120 | | | | 57.35 | 57.35 |
| 72120 | 26 | | | 15.87 | 15.87 |
| 72120 | TC | | | 41.48 | 41.48 |
| 72125 | | | | 245.98 | 245.98 |
| 72125 | 26 | | | 75.54 | 75.54 |
| 72125 | TC | | | 170.44 | 170.44 |
| 72126 | | | | 303.46 | 303.46 |
| 72126 | 26 | | | 86.46 | 86.46 |
| 72126 | TC | | | 217.00 | 217.00 |
| 72127 | | | | 358.60 | 358.60 |
| 72127 | 26 | | | 89.47 | 89.47 |
| 72127 | TC | | | 269.14 | 269.14 |
| 72128 | | | | 241.03 | 241.03 |
| 72128 | 26 | | | 71.06 | 71.06 |
| 72128 | TC | | | 169.97 | 169.97 |
| 72129 | | | | 305.32 | 305.32 |
| 72129 | 26 | | | 86.46 | 86.46 |
| 72129 | TC | | | 218.86 | 218.86 |
| 72130 | | | | 359.07 | 359.07 |
| 72130 | 26 | | | 89.47 | 89.47 |
| 72130 | TC | | | 269.60 | 269.60 |
| 72131 | | | | 240.10 | 240.10 |
| 72131 | 26 | | | 71.06 | 71.06 |
| 72131 | TC | | | 169.04 | 169.04 |
| 72132 | | | | 303.92 | 303.92 |
| 72132 | 26 | | | 86.46 | 86.46 |
| 72132 | TC | | | 217.46 | 217.46 |
| 72133 | | | | 357.72 | 357.72 |
| 72133 | 26 | | | 89.98 | 89.98 |
| 72133 | TC | | | 267.74 | 267.74 |
| 72141 | | | | 296.26 | 296.26 |
| 72141 | 26 | | | 105.34 | 105.34 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 72141 | TC | | | 190.92 | 190.92 |
| 72142 | | | | 428.48 | 428.48 |
| 72142 | 26 | | | 126.71 | 126.71 |
| 72142 | TC | | | 301.77 | 301.77 |
| 72146 | | | | 296.73 | 296.73 |
| 72146 | 26 | | | 105.34 | 105.34 |
| 72146 | TC | | | 191.39 | 191.39 |
| 72147 | | | | 426.11 | 426.11 |
| 72147 | 26 | | | 126.20 | 126.20 |
| 72147 | TC | | | 299.91 | 299.91 |
| 72148 | | | | 296.73 | 296.73 |
| 72148 | 26 | | | 105.34 | 105.34 |
| 72148 | TC | | | 191.39 | 191.39 |
| 72149 | | | | 423.36 | 423.36 |
| 72149 | 26 | | | 126.71 | 126.71 |
| 72149 | TC | | | 296.65 | 296.65 |
| 72156 | | | | 500.09 | 500.09 |
| 72156 | 26 | | | 161.54 | 161.54 |
| 72156 | TC | | | 338.55 | 338.55 |
| 72157 | | | | 501.49 | 501.49 |
| 72157 | 26 | | | 161.54 | 161.54 |
| 72157 | TC | | | 339.95 | 339.95 |
| 72158 | | | | 499.16 | 499.16 |
| 72158 | 26 | | | 161.54 | 161.54 |
| 72158 | TC | | | 337.62 | 337.62 |
| 72159 | | | | 540.26 | 540.26 |
| 72159 | 26 | | | 127.22 | 127.22 |
| 72159 | TC | | | 413.04 | 413.04 |
| 72170 | | | | 44.10 | 44.10 |
| 72170 | 26 | | | 12.40 | 12.40 |
| 72170 | TC | | | 31.70 | 31.70 |
| 72190 | | | | 53.12 | 53.12 |
| 72190 | 26 | | | 15.36 | 15.36 |
| 72190 | TC | | | 37.76 | 37.76 |
| 72191 | | | | 420.23 | 420.23 |
| 72191 | 26 | | | 127.30 | 127.30 |
| 72191 | TC | | | 292.93 | 292.93 |
| 72192 | | | | 195.79 | 195.79 |
| 72192 | 26 | | | 77.02 | 77.02 |
| 72192 | TC | | | 118.76 | 118.76 |
| 72193 | | | | 312.05 | 312.05 |
| 72193 | 26 | | | 82.48 | 82.48 |
| 72193 | TC | | | 229.57 | 229.57 |
| 72194 | | | | 353.74 | 353.74 |
| 72194 | 26 | | | 86.00 | 86.00 |
| 72194 | TC | | | 267.74 | 267.74 |
| 72195 | | | | 361.31 | 361.31 |
| 72195 | 26 | | | 103.35 | 103.35 |
| 72195 | TC | | | 257.97 | 257.97 |
| 72196 | | | | 422.18 | 422.18 |
| 72196 | 26 | | | 122.73 | 122.73 |
| 72196 | TC | | | 299.45 | 299.45 |
| 72197 | | | | 533.23 | 533.23 |
| 72197 | 26 | | | 155.57 | 155.57 |
| 72197 | TC | | | 377.66 | 377.66 |
| 72198 | | | | 524.43 | 524.43 |
| 72198 | 26 | | | 125.82 | 125.82 |
| 72198 | TC | | | 398.61 | 398.61 |
| 72200 | | | | 41.31 | 41.31 |
| 72200 | 26 | | | 12.40 | 12.40 |
| 72200 | TC | | | 28.91 | 28.91 |
| 72202 | | | | 46.51 | 46.51 |

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2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 72202 | 26 | | | 13.42 | 13.42 |
| 72202 | TC | | | 33.10 | 33.10 |
| 72220 | | | | 40.84 | 40.84 |
| 72220 | 26 | | | 12.40 | 12.40 |
| 72220 | TC | | | 28.44 | 28.44 |
| 72240 | | | | 140.98 | 140.98 |
| 72240 | 26 | | | 64.12 | 64.12 |
| 72240 | TC | | | 76.86 | 76.86 |
| 72255 | | | | 143.44 | 143.44 |
| 72255 | 26 | | | 67.04 | 67.04 |
| 72255 | TC | | | 76.40 | 76.40 |
| 72265 | | | | 131.79 | 131.79 |
| 72265 | 26 | | | 57.73 | 57.73 |
| 72265 | TC | | | 74.07 | 74.07 |
| 72270 | | | | 183.85 | 183.85 |
| 72270 | 26 | | | 95.35 | 95.35 |
| 72270 | TC | | | 88.50 | 88.50 |
| 72275 | | | | 165.44 | 165.44 |
| 72275 | 26 | | | 55.06 | 55.06 |
| 72275 | TC | | | 110.38 | 110.38 |
| 72285 | | | | 159.77 | 159.77 |
| 72285 | 26 | | | 83.84 | 83.84 |
| 72285 | TC | | | 75.93 | 75.93 |
| 72295 | | | | 138.82 | 138.82 |
| 72295 | 26 | | | 61.03 | 61.03 |
| 72295 | TC | | | 77.79 | 77.79 |
| 73000 | | | | 38.94 | 38.94 |
| 73000 | 26 | | | 11.89 | 11.89 |
| 73000 | TC | | | 27.05 | 27.05 |
| 73010 | | | | 42.71 | 42.71 |
| 73010 | 26 | | | 12.87 | 12.87 |
| 73010 | TC | | | 29.84 | 29.84 |
| 73020 | | | | 31.91 | 31.91 |
| 73020 | 26 | | | 11.38 | 11.38 |
| 73020 | TC | | | 20.53 | 20.53 |
| 73030 | | | | 40.42 | 40.42 |
| 73030 | 26 | | | 13.37 | 13.37 |
| 73030 | TC | | | 27.05 | 27.05 |
| 73040 | | | | 147.71 | 147.71 |
| 73040 | 26 | | | 38.72 | 38.72 |
| 73040 | TC | | | 108.99 | 108.99 |
| 73050 | | | | 49.82 | 49.82 |
| 73050 | 26 | | | 14.85 | 14.85 |
| 73050 | TC | | | 34.96 | 34.96 |
| 73060 | | | | 40.34 | 40.34 |
| 73060 | 26 | | | 11.89 | 11.89 |
| 73060 | TC | | | 28.44 | 28.44 |
| 73070 | | | | 36.10 | 36.10 |
| 73070 | 26 | | | 11.38 | 11.38 |
| 73070 | TC | | | 24.72 | 24.72 |
| 73080 | | | | 39.91 | 39.91 |
| 73080 | 26 | | | 12.40 | 12.40 |
| 73080 | TC | | | 27.51 | 27.51 |
| 73085 | | | | 141.70 | 141.70 |
| 73085 | 26 | | | 40.63 | 40.63 |
| 73085 | TC | | | 101.07 | 101.07 |
| 73090 | | | | 37.54 | 37.54 |
| 73090 | 26 | | | 11.89 | 11.89 |
| 73090 | TC | | | 25.65 | 25.65 |
| 73092 | | | NRC | 38.47 | 38.47 |
| 73092 | 26 | | NRC | 11.43 | 11.43 |
| 73092 | TC | | NRC | 27.05 | 27.05 |

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2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 73100 | | | | 42.66 | 42.66 |
| 73100 | 26 | | | 11.89 | 11.89 |
| 73100 | TC | | | 30.77 | 30.77 |
| 73110 | | | | 48.76 | 48.76 |
| 73110 | 26 | | | 12.40 | 12.40 |
| 73110 | TC | | | 36.36 | 36.36 |
| 73115 | | | | 157.53 | 157.53 |
| 73115 | 26 | | | 40.16 | 40.16 |
| 73115 | TC | | | 117.37 | 117.37 |
| 73120 | | | | 38.94 | 38.94 |
| 73120 | 26 | | | 11.89 | 11.89 |
| 73120 | TC | | | 27.05 | 27.05 |
| 73130 | | | | 44.57 | 44.57 |
| 73130 | 26 | | | 12.40 | 12.40 |
| 73130 | TC | | | 32.17 | 32.17 |
| 73140 | | | | 44.87 | 44.87 |
| 73140 | 26 | | | 9.90 | 9.90 |
| 73140 | TC | | | 34.96 | 34.96 |
| 73200 | | | | 239.63 | 239.63 |
| 73200 | 26 | | | 71.06 | 71.06 |
| 73200 | TC | | | 168.58 | 168.58 |
| 73201 | | | | 297.62 | 297.62 |
| 73201 | 26 | | | 82.48 | 82.48 |
| 73201 | TC | | | 215.13 | 215.13 |
| 73202 | | | | 369.57 | 369.57 |
| 73202 | 26 | | | 86.46 | 86.46 |
| 73202 | TC | | | 283.11 | 283.11 |
| 73206 | | | | 438.34 | 438.34 |
| 73206 | 26 | | | 126.79 | 126.79 |
| 73206 | TC | | | 311.55 | 311.55 |
| 73218 | | | | 477.28 | 477.28 |
| 73218 | 26 | | | 95.90 | 95.90 |
| 73218 | TC | | | 381.38 | 381.38 |
| 73219 | | | | 524.56 | 524.56 |
| 73219 | 26 | | | 114.77 | 114.77 |
| 73219 | TC | | | 409.78 | 409.78 |
| 73220 | | | | 649.83 | 649.83 |
| 73220 | 26 | | | 151.59 | 151.59 |
| 73220 | TC | | | 498.24 | 498.24 |
| 73221 | | | | 312.01 | 312.01 |
| 73221 | 26 | | | 96.37 | 96.37 |
| 73221 | TC | | | 215.64 | 215.64 |
| 73222 | | | | 494.76 | 494.76 |
| 73222 | 26 | | | 115.24 | 115.24 |
| 73222 | TC | | | 379.52 | 379.52 |
| 73223 | | | | 614.45 | 614.45 |
| 73223 | 26 | | | 152.06 | 152.06 |
| 73223 | TC | | | 462.39 | 462.39 |
| 73225 | | | | 517.62 | 517.62 |
| 73225 | 26 | | | 119.94 | 119.94 |
| 73225 | TC | | | 397.68 | 397.68 |
| 73501 | | | | 41.35 | 41.35 |
| 73501 | 26 | | | 13.37 | 13.37 |
| 73501 | TC | | | 27.98 | 27.98 |
| 73502 | | | | 57.35 | 57.35 |
| 73502 | 26 | | | 15.87 | 15.87 |
| 73502 | TC | | | 41.48 | 41.48 |
| 73503 | | | | 71.57 | 71.57 |
| 73503 | 26 | | | 19.85 | 19.85 |
| 73503 | TC | | | 51.72 | 51.72 |
| 73521 | | | | 51.30 | 51.30 |
| 73521 | 26 | | | 15.87 | 15.87 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 73521 | TC | | | 35.43 | 35.43 |
| 73522 | | | | 67.00 | 67.00 |
| 73522 | 26 | | | 21.33 | 21.33 |
| 73522 | TC | | | 45.67 | 45.67 |
| 73523 | | | | 78.26 | 78.26 |
| 73523 | 26 | | | 22.81 | 22.81 |
| 73523 | TC | | | 55.45 | 55.45 |
| 73525 | | | | 150.59 | 150.59 |
| 73525 | 26 | | | 41.14 | 41.14 |
| 73525 | TC | | | 109.45 | 109.45 |
| 73551 | | | | 38.01 | 38.01 |
| 73551 | 26 | | | 11.89 | 11.89 |
| 73551 | TC | | | 26.12 | 26.12 |
| 73552 | | | | 44.61 | 44.61 |
| 73552 | 26 | | | 12.91 | 12.91 |
| 73552 | TC | | | 31.70 | 31.70 |
| 73560 | | | | 43.13 | 43.13 |
| 73560 | 26 | | | 11.89 | 11.89 |
| 73560 | TC | | | 31.24 | 31.24 |
| 73562 | | | | 49.73 | 49.73 |
| 73562 | 26 | | | 13.37 | 13.37 |
| 73562 | TC | | | 36.36 | 36.36 |
| 73564 | | | | 55.49 | 55.49 |
| 73564 | 26 | | | 15.87 | 15.87 |
| 73564 | TC | | | 39.62 | 39.62 |
| 73565 | | | | 49.65 | 49.65 |
| 73565 | 26 | | | 12.36 | 12.36 |
| 73565 | TC | | | 37.29 | 37.29 |
| 73580 | | | | 169.68 | 169.68 |
| 73580 | 26 | | | 40.67 | 40.67 |
| 73580 | TC | | | 129.01 | 129.01 |
| 73590 | | | | 39.41 | 39.41 |
| 73590 | 26 | | | 11.43 | 11.43 |
| 73590 | TC | | | 27.98 | 27.98 |
| 73592 | | | | 38.47 | 38.47 |
| 73592 | 26 | | | 11.43 | 11.43 |
| 73592 | TC | | | 27.05 | 27.05 |
| 73600 | | | | 41.27 | 41.27 |
| 73600 | 26 | | | 11.89 | 11.89 |
| 73600 | TC | | | 29.38 | 29.38 |
| 73610 | | | | 44.57 | 44.57 |
| 73610 | 26 | | | 12.40 | 12.40 |
| 73610 | TC | | | 32.17 | 32.17 |
| 73615 | | | | 158.04 | 158.04 |
| 73615 | 26 | | | 41.14 | 41.14 |
| 73615 | TC | | | 116.90 | 116.90 |
| 73620 | | | | 36.15 | 36.15 |
| 73620 | 26 | | | 10.96 | 10.96 |
| 73620 | TC | | | 25.18 | 25.18 |
| 73630 | | | | 41.78 | 41.78 |
| 73630 | 26 | | | 11.93 | 11.93 |
| 73630 | TC | | | 29.84 | 29.84 |
| 73650 | | | | 36.15 | 36.15 |
| 73650 | 26 | | | 11.43 | 11.43 |
| 73650 | TC | | | 24.72 | 24.72 |
| 73660 | | | | 38.35 | 38.35 |
| 73660 | 26 | | | 9.44 | 9.44 |
| 73660 | TC | | | 28.91 | 28.91 |
| 73700 | | | | 240.10 | 240.10 |
| 73700 | 26 | | | 71.06 | 71.06 |
| 73700 | TC | | | 169.04 | 169.04 |
| 73701 | | | | 301.34 | 301.34 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 73701 | 26 | | | 82.48 | 82.48 |
| 73701 | TC | | | 218.86 | 218.86 |
| 73702 | | | | 363.98 | 363.98 |
| 73702 | 26 | | | 86.00 | 86.00 |
| 73702 | TC | | | 277.98 | 277.98 |
| 73706 | | | | 474.66 | 474.66 |
| 73706 | 26 | | | 133.27 | 133.27 |
| 73706 | TC | | | 341.39 | 341.39 |
| 73718 | | | | 350.14 | 350.14 |
| 73718 | 26 | | | 95.43 | 95.43 |
| 73718 | TC | | | 254.71 | 254.71 |
| 73719 | | | | 414.22 | 414.22 |
| 73719 | 26 | | | 114.77 | 114.77 |
| 73719 | TC | | | 299.45 | 299.45 |
| 73720 | | | | 531.58 | 531.58 |
| 73720 | 26 | | | 151.59 | 151.59 |
| 73720 | TC | | | 379.99 | 379.99 |
| 73721 | | | | 312.01 | 312.01 |
| 73721 | 26 | | | 96.37 | 96.37 |
| 73721 | TC | | | 215.64 | 215.64 |
| 73722 | | | | 497.09 | 497.09 |
| 73722 | 26 | | | 115.24 | 115.24 |
| 73722 | TC | | | 381.85 | 381.85 |
| 73723 | | | | 613.05 | 613.05 |
| 73723 | 26 | | | 151.59 | 151.59 |
| 73723 | TC | | | 461.46 | 461.46 |
| 73725 | | | | 524.98 | 524.98 |
| 73725 | 26 | | | 126.83 | 126.83 |
| 73725 | TC | | | 398.14 | 398.14 |
| 74018 | | | | 38.09 | 38.09 |
| 74018 | 26 | | | 12.91 | 12.91 |
| 74018 | TC | | | 25.18 | 25.18 |
| 74019 | | | | 46.68 | 46.68 |
| 74019 | 26 | | | 16.38 | 16.38 |
| 74019 | TC | | | 30.31 | 30.31 |
| 74021 | | | | 53.88 | 53.88 |
| 74021 | 26 | | | 19.38 | 19.38 |
| 74021 | TC | | | 34.50 | 34.50 |
| 74022 | | | | 62.47 | 62.47 |
| 74022 | 26 | | | 22.85 | 22.85 |
| 74022 | TC | | | 39.62 | 39.62 |
| 74150 | | | | 201.84 | 201.84 |
| 74150 | 26 | | | 84.47 | 84.47 |
| 74150 | TC | | | 117.37 | 117.37 |
| 74160 | | | | 318.57 | 318.57 |
| 74160 | 26 | | | 89.93 | 89.93 |
| 74160 | TC | | | 228.64 | 228.64 |
| 74170 | | | | 361.06 | 361.06 |
| 74170 | 26 | | | 98.90 | 98.90 |
| 74170 | TC | | | 262.16 | 262.16 |
| 74174 | | | | 529.51 | 529.51 |
| 74174 | 26 | | | 154.18 | 154.18 |
| 74174 | TC | | | 375.33 | 375.33 |
| 74175 | | | | 421.16 | 421.16 |
| 74175 | 26 | | | 127.77 | 127.77 |
| 74175 | TC | | | 293.39 | 293.39 |
| 74176 | | | | 270.87 | 270.87 |
| 74176 | 26 | | | 123.24 | 123.24 |
| 74176 | TC | | | 147.63 | 147.63 |
| 74177 | | | | 426.70 | 426.70 |
| 74177 | 26 | | | 129.16 | 129.16 |
| 74177 | TC | | | 297.54 | 297.54 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 74178 | | | | 481.60 | 481.60 |
| 74178 | 26 | | | 141.65 | 141.65 |
| 74178 | TC | | | 339.95 | 339.95 |
| 74181 | | | | 326.86 | 326.86 |
| 74181 | 26 | | | 103.35 | 103.35 |
| 74181 | TC | | | 223.51 | 223.51 |
| 74182 | | | | 478.51 | 478.51 |
| 74182 | 26 | | | 122.73 | 122.73 |
| 74182 | TC | | | 355.78 | 355.78 |
| 74183 | | | | 533.70 | 533.70 |
| 74183 | 26 | | | 155.57 | 155.57 |
| 74183 | TC | | | 378.12 | 378.12 |
| 74185 | | | | 526.29 | 526.29 |
| 74185 | 26 | | | 126.28 | 126.28 |
| 74185 | TC | | | 400.01 | 400.01 |
| 74190 | | | | 288.61 | 288.61 |
| 74190 | 26 | | | 32.88 | 32.88 |
| 74190 | TC | | | 255.73 | 255.73 |
| 74210 | | | | 118.59 | 118.59 |
| 74210 | 26 | | | 41.73 | 41.73 |
| 74210 | TC | | | 76.86 | 76.86 |
| 74220 | | | | 130.14 | 130.14 |
| 74220 | 26 | | | 47.70 | 47.70 |
| 74220 | TC | | | 82.45 | 82.45 |
| 74221 | | | BR | TBD | TBD |
| 74221 | TC | | BR | TBD | TBD |
| 74221 | 26 | | BR | TBD | TBD |
| 74230 | | | | 169.55 | 169.55 |
| 74230 | 26 | | | 37.75 | 37.75 |
| 74230 | TC | | | 131.80 | 131.80 |
| 74235 | | | | 179.31 | 179.31 |
| 74235 | 26 | | | 84.47 | 84.47 |
| 74235 | TC | | | 94.84 | 94.84 |
| 74240 | | | | 163.75 | 163.75 |
| 74240 | 26 | | | 49.18 | 49.18 |
| 74240 | TC | | | 114.57 | 114.57 |
| 74246 | | | NRC | 181.91 | 181.91 |
| 74246 | 26 | | NRC | 48.71 | 48.71 |
| 74246 | TC | | NRC | 133.20 | 133.20 |
| 74248 | | | BR | TBD | TBD |
| 74250 | | | NRC | 150.21 | 150.21 |
| 74250 | 26 | | NRC | 33.31 | 33.31 |
| 74250 | TC | | NRC | 116.90 | 116.90 |
| 74251 | | | NRC | 569.25 | 569.25 |
| 74251 | 26 | | NRC | 48.71 | 48.71 |
| 74251 | TC | | NRC | 520.54 | 520.54 |
| 74261 | | | NRC | 643.06 | 643.06 |
| 74261 | 26 | | NRC | 169.96 | 169.96 |
| 74261 | TC | | NRC | 473.10 | 473.10 |
| 74262 | | | NRC | 721.23 | 721.23 |
| 74262 | 26 | | NRC | 176.90 | 176.90 |
| 74262 | TC | | NRC | 544.33 | 544.33 |
| 74263 | | | NRC | 1001.65 | 1001.65 |
| 74263 | 26 | | NRC | 159.83 | 159.83 |
| 74263 | TC | | NRC | 841.82 | 841.82 |
| 74270 | | | NRC | 214.50 | 214.50 |
| 74270 | 26 | | NRC | 48.71 | 48.71 |
| 74270 | TC | | NRC | 165.78 | 165.78 |
| 74280 | | | NRC | 302.91 | 302.91 |
| 74280 | 26 | | NRC | 70.08 | 70.08 |
| 74280 | TC | | NRC | 232.83 | 232.83 |
| 74283 | | | NRC | 316.83 | 316.83 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 74283 | 26 | | NRC | 145.92 | 145.92 |
| 74283 | TC | | NRC | 170.91 | 170.91 |
| 74290 | | | NRC | 101.58 | 101.58 |
| 74290 | 26 | | NRC | 22.85 | 22.85 |
| 74290 | TC | | NRC | 78.72 | 78.72 |
| 74300 | | | NRC | 172.30 | 172.30 |
| 74300 | 26 | | NRC | 25.86 | 25.86 |
| 74300 | TC | | NRC | 146.44 | 146.44 |
| 74301 | | | NRC | 161.33 | 161.33 |
| 74301 | 26 | | NRC | 14.90 | 14.90 |
| 74301 | TC | | NRC | 146.44 | 146.44 |
| 74328 | 26 | | NRC | 50.15 | 50.15 |
| 74329 | 26 | | NRC | 50.11 | 50.11 |
| 74330 | 26 | | NRC | 64.07 | 64.07 |
| 74340 | | | | 149.76 | 149.76 |
| 74340 | 26 | | | 38.26 | 38.26 |
| 74340 | TC | | | 111.50 | 111.50 |
| 74355 | | | | 200.37 | 200.37 |
| 74355 | 26 | | | 53.66 | 53.66 |
| 74355 | TC | | | 146.71 | 146.71 |
| 74360 | | | NRC | 134.69 | 134.69 |
| 74360 | 26 | | NRC | 39.74 | 39.74 |
| 74360 | TC | | NRC | 94.95 | 94.95 |
| 74363 | | | NRC | 375.47 | 375.47 |
| 74363 | 26 | | NRC | 60.73 | 60.73 |
| 74363 | TC | | NRC | 314.74 | 314.74 |
| 74400 | | | NRC | 158.67 | 158.67 |
| 74400 | 26 | | NRC | 34.79 | 34.79 |
| 74400 | TC | | NRC | 123.88 | 123.88 |
| 74410 | | | NRC | 161.00 | 161.00 |
| 74410 | 26 | | NRC | 34.32 | 34.32 |
| 74410 | TC | | NRC | 126.68 | 126.68 |
| 74415 | | | NRC | 191.73 | 191.73 |
| 74415 | 26 | | NRC | 34.79 | 34.79 |
| 74415 | TC | | NRC | 156.94 | 156.94 |
| 74420 | | | NRC | 96.37 | 96.37 |
| 74420 | 26 | | NRC | 36.27 | 36.27 |
| 74420 | TC | | NRC | 60.10 | 60.10 |
| 74425 | | | | 233.74 | 233.74 |
| 74425 | 26 | | | 24.88 | 24.88 |
| 74425 | TC | | | 208.86 | 208.86 |
| 74430 | | | | 53.16 | 53.16 |
| 74430 | 26 | | | 22.85 | 22.85 |
| 74430 | TC | | | 30.31 | 30.31 |
| 74440 | | | NRC | 115.29 | 115.29 |
| 74440 | 26 | | NRC | 25.86 | 25.86 |
| 74440 | TC | | NRC | 89.43 | 89.43 |
| 74445 | | | NRC | 223.33 | 223.33 |
| 74445 | 26 | | NRC | 78.03 | 78.03 |
| 74445 | TC | | NRC | 145.30 | 145.30 |
| 74450 | | | | 232.29 | 232.29 |
| 74450 | 26 | | | 23.36 | 23.36 |
| 74450 | TC | | | 208.93 | 208.93 |
| 74455 | | | | 120.24 | 120.24 |
| 74455 | 26 | | | 23.36 | 23.36 |
| 74455 | TC | | | 96.88 | 96.88 |
| 74470 | | | | 183.91 | 183.91 |
| 74470 | 26 | | | 37.33 | 37.33 |
| 74470 | TC | | | 146.58 | 146.58 |
| 74485 | | | | 144.28 | 144.28 |
| 74485 | 26 | | | 56.71 | 56.71 |
| 74485 | TC | | | 87.57 | 87.57 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 74710 | | | NRC | 51.85 | 51.85 |
| 74710 | 26 | | NRC | 24.33 | 24.33 |
| 74710 | TC | | NRC | 27.51 | 27.51 |
| 74712 | | | NRC | 644.79 | 644.79 |
| 74712 | 26 | | NRC | 212.20 | 212.20 |
| 74712 | TC | | NRC | 432.60 | 432.60 |
| 74713 | | | NRC | 315.60 | 315.60 |
| 74713 | 26 | | NRC | 131.66 | 131.66 |
| 74713 | TC | | NRC | 183.94 | 183.94 |
| 74740 | | | NRC | 109.75 | 109.75 |
| 74740 | 26 | | NRC | 26.83 | 26.83 |
| 74740 | TC | | NRC | 82.91 | 82.91 |
| 74742 | | | NRC | 299.44 | 299.44 |
| 74742 | 26 | | NRC | 43.72 | 43.72 |
| 74742 | TC | | NRC | 255.73 | 255.73 |
| 74775 | | | NRC | 253.08 | 253.08 |
| 74775 | 26 | | NRC | 44.23 | 44.23 |
| 74775 | TC | | NRC | 208.86 | 208.86 |
| 75557 | | | NRC | 436.89 | 436.89 |
| 75557 | 26 | | NRC | 163.56 | 163.56 |
| 75557 | TC | | NRC | 273.33 | 273.33 |
| 75559 | | | NRC | 607.58 | 607.58 |
| 75559 | 26 | | NRC | 201.52 | 201.52 |
| 75559 | TC | | NRC | 406.06 | 406.06 |
| 75561 | | | NRC | 571.65 | 571.65 |
| 75561 | 26 | | NRC | 180.49 | 180.49 |
| 75561 | TC | | NRC | 391.16 | 391.16 |
| 75563 | | | NRC | 677.16 | 677.16 |
| 75563 | 26 | | NRC | 206.85 | 206.85 |
| 75563 | TC | | NRC | 470.31 | 470.31 |
| 75565 | | | | 71.40 | 71.40 |
| 75565 | 26 | | | 17.39 | 17.39 |
| 75565 | TC | | | 54.01 | 54.01 |
| 75571 | | | | 138.57 | 138.57 |
| 75571 | 26 | | | 40.75 | 40.75 |
| 75571 | TC | | | 97.81 | 97.81 |
| 75572 | | | | 357.97 | 357.97 |
| 75572 | 26 | | | 122.77 | 122.77 |
| 75572 | TC | | | 235.20 | 235.20 |
| 75573 | | | NRC | 485.36 | 485.36 |
| 75573 | 26 | | NRC | 178.46 | 178.46 |
| 75573 | TC | | NRC | 306.89 | 306.89 |
| 75574 | | | | 524.76 | 524.76 |
| 75574 | 26 | | | 167.08 | 167.08 |
| 75574 | TC | | | 357.68 | 357.68 |
| 75600 | | | NRC | 264.49 | 264.49 |
| 75600 | 26 | | NRC | 34.46 | 34.46 |
| 75600 | TC | | NRC | 230.03 | 230.03 |
| 75605 | | | NRC | 181.28 | 181.28 |
| 75605 | 26 | | NRC | 78.81 | 78.81 |
| 75605 | TC | | NRC | 102.47 | 102.47 |
| 75625 | | | NRC | 179.13 | 179.13 |
| 75625 | 26 | | NRC | 78.99 | 78.99 |
| 75625 | TC | | NRC | 100.14 | 100.14 |
| 75630 | | | NRC | 226.27 | 226.27 |
| 75630 | 26 | | NRC | 124.27 | 124.27 |
| 75630 | TC | | NRC | 102.00 | 102.00 |
| 75635 | | | NRC | 590.50 | 590.50 |
| 75635 | 26 | | NRC | 167.63 | 167.63 |
| 75635 | TC | | NRC | 422.86 | 422.86 |
| 75705 | | | NRC | 342.87 | 342.87 |
| 75705 | 26 | | NRC | 165.41 | 165.41 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 75705 | TC | | NRC | 177.47 | 177.47 |
| 75710 | | | NRC | 228.61 | 228.61 |
| 75710 | 26 | | NRC | 122.42 | 122.42 |
| 75710 | TC | | NRC | 106.19 | 106.19 |
| 75716 | | | NRC | 243.88 | 243.88 |
| 75716 | 26 | | NRC | 136.29 | 136.29 |
| 75716 | TC | | NRC | 107.59 | 107.59 |
| 75726 | | | NRC | 195.15 | 195.15 |
| 75726 | 26 | | NRC | 77.79 | 77.79 |
| 75726 | TC | | NRC | 117.37 | 117.37 |
| 75731 | | | NRC | 225.42 | 225.42 |
| 75731 | 26 | | NRC | 81.00 | 81.00 |
| 75731 | TC | | NRC | 144.41 | 144.41 |
| 75733 | | | NRC | 242.85 | 242.85 |
| 75733 | 26 | | NRC | 90.01 | 90.01 |
| 75733 | TC | | NRC | 152.84 | 152.84 |
| 75736 | | | NRC | 209.26 | 209.26 |
| 75736 | 26 | | NRC | 77.88 | 77.88 |
| 75736 | TC | | NRC | 131.38 | 131.38 |
| 75741 | | | NRC | 198.24 | 198.24 |
| 75741 | 26 | | NRC | 89.72 | 89.72 |
| 75741 | TC | | NRC | 108.52 | 108.52 |
| 75743 | | | NRC | 223.60 | 223.60 |
| 75743 | 26 | | NRC | 113.68 | 113.68 |
| 75743 | TC | | NRC | 109.92 | 109.92 |
| 75746 | | | NRC | 198.83 | 198.83 |
| 75746 | 26 | | NRC | 78.68 | 78.68 |
| 75746 | TC | | NRC | 120.16 | 120.16 |
| 75756 | | | NRC | 228.57 | 228.57 |
| 75756 | 26 | | NRC | 80.89 | 80.89 |
| 75756 | TC | | NRC | 147.67 | 147.67 |
| 75774 | | | NRC | 110.17 | 110.17 |
| 75774 | 26 | | NRC | 24.46 | 24.46 |
| 75774 | TC | | NRC | 85.71 | 85.71 |
| 75801 | | | NRC | 318.81 | 318.81 |
| 75801 | 26 | | NRC | 63.16 | 63.16 |
| 75801 | TC | | NRC | 255.65 | 255.65 |
| 75803 | | | NRC | 339.10 | 339.10 |
| 75803 | 26 | | NRC | 83.46 | 83.46 |
| 75803 | TC | | NRC | 255.65 | 255.65 |
| 75805 | | | NRC | 313.29 | 313.29 |
| 75805 | 26 | | NRC | 57.64 | 57.64 |
| 75805 | TC | | NRC | 255.65 | 255.65 |
| 75807 | | | NRC | 335.38 | 335.38 |
| 75807 | 26 | | NRC | 79.73 | 79.73 |
| 75807 | TC | | NRC | 255.65 | 255.65 |
| 75809 | | | | 127.40 | 127.40 |
| 75809 | 26 | | | 33.77 | 33.77 |
| 75809 | TC | | | 93.62 | 93.62 |
| 75810 | | | NRC | 891.53 | 891.53 |
| 75810 | 26 | | NRC | 70.30 | 70.30 |
| 75810 | TC | | NRC | 821.23 | 821.23 |
| 75820 | | | NRC | 149.91 | 149.91 |
| 75820 | 26 | | NRC | 49.31 | 49.31 |
| 75820 | TC | | NRC | 100.61 | 100.61 |
| 75822 | | | NRC | 176.24 | 176.24 |
| 75822 | 26 | | NRC | 73.31 | 73.31 |
| 75822 | TC | | NRC | 102.93 | 102.93 |
| 75825 | | | NRC | 176.76 | 176.76 |
| 75825 | 26 | | NRC | 78.94 | 78.94 |
| 75825 | TC | | NRC | 97.81 | 97.81 |
| 75827 | | | NRC | 183.32 | 183.32 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 75827 | 26 | | NRC | 79.92 | 79.92 |
| 75827 | TC | | NRC | 103.40 | 103.40 |
| 75831 | | | NRC | 184.07 | 184.07 |
| 75831 | 26 | | NRC | 77.88 | 77.88 |
| 75831 | TC | | NRC | 106.19 | 106.19 |
| 75833 | | | NRC | 219.05 | 219.05 |
| 75833 | 26 | | NRC | 103.50 | 103.50 |
| 75833 | TC | | NRC | 115.55 | 115.55 |
| 75840 | | | NRC | 195.11 | 195.11 |
| 75840 | 26 | | NRC | 81.00 | 81.00 |
| 75840 | TC | | NRC | 114.11 | 114.11 |
| 75842 | | | NRC | 237.22 | 237.22 |
| 75842 | 26 | | NRC | 105.85 | 105.85 |
| 75842 | TC | | NRC | 131.38 | 131.38 |
| 75860 | | | NRC | 191.05 | 191.05 |
| 75860 | 26 | | NRC | 79.74 | 79.74 |
| 75860 | TC | | NRC | 111.31 | 111.31 |
| 75870 | | | NRC | 252.67 | 252.67 |
| 75870 | 26 | | NRC | 91.07 | 91.07 |
| 75870 | TC | | NRC | 161.59 | 161.59 |
| 75872 | | | NRC | 195.11 | 195.11 |
| 75872 | 26 | | NRC | 81.00 | 81.00 |
| 75872 | TC | | NRC | 114.11 | 114.11 |
| 75880 | | | NRC | 163.33 | 163.33 |
| 75880 | 26 | | NRC | 49.68 | 49.68 |
| 75880 | TC | | NRC | 113.64 | 113.64 |
| 75885 | | | NRC | 206.20 | 206.20 |
| 75885 | 26 | | NRC | 95.81 | 95.81 |
| 75885 | TC | | NRC | 110.38 | 110.38 |
| 75887 | | | NRC | 207.13 | 207.13 |
| 75887 | 26 | | NRC | 96.28 | 96.28 |
| 75887 | TC | | NRC | 110.85 | 110.85 |
| 75889 | | | NRC | 188.13 | 188.13 |
| 75889 | 26 | | NRC | 77.28 | 77.28 |
| 75889 | TC | | NRC | 110.85 | 110.85 |
| 75891 | | | NRC | 190.45 | 190.45 |
| 75891 | 26 | | NRC | 78.21 | 78.21 |
| 75891 | TC | | NRC | 112.24 | 112.24 |
| 75893 | | | NRC | 157.07 | 157.07 |
| 75893 | 26 | | NRC | 38.30 | 38.30 |
| 75893 | TC | | NRC | 118.76 | 118.76 |
| 75894 | | | NRC | 831.06 | 831.06 |
| 75894 | 26 | | NRC | 102.50 | 102.50 |
| 75894 | TC | | NRC | 728.56 | 728.56 |
| 75898 | | | NRC | 275.16 | 275.16 |
| 75898 | 26 | | NRC | 127.94 | 127.94 |
| 75898 | TC | | NRC | 147.21 | 147.21 |
| 75901 | | | | 263.89 | 263.89 |
| 75901 | 26 | | | 33.39 | 33.39 |
| 75901 | TC | | | 230.50 | 230.50 |
| 75902 | | | | 105.18 | 105.18 |
| 75902 | 26 | | | 26.92 | 26.92 |
| 75902 | TC | | | 78.26 | 78.26 |
| 75956 | 26 | | | 492.31 | 492.31 |
| 75957 | 26 | | | 422.67 | 422.67 |
| 75958 | 26 | | | 280.74 | 280.74 |
| 75959 | 26 | | NRC | 244.67 | 244.67 |
| 75970 | | | | 598.73 | 598.73 |
| 75970 | 26 | | | 56.33 | 56.33 |
| 75970 | TC | | | 542.40 | 542.40 |
| 75984 | | | NRC | 137.80 | 137.80 |
| 75984 | 26 | | NRC | 49.30 | 49.30 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 75984 | TC | | NRC | 88.50 | 88.50 |
| 75989 | | | NRC | 164.64 | 164.64 |
| 75989 | 26 | | NRC | 82.19 | 82.19 |
| 75989 | TC | | NRC | 82.45 | 82.45 |
| 76000 | | | | 63.36 | 63.36 |
| 76000 | 26 | | | 21.88 | 21.88 |
| 76000 | TC | | | 41.48 | 41.48 |
| 76010 | | | NRC | 36.70 | 36.70 |
| 76010 | 26 | | NRC | 12.91 | 12.91 |
| 76010 | TC | | NRC | 23.79 | 23.79 |
| 76080 | | | NRC | 77.41 | 77.41 |
| 76080 | 26 | | NRC | 36.86 | 36.86 |
| 76080 | TC | | NRC | 40.55 | 40.55 |
| 76098 | | | NRC | 22.64 | 22.64 |
| 76098 | 26 | | NRC | 11.43 | 11.43 |
| 76098 | TC | | NRC | 11.22 | 11.22 |
| 76100 | | | NRC | 127.02 | 127.02 |
| 76100 | 26 | | NRC | 44.10 | 44.10 |
| 76100 | TC | | NRC | 82.91 | 82.91 |
| 76101 | | | NRC | 126.40 | 126.40 |
| 76101 | 26 | | NRC | 40.23 | 40.23 |
| 76101 | TC | | NRC | 86.17 | 86.17 |
| 76102 | | | NRC | 230.08 | 230.08 |
| 76102 | 26 | | NRC | 47.50 | 47.50 |
| 76102 | TC | | NRC | 182.59 | 182.59 |
| 76120 | | | NRC | 135.35 | 135.35 |
| 76120 | 26 | | NRC | 25.90 | 25.90 |
| 76120 | TC | | NRC | 109.45 | 109.45 |
| 76125 | | | NRC | 81.09 | 81.09 |
| 76125 | 26 | | NRC | 19.85 | 19.85 |
| 76125 | TC | | NRC | 61.24 | 61.24 |
| 76140 | | | NRC | 0.00 | 0.00 |
| 76376 | | | | 31.19 | 31.19 |
| 76376 | 26 | | | 13.92 | 13.92 |
| 76376 | TC | | | 17.27 | 17.27 |
| 76377 | | | | 97.17 | 97.17 |
| 76377 | 26 | | | 56.16 | 56.16 |
| 76377 | TC | | | 41.01 | 41.01 |
| 76380 | | | | 193.93 | 193.93 |
| 76380 | 26 | | | 68.65 | 68.65 |
| 76380 | TC | | | 125.28 | 125.28 |
| 76390 | | | | 579.23 | 579.23 |
| 76390 | 26 | | | 98.26 | 98.26 |
| 76390 | TC | | | 480.97 | 480.97 |
| 76391 | | | | 315.01 | 315.01 |
| 76391 | 26 | | | 78.46 | 78.46 |
| 76391 | TC | | | 236.55 | 236.55 |
| 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 | | | | 154.70 | 154.70 |
| 76506 | 26 | | | 45.24 | 45.24 |
| 76506 | TC | | | 109.45 | 109.45 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 76510 | | | | 149.69 | 149.69 |
| 76510 | 26 | | | 79.81 | 79.81 |
| 76510 | TC | | | 69.88 | 69.88 |
| 76511 | | | | 92.64 | 92.64 |
| 76511 | 26 | | | 50.69 | 50.69 |
| 76511 | TC | | | 41.95 | 41.95 |
| 76512 | | | | 82.99 | 82.99 |
| 76512 | 26 | | | 48.49 | 48.49 |
| 76512 | TC | | | 34.50 | 34.50 |
| 76513 | | | | 132.30 | 132.30 |
| 76513 | 26 | | | 50.31 | 50.31 |
| 76513 | TC | | | 81.98 | 81.98 |
| 76514 | | | | 17.44 | 17.44 |
| 76514 | 26 | | | 11.34 | 11.34 |
| 76514 | TC | | | 6.10 | 6.10 |
| 76516 | | | | 73.01 | 73.01 |
| 76516 | 26 | | | 31.99 | 31.99 |
| 76516 | TC | | | 41.01 | 41.01 |
| 76519 | | | | 89.42 | 89.42 |
| 76519 | 26 | | | 43.76 | 43.76 |
| 76519 | TC | | | 45.67 | 45.67 |
| 76529 | | | | 110.97 | 110.97 |
| 76529 | 26 | | | 46.21 | 46.21 |
| 76529 | TC | | | 64.76 | 64.76 |
| 76536 | | | | 153.85 | 153.85 |
| 76536 | 26 | | | 39.74 | 39.74 |
| 76536 | TC | | | 114.11 | 114.11 |
| 76604 | | | | 119.35 | 119.35 |
| 76604 | 26 | | | 38.30 | 38.30 |
| 76604 | TC | | | 81.05 | 81.05 |
| 76641 | | | | 143.90 | 143.90 |
| 76641 | 26 | | | 51.67 | 51.67 |
| 76641 | TC | | | 92.23 | 92.23 |
| 76642 | | | | 118.08 | 118.08 |
| 76642 | 26 | | | 48.20 | 48.20 |
| 76642 | TC | | | 69.88 | 69.88 |
| 76700 | | | | 163.32 | 163.32 |
| 76700 | 26 | | | 57.13 | 57.13 |
| 76700 | TC | | | 106.19 | 106.19 |
| 76705 | | | | 121.85 | 121.85 |
| 76705 | 26 | | | 41.26 | 41.26 |
| 76705 | TC | | | 80.59 | 80.59 |
| 76706 | | | NRC | 151.48 | 151.48 |
| 76706 | 26 | | NRC | 38.77 | 38.77 |
| 76706 | TC | | NRC | 112.71 | 112.71 |
| 76770 | | | | 151.39 | 151.39 |
| 76770 | 26 | | | 52.18 | 52.18 |
| 76770 | TC | | | 99.21 | 99.21 |
| 76775 | | | | 79.44 | 79.44 |
| 76775 | 26 | | | 40.75 | 40.75 |
| 76775 | TC | | | 38.69 | 38.69 |
| 76776 | | | | 207.34 | 207.34 |
| 76776 | 26 | | | 53.66 | 53.66 |
| 76776 | TC | | | 153.68 | 153.68 |
| 76800 | | | | 193.56 | 193.56 |
| 76800 | 26 | | | 83.65 | 83.65 |
| 76800 | TC | | | 109.92 | 109.92 |
| 76801 | | | NRC | 165.57 | 165.57 |
| 76801 | 26 | | NRC | 70.55 | 70.55 |
| 76801 | TC | | NRC | 95.02 | 95.02 |
| 76802 | | | NRC | 88.03 | 88.03 |
| 76802 | 26 | | NRC | 59.63 | 59.63 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 76802 | TC | | NRC | 28.40 | 28.40 |
| 76805 | | | NRC | 189.36 | 189.36 |
| 76805 | 26 | | NRC | 71.06 | 71.06 |
| 76805 | TC | | NRC | 118.30 | 118.30 |
| 76810 | | | NRC | 126.93 | 126.93 |
| 76810 | 26 | | NRC | 71.06 | 71.06 |
| 76810 | TC | | NRC | 55.87 | 55.87 |
| 76811 | | | NRC | 247.18 | 247.18 |
| 76811 | 26 | | NRC | 137.68 | 137.68 |
| 76811 | TC | | NRC | 109.50 | 109.50 |
| 76812 | | | NRC | 274.56 | 274.56 |
| 76812 | 26 | | NRC | 130.19 | 130.19 |
| 76812 | TC | | NRC | 144.37 | 144.37 |
| 76813 | | | NRC | 166.08 | 166.08 |
| 76813 | 26 | | NRC | 85.96 | 85.96 |
| 76813 | TC | | NRC | 80.12 | 80.12 |
| 76814 | | | NRC | 110.30 | 110.30 |
| 76814 | 26 | | NRC | 72.55 | 72.55 |
| 76814 | TC | | NRC | 37.76 | 37.76 |
| 76815 | | | NRC | 113.77 | 113.77 |
| 76815 | 26 | | NRC | 46.21 | 46.21 |
| 76815 | TC | | NRC | 67.55 | 67.55 |
| 76816 | | | NRC | 154.32 | 154.32 |
| 76816 | 26 | | NRC | 61.62 | 61.62 |
| 76816 | TC | | NRC | 92.69 | 92.69 |
| 76817 | | | NRC | 130.53 | 130.53 |
| 76817 | 26 | | NRC | 53.66 | 53.66 |
| 76817 | TC | | NRC | 76.86 | 76.86 |
| 76818 | | | NRC | 165.07 | 165.07 |
| 76818 | 26 | | NRC | 76.52 | 76.52 |
| 76818 | TC | | NRC | 88.55 | 88.55 |
| 76819 | | | NRC | 120.88 | 120.88 |
| 76819 | 26 | | NRC | 55.66 | 55.66 |
| 76819 | TC | | NRC | 65.22 | 65.22 |
| 76820 | | | NRC | 65.18 | 65.18 |
| 76820 | 26 | | NRC | 36.27 | 36.27 |
| 76820 | TC | | NRC | 28.91 | 28.91 |
| 76821 | | | NRC | 124.77 | 124.77 |
| 76821 | 26 | | NRC | 51.17 | 51.17 |
| 76821 | TC | | NRC | 73.60 | 73.60 |
| 76825 | | | NRC | 370.25 | 370.25 |
| 76825 | 26 | | NRC | 118.29 | 118.29 |
| 76825 | TC | | NRC | 251.96 | 251.96 |
| 76826 | | | NRC | 218.81 | 218.81 |
| 76826 | 26 | | NRC | 58.15 | 58.15 |
| 76826 | TC | | NRC | 160.66 | 160.66 |
| 76827 | | | NRC | 100.86 | 100.86 |
| 76827 | 26 | | NRC | 40.75 | 40.75 |
| 76827 | TC | | NRC | 60.10 | 60.10 |
| 76828 | | | NRC | 72.88 | 72.88 |
| 76828 | 26 | | NRC | 40.25 | 40.25 |
| 76828 | TC | | NRC | 32.63 | 32.63 |
| 76830 | | | NRC | 163.28 | 163.28 |
| 76830 | 26 | | NRC | 49.18 | 49.18 |
| 76830 | TC | | NRC | 114.11 | 114.11 |
| 76831 | | | NRC | 159.26 | 159.26 |
| 76831 | 26 | | NRC | 51.68 | 51.68 |
| 76831 | TC | | NRC | 107.59 | 107.59 |
| 76856 | | | NRC | 146.99 | 146.99 |
| 76856 | 26 | | NRC | 48.71 | 48.71 |
| 76856 | TC | | NRC | 98.28 | 98.28 |
| 76857 | | | NRC | 66.53 | 66.53 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 76857 | 26 | | NRC | 35.30 | 35.30 |
| 76857 | TC | | NRC | 31.24 | 31.24 |
| 76870 | | | | 141.19 | 141.19 |
| 76870 | 26 | | | 45.24 | 45.24 |
| 76870 | TC | | | 95.95 | 95.95 |
| 76872 | | | NRC | 171.57 | 171.57 |
| 76872 | 26 | | NRC | 47.23 | 47.23 |
| 76872 | TC | | NRC | 124.35 | 124.35 |
| 76873 | | | NRC | 235.43 | 235.43 |
| 76873 | 26 | | NRC | 110.15 | 110.15 |
| 76873 | TC | | NRC | 125.28 | 125.28 |
| 76881 | | | NRC | 119.69 | 119.69 |
| 76881 | 26 | | NRC | 44.69 | 44.69 |
| 76881 | TC | | NRC | 75.00 | 75.00 |
| 76882 | | | NRC | 77.66 | 77.66 |
| 76882 | 26 | | NRC | 34.79 | 34.79 |
| 76882 | TC | | NRC | 42.88 | 42.88 |
| 76885 | | | NRC | 191.89 | 191.89 |
| 76885 | 26 | | NRC | 52.65 | 52.65 |
| 76885 | TC | | NRC | 139.25 | 139.25 |
| 76886 | | | NRC | 141.11 | 141.11 |
| 76886 | 26 | | NRC | 44.23 | 44.23 |
| 76886 | TC | | NRC | 96.88 | 96.88 |
| 76932 | | | | 228.50 | 228.50 |
| 76932 | 26 | | | 46.72 | 46.72 |
| 76932 | TC | | | 181.78 | 181.78 |
| 76936 | | | NRC | 363.28 | 363.28 |
| 76936 | 26 | | NRC | 138.33 | 138.33 |
| 76936 | TC | | NRC | 224.96 | 224.96 |
| 76937 | | | | 46.05 | 46.05 |
| 76937 | 26 | | | 20.44 | 20.44 |
| 76937 | TC | | | 25.61 | 25.61 |
| 76940 | | | NRC | 248.76 | 248.76 |
| 76940 | 26 | | NRC | 145.86 | 145.86 |
| 76940 | TC | | NRC | 102.89 | 102.89 |
| 76941 | | | NRC | 200.79 | 200.79 |
| 76941 | 26 | | NRC | 97.90 | 97.90 |
| 76941 | TC | | NRC | 102.89 | 102.89 |
| 76942 | | | | 77.96 | 77.96 |
| 76942 | 26 | | | 45.32 | 45.32 |
| 76942 | TC | | | 32.63 | 32.63 |
| 76945 | | | NRC | 152.58 | 152.58 |
| 76945 | 26 | | NRC | 49.18 | 49.18 |
| 76945 | TC | | NRC | 103.40 | 103.40 |
| 76946 | | | NRC | 44.61 | 44.61 |
| 76946 | 26 | | NRC | 27.34 | 27.34 |
| 76946 | TC | | NRC | 17.27 | 17.27 |
| 76948 | | | NRC | 101.83 | 101.83 |
| 76948 | 26 | | NRC | 49.18 | 49.18 |
| 76948 | TC | | NRC | 52.65 | 52.65 |
| 76965 | | | | 127.89 | 127.89 |
| 76965 | 26 | | | 95.26 | 95.26 |
| 76965 | TC | | | 32.63 | 32.63 |
| 76970 | | | | 120.12 | 120.12 |
| 76970 | 26 | | | 27.43 | 27.43 |
| 76970 | TC | | | 92.69 | 92.69 |
| 76975 | | | NRC | 194.17 | 194.17 |
| 76975 | 26 | | NRC | 59.41 | 59.41 |
| 76975 | TC | | NRC | 134.75 | 134.75 |
| 76977 | | | NRC | 10.08 | 10.08 |
| 76977 | 26 | | NRC | 3.98 | 3.98 |
| 76977 | TC | | NRC | 6.10 | 6.10 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 76978 | | | | 434.70 | 434.70 |
| 76978 | 26 | | | 114.35 | 114.35 |
| 76978 | TC | | | 320.35 | 320.35 |
| 76979 | | | | 293.85 | 293.85 |
| 76979 | 26 | | | 60.14 | 60.14 |
| 76979 | TC | | | 233.71 | 233.71 |
| 76981 | | | | 144.24 | 144.24 |
| 76981 | 26 | | | 42.24 | 42.24 |
| 76981 | TC | | | 102.00 | 102.00 |
| 76982 | | | | 129.34 | 129.34 |
| 76982 | 26 | | | 42.24 | 42.24 |
| 76982 | TC | | | 87.10 | 87.10 |
| 76983 | | | | 79.99 | 79.99 |
| 76983 | 26 | | | 35.76 | 35.76 |
| 76983 | TC | | | 44.23 | 44.23 |
| 76998 | | | | 225.77 | 225.77 |
| 76998 | 26 | | | 90.31 | 90.31 |
| 76998 | TC | | | 135.47 | 135.47 |
| 76999 | | | BR | 0.00 | 0.00 |
| 76999 | 26 | | BR | 0.00 | 0.00 |
| 76999 | TC | | BR | 0.00 | 0.00 |
| 77001 | | | | 120.50 | 120.50 |
| 77001 | 26 | | | 26.41 | 26.41 |
| 77001 | TC | | | 94.09 | 94.09 |
| 77002 | | | | 135.60 | 135.60 |
| 77002 | 26 | | | 39.19 | 39.19 |
| 77002 | TC | | | 96.42 | 96.42 |
| 77003 | | | | 131.71 | 131.71 |
| 77003 | 26 | | | 42.75 | 42.75 |
| 77003 | TC | | | 88.97 | 88.97 |
| 77011 | | | NRC | 306.72 | 306.72 |
| 77011 | 26 | | NRC | 88.79 | 88.79 |
| 77011 | TC | | NRC | 217.93 | 217.93 |
| 77012 | | | | 205.56 | 205.56 |
| 77012 | 26 | | | 104.49 | 104.49 |
| 77012 | TC | | | 101.07 | 101.07 |
| 77013 | | | NRC | 690.38 | 690.38 |
| 77013 | 26 | | NRC | 272.04 | 272.04 |
| 77013 | TC | | NRC | 418.34 | 418.34 |
| 77014 | | | | 162.56 | 162.56 |
| 77014 | 26 | | | 62.89 | 62.89 |
| 77014 | TC | | | 99.67 | 99.67 |
| 77021 | | | | 632.44 | 632.44 |
| 77021 | 26 | | | 103.47 | 103.47 |
| 77021 | TC | | | 528.97 | 528.97 |
| 77022 | | | NRC | 698.30 | 698.30 |
| 77022 | 26 | | NRC | 305.21 | 305.21 |
| 77022 | TC | | NRC | 393.08 | 393.08 |
| 77046 | | | | 333.34 | 333.34 |
| 77046 | 26 | | | 102.37 | 102.37 |
| 77046 | TC | | | 230.96 | 230.96 |
| 77047 | | | | 342.86 | 342.86 |
| 77047 | 26 | | | 113.29 | 113.29 |
| 77047 | TC | | | 229.57 | 229.57 |
| 77048 | | | | 528.58 | 528.58 |
| 77048 | 26 | | | 148.12 | 148.12 |
| 77048 | TC | | | 380.45 | 380.45 |
| 77049 | | | | 540.64 | 540.64 |
| 77049 | 26 | | | 162.05 | 162.05 |
| 77049 | TC | | | 378.59 | 378.59 |
| 77053 | | | | 77.07 | 77.07 |
| 77053 | 26 | | | 25.35 | 25.35 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 77053 | TC | | | 51.72 | 51.72 |
| 77054 | | | | 100.77 | 100.77 |
| 77054 | 26 | | | 32.29 | 32.29 |
| 77054 | TC | | | 68.48 | 68.48 |
| 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 | | | | 74.82 | 74.82 |
| 77063 | 26 | | | 42.24 | 42.24 |
| 77063 | TC | | | 32.59 | 32.59 |
| 77065 | | | | 179.20 | 179.20 |
| 77065 | 26 | | | 57.64 | 57.64 |
| 77065 | TC | | | 121.56 | 121.56 |
| 77066 | | | | 226.60 | 226.60 |
| 77066 | 26 | | | 71.06 | 71.06 |
| 77066 | TC | | | 155.54 | 155.54 |
| 77067 | | | NRC | 182.20 | 182.20 |
| 77067 | 26 | | NRC | 53.66 | 53.66 |
| 77067 | TC | | NRC | 128.54 | 128.54 |
| 77071 | | | | 68.62 | 68.62 |
| 77072 | | | NRC | 32.55 | 32.55 |
| 77072 | 26 | | NRC | 13.42 | 13.42 |
| 77072 | TC | | NRC | 19.13 | 19.13 |
| 77073 | | | NRC | 50.62 | 50.62 |
| 77073 | 26 | | NRC | 20.32 | 20.32 |
| 77073 | TC | | NRC | 30.31 | 30.31 |
| 77074 | | | NRC | 91.00 | 91.00 |
| 77074 | 26 | | NRC | 32.29 | 32.29 |
| 77074 | TC | | NRC | 58.71 | 58.71 |
| 77075 | | | NRC | 123.50 | 123.50 |
| 77075 | 26 | | NRC | 38.26 | 38.26 |
| 77075 | TC | | NRC | 85.24 | 85.24 |
| 77076 | | | NRC | 135.86 | 135.86 |
| 77076 | 26 | | NRC | 49.68 | 49.68 |
| 77076 | TC | | NRC | 86.17 | 86.17 |
| 77077 | | | NRC | 52.19 | 52.19 |
| 77077 | 26 | | NRC | 22.81 | 22.81 |
| 77077 | TC | | NRC | 29.38 | 29.38 |
| 77078 | | | NRC | 151.98 | 151.98 |
| 77078 | 26 | | NRC | 17.39 | 17.39 |
| 77078 | TC | | NRC | 134.59 | 134.59 |
| 77080 | | | NRC | 53.54 | 53.54 |
| 77080 | 26 | | NRC | 13.92 | 13.92 |
| 77080 | TC | | NRC | 39.62 | 39.62 |
| 77081 | | | NRC | 44.69 | 44.69 |
| 77081 | 26 | | NRC | 14.39 | 14.39 |
| 77081 | TC | | NRC | 30.31 | 30.31 |
| 77084 | | | | 506.31 | 506.31 |
| 77084 | 26 | | | 113.76 | 113.76 |
| 77084 | TC | | | 392.56 | 392.56 |
| 77085 | | | | 73.09 | 73.09 |
| 77085 | 26 | | | 21.37 | 21.37 |
| 77085 | TC | | | 51.72 | 51.72 |
| 77086 | | | | 46.90 | 46.90 |
| 77086 | 26 | | | 11.93 | 11.93 |
| 77086 | TC | | | 34.96 | 34.96 |
| 77261 | | | | 100.39 | 100.39 |
| 77262 | | | | 151.51 | 151.51 |
| 77263 | | | | 236.80 | 236.80 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 77280 | | | | 368.13 | 368.13 |
| 77280 | 26 | | | 52.43 | 52.43 |
| 77280 | TC | | | 315.69 | 315.69 |
| 77285 | | | | 608.48 | 608.48 |
| 77285 | 26 | | | 79.56 | 79.56 |
| 77285 | TC | | | 528.92 | 528.92 |
| 77290 | | | | 678.74 | 678.74 |
| 77290 | 26 | | | 115.36 | 115.36 |
| 77290 | TC | | | 563.37 | 563.37 |
| 77293 | | | | 616.94 | 616.94 |
| 77293 | 26 | | | 148.03 | 148.03 |
| 77293 | TC | | | 468.91 | 468.91 |
| 77295 | | | | 668.10 | 668.10 |
| 77295 | 26 | | | 316.84 | 316.84 |
| 77295 | TC | | | 351.26 | 351.26 |
| 77299 | | | BR | 0.00 | 0.00 |
| 77299 | 26 | | BR | 0.00 | 0.00 |
| 77299 | TC | | BR | 0.00 | 0.00 |
| 77300 | | | | 90.78 | 90.78 |
| 77300 | 26 | | | 46.04 | 46.04 |
| 77300 | TC | | | 44.74 | 44.74 |
| 77301 | | | | 2599.17 | 2599.17 |
| 77301 | 26 | | | 590.14 | 590.14 |
| 77301 | TC | | | 2009.04 | 2009.04 |
| 77306 | | | | 204.12 | 204.12 |
| 77306 | 26 | | | 103.47 | 103.47 |
| 77306 | TC | | | 100.65 | 100.65 |
| 77307 | | | | 395.58 | 395.58 |
| 77307 | 26 | | | 213.88 | 213.88 |
| 77307 | TC | | | 181.70 | 181.70 |
| 77316 | | | | 275.40 | 275.40 |
| 77316 | 26 | | | 103.94 | 103.94 |
| 77316 | TC | | | 171.46 | 171.46 |
| 77317 | | | | 360.68 | 360.68 |
| 77317 | 26 | | | 135.17 | 135.17 |
| 77317 | TC | | | 225.51 | 225.51 |
| 77318 | | | | 519.55 | 519.55 |
| 77318 | 26 | | | 213.88 | 213.88 |
| 77318 | TC | | | 305.68 | 305.68 |
| 77321 | | | | 128.07 | 128.07 |
| 77321 | 26 | | | 70.29 | 70.29 |
| 77321 | TC | | | 57.77 | 57.77 |
| 77331 | | | | 89.55 | 89.55 |
| 77331 | 26 | | | 64.37 | 64.37 |
| 77331 | TC | | | 25.18 | 25.18 |
| 77332 | | | | 71.40 | 71.40 |
| 77332 | 26 | | | 33.64 | 33.64 |
| 77332 | TC | | | 37.76 | 37.76 |
| 77333 | | | | 147.66 | 147.66 |
| 77333 | 26 | | | 55.44 | 55.44 |
| 77333 | TC | | | 92.23 | 92.23 |
| 77334 | | | | 174.58 | 174.58 |
| 77334 | 26 | | | 85.15 | 85.15 |
| 77334 | TC | | | 89.43 | 89.43 |
| 77336 | | | | 105.48 | 105.48 |
| 77338 | | | | 678.38 | 678.38 |
| 77338 | 26 | | | 316.84 | 316.84 |
| 77338 | TC | | | 361.54 | 361.54 |
| 77370 | | | | 164.41 | 164.41 |
| 77371 | | | | 9866.08 | 9866.08 |
| 77372 | | | | 1408.57 | 1408.57 |
| 77373 | | | | 1705.31 | 1705.31 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | | | | 32.63 | 32.63 |
| 77402 | | | | 183.83 | 183.83 |
| 77407 | | | | 333.73 | 333.73 |
| 77412 | | | | 316.81 | 316.81 |
| 77417 | | | | 14.94 | 14.94 |
| 77423 | | | | 85.37 | 85.37 |
| 77424 | | | BR | 0.00 | 0.00 |
| 77425 | | | BR | 0.00 | 0.00 |
| 77427 | | | | 265.28 | 265.28 |
| 77431 | | | | 146.01 | 146.01 |
| 77432 | | | | 596.92 | 596.92 |
| 77435 | | | | 899.70 | 899.70 |
| 77469 | | | | 445.11 | 445.11 |
| 77470 | | | | 183.59 | 183.59 |
| 77470 | 26 | | | 150.02 | 150.02 |
| 77470 | TC | | | 33.57 | 33.57 |
| 77499 | | | BR | 0.00 | 0.00 |
| 77499 | 26 | | BR | 0.00 | 0.00 |
| 77499 | TC | | BR | 0.00 | 0.00 |
| 77520 | | | | 1364.75 | 1364.75 |
| 77522 | | | BR | 0.00 | 0.00 |
| 77523 | | | | 1455.87 | 1455.87 |
| 77525 | | | BR | 0.00 | 0.00 |
| 77600 | | | NRC | 600.02 | 600.02 |
| 77600 | 26 | | NRC | 99.83 | 99.83 |
| 77600 | TC | | NRC | 500.19 | 500.19 |
| 77605 | | | NRC | 1035.92 | 1035.92 |
| 77605 | 26 | | NRC | 145.13 | 145.13 |
| 77605 | TC | | NRC | 890.80 | 890.80 |
| 77610 | | | NRC | 918.47 | 918.47 |
| 77610 | 26 | | NRC | 96.11 | 96.11 |
| 77610 | TC | | NRC | 822.36 | 822.36 |
| 77615 | | | NRC | 1409.43 | 1409.43 |
| 77615 | 26 | | NRC | 135.25 | 135.25 |
| 77615 | TC | | NRC | 1274.18 | 1274.18 |
| 77620 | | | NRC | 691.12 | 691.12 |
| 77620 | 26 | | NRC | 122.49 | 122.49 |
| 77620 | TC | | NRC | 568.63 | 568.63 |
| 77750 | | | | 524.53 | 524.53 |
| 77750 | 26 | | | 368.85 | 368.85 |
| 77750 | TC | | | 155.68 | 155.68 |
| 77761 | | | | 544.64 | 544.64 |
| 77761 | 26 | | | 284.64 | 284.64 |
| 77761 | TC | | | 260.01 | 260.01 |
| 77762 | | | | 724.00 | 724.00 |
| 77762 | 26 | | | 426.24 | 426.24 |
| 77762 | TC | | | 297.76 | 297.76 |
| 77763 | | | | 1033.21 | 1033.21 |
| 77763 | 26 | | | 641.74 | 641.74 |
| 77763 | TC | | | 391.47 | 391.47 |
| 77767 | | | | 312.01 | 312.01 |
| 77767 | 26 | | | 77.70 | 77.70 |
| 77767 | TC | | | 234.31 | 234.31 |
| 77768 | | | | 478.47 | 478.47 |
| 77768 | 26 | | | 103.94 | 103.94 |
| 77768 | TC | | | 374.53 | 374.53 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 77770 | | | | 444.52 | 444.52 |
| 77770 | 26 | | | 143.59 | 143.59 |
| 77770 | TC | | | 300.93 | 300.93 |
| 77771 | | | | 812.22 | 812.22 |
| 77771 | 26 | | | 281.17 | 281.17 |
| 77771 | TC | | | 531.05 | 531.05 |
| 77772 | | | | 1229.19 | 1229.19 |
| 77772 | 26 | | | 398.09 | 398.09 |
| 77772 | TC | | | 831.10 | 831.10 |
| 77778 | | | | 1159.79 | 1159.79 |
| 77778 | 26 | | | 647.18 | 647.18 |
| 77778 | TC | | | 512.61 | 512.61 |
| 77789 | | | | 167.55 | 167.55 |
| 77789 | 26 | | | 84.64 | 84.64 |
| 77789 | TC | | | 82.91 | 82.91 |
| 77790 | | | | 20.06 | 20.06 |
| 77799 | | | BR | 0.00 | 0.00 |
| 77799 | 26 | | BR | 0.00 | 0.00 |
| 77799 | TC | | BR | 0.00 | 0.00 |
| 78012 | | | | 109.88 | NC |
| 78012 | 26 | | | 13.42 | 13.42 |
| 78012 | TC | | | 96.46 | NC |
| 78013 | | | | 259.70 | NC |
| 78013 | 26 | | | 25.86 | 25.86 |
| 78013 | TC | | | 233.85 | NC |
| 78014 | | | | 325.94 | NC |
| 78014 | 26 | | | 34.83 | 34.83 |
| 78014 | TC | | | 291.11 | NC |
| 78015 | | | | 304.35 | 304.35 |
| 78015 | 26 | | | 47.23 | 47.23 |
| 78015 | TC | | | 257.12 | 257.12 |
| 78016 | | | | 381.71 | 381.71 |
| 78016 | 26 | | | 48.66 | 48.66 |
| 78016 | TC | | | 333.05 | 333.05 |
| 78018 | | | | 424.38 | 424.38 |
| 78018 | 26 | | | 58.27 | 58.27 |
| 78018 | TC | | | 366.11 | 366.11 |
| 78020 | | | | 114.91 | 114.91 |
| 78020 | 26 | | | 39.40 | 39.40 |
| 78020 | TC | | | 75.51 | 75.51 |
| 78070 | | | NRC | 404.53 | 404.53 |
| 78070 | 26 | | NRC | 55.23 | 55.23 |
| 78070 | TC | | NRC | 349.30 | 349.30 |
| 78071 | | | | 483.63 | NC |
| 78071 | 26 | | | 83.07 | 83.07 |
| 78071 | TC | | | 400.56 | NC |
| 78072 | | | NRC | 529.17 | NC |
| 78072 | 26 | | | 109.06 | 109.06 |
| 78072 | TC | | NRC | 420.11 | NC |
| 78075 | | | NRC | 608.75 | 608.75 |
| 78075 | 26 | | NRC | 52.65 | 52.65 |
| 78075 | TC | | NRC | 556.10 | 556.10 |
| 78099 | | | BR | 0.00 | 0.00 |
| 78099 | 26 | | BR | 0.00 | 0.00 |
| 78099 | TC | | BR | 0.00 | 0.00 |
| 78102 | | | | 230.24 | 230.24 |
| 78102 | 26 | | | 37.37 | 37.37 |
| 78102 | TC | | | 192.88 | 192.88 |
| 78103 | | | | 295.34 | 295.34 |
| 78103 | 26 | | | 49.85 | 49.85 |
| 78103 | TC | | | 245.48 | 245.48 |
| 78104 | | | | 336.56 | 336.56 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78104 | 26 | | | 54.76 | 54.76 |
| 78104 | TC | | | 281.80 | 281.80 |
| 78110 | | | NRC | 93.63 | 93.63 |
| 78110 | 26 | | NRC | 11.55 | 11.55 |
| 78110 | TC | | NRC | 82.07 | 82.07 |
| 78111 | | | NRC | 99.34 | 99.34 |
| 78111 | 26 | | NRC | 13.54 | 13.54 |
| 78111 | TC | | NRC | 85.80 | 85.80 |
| 78120 | | | NRC | 96.12 | 96.12 |
| 78120 | 26 | | NRC | 14.05 | 14.05 |
| 78120 | TC | | NRC | 82.07 | 82.07 |
| 78121 | | | NRC | 105.35 | 105.35 |
| 78121 | 26 | | NRC | 19.55 | 19.55 |
| 78121 | TC | | NRC | 85.80 | 85.80 |
| 78122 | | | | 129.22 | 129.22 |
| 78122 | 26 | | | 29.92 | 29.92 |
| 78122 | TC | | | 99.30 | 99.30 |
| 78130 | | | | 168.53 | 168.53 |
| 78130 | 26 | | | 36.14 | 36.14 |
| 78130 | TC | | | 132.40 | 132.40 |
| 78135 | | | | 376.30 | 376.30 |
| 78135 | 26 | | | 38.12 | 38.12 |
| 78135 | TC | | | 338.18 | 338.18 |
| 78140 | | | | 148.94 | 148.94 |
| 78140 | 26 | | | 36.14 | 36.14 |
| 78140 | TC | | | 112.80 | 112.80 |
| 78185 | | | | 228.59 | 228.59 |
| 78185 | 26 | | | 24.08 | 24.08 |
| 78185 | TC | | | 204.52 | 204.52 |
| 78191 | | | | 168.53 | 168.53 |
| 78191 | 26 | | | 36.14 | 36.14 |
| 78191 | TC | | | 132.40 | 132.40 |
| 78195 | | | | 483.68 | 483.68 |
| 78195 | 26 | | | 83.12 | 83.12 |
| 78195 | TC | | | 400.56 | 400.56 |
| 78199 | | | BR | 0.00 | 0.00 |
| 78199 | 26 | | BR | 0.00 | 0.00 |
| 78199 | TC | | BR | 0.00 | 0.00 |
| 78201 | | | | 257.67 | 257.67 |
| 78201 | 26 | | | 29.88 | 29.88 |
| 78201 | TC | | | 227.79 | 227.79 |
| 78202 | | | | 273.33 | 273.33 |
| 78202 | 26 | | | 33.43 | 33.43 |
| 78202 | TC | | | 239.90 | 239.90 |
| 78215 | | | | 263.51 | 263.51 |
| 78215 | 26 | | | 34.32 | 34.32 |
| 78215 | TC | | | 229.19 | 229.19 |
| 78216 | | | | 174.00 | 174.00 |
| 78216 | 26 | | | 38.85 | 38.85 |
| 78216 | TC | | | 135.15 | 135.15 |
| 78226 | | | | 446.69 | 446.69 |
| 78226 | 26 | | | 51.72 | 51.72 |
| 78226 | TC | | | 394.97 | 394.97 |
| 78227 | | | | 603.42 | 603.42 |
| 78227 | 26 | | | 63.14 | 63.14 |
| 78227 | TC | | | 540.27 | 540.27 |
| 78230 | | | NRC | 236.34 | 236.34 |
| 78230 | 26 | | NRC | 32.29 | 32.29 |
| 78230 | TC | | NRC | 204.05 | 204.05 |
| 78231 | | | NRC | 141.11 | 141.11 |
| 78231 | 26 | | NRC | 31.10 | 31.10 |
| 78231 | TC | | NRC | 110.01 | 110.01 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78232 | | | NRC | 138.10 | 138.10 |
| 78232 | 26 | | NRC | 28.10 | 28.10 |
| 78232 | TC | | NRC | 110.01 | 110.01 |
| 78258 | | | NRC | 297.20 | 297.20 |
| 78258 | 26 | | NRC | 50.78 | 50.78 |
| 78258 | TC | | NRC | 246.42 | 246.42 |
| 78261 | | | NRC | 274.51 | 274.51 |
| 78261 | 26 | | NRC | 41.13 | 41.13 |
| 78261 | TC | | NRC | 233.38 | 233.38 |
| 78262 | | | NRC | 326.70 | 326.70 |
| 78262 | 26 | | NRC | 46.76 | 46.76 |
| 78262 | TC | | NRC | 279.94 | 279.94 |
| 78264 | | | NRC | 452.95 | 452.95 |
| 78264 | 26 | | NRC | 54.72 | 54.72 |
| 78264 | TC | | NRC | 398.23 | 398.23 |
| 78265 | | | NRC | 537.64 | 537.64 |
| 78265 | 26 | | NRC | 68.13 | 68.13 |
| 78265 | TC | | NRC | 469.51 | 469.51 |
| 78266 | | | NRC | 637.27 | 637.27 |
| 78266 | 26 | | NRC | 75.12 | 75.12 |
| 78266 | TC | | NRC | 562.16 | 562.16 |
| 78267 | | | | 13.83 | 13.83 |
| 78268 | | | | 118.01 | 118.01 |
| 78278 | | | | 472.93 | 472.93 |
| 78278 | 26 | | | 69.11 | 69.11 |
| 78278 | TC | | | 403.82 | 403.82 |
| 78282 | | | NRC | 338.38 | 338.38 |
| 78282 | 26 | | NRC | 23.06 | 23.06 |
| 78282 | TC | | NRC | 315.32 | 315.32 |
| 78290 | | | NRC | 446.90 | 446.90 |
| 78290 | 26 | | NRC | 47.27 | 47.27 |
| 78290 | TC | | NRC | 399.63 | 399.63 |
| 78291 | | | NRC | 348.07 | 348.07 |
| 78291 | 26 | | NRC | 60.22 | 60.22 |
| 78291 | TC | | NRC | 287.85 | 287.85 |
| 78299 | | | BR | 0.00 | 0.00 |
| 78299 | 26 | | BR | 0.00 | 0.00 |
| 78299 | TC | | BR | 0.00 | 0.00 |
| 78300 | | | | 311.55 | 311.55 |
| 78300 | 26 | | | 43.76 | 43.76 |
| 78300 | TC | | | 267.79 | 267.79 |
| 78305 | | | | 380.03 | 380.03 |
| 78305 | 26 | | | 58.19 | 58.19 |
| 78305 | TC | | | 321.84 | 321.84 |
| 78306 | | | | 409.44 | 409.44 |
| 78306 | 26 | | | 59.67 | 59.67 |
| 78306 | TC | | | 349.77 | 349.77 |
| 78315 | | | | 469.33 | 469.33 |
| 78315 | 26 | | | 70.63 | 70.63 |
| 78315 | TC | | | 398.70 | 398.70 |
| 78350 | | | | 44.31 | 44.31 |
| 78350 | 26 | | | 15.87 | 15.87 |
| 78350 | TC | | | 28.44 | 28.44 |
| 78351 | | | | 21.84 | 21.84 |
| 78399 | | | BR | 0.00 | 0.00 |
| 78399 | 26 | | BR | 0.00 | 0.00 |
| 78399 | TC | | BR | 0.00 | 0.00 |
| 78414 | | | NRC | 124.89 | 124.89 |
| 78414 | 26 | | NRC | 31.32 | 31.32 |
| 78414 | TC | | NRC | 93.57 | 93.57 |
| 78428 | | | NRC | 249.84 | 249.84 |
| 78428 | 26 | | NRC | 53.24 | 53.24 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78428 | TC | | NRC | 196.60 | 196.60 |
| 78429 | | | NRC | TBD | TBD |
| 78429 | TC | | NRC | TBD | TBD |
| 78429 | 26 | | NRC | TBD | TBD |
| 78430 | | | NRC | TBD | TBD |
| 78430 | TC | | NRC | TBD | TBD |
| 78430 | 26 | | NRC | TBD | TBD |
| 78431 | | | NRC | TBD | TBD |
| 78431 | TC | | NRC | TBD | TBD |
| 78431 | 26 | | NRC | TBD | TBD |
| 78432 | | | NRC | TBD | TBD |
| 78432 | TC | | NRC | TBD | TBD |
| 78432 | 26 | | NRC | TBD | TBD |
| 78433 | | | NRC | TBD | TBD |
| 78433 | TC | | NRC | TBD | TBD |
| 78433 | 26 | | NRC | TBD | TBD |
| 78434 | | | NRC | TBD | TBD |
| 78445 | | | | 252.85 | 252.85 |
| 78445 | 26 | | | 35.30 | 35.30 |
| 78445 | TC | | | 217.55 | 217.55 |
| 78451 | | | | 461.11 | 461.11 |
| 78451 | 26 | | | 95.01 | 95.01 |
| 78451 | TC | | | 366.11 | 366.11 |
| 78452 | | | | 640.53 | 640.53 |
| 78452 | 26 | | | 111.38 | 111.38 |
| 78452 | TC | | | 529.15 | 529.15 |
| 78453 | | | | 413.38 | 413.38 |
| 78453 | 26 | | | 70.08 | 70.08 |
| 78453 | TC | | | 343.30 | 343.30 |
| 78454 | | | | 590.93 | 590.93 |
| 78454 | 26 | | | 93.95 | 93.95 |
| 78454 | TC | | | 496.98 | 496.98 |
| 78456 | | | | 420.32 | 420.32 |
| 78456 | 26 | | | 68.64 | 68.64 |
| 78456 | TC | | | 351.68 | 351.68 |
| 78457 | | | | 260.68 | 260.68 |
| 78457 | 26 | | | 55.23 | 55.23 |
| 78457 | TC | | | 205.45 | 205.45 |
| 78458 | | | | 279.76 | 279.76 |
| 78458 | 26 | | | 63.61 | 63.61 |
| 78458 | TC | | | 216.15 | 216.15 |
| 78459 | | | NRC | 1129.32 | 1129.32 |
| 78459 | 26 | | NRC | 100.17 | 100.17 |
| 78459 | TC | | NRC | 1029.16 | 1029.16 |
| 78466 | | | NRC | 267.15 | 267.15 |
| 78466 | 26 | | NRC | 49.13 | 49.13 |
| 78466 | TC | | NRC | 218.02 | 218.02 |
| 78468 | | | NRC | 277.43 | 277.43 |
| 78468 | 26 | | NRC | 55.69 | 55.69 |
| 78468 | TC | | NRC | 221.74 | 221.74 |
| 78469 | | | NRC | 306.76 | 306.76 |
| 78469 | 26 | | NRC | 64.07 | 64.07 |
| 78469 | TC | | NRC | 242.69 | 242.69 |
| 78472 | | | NRC | 311.29 | 311.29 |
| 78472 | 26 | | NRC | 68.13 | 68.13 |
| 78472 | TC | | NRC | 243.16 | 243.16 |
| 78473 | | | NRC | 393.94 | 393.94 |
| 78473 | 26 | | NRC | 100.51 | 100.51 |
| 78473 | TC | | NRC | 293.44 | 293.44 |
| 78481 | | | NRC | 240.02 | 240.02 |
| 78481 | 26 | | NRC | 68.13 | 68.13 |
| 78481 | TC | | NRC | 171.88 | 171.88 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78483 | | | NRC | 324.53 | 324.53 |
| 78483 | 26 | | NRC | 100.00 | 100.00 |
| 78483 | TC | | NRC | 224.53 | 224.53 |
| 78491 | | | NRC | 1129.79 | 1129.79 |
| 78491 | 26 | | NRC | 100.63 | 100.63 |
| 78491 | TC | | NRC | 1029.16 | 1029.16 |
| 78492 | | | NRC | 1156.07 | 1156.07 |
| 78492 | 26 | | NRC | 126.91 | 126.91 |
| 78492 | TC | | NRC | 1029.16 | 1029.16 |
| 78494 | | | NRC | 308.45 | 308.45 |
| 78494 | 26 | | NRC | 82.06 | 82.06 |
| 78494 | TC | | NRC | 226.40 | 226.40 |
| 78496 | | | NRC | 60.44 | 60.44 |
| 78496 | 26 | | NRC | 34.32 | 34.32 |
| 78496 | TC | | NRC | 26.12 | 26.12 |
| 78499 | | | NRC | 0.00 | 0.00 |
| 78499 | 26 | | NRC | 0.00 | 0.00 |
| 78499 | TC | | NRC | 0.00 | 0.00 |
| 78579 | | | | 251.78 | 251.78 |
| 78579 | 26 | | | 33.81 | 33.81 |
| 78579 | TC | | | 217.97 | 217.97 |
| 78580 | | | | 323.27 | 323.27 |
| 78580 | 26 | | | 51.72 | 51.72 |
| 78580 | TC | | | 271.56 | 271.56 |
| 78582 | | | | 453.76 | 453.76 |
| 78582 | 26 | | | 74.61 | 74.61 |
| 78582 | TC | | | 379.15 | 379.15 |
| 78597 | | | | 272.94 | 272.94 |
| 78597 | 26 | | | 50.32 | 50.32 |
| 78597 | TC | | | 222.63 | 222.63 |
| 78598 | | | | 413.63 | 413.63 |
| 78598 | 26 | | | 58.23 | 58.23 |
| 78598 | TC | | | 355.40 | 355.40 |
| 78599 | | | BR | 0.00 | 0.00 |
| 78599 | 26 | | BR | 0.00 | 0.00 |
| 78599 | TC | | BR | 0.00 | 0.00 |
| 78600 | | | | 249.80 | 249.80 |
| 78600 | 26 | | | 31.32 | 31.32 |
| 78600 | TC | | | 218.48 | 218.48 |
| 78601 | | | | 293.39 | 293.39 |
| 78601 | 26 | | | 35.80 | 35.80 |
| 78601 | TC | | | 257.59 | 257.59 |
| 78605 | | | | 269.73 | 269.73 |
| 78605 | 26 | | | 37.75 | 37.75 |
| 78605 | TC | | | 231.98 | 231.98 |
| 78606 | | | | 445.29 | 445.29 |
| 78606 | 26 | | | 44.27 | 44.27 |
| 78606 | TC | | | 401.03 | 401.03 |
| 78608 | | | NRC | 1305.13 | 1305.13 |
| 78608 | 26 | | NRC | 101.61 | 101.61 |
| 78608 | TC | | NRC | 1203.52 | 1203.52 |
| 78609 | | | NRC | 105.20 | 105.20 |
| 78609 | 26 | | NRC | 105.20 | 105.20 |
| 78609 | TC | | NRC | 0.00 | 0.00 |
| 78610 | | | | 236.13 | 236.13 |
| 78610 | 26 | | | 21.37 | 21.37 |
| 78610 | TC | | | 214.76 | 214.76 |
| 78630 | | | | 456.68 | 456.68 |
| 78630 | 26 | | | 47.74 | 47.74 |
| 78630 | TC | | | 408.94 | 408.94 |
| 78635 | | | | 457.78 | 457.78 |
| 78635 | 26 | | | 43.72 | 43.72 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78635 | TC | | | 414.06 | 414.06 |
| 78645 | | | | 438.95 | 438.95 |
| 78645 | 26 | | | 39.32 | 39.32 |
| 78645 | TC | | | 399.63 | 399.63 |
| 78650 | | | | 370.12 | 370.12 |
| 78650 | 26 | | | 36.14 | 36.14 |
| 78650 | TC | | | 333.99 | 333.99 |
| 78660 | | | | 247.34 | 247.34 |
| 78660 | 26 | | | 37.24 | 37.24 |
| 78660 | TC | | | 210.10 | 210.10 |
| 78699 | | | BR | 0.00 | 0.00 |
| 78699 | 26 | | BR | 0.00 | 0.00 |
| 78699 | TC | | BR | 0.00 | 0.00 |
| 78700 | | | | 231.18 | 231.18 |
| 78700 | 26 | | | 30.85 | 30.85 |
| 78700 | TC | | | 200.33 | 200.33 |
| 78701 | | | | 293.77 | 293.77 |
| 78701 | 26 | | | 34.32 | 34.32 |
| 78701 | TC | | | 259.45 | 259.45 |
| 78707 | | | NRC | 315.86 | 315.86 |
| 78707 | 26 | | NRC | 65.72 | 65.72 |
| 78707 | TC | | NRC | 250.14 | 250.14 |
| 78708 | | | NRC | 242.52 | 242.52 |
| 78708 | 26 | | NRC | 83.58 | 83.58 |
| 78708 | TC | | NRC | 158.93 | 158.93 |
| 78709 | | | NRC | 499.93 | 499.93 |
| 78709 | 26 | | NRC | 96.57 | 96.57 |
| 78709 | TC | | NRC | 403.35 | 403.35 |
| 78725 | | | | 146.61 | 146.61 |
| 78725 | 26 | | | 25.90 | 25.90 |
| 78725 | TC | | | 120.71 | 120.71 |
| 78730 | | | NRC | 104.08 | 104.08 |
| 78730 | 26 | | NRC | 11.38 | 11.38 |
| 78730 | TC | | NRC | 92.69 | 92.69 |
| 78740 | | | NRC | 295.46 | 295.46 |
| 78740 | 26 | | NRC | 38.81 | 38.81 |
| 78740 | TC | | NRC | 256.66 | 256.66 |
| 78761 | | | NRC | 286.37 | 286.37 |
| 78761 | 26 | | NRC | 50.19 | 50.19 |
| 78761 | TC | | NRC | 236.17 | 236.17 |
| 78799 | | | BR | 0.00 | 0.00 |
| 78799 | 26 | | BR | 0.00 | 0.00 |
| 78799 | TC | | BR | 0.00 | 0.00 |
| 78800 | | | | 264.41 | 264.41 |
| 78800 | 26 | | | 47.79 | 47.79 |
| 78800 | TC | | | 216.62 | 216.62 |
| 78801 | | | | 349.18 | 349.18 |
| 78801 | 26 | | | 55.74 | 55.74 |
| 78801 | TC | | | 293.44 | 293.44 |
| 78802 | | | | 436.49 | 436.49 |
| 78802 | 26 | | | 58.74 | 58.74 |
| 78802 | TC | | | 377.75 | 377.75 |
| 78803 | | | | 461.71 | 461.71 |
| 78803 | 26 | | | 73.72 | 73.72 |
| 78803 | TC | | | 387.99 | 387.99 |
| 78804 | | | | 767.63 | 767.63 |
| 78804 | 26 | | | 73.64 | 73.64 |
| 78804 | TC | | | 694.00 | 694.00 |
| 78808 | | | NRC | 52.99 | 52.99 |
| 78811 | | | NRC | 1309.99 | 1309.99 |
| 78811 | 26 | | NRC | 106.48 | 106.48 |
| 78811 | TC | | NRC | 1203.52 | 1203.52 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 78812 | | | NRC | 1334.49 | 1334.49 |
| 78812 | 26 | | NRC | 130.98 | 130.98 |
| 78812 | TC | | NRC | 1203.52 | 1203.52 |
| 78813 | | | NRC | 1338.99 | 1338.99 |
| 78813 | 26 | | NRC | 135.46 | 135.46 |
| 78813 | TC | | NRC | 1203.52 | 1203.52 |
| 78814 | | | NRC | 1487.20 | 1487.20 |
| 78814 | 26 | | NRC | 150.36 | 150.36 |
| 78814 | TC | | NRC | 1336.85 | 1336.85 |
| 78815 | | | NRC | 1505.02 | 1505.02 |
| 78815 | 26 | | NRC | 168.18 | 168.18 |
| 78815 | TC | | NRC | 1336.85 | 1336.85 |
| 78816 | | | NRC | 1507.13 | 1507.13 |
| 78816 | 26 | | NRC | 170.29 | 170.29 |
| 78816 | TC | | NRC | 1336.85 | 1336.85 |
| 78830 | | | BR | TBD | TBD |
| 78830 | TC | | BR | TBD | TBD |
| 78830 | 26 | | BR | TBD | TBD |
| 78831 | | | BR | TBD | TBD |
| 78831 | TC | | BR | TBD | TBD |
| 78831 | 26 | | BR | TBD | TBD |
| 78832 | | | BR | TBD | TBD |
| 78832 | TC | | BR | TBD | TBD |
| 78832 | 26 | | BR | TBD | TBD |
| 78835 | | | BR | TBD | TBD |
| 78999 | | | BR | 0.00 | 0.00 |
| 78999 | 26 | | BR | 0.00 | 0.00 |
| 78999 | TC | | BR | 0.00 | 0.00 |
| 79005 | | | | 190.07 | 190.07 |
| 79005 | 26 | | | 124.33 | 124.33 |
| 79005 | TC | | | 65.73 | 65.73 |
| 79101 | | | | 203.31 | 203.31 |
| 79101 | 26 | | | 138.09 | 138.09 |
| 79101 | TC | | | 65.22 | 65.22 |
| 79200 | | | | 186.92 | 186.92 |
| 79200 | 26 | | | 118.39 | 118.39 |
| 79200 | TC | | | 68.53 | 68.53 |
| 79300 | 26 | | | 95.80 | 95.80 |
| 79403 | | | NRC | 263.33 | 263.33 |
| 79403 | 26 | | NRC | 154.72 | 154.72 |
| 79403 | TC | | NRC | 108.61 | 108.61 |
| 79440 | | | NRC | 169.18 | 169.18 |
| 79440 | 26 | | NRC | 118.39 | 118.39 |
| 79440 | TC | | NRC | 50.79 | 50.79 |
| 79445 | 26 | | NRC | 162.47 | 162.47 |
| 79999 | | | BR | 0.00 | 0.00 |
| 79999 | 26 | | BR | 0.00 | 0.00 |
| 79999 | TC | | BR | 0.00 | 0.00 |
| 80047 | | | | 17.16 | 17.16 |
| 80048 | | | | 11.75 | 11.75 |
| 80050 | | | | 88.98 | 88.98 |
| 80051 | | | | 9.74 | 9.74 |
| 80053 | | | | 14.68 | 14.68 |
| 80055 | | | NRC | 66.40 | 66.40 |
| 80061 | | | | 18.60 | 18.60 |
| 80069 | | | | 12.06 | 12.06 |
| 80074 | | | | 66.16 | 66.16 |
| 80076 | | | | 11.35 | 11.35 |
| 80081 | | | NRC | 103.98 | 103.98 |
| 80145 | | | BR | TBD | TBD |
| 80150 | | | NRC | 20.94 | 20.94 |
| 80155 | | | NRC | 48.21 | 48.21 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 80156 | | | NRC | 20.23 | 20.23 |
| 80157 | | | NRC | 18.41 | 18.41 |
| 80158 | | | | 25.08 | 25.08 |
| 80159 | | | | 25.69 | 25.69 |
| 80162 | | | | 18.44 | 18.44 |
| 80163 | | | | 18.44 | 18.44 |
| 80164 | | | | 18.81 | 18.81 |
| 80165 | | | | 18.81 | 18.81 |
| 80168 | | | | 22.69 | 22.69 |
| 80169 | | | | 19.08 | 19.08 |
| 80170 | | | | 22.75 | 22.75 |
| 80171 | | | | 27.09 | 27.09 |
| 80173 | | | | 20.23 | 20.23 |
| 80175 | | | | 18.41 | 18.41 |
| 80176 | | | | 20.40 | 20.40 |
| 80177 | | | | 18.41 | 18.41 |
| 80178 | | | | 9.19 | 9.19 |
| 80180 | | | | 25.08 | 25.08 |
| 80183 | | | | 18.41 | 18.41 |
| 80184 | | | | 19.13 | 19.13 |
| 80185 | | | | 18.41 | 18.41 |
| 80186 | | | | 19.11 | 19.11 |
| 80187 | | | BR | TBD | TBD |
| 80188 | | | | 23.05 | 23.05 |
| 80190 | | | | 75.00 | 75.00 |
| 80192 | | | | 23.26 | 23.26 |
| 80194 | | | | 20.28 | 20.28 |
| 80195 | | | | 19.08 | 19.08 |
| 80197 | | | | 19.08 | 19.08 |
| 80198 | | | | 19.64 | 19.64 |
| 80199 | | | | 33.89 | 33.89 |
| 80200 | | | | 22.40 | 22.40 |
| 80201 | | | | 16.55 | 16.55 |
| 80202 | | | | 18.81 | 18.81 |
| 80203 | | | | 18.41 | 18.41 |
| 80230 | | | BR | TBD | TBD |
| 80235 | | | BR | TBD | TBD |
| 80280 | | | BR | TBD | TBD |
| 80285 | | | BR | TBD | TBD |
| 80299 | | | | 23.30 | 23.30 |
| 80305 | | | | 15.75 | 15.75 |
| 80306 | | | | 21.43 | 21.43 |
| 80307 | | | | 80.81 | 80.81 |
| 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 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 80339 | | | BR | 0.00 | 0.00 |
| 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 | 45.30 | 45.30 |
| 80402 | | | NRC | 120.78 | 120.78 |
| 80406 | | | NRC | 108.69 | 108.69 |
| 80408 | | | NRC | 174.30 | 174.30 |
| 80410 | | | NRC | 111.64 | 111.64 |
| 80412 | | | NRC | 1002.03 | 1002.03 |
| 80414 | | | NRC | 71.71 | 71.71 |
| 80415 | | | NRC | 77.61 | 77.61 |
| 80416 | | | NRC | 261.65 | 261.65 |
| 80417 | | | NRC | 61.10 | 61.10 |
| 80418 | | | NRC | 804.80 | 804.80 |
| 80420 | | | NRC | 202.35 | 202.35 |
| 80422 | | | NRC | 63.99 | 63.99 |
| 80424 | | | NRC | 70.14 | 70.14 |
| 80426 | | | NRC | 206.13 | 206.13 |
| 80428 | | | NRC | 92.65 | 92.65 |
| 80430 | | | NRC | 161.66 | 161.66 |
| 80432 | | | NRC | 207.01 | 207.01 |
| 80434 | | | NRC | 356.29 | 356.29 |
| 80435 | | | NRC | 143.06 | 143.06 |
| 80436 | | | | 126.61 | 126.61 |
| 80438 | | | NRC | 70.01 | 70.01 |
| 80439 | | | NRC | 93.35 | 93.35 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 80500 | | | | 31.91 | 27.72 |
| 80502 | | | | 103.69 | 99.49 |
| 81000 | | | | 5.03 | 5.03 |
| 81001 | | | | 4.40 | 4.40 |
| 81002 | | | | 4.35 | 4.35 |
| 81003 | | | | 3.11 | 3.11 |
| 81005 | | | | 3.01 | 3.01 |
| 81007 | | | | 37.48 | 37.48 |
| 81015 | | | | 4.24 | 4.24 |
| 81020 | | | | 5.88 | 5.88 |
| 81025 | | | | 10.76 | 10.76 |
| 81050 | | | | 4.55 | 4.55 |
| 81099 | | | NRC | 0.00 | 0.00 |
| 81120 | | | | 241.56 | 241.56 |
| 81121 | | | | 369.74 | 369.74 |
| 81161 | | | NRC | 348.75 | 348.75 |
| 81162 | | | | 2534.55 | 2534.55 |
| 81163 | | | | 585.00 | 585.00 |
| 81164 | | | | 730.29 | 730.29 |
| 81165 | | | | 353.60 | 353.60 |
| 81166 | | | | 376.69 | 376.69 |
| 81167 | | | | 353.60 | 353.60 |
| 81170 | | | NRC | 375.00 | 375.00 |
| 81171 | | | NRC | 171.25 | 171.25 |
| 81172 | | | NRC | 343.54 | 343.54 |
| 81173 | | | | 376.69 | 376.69 |
| 81174 | | | | 231.50 | 231.50 |
| 81175 | | | | 845.63 | 845.63 |
| 81176 | | | | 335.96 | 335.96 |
| 81177 | | | NRC | 171.25 | 171.25 |
| 81178 | | | NRC | 171.25 | 171.25 |
| 81179 | | | NRC | 171.25 | 171.25 |
| 81180 | | | NRC | 171.25 | 171.25 |
| 81181 | | | NRC | 171.25 | 171.25 |
| 81182 | | | NRC | 171.25 | 171.25 |
| 81183 | | | | 171.25 | 171.25 |
| 81184 | | | NRC | 171.25 | 171.25 |
| 81185 | | | NRC | 1057.84 | 1057.84 |
| 81186 | | | NRC | 231.50 | 231.50 |
| 81187 | | | NRC | 171.25 | 171.25 |
| 81188 | | | NRC | 171.25 | 171.25 |
| 81189 | | | NRC | 343.54 | 343.54 |
| 81190 | | | NRC | 231.50 | 231.50 |
| 81201 | | | NRC | 975.00 | 975.00 |
| 81202 | | | NRC | 350.00 | 350.00 |
| 81203 | | | NRC | 250.00 | 250.00 |
| 81204 | | | | 171.25 | 171.25 |
| 81206 | | | NRC | 227.73 | 227.73 |
| 81207 | | | NRC | 201.16 | 201.16 |
| 81208 | | | NRC | 268.28 | 268.28 |
| 81210 | | | NRC | 219.25 | 219.25 |
| 81212 | | | | 550.00 | 550.00 |
| 81215 | | | | 469.06 | 469.06 |
| 81216 | | | | 231.40 | 231.40 |
| 81217 | | | | 469.06 | 469.06 |
| 81218 | | | NRC | 335.96 | 335.96 |
| 81219 | | | NRC | 168.93 | 168.93 |
| 81225 | | | NRC | 364.20 | 364.20 |
| 81226 | | | NRC | 563.64 | 563.64 |
| 81227 | | | NRC | 218.51 | 218.51 |
| 81230 | | | NRC | 218.51 | 218.51 |
| 81231 | | | NRC | 218.51 | 218.51 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 81232 | | | | 218.51 | 218.51 |
| 81233 | | | | 219.25 | 219.25 |
| 81234 | | | NRC | 171.25 | 171.25 |
| 81235 | | | NRC | 405.73 | 405.73 |
| 81236 | | | | 353.60 | 353.60 |
| 81237 | | | | 219.25 | 219.25 |
| 81238 | | | NRC | 750.00 | 750.00 |
| 81239 | | | NRC | 343.54 | 343.54 |
| 81240 | | | NRC | 82.11 | 82.11 |
| 81241 | | | NRC | 91.71 | 91.71 |
| 81242 | | | | 45.78 | 45.78 |
| 81245 | | | NRC | 206.89 | 206.89 |
| 81246 | | | NRC | 103.75 | 103.75 |
| 81247 | | | NRC | 218.51 | 218.51 |
| 81248 | | | NRC | 469.06 | 469.06 |
| 81249 | | | NRC | 750.00 | 750.00 |
| 81252 | | | NRC | 126.40 | 126.40 |
| 81253 | | | NRC | 76.90 | 76.90 |
| 81254 | | | NRC | 43.75 | 43.75 |
| 81256 | | | NRC | 90.78 | 90.78 |
| 81258 | | | NRC | 469.06 | 469.06 |
| 81259 | | | NRC | 750.00 | 750.00 |
| 81261 | | | NRC | 274.99 | 274.99 |
| 81262 | | | NRC | 85.69 | 85.69 |
| 81263 | | | NRC | 409.05 | 409.05 |
| 81264 | | | NRC | 215.91 | 215.91 |
| 81265 | | | NRC | 298.68 | 298.68 |
| 81266 | | | | 381.01 | 381.01 |
| 81267 | | | NRC | 288.14 | 288.14 |
| 81268 | | | NRC | 362.20 | 362.20 |
| 81269 | | | NRC | 253.00 | 253.00 |
| 81270 | | | NRC | 127.31 | 127.31 |
| 81271 | | | NRC | 171.25 | 171.25 |
| 81272 | | | NRC | 411.89 | 411.89 |
| 81273 | | | NRC | 156.09 | 156.09 |
| 81274 | | | NRC | 343.54 | 343.54 |
| 81275 | | | NRC | 241.56 | 241.56 |
| 81276 | | | NRC | 241.56 | 241.56 |
| 81277 | | | BR | TBD | TBD |
| 81283 | | | | 91.71 | 91.71 |
| 81284 | | | NRC | 171.25 | 171.25 |
| 81285 | | | NRC | 343.54 | 343.54 |
| 81286 | | | NRC | 343.54 | 343.54 |
| 81287 | | | NRC | 155.80 | 155.80 |
| 81288 | | | NRC | 240.40 | 240.40 |
| 81289 | | | NRC | 231.50 | 231.50 |
| 81291 | | | NRC | 81.68 | 81.68 |
| 81292 | | | NRC | 844.25 | 844.25 |
| 81293 | | | NRC | 413.75 | 413.75 |
| 81294 | | | NRC | 253.00 | 253.00 |
| 81295 | | | NRC | 477.13 | 477.13 |
| 81296 | | | NRC | 422.16 | 422.16 |
| 81297 | | | NRC | 266.63 | 266.63 |
| 81298 | | | NRC | 802.31 | 802.31 |
| 81299 | | | NRC | 385.00 | 385.00 |
| 81300 | | | NRC | 297.50 | 297.50 |
| 81301 | | | NRC | 435.70 | 435.70 |
| 81305 | | | | 219.25 | 219.25 |
| 81306 | | | | 364.20 | 364.20 |
| 81307 | | | BR | TBD | TBD |
| 81308 | | | BR | TBD | TBD |
| 81309 | | | BR | TBD | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 81310 | | | NRC | 308.15 | 308.15 |
| 81311 | | | NRC | 369.74 | 369.74 |
| 81312 | | | NRC | 171.25 | 171.25 |
| 81313 | | | NRC | 318.81 | 318.81 |
| 81314 | | | NRC | 411.89 | 411.89 |
| 81315 | | | NRC | 287.94 | 287.94 |
| 81316 | | | NRC | 287.94 | 287.94 |
| 81317 | | | NRC | 845.63 | 845.63 |
| 81318 | | | NRC | 413.75 | 413.75 |
| 81319 | | | NRC | 254.38 | 254.38 |
| 81320 | | | | 364.20 | 364.20 |
| 81321 | | | NRC | 750.00 | 750.00 |
| 81322 | | | NRC | 59.45 | 59.45 |
| 81323 | | | NRC | 375.00 | 375.00 |
| 81324 | | | NRC | 947.95 | 947.95 |
| 81325 | | | NRC | 961.98 | 961.98 |
| 81326 | | | NRC | 59.45 | 59.45 |
| 81327 | | | NRC | 240.00 | 240.00 |
| 81328 | | | NRC | 218.51 | 218.51 |
| 81329 | | | NRC | 171.25 | 171.25 |
| 81332 | | | NRC | 60.63 | 60.63 |
| 81333 | | | | 171.25 | 171.25 |
| 81334 | | | | 411.89 | 411.89 |
| 81335 | | | NRC | 218.51 | 218.51 |
| 81336 | | | NRC | 376.69 | 376.69 |
| 81337 | | | NRC | 231.50 | 231.50 |
| 81340 | | | NRC | 290.16 | 290.16 |
| 81341 | | | NRC | 68.88 | 68.88 |
| 81342 | | | NRC | 279.85 | 279.85 |
| 81343 | | | NRC | 171.25 | 171.25 |
| 81344 | | | NRC | 171.25 | 171.25 |
| 81345 | | | | 231.50 | 231.50 |
| 81346 | | | NRC | 218.51 | 218.51 |
| 81350 | | | | 292.50 | 292.50 |
| 81355 | | | | 110.25 | 110.25 |
| 81361 | | | NRC | 218.51 | 218.51 |
| 81362 | | | NRC | 469.06 | 469.06 |
| 81363 | | | NRC | 253.00 | 253.00 |
| 81364 | | | NRC | 405.73 | 405.73 |
| 81370 | | | NRC | 558.50 | 558.50 |
| 81371 | | | NRC | 505.65 | 505.65 |
| 81372 | | | NRC | 504.49 | 504.49 |
| 81373 | | | NRC | 159.29 | 159.29 |
| 81374 | | | NRC | 101.04 | 101.04 |
| 81375 | | | NRC | 306.59 | 306.59 |
| 81376 | | | NRC | 169.75 | 169.75 |
| 81377 | | | NRC | 127.51 | 127.51 |
| 81378 | | | NRC | 479.95 | 479.95 |
| 81379 | | | NRC | 465.81 | 465.81 |
| 81380 | | | NRC | 246.18 | 246.18 |
| 81381 | | | NRC | 212.38 | 212.38 |
| 81382 | | | NRC | 171.78 | 171.78 |
| 81383 | | | NRC | 151.58 | 151.58 |
| 81410 | | | NRC | 630.00 | 630.00 |
| 81411 | | | NRC | 1687.74 | 1687.74 |
| 81412 | | | NRC | 3060.70 | 3060.70 |
| 81413 | | | NRC | 812.36 | 812.36 |
| 81414 | | | NRC | 812.36 | 812.36 |
| 81415 | | | NRC | 5975.00 | 5975.00 |
| 81416 | | | NRC | 15000.00 | 15000.00 |
| 81417 | | | NRC | 400.00 | 400.00 |
| 81420 | | | NRC | 948.81 | 948.81 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 81422 | | | NRC | 948.81 | 948.81 |
| 81425 | | | NRC | 6289.00 | 6289.00 |
| 81426 | | | NRC | 3387.44 | 3387.44 |
| 81427 | | | NRC | 2922.06 | 2922.06 |
| 81430 | | | NRC | 2031.25 | 2031.25 |
| 81431 | | | NRC | 849.46 | 849.46 |
| 81432 | | | | 943.13 | 943.13 |
| 81433 | | | NRC | 609.63 | 609.63 |
| 81434 | | | NRC | 747.39 | 747.39 |
| 81435 | | | | 812.36 | 812.36 |
| 81436 | | | NRC | 812.36 | 812.36 |
| 81437 | | | | 609.63 | 609.63 |
| 81438 | | | | 609.63 | 609.63 |
| 81439 | | | NRC | 812.36 | 812.36 |
| 81440 | | | NRC | 4155.00 | 4155.00 |
| 81442 | | | NRC | 2679.50 | 2679.50 |
| 81443 | | | NRC | 3060.70 | 3060.70 |
| 81445 | | | NRC | 747.39 | 747.39 |
| 81448 | | | NRC | 812.36 | 812.36 |
| 81450 | | | NRC | 949.41 | 949.41 |
| 81455 | | | NRC | 3649.50 | 3649.50 |
| 81460 | | | NRC | 1608.75 | 1608.75 |
| 81465 | | | NRC | 1170.00 | 1170.00 |
| 81470 | | | NRC | 1142.50 | 1142.50 |
| 81471 | | | NRC | 1142.50 | 1142.50 |
| 81479 | | | NRC | 0.00 | 0.00 |
| 81490 | | | NRC | 1050.81 | 1050.81 |
| 81493 | | | NRC | 1312.50 | 1312.50 |
| 81500 | | | | 325.63 | 325.63 |
| 81503 | | | | 1121.25 | 1121.25 |
| 81504 | | | | 650.00 | 650.00 |
| 81506 | | | NRC | 93.34 | 93.34 |
| 81507 | | | NRC | 993.75 | 993.75 |
| 81508 | | | NRC | 67.88 | 67.88 |
| 81509 | | | NRC | 1859.21 | 1859.21 |
| 81510 | | | NRC | 69.43 | 69.43 |
| 81511 | | | NRC | 191.88 | 191.88 |
| 81512 | | | NRC | 86.90 | 86.90 |
| 81518 | | | | 4841.25 | 4841.25 |
| 81519 | | | | 4841.25 | 4841.25 |
| 81520 | | | | 3486.40 | 3486.40 |
| 81521 | | | | 4841.25 | 4841.25 |
| 81522 | | | BR | TBD | TBD |
| 81525 | | | | 3895.00 | 3895.00 |
| 81528 | | | | 636.09 | 636.09 |
| 81535 | | | | 724.33 | 724.33 |
| 81536 | | | | 221.95 | 221.95 |
| 81538 | | | | 3588.75 | 3588.75 |
| 81539 | | | | 950.00 | 950.00 |
| 81540 | | | | 4687.50 | 4687.50 |
| 81541 | | | | 4841.25 | 4841.25 |
| 81542 | | | BR | TBD | TBD |
| 81545 | | | | 4500.00 | 4500.00 |
| 81551 | | | | 2537.50 | 2537.50 |
| 81552 | | | BR | TBD | TBD |
| 81595 | | | NRC | 4050.00 | 4050.00 |
| 81596 | | | NRC | 90.24 | 90.24 |
| 81599 | | | NRC | 0.00 | 0.00 |
| 82009 | | | | 6.28 | 6.28 |
| 82010 | | | | 11.35 | 11.35 |
| 82013 | | | | 15.51 | 15.51 |
| 82016 | | | | 20.61 | 20.61 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 82017 | | | | 23.43 | 23.43 |
| 82024 | | | NRC | 53.64 | 53.64 |
| 82030 | | | NRC | 35.84 | 35.84 |
| 82040 | | | | 6.88 | 6.88 |
| 82042 | | | | 9.73 | 9.73 |
| 82043 | | | | 8.03 | 8.03 |
| 82044 | | | | 7.79 | 7.79 |
| 82045 | | | | 47.14 | 47.14 |
| 82075 | | | | 37.50 | 37.50 |
| 82085 | | | | 13.49 | 13.49 |
| 82088 | | | NRC | 56.60 | 56.60 |
| 82103 | | | | 18.66 | 18.66 |
| 82104 | | | | 20.09 | 20.09 |
| 82105 | | | NRC | 23.30 | 23.30 |
| 82106 | | | NRC | 23.30 | 23.30 |
| 82107 | | | NRC | 89.46 | 89.46 |
| 82108 | | | NRC | 35.39 | 35.39 |
| 82120 | | | NRC | 7.49 | 7.49 |
| 82127 | | | | 19.26 | 19.26 |
| 82128 | | | | 19.26 | 19.26 |
| 82131 | | | | 28.73 | 28.73 |
| 82135 | | | | 22.85 | 22.85 |
| 82136 | | | | 24.51 | 24.51 |
| 82139 | | | | 23.43 | 23.43 |
| 82140 | | | | 20.24 | 20.24 |
| 82143 | | | NRC | 11.69 | 11.69 |
| 82150 | | | | 9.00 | 9.00 |
| 82154 | | | NRC | 40.05 | 40.05 |
| 82157 | | | NRC | 40.66 | 40.66 |
| 82160 | | | NRC | 34.73 | 34.73 |
| 82163 | | | NRC | 28.50 | 28.50 |
| 82164 | | | NRC | 20.28 | 20.28 |
| 82172 | | | NRC | 26.36 | 26.36 |
| 82175 | | | NRC | 26.35 | 26.35 |
| 82180 | | | NRC | 13.73 | 13.73 |
| 82190 | | | NRC | 20.70 | 20.70 |
| 82232 | | | NRC | 22.46 | 22.46 |
| 82239 | | | NRC | 23.79 | 23.79 |
| 82240 | | | NRC | 36.91 | 36.91 |
| 82247 | | | | 6.96 | 6.96 |
| 82248 | | | | 6.96 | 6.96 |
| 82252 | | | | 6.33 | 6.33 |
| 82261 | | | | 23.43 | 23.43 |
| 82270 | | | | 5.48 | 5.48 |
| 82271 | | | | 6.65 | 6.65 |
| 82272 | | | | 5.29 | 5.29 |
| 82274 | | | | 22.09 | 22.09 |
| 82286 | | | NRC | 7.16 | 7.16 |
| 82300 | | | NRC | 32.15 | 32.15 |
| 82306 | | | NRC | 41.11 | 41.11 |
| 82308 | | | NRC | 37.21 | 37.21 |
| 82310 | | | NRC | 7.16 | 7.16 |
| 82330 | | | NRC | 19.00 | 19.00 |
| 82331 | | | NRC | 16.68 | 16.68 |
| 82340 | | | NRC | 8.38 | 8.38 |
| 82355 | | | NRC | 16.08 | 16.08 |
| 82360 | | | NRC | 17.88 | 17.88 |
| 82365 | | | NRC | 17.91 | 17.91 |
| 82370 | | | NRC | 17.40 | 17.40 |
| 82373 | | | NRC | 25.08 | 25.08 |
| 82374 | | | | 6.79 | 6.79 |
| 82375 | | | | 17.11 | 17.11 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 82376 | | | | 17.59 | 17.59 |
| 82378 | | | NRC | 26.34 | 26.34 |
| 82379 | | | NRC | 23.43 | 23.43 |
| 82380 | | | NRC | 12.81 | 12.81 |
| 82382 | | | NRC | 34.13 | 34.13 |
| 82383 | | | NRC | 36.35 | 36.35 |
| 82384 | | | NRC | 35.08 | 35.08 |
| 82387 | | | NRC | 25.08 | 25.08 |
| 82390 | | | NRC | 14.91 | 14.91 |
| 82397 | | | NRC | 19.61 | 19.61 |
| 82415 | | | | 17.60 | 17.60 |
| 82435 | | | NRC | 6.39 | 6.39 |
| 82436 | | | NRC | 7.19 | 7.19 |
| 82438 | | | NRC | 6.79 | 6.79 |
| 82441 | | | NRC | 8.34 | 8.34 |
| 82465 | | | | 6.05 | 6.05 |
| 82480 | | | NRC | 10.94 | 10.94 |
| 82482 | | | NRC | 12.26 | 12.26 |
| 82485 | | | | 28.69 | 28.69 |
| 82495 | | | NRC | 28.16 | 28.16 |
| 82507 | | | NRC | 38.61 | 38.61 |
| 82523 | | | NRC | 25.95 | 25.95 |
| 82525 | | | NRC | 17.24 | 17.24 |
| 82528 | | | | 31.28 | 31.28 |
| 82530 | | | | 23.21 | 23.21 |
| 82533 | | | | 22.64 | 22.64 |
| 82540 | | | | 6.44 | 6.44 |
| 82542 | | | | 30.11 | 30.11 |
| 82550 | | | | 9.04 | 9.04 |
| 82552 | | | | 18.60 | 18.60 |
| 82553 | | | | 16.04 | 16.04 |
| 82554 | | | | 16.49 | 16.49 |
| 82565 | | | | 7.11 | 7.11 |
| 82570 | | | | 7.19 | 7.19 |
| 82575 | | | | 13.14 | 13.14 |
| 82585 | | | | 17.68 | 17.68 |
| 82595 | | | | 8.98 | 8.98 |
| 82600 | | | NRC | 26.94 | 26.94 |
| 82607 | | | NRC | 20.94 | 20.94 |
| 82608 | | | NRC | 19.89 | 19.89 |
| 82610 | | | | 23.15 | 23.15 |
| 82615 | | | | 11.94 | 11.94 |
| 82626 | | | NRC | 35.10 | 35.10 |
| 82627 | | | NRC | 30.89 | 30.89 |
| 82633 | | | | 43.04 | 43.04 |
| 82634 | | | NRC | 40.66 | 40.66 |
| 82638 | | | NRC | 17.01 | 17.01 |
| 82642 | | | | 40.66 | 40.66 |
| 82652 | | | | 53.48 | 53.48 |
| 82656 | | | | 16.01 | 16.01 |
| 82657 | | | | 27.71 | 27.71 |
| 82658 | | | | 55.04 | 55.04 |
| 82664 | | | NRC | 76.88 | 76.88 |
| 82668 | | | | 26.10 | 26.10 |
| 82670 | | | NRC | 38.80 | 38.80 |
| 82671 | | | NRC | 44.86 | 44.86 |
| 82672 | | | NRC | 30.14 | 30.14 |
| 82677 | | | NRC | 33.59 | 33.59 |
| 82679 | | | NRC | 34.66 | 34.66 |
| 82693 | | | | 20.70 | 20.70 |
| 82696 | | | | 32.80 | 32.80 |
| 82705 | | | NRC | 7.08 | 7.08 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 82710 | | | NRC | 23.34 | 23.34 |
| 82715 | | | NRC | 28.71 | 28.71 |
| 82725 | | | NRC | 23.46 | 23.46 |
| 82726 | | | NRC | 25.08 | 25.08 |
| 82728 | | | | 18.94 | 18.94 |
| 82731 | | | NRC | 89.46 | 89.46 |
| 82735 | | | NRC | 25.75 | 25.75 |
| 82746 | | | | 20.43 | 20.43 |
| 82747 | | | | 24.06 | 24.06 |
| 82757 | | | NRC | 24.08 | 24.08 |
| 82759 | | | | 29.84 | 29.84 |
| 82760 | | | | 15.55 | 15.55 |
| 82775 | | | | 29.26 | 29.26 |
| 82776 | | | | 14.68 | 14.68 |
| 82777 | | | | 55.31 | 55.31 |
| 82784 | | | | 12.93 | 12.93 |
| 82785 | | | | 22.86 | 22.86 |
| 82787 | | | | 11.14 | 11.14 |
| 82800 | | | | 13.75 | 13.75 |
| 82803 | | | | 32.59 | 32.59 |
| 82805 | | | | 98.46 | 98.46 |
| 82810 | | | | 12.21 | 12.21 |
| 82820 | | | | 16.68 | 16.68 |
| 82930 | | | NRC | 8.39 | 8.39 |
| 82938 | | | NRC | 24.58 | 24.58 |
| 82941 | | | NRC | 24.49 | 24.49 |
| 82943 | | | | 19.85 | 19.85 |
| 82945 | | | | 5.46 | 5.46 |
| 82946 | | | | 22.21 | 22.21 |
| 82947 | | | | 5.46 | 5.46 |
| 82948 | | | | 6.30 | 6.30 |
| 82950 | | | | 6.59 | 6.59 |
| 82951 | | | | 17.88 | 17.88 |
| 82952 | | | | 5.45 | 5.45 |
| 82955 | | | | 13.46 | 13.46 |
| 82960 | | | | 8.40 | 8.40 |
| 82962 | | | | 4.10 | 4.10 |
| 82963 | | | | 29.84 | 29.84 |
| 82965 | | | | 16.44 | 16.44 |
| 82977 | | | | 10.00 | 10.00 |
| 82978 | | | | 19.80 | 19.80 |
| 82979 | | | | 13.11 | 13.11 |
| 82985 | | | | 20.95 | 20.95 |
| 83001 | | | NRC | 25.81 | 25.81 |
| 83002 | | | NRC | 25.71 | 25.71 |
| 83003 | | | NRC | 23.15 | 23.15 |
| 83006 | | | NRC | 94.50 | 94.50 |
| 83009 | | | NRC | 93.55 | 93.55 |
| 83010 | | | | 17.46 | 17.46 |
| 83012 | | | | 33.61 | 33.61 |
| 83013 | | | NRC | 93.55 | 93.55 |
| 83014 | | | NRC | 10.91 | 10.91 |
| 83015 | | | | 26.18 | 26.18 |
| 83018 | | | | 30.51 | 30.51 |
| 83020 | | | | 17.88 | 17.88 |
| 83020 | 26 | | | 25.81 | 25.81 |
| 83021 | | | | 25.08 | 25.08 |
| 83026 | | | | 5.01 | 5.01 |
| 83030 | | | NRC | 13.43 | 13.43 |
| 83033 | | | NRC | 10.00 | 10.00 |
| 83036 | | | | 13.49 | 13.49 |
| 83037 | | | | 13.49 | 13.49 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 83045 | | | | 8.11 | 8.11 |
| 83050 | | | | 10.25 | 10.25 |
| 83051 | | | | 10.15 | 10.15 |
| 83060 | | | | 11.49 | 11.49 |
| 83065 | | | | 11.25 | 11.25 |
| 83068 | | | | 11.84 | 11.84 |
| 83069 | | | | 5.49 | 5.49 |
| 83070 | | | | 6.59 | 6.59 |
| 83080 | | | | 23.43 | 23.43 |
| 83088 | | | | 41.01 | 41.01 |
| 83090 | | | | 23.43 | 23.43 |
| 83150 | | | | 28.01 | 28.01 |
| 83491 | | | | 24.34 | 24.34 |
| 83497 | | | | 17.91 | 17.91 |
| 83498 | | | NRC | 37.74 | 37.74 |
| 83500 | | | NRC | 31.46 | 31.46 |
| 83505 | | | | 33.76 | 33.76 |
| 83516 | | | | 16.01 | 16.01 |
| 83518 | | | | 12.05 | 12.05 |
| 83519 | | | | 23.00 | 23.00 |
| 83520 | | | | 21.59 | 21.59 |
| 83525 | | | NRC | 15.88 | 15.88 |
| 83527 | | | NRC | 17.99 | 17.99 |
| 83528 | | | NRC | 24.78 | 24.78 |
| 83540 | | | | 8.99 | 8.99 |
| 83550 | | | | 12.14 | 12.14 |
| 83570 | | | | 12.29 | 12.29 |
| 83582 | | | | 19.69 | 19.69 |
| 83586 | | | | 17.78 | 17.78 |
| 83593 | | | | 36.53 | 36.53 |
| 83605 | | | | 14.84 | 14.84 |
| 83615 | | | | 8.39 | 8.39 |
| 83625 | | | | 17.78 | 17.78 |
| 83630 | | | NRC | 27.26 | 27.26 |
| 83631 | | | NRC | 27.26 | 27.26 |
| 83632 | | | NRC | 28.09 | 28.09 |
| 83633 | | | | 14.06 | 14.06 |
| 83655 | | | | 16.81 | 16.81 |
| 83661 | | | NRC | 30.54 | 30.54 |
| 83662 | | | NRC | 26.26 | 26.26 |
| 83663 | | | NRC | 26.26 | 26.26 |
| 83664 | | | NRC | 26.26 | 26.26 |
| 83670 | | | | 12.73 | 12.73 |
| 83690 | | | | 9.56 | 9.56 |
| 83695 | | | | 17.99 | 17.99 |
| 83698 | | | | 57.89 | 57.89 |
| 83700 | | | | 15.64 | 15.64 |
| 83701 | | | | 42.33 | 42.33 |
| 83704 | | | | 43.83 | 43.83 |
| 83718 | | | | 11.38 | 11.38 |
| 83719 | | | | 16.16 | 16.16 |
| 83721 | | | | 13.25 | 13.25 |
| 83722 | | | | 43.83 | 43.83 |
| 83727 | | | NRC | 23.88 | 23.88 |
| 83735 | | | | 9.30 | 9.30 |
| 83775 | | | | 10.24 | 10.24 |
| 83785 | | | | 34.16 | 34.16 |
| 83789 | | | | 30.14 | 30.14 |
| 83825 | | | | 22.58 | 22.58 |
| 83835 | | | | 23.53 | 23.53 |
| 83857 | | | | 14.91 | 14.91 |
| 83861 | | | NRC | 28.10 | 28.10 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 83864 | | | | 35.63 | 35.63 |
| 83872 | | | | 8.14 | 8.14 |
| 83873 | | | | 23.90 | 23.90 |
| 83874 | | | | 17.94 | 17.94 |
| 83876 | | | NRC | 63.58 | 63.58 |
| 83880 | | | | 49.08 | 49.08 |
| 83883 | | | | 18.89 | 18.89 |
| 83885 | | | | 34.04 | 34.04 |
| 83915 | | | NRC | 15.49 | 15.49 |
| 83916 | | | | 34.24 | 34.24 |
| 83918 | | | | 29.50 | 29.50 |
| 83919 | | | | 22.85 | 22.85 |
| 83921 | | | | 26.51 | 26.51 |
| 83930 | | | | 9.19 | 9.19 |
| 83935 | | | | 9.46 | 9.46 |
| 83937 | | | | 41.45 | 41.45 |
| 83945 | | | | 18.06 | 18.06 |
| 83950 | | | | 89.46 | 89.46 |
| 83951 | | | | 89.46 | 89.46 |
| 83970 | | | | 57.33 | 57.33 |
| 83986 | | | | 4.98 | 4.98 |
| 83987 | | | | 4.98 | 4.98 |
| 83992 | | | NRC | 0.00 | 0.00 |
| 83993 | | | NRC | 27.26 | 27.26 |
| 84030 | | | NRC | 7.64 | 7.64 |
| 84035 | | | NRC | 5.09 | 5.09 |
| 84060 | | | NRC | 10.26 | 10.26 |
| 84066 | | | NRC | 13.41 | 13.41 |
| 84075 | | | | 7.19 | 7.19 |
| 84078 | | | | 10.33 | 10.33 |
| 84080 | | | | 20.54 | 20.54 |
| 84081 | | | NRC | 22.94 | 22.94 |
| 84085 | | | | 13.11 | 13.11 |
| 84087 | | | | 14.34 | 14.34 |
| 84100 | | | | 6.59 | 6.59 |
| 84105 | | | | 7.23 | 7.23 |
| 84106 | | | | 7.28 | 7.28 |
| 84110 | | | | 11.73 | 11.73 |
| 84112 | | | NRC | 122.64 | 122.64 |
| 84119 | | | | 16.70 | 16.70 |
| 84120 | | | | 20.44 | 20.44 |
| 84126 | | | | 48.89 | 48.89 |
| 84132 | | | | 6.39 | 6.39 |
| 84133 | | | | 5.99 | 5.99 |
| 84134 | | | | 20.26 | 20.26 |
| 84135 | | | NRC | 26.59 | 26.59 |
| 84138 | | | NRC | 26.31 | 26.31 |
| 84140 | | | NRC | 28.71 | 28.71 |
| 84143 | | | NRC | 31.68 | 31.68 |
| 84144 | | | NRC | 28.98 | 28.98 |
| 84145 | | | | 37.21 | 37.21 |
| 84146 | | | NRC | 26.91 | 26.91 |
| 84150 | | | NRC | 52.21 | 52.21 |
| 84152 | | | NRC | 25.55 | 25.55 |
| 84153 | | | NRC | 25.55 | 25.55 |
| 84154 | | | NRC | 25.55 | 25.55 |
| 84155 | | | | 5.09 | 5.09 |
| 84156 | | | | 5.09 | 5.09 |
| 84157 | | | | 5.09 | 5.09 |
| 84160 | | | | 7.19 | 7.19 |
| 84163 | | | NRC | 20.91 | 20.91 |
| 84165 | | | | 14.91 | 14.91 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 84165 | 26 | | | 25.81 | 25.81 |
| 84166 | | | | 24.76 | 24.76 |
| 84166 | 26 | | | 25.81 | 25.81 |
| 84181 | | | | 23.65 | 23.65 |
| 84181 | 26 | | | 25.81 | 25.81 |
| 84182 | | | | 36.51 | 36.51 |
| 84182 | 26 | | | 25.81 | 25.81 |
| 84202 | | | | 19.93 | 19.93 |
| 84203 | | | | 12.18 | 12.18 |
| 84206 | | | | 33.36 | 33.36 |
| 84207 | | | | 39.03 | 39.03 |
| 84210 | | | | 18.10 | 18.10 |
| 84220 | | | | 13.11 | 13.11 |
| 84228 | | | | 16.16 | 16.16 |
| 84233 | | | NRC | 109.85 | 109.85 |
| 84234 | | | NRC | 90.11 | 90.11 |
| 84235 | | | NRC | 89.04 | 89.04 |
| 84238 | | | NRC | 50.79 | 50.79 |
| 84244 | | | | 30.55 | 30.55 |
| 84252 | | | | 28.11 | 28.11 |
| 84255 | | | | 35.46 | 35.46 |
| 84260 | | | | 43.04 | 43.04 |
| 84270 | | | NRC | 30.19 | 30.19 |
| 84275 | | | | 18.66 | 18.66 |
| 84285 | | | | 32.69 | 32.69 |
| 84295 | | | | 6.69 | 6.69 |
| 84300 | | | | 6.75 | 6.75 |
| 84302 | | | | 6.75 | 6.75 |
| 84305 | | | | 29.54 | 29.54 |
| 84307 | | | | 25.39 | 25.39 |
| 84311 | | | | 10.13 | 10.13 |
| 84315 | | | | 4.10 | 4.10 |
| 84375 | | | | 48.75 | 48.75 |
| 84376 | | | | 7.64 | 7.64 |
| 84377 | | | | 7.64 | 7.64 |
| 84378 | | | | 16.01 | 16.01 |
| 84379 | | | | 16.01 | 16.01 |
| 84392 | | | | 6.86 | 6.86 |
| 84402 | | | NRC | 35.38 | 35.38 |
| 84403 | | | NRC | 35.85 | 35.85 |
| 84410 | | | NRC | 71.23 | 71.23 |
| 84425 | | | | 29.49 | 29.49 |
| 84430 | | | | 16.16 | 16.16 |
| 84431 | | | | 43.89 | 43.89 |
| 84432 | | | | 22.30 | 22.30 |
| 84436 | | | NRC | 9.54 | 9.54 |
| 84437 | | | NRC | 8.98 | 8.98 |
| 84439 | | | NRC | 12.53 | 12.53 |
| 84442 | | | NRC | 20.54 | 20.54 |
| 84443 | | | NRC | 23.34 | 23.34 |
| 84445 | | | NRC | 70.64 | 70.64 |
| 84446 | | | | 19.69 | 19.69 |
| 84449 | | | | 25.00 | 25.00 |
| 84450 | | | | 7.19 | 7.19 |
| 84460 | | | | 7.36 | 7.36 |
| 84466 | | | | 17.73 | 17.73 |
| 84478 | | | | 7.98 | 7.98 |
| 84479 | | | NRC | 8.98 | 8.98 |
| 84480 | | | NRC | 19.69 | 19.69 |
| 84481 | | | NRC | 23.53 | 23.53 |
| 84482 | | | NRC | 21.89 | 21.89 |
| 84484 | | | | 15.59 | 15.59 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 84485 | | | NRC | 10.00 | 10.00 |
| 84488 | | | NRC | 10.14 | 10.14 |
| 84490 | | | NRC | 12.41 | 12.41 |
| 84510 | | | | 14.45 | 14.45 |
| 84512 | | | | 12.61 | 12.61 |
| 84520 | | | | 5.49 | 5.49 |
| 84525 | | | | 6.41 | 6.41 |
| 84540 | | | | 6.95 | 6.95 |
| 84545 | | | | 9.19 | 9.19 |
| 84550 | | | | 6.28 | 6.28 |
| 84560 | | | | 6.59 | 6.59 |
| 84577 | | | | 23.34 | 23.34 |
| 84578 | | | | 5.59 | 5.59 |
| 84580 | | | | 11.94 | 11.94 |
| 84583 | | | | 7.56 | 7.56 |
| 84585 | | | | 21.53 | 21.53 |
| 84586 | | | | 49.08 | 49.08 |
| 84588 | | | | 47.14 | 47.14 |
| 84590 | | | | 16.13 | 16.13 |
| 84591 | | | NRC | 21.33 | 21.33 |
| 84597 | | | | 19.05 | 19.05 |
| 84600 | | | | 22.34 | 22.34 |
| 84620 | | | | 16.45 | 16.45 |
| 84630 | | | | 15.81 | 15.81 |
| 84681 | | | | 28.91 | 28.91 |
| 84702 | | | | 20.91 | 20.91 |
| 84703 | | | | 10.45 | 10.45 |
| 84704 | | | NRC | 20.91 | 20.91 |
| 84830 | | | NRC | 15.88 | 15.88 |
| 84999 | | | BR | 0.00 | 0.00 |
| 85002 | | | | 6.26 | 6.26 |
| 85004 | | | | 8.98 | 8.98 |
| 85007 | | | | 4.78 | 4.78 |
| 85008 | | | | 4.78 | 4.78 |
| 85009 | | | | 6.34 | 6.34 |
| 85013 | | | | 8.75 | 8.75 |
| 85014 | | | | 3.29 | 3.29 |
| 85018 | | | | 3.29 | 3.29 |
| 85025 | | | | 10.79 | 10.79 |
| 85027 | | | | 8.98 | 8.98 |
| 85032 | | | | 5.99 | 5.99 |
| 85041 | | | | 4.19 | 4.19 |
| 85044 | | | | 5.99 | 5.99 |
| 85045 | | | | 5.55 | 5.55 |
| 85046 | | | | 7.74 | 7.74 |
| 85048 | | | | 3.53 | 3.53 |
| 85049 | | | | 6.21 | 6.21 |
| 85055 | | | | 44.68 | 44.68 |
| 85060 | | | | 34.57 | 34.57 |
| 85097 | | | | 102.42 | 70.29 |
| 85130 | | | | 16.51 | 16.51 |
| 85170 | | | | 20.38 | 20.38 |
| 85175 | | | | 25.46 | 25.46 |
| 85210 | | | | 18.04 | 18.04 |
| 85220 | | | | 24.51 | 24.51 |
| 85230 | | | | 24.86 | 24.86 |
| 85240 | | | | 24.86 | 24.86 |
| 85244 | | | | 28.36 | 28.36 |
| 85245 | | | | 31.86 | 31.86 |
| 85246 | | | | 31.86 | 31.86 |
| 85247 | | | | 31.86 | 31.86 |
| 85250 | | | | 26.45 | 26.45 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 85260 | | | | 24.86 | 24.86 |
| 85270 | | | | 24.86 | 24.86 |
| 85280 | | | | 26.88 | 26.88 |
| 85290 | | | | 22.69 | 22.69 |
| 85291 | | | | 12.35 | 12.35 |
| 85292 | | | | 26.30 | 26.30 |
| 85293 | | | | 26.30 | 26.30 |
| 85300 | | | | 16.46 | 16.46 |
| 85301 | | | | 15.01 | 15.01 |
| 85302 | | | | 16.69 | 16.69 |
| 85303 | | | | 19.21 | 19.21 |
| 85305 | | | | 16.13 | 16.13 |
| 85306 | | | | 21.29 | 21.29 |
| 85307 | | | | 21.29 | 21.29 |
| 85335 | | | | 17.88 | 17.88 |
| 85337 | | | | 21.59 | 21.59 |
| 85345 | | | | 5.99 | 5.99 |
| 85347 | | | | 5.91 | 5.91 |
| 85348 | | | | 5.61 | 5.61 |
| 85360 | | | | 11.68 | 11.68 |
| 85362 | | | | 9.56 | 9.56 |
| 85366 | | | | 100.58 | 100.58 |
| 85370 | | | | 15.78 | 15.78 |
| 85378 | | | | 12.15 | 12.15 |
| 85379 | | | | 14.14 | 14.14 |
| 85380 | | | | 14.14 | 14.14 |
| 85384 | | | | 12.15 | 12.15 |
| 85385 | | | | 18.08 | 18.08 |
| 85390 | | | | 19.35 | 19.35 |
| 85390 | 26 | | | 52.60 | 52.60 |
| 85396 | | | | 28.65 | 28.65 |
| 85397 | | | | 38.58 | 38.58 |
| 85400 | | | | 10.70 | 10.70 |
| 85410 | | | | 10.70 | 10.70 |
| 85415 | | | | 23.88 | 23.88 |
| 85420 | | | | 9.08 | 9.08 |
| 85421 | | | | 14.15 | 14.15 |
| 85441 | | | | 5.84 | 5.84 |
| 85445 | | | NRC | 9.46 | 9.46 |
| 85460 | | | NRC | 10.74 | 10.74 |
| 85461 | | | NRC | 11.70 | 11.70 |
| 85475 | | | | 12.33 | 12.33 |
| 85520 | | | | 18.19 | 18.19 |
| 85525 | | | | 16.44 | 16.44 |
| 85530 | | | | 18.19 | 18.19 |
| 85536 | | | | 8.98 | 8.98 |
| 85540 | | | | 11.95 | 11.95 |
| 85547 | | | | 11.95 | 11.95 |
| 85549 | | | | 26.04 | 26.04 |
| 85555 | | | | 9.34 | 9.34 |
| 85557 | | | | 18.55 | 18.55 |
| 85576 | | | | 31.14 | 31.14 |
| 85576 | 26 | | | 25.81 | 25.81 |
| 85597 | | | | 24.96 | 24.96 |
| 85598 | | | NRC | 24.96 | 24.96 |
| 85610 | | | | 5.46 | 5.46 |
| 85611 | | | | 5.48 | 5.48 |
| 85612 | | | NRC | 21.86 | 21.86 |
| 85613 | | | NRC | 13.30 | 13.30 |
| 85635 | | | NRC | 13.68 | 13.68 |
| 85651 | | | | 5.34 | 5.34 |
| 85652 | | | | 3.75 | 3.75 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 85660 | | | NRC | 7.65 | 7.65 |
| 85670 | | | | 8.01 | 8.01 |
| 85675 | | | | 9.51 | 9.51 |
| 85705 | | | | 13.38 | 13.38 |
| 85730 | | | | 8.34 | 8.34 |
| 85732 | | | | 8.98 | 8.98 |
| 85810 | | | | 16.21 | 16.21 |
| 85999 | | | BR | 0.00 | 0.00 |
| 86000 | | | | 9.70 | 9.70 |
| 86001 | | | | 9.78 | 9.78 |
| 86003 | | | | 7.25 | 7.25 |
| 86005 | | | | 11.06 | 11.06 |
| 86008 | | | | 24.91 | 24.91 |
| 86021 | | | | 20.91 | 20.91 |
| 86022 | | | | 25.51 | 25.51 |
| 86023 | | | | 17.30 | 17.30 |
| 86038 | | | | 16.79 | 16.79 |
| 86039 | | | | 15.50 | 15.50 |
| 86060 | | | NRC | 10.14 | 10.14 |
| 86063 | | | NRC | 8.01 | 8.01 |
| 86077 | | | | 77.28 | 72.16 |
| 86078 | | | | 77.28 | 72.16 |
| 86079 | | | NRC | 76.81 | 72.16 |
| 86140 | | | | 7.19 | 7.19 |
| 86141 | | | | 17.99 | 17.99 |
| 86146 | | | NRC | 35.35 | 35.35 |
| 86147 | | | NRC | 35.35 | 35.35 |
| 86148 | | | NRC | 22.31 | 22.31 |
| 86152 | | | NRC | 341.25 | 341.25 |
| 86153 | 26 | | | 48.62 | 48.62 |
| 86155 | | | NRC | 22.20 | 22.20 |
| 86156 | | | NRC | 10.09 | 10.09 |
| 86157 | | | NRC | 11.20 | 11.20 |
| 86160 | | | NRC | 16.66 | 16.66 |
| 86161 | | | NRC | 16.66 | 16.66 |
| 86162 | | | NRC | 28.23 | 28.23 |
| 86171 | | | NRC | 13.90 | 13.90 |
| 86200 | | | NRC | 17.99 | 17.99 |
| 86215 | | | NRC | 18.40 | 18.40 |
| 86225 | | | NRC | 19.09 | 19.09 |
| 86226 | | | NRC | 16.81 | 16.81 |
| 86235 | | | NRC | 24.91 | 24.91 |
| 86255 | | | | 16.74 | 16.74 |
| 86255 | 26 | | NRC | 25.81 | 25.81 |
| 86256 | | | | 16.74 | 16.74 |
| 86256 | 26 | | NRC | 25.81 | 25.81 |
| 86277 | | | NRC | 21.86 | 21.86 |
| 86280 | | | NRC | 11.38 | 11.38 |
| 86294 | | | | 31.96 | 31.96 |
| 86300 | | | | 28.91 | 28.91 |
| 86301 | | | | 28.91 | 28.91 |
| 86304 | | | | 28.91 | 28.91 |
| 86305 | | | NRC | 28.91 | 28.91 |
| 86308 | | | NRC | 7.19 | 7.19 |
| 86309 | | | NRC | 8.98 | 8.98 |
| 86310 | | | NRC | 10.24 | 10.24 |
| 86316 | | | | 28.91 | 28.91 |
| 86317 | | | | 20.81 | 20.81 |
| 86318 | | | | 22.61 | 22.61 |
| 86320 | | | | 37.40 | 37.40 |
| 86320 | 26 | | NRC | 25.81 | 25.81 |
| 86325 | | | | 31.06 | 31.06 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 86325 | 26 | | NRC | 25.81 | 25.81 |
| 86327 | | | | 37.40 | 37.40 |
| 86327 | 26 | | NRC | 31.61 | 31.61 |
| 86329 | | | NRC | 19.51 | 19.51 |
| 86331 | | | NRC | 16.64 | 16.64 |
| 86332 | | | NRC | 33.85 | 33.85 |
| 86334 | | | | 31.04 | 31.04 |
| 86334 | 26 | | NRC | 25.81 | 25.81 |
| 86335 | | | | 40.76 | 40.76 |
| 86335 | 26 | | NRC | 25.81 | 25.81 |
| 86336 | | | NRC | 21.65 | 21.65 |
| 86337 | | | | 29.74 | 29.74 |
| 86340 | | | NRC | 20.94 | 20.94 |
| 86341 | | | | 29.46 | 29.46 |
| 86343 | | | NRC | 17.30 | 17.30 |
| 86344 | | | NRC | 12.99 | 12.99 |
| 86352 | | | | 188.70 | 188.70 |
| 86353 | | | NRC | 68.09 | 68.09 |
| 86355 | | | NRC | 52.40 | 52.40 |
| 86356 | | | NRC | 37.19 | 37.19 |
| 86357 | | | NRC | 52.40 | 52.40 |
| 86359 | | | NRC | 52.40 | 52.40 |
| 86360 | | | NRC | 65.25 | 65.25 |
| 86361 | | | NRC | 37.19 | 37.19 |
| 86367 | | | NRC | 97.23 | 97.23 |
| 86376 | | | | 20.21 | 20.21 |
| 86382 | | | NRC | 23.49 | 23.49 |
| 86384 | | | NRC | 17.01 | 17.01 |
| 86386 | | | | 27.23 | 27.23 |
| 86403 | | | NRC | 14.43 | 14.43 |
| 86406 | | | NRC | 14.78 | 14.78 |
| 86430 | | | | 7.88 | 7.88 |
| 86431 | | | | 7.88 | 7.88 |
| 86480 | | | NRC | 86.09 | 86.09 |
| 86481 | | | NRC | 125.00 | 125.00 |
| 86485 | | | | 23.18 | 23.18 |
| 86486 | | | | 7.03 | 7.03 |
| 86490 | | | | 115.97 | 115.97 |
| 86510 | | | | 8.89 | 8.89 |
| 86580 | | | | 11.22 | 11.22 |
| 86590 | | | NRC | 15.83 | 15.83 |
| 86592 | | | | 5.94 | 5.94 |
| 86593 | | | | 6.11 | 6.11 |
| 86602 | | | | 14.14 | 14.14 |
| 86603 | | | | 17.88 | 17.88 |
| 86606 | | | | 20.91 | 20.91 |
| 86609 | | | | 17.89 | 17.89 |
| 86611 | | | | 14.14 | 14.14 |
| 86612 | | | | 17.93 | 17.93 |
| 86615 | | | | 18.31 | 18.31 |
| 86617 | | | | 21.51 | 21.51 |
| 86618 | | | | 23.65 | 23.65 |
| 86619 | | | | 18.58 | 18.58 |
| 86622 | | | | 12.40 | 12.40 |
| 86625 | | | | 18.23 | 18.23 |
| 86628 | | | | 16.68 | 16.68 |
| 86631 | | | NRC | 16.43 | 16.43 |
| 86632 | | | NRC | 17.61 | 17.61 |
| 86635 | | | | 15.94 | 15.94 |
| 86638 | | | | 16.84 | 16.84 |
| 86641 | | | | 20.01 | 20.01 |
| 86644 | | | | 19.99 | 19.99 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 86645 | | | | 23.40 | 23.40 |
| 86648 | | | NRC | 21.13 | 21.13 |
| 86651 | | | | 18.31 | 18.31 |
| 86652 | | | | 18.31 | 18.31 |
| 86653 | | | | 18.31 | 18.31 |
| 86654 | | | | 18.31 | 18.31 |
| 86658 | | | | 18.09 | 18.09 |
| 86663 | | | NRC | 18.23 | 18.23 |
| 86664 | | | NRC | 21.24 | 21.24 |
| 86665 | | | NRC | 25.20 | 25.20 |
| 86666 | | | NRC | 14.14 | 14.14 |
| 86668 | | | NRC | 17.70 | 17.70 |
| 86671 | | | | 17.03 | 17.03 |
| 86674 | | | | 20.44 | 20.44 |
| 86677 | | | NRC | 21.06 | 21.06 |
| 86682 | | | NRC | 18.06 | 18.06 |
| 86684 | | | | 22.00 | 22.00 |
| 86687 | | | | 11.65 | 11.65 |
| 86688 | | | | 19.45 | 19.45 |
| 86689 | | | | 26.89 | 26.89 |
| 86692 | | | | 23.84 | 23.84 |
| 86694 | | | NRC | 19.99 | 19.99 |
| 86695 | | | NRC | 18.31 | 18.31 |
| 86696 | | | NRC | 26.89 | 26.89 |
| 86698 | | | | 17.35 | 17.35 |
| 86701 | | | | 12.34 | 12.34 |
| 86702 | | | | 18.78 | 18.78 |
| 86703 | | | | 19.04 | 19.04 |
| 86704 | | | | 16.74 | 16.74 |
| 86705 | | | | 16.35 | 16.35 |
| 86706 | | | | 14.91 | 14.91 |
| 86707 | | | | 16.06 | 16.06 |
| 86708 | | | | 17.20 | 17.20 |
| 86709 | | | | 15.64 | 15.64 |
| 86710 | | | | 18.83 | 18.83 |
| 86711 | | | | 21.11 | 21.11 |
| 86713 | | | NRC | 21.25 | 21.25 |
| 86717 | | | NRC | 17.01 | 17.01 |
| 86720 | | | NRC | 20.25 | 20.25 |
| 86723 | | | NRC | 18.31 | 18.31 |
| 86727 | | | NRC | 17.88 | 17.88 |
| 86732 | | | NRC | 18.75 | 18.75 |
| 86735 | | | NRC | 18.13 | 18.13 |
| 86738 | | | NRC | 18.39 | 18.39 |
| 86741 | | | NRC | 18.31 | 18.31 |
| 86744 | | | NRC | 19.99 | 19.99 |
| 86747 | | | NRC | 20.88 | 20.88 |
| 86750 | | | NRC | 18.31 | 18.31 |
| 86753 | | | NRC | 17.20 | 17.20 |
| 86756 | | | | 19.86 | 19.86 |
| 86757 | | | NRC | 26.89 | 26.89 |
| 86759 | | | NRC | 22.79 | 22.79 |
| 86762 | | | NRC | 19.99 | 19.99 |
| 86765 | | | NRC | 17.89 | 17.89 |
| 86768 | | | NRC | 18.31 | 18.31 |
| 86771 | | | NRC | 30.60 | 30.60 |
| 86774 | | | | 20.55 | 20.55 |
| 86777 | | | NRC | 19.99 | 19.99 |
| 86778 | | | NRC | 20.01 | 20.01 |
| 86780 | | | NRC | 18.39 | 18.39 |
| 86784 | | | NRC | 17.45 | 17.45 |
| 86787 | | | NRC | 17.89 | 17.89 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 86788 | | | | 23.40 | 23.40 |
| 86789 | | | | 19.99 | 19.99 |
| 86790 | | | NRC | 17.89 | 17.89 |
| 86793 | | | NRC | 18.31 | 18.31 |
| 86794 | | | NRC | 23.40 | 23.40 |
| 86800 | | | NRC | 22.09 | 22.09 |
| 86803 | | | | 19.81 | 19.81 |
| 86804 | | | | 21.51 | 21.51 |
| 86805 | | | NRC | 236.89 | 236.89 |
| 86806 | | | NRC | 66.10 | 66.10 |
| 86807 | | | NRC | 98.31 | 98.31 |
| 86808 | | | NRC | 41.23 | 41.23 |
| 86812 | | | NRC | 35.84 | 35.84 |
| 86813 | | | NRC | 80.55 | 80.55 |
| 86816 | | | NRC | 38.69 | 38.69 |
| 86817 | | | NRC | 132.68 | 132.68 |
| 86821 | | | NRC | 50.78 | 50.78 |
| 86825 | | | | 136.86 | 136.86 |
| 86826 | | | | 45.66 | 45.66 |
| 86828 | | | | 80.24 | 80.24 |
| 86829 | | | | 80.24 | 80.24 |
| 86830 | | | | 119.40 | 119.40 |
| 86831 | | | | 102.35 | 102.35 |
| 86832 | | | | 404.69 | 404.69 |
| 86833 | | | | 407.25 | 407.25 |
| 86834 | | | | 496.61 | 496.61 |
| 86835 | | | | 448.56 | 448.56 |
| 86849 | | | BR | 0.00 | 0.00 |
| 86850 | | | | 12.21 | 12.21 |
| 86860 | | | NRC | 0.00 | 0.00 |
| 86870 | | | NRC | 0.00 | 0.00 |
| 86880 | | | NRC | 7.49 | 7.49 |
| 86885 | | | NRC | 7.95 | 7.95 |
| 86886 | | | NRC | 7.19 | 7.19 |
| 86890 | | | | 125.00 | 125.00 |
| 86891 | | | | 56.00 | 56.00 |
| 86900 | | | | 4.15 | 4.15 |
| 86901 | | | | 4.15 | 4.15 |
| 86902 | | | | 7.94 | 7.94 |
| 86904 | | | | 20.43 | 20.43 |
| 86905 | | | | 5.31 | 5.31 |
| 86906 | | | | 10.76 | 10.76 |
| 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 | 11.39 | 11.39 |
| 86941 | | | NRC | 16.81 | 16.81 |
| 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 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | 23.39 | 23.39 |
| 87015 | | | NRC | 9.28 | 9.28 |
| 87040 | | | | 14.34 | 14.34 |
| 87045 | | | | 13.11 | 13.11 |
| 87046 | | | | 13.11 | 13.11 |
| 87070 | | | | 11.96 | 11.96 |
| 87071 | | | | 13.11 | 13.11 |
| 87073 | | | | 13.11 | 13.11 |
| 87075 | | | | 13.15 | 13.15 |
| 87076 | | | | 11.21 | 11.21 |
| 87077 | | | | 11.21 | 11.21 |
| 87081 | | | | 9.20 | 9.20 |
| 87084 | | | | 33.84 | 33.84 |
| 87086 | | | | 11.21 | 11.21 |
| 87088 | | | | 11.24 | 11.24 |
| 87101 | | | | 10.70 | 10.70 |
| 87102 | | | | 11.68 | 11.68 |
| 87103 | | | | 25.58 | 25.58 |
| 87106 | | | | 14.34 | 14.34 |
| 87107 | | | | 14.34 | 14.34 |
| 87109 | | | | 21.38 | 21.38 |
| 87110 | | | | 27.21 | 27.21 |
| 87116 | | | | 15.00 | 15.00 |
| 87118 | | | | 18.26 | 18.26 |
| 87140 | | | | 7.74 | 7.74 |
| 87143 | | | | 17.40 | 17.40 |
| 87147 | | | | 7.19 | 7.19 |
| 87149 | | | | 27.85 | 27.85 |
| 87150 | | | | 48.74 | 48.74 |
| 87152 | | | | 9.68 | 9.68 |
| 87153 | | | | 160.21 | 160.21 |
| 87158 | | | | 9.68 | 9.68 |
| 87164 | | | | 14.91 | 14.91 |
| 87164 | 26 | | | 28.14 | 28.14 |
| 87166 | | | | 15.70 | 15.70 |
| 87168 | | | NRC | 5.94 | 5.94 |
| 87169 | | | NRC | 5.94 | 5.94 |
| 87172 | | | NRC | 5.94 | 5.94 |
| 87176 | | | | 8.18 | 8.18 |
| 87177 | | | NRC | 12.36 | 12.36 |
| 87181 | | | | 6.59 | 6.59 |
| 87184 | | | | 9.58 | 9.58 |
| 87185 | | | | 6.59 | 6.59 |
| 87186 | | | | 12.01 | 12.01 |
| 87187 | | | | 50.21 | 50.21 |
| 87188 | | | | 9.23 | 9.23 |
| 87190 | | | | 9.14 | 9.14 |
| 87197 | | | | 20.86 | 20.86 |
| 87205 | | | | 5.94 | 5.94 |
| 87206 | | | | 7.49 | 7.49 |
| 87207 | | | | 8.33 | 8.33 |
| 87207 | 26 | | | 25.81 | 25.81 |
| 87209 | | | | 24.96 | 24.96 |
| 87210 | | | | 7.28 | 7.28 |
| 87220 | | | | 5.94 | 5.94 |
| 87230 | | | | 27.41 | 27.41 |
| 87250 | | | | 27.16 | 27.16 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 87252 | | | | 36.21 | 36.21 |
| 87253 | | | | 28.06 | 28.06 |
| 87254 | | | | 27.16 | 27.16 |
| 87255 | | | | 47.03 | 47.03 |
| 87260 | | | | 18.04 | 18.04 |
| 87265 | | | NRC | 16.65 | 16.65 |
| 87267 | | | | 16.78 | 16.78 |
| 87269 | | | | 17.01 | 17.01 |
| 87270 | | | NRC | 16.65 | 16.65 |
| 87271 | | | | 16.78 | 16.78 |
| 87272 | | | NRC | 16.65 | 16.65 |
| 87273 | | | NRC | 16.65 | 16.65 |
| 87274 | | | NRC | 16.65 | 16.65 |
| 87275 | | | NRC | 16.65 | 16.65 |
| 87276 | | | NRC | 20.09 | 20.09 |
| 87278 | | | NRC | 19.50 | 19.50 |
| 87279 | | | NRC | 20.54 | 20.54 |
| 87280 | | | | 16.78 | 16.78 |
| 87281 | | | | 16.65 | 16.65 |
| 87283 | | | NRC | 76.00 | 76.00 |
| 87285 | | | NRC | 16.65 | 16.65 |
| 87290 | | | NRC | 16.78 | 16.78 |
| 87299 | | | | 20.13 | 20.13 |
| 87300 | | | | 16.65 | 16.65 |
| 87301 | | | | 16.65 | 16.65 |
| 87305 | | | NRC | 16.65 | 16.65 |
| 87320 | | | NRC | 18.75 | 18.75 |
| 87324 | | | NRC | 16.65 | 16.65 |
| 87327 | | | NRC | 16.78 | 16.78 |
| 87328 | | | NRC | 17.28 | 17.28 |
| 87329 | | | NRC | 16.65 | 16.65 |
| 87332 | | | | 16.65 | 16.65 |
| 87335 | | | | 16.65 | 16.65 |
| 87336 | | | NRC | 20.00 | 20.00 |
| 87337 | | | NRC | 16.65 | 16.65 |
| 87338 | | | NRC | 19.98 | 19.98 |
| 87339 | | | | 20.00 | 20.00 |
| 87340 | | | | 14.35 | 14.35 |
| 87341 | | | | 14.35 | 14.35 |
| 87350 | | | | 16.01 | 16.01 |
| 87380 | | | | 22.95 | 22.95 |
| 87385 | | | | 16.65 | 16.65 |
| 87389 | | | | 33.44 | 33.44 |
| 87390 | | | | 30.08 | 30.08 |
| 87391 | | | | 27.38 | 27.38 |
| 87400 | | | NRC | 17.66 | 17.66 |
| 87420 | | | | 17.39 | 17.39 |
| 87425 | | | NRC | 16.65 | 16.65 |
| 87427 | | | NRC | 16.65 | 16.65 |
| 87430 | | | | 21.01 | 21.01 |
| 87449 | | | | 16.65 | 16.65 |
| 87450 | | | | 13.33 | 13.33 |
| 87451 | | | | 13.33 | 13.33 |
| 87471 | | | NRC | 48.74 | 48.74 |
| 87472 | | | NRC | 59.50 | 59.50 |
| 87475 | | | NRC | 27.85 | 27.85 |
| 87476 | | | NRC | 48.74 | 48.74 |
| 87480 | | | | 27.85 | 27.85 |
| 87481 | | | | 48.74 | 48.74 |
| 87482 | | | | 69.68 | 69.68 |
| 87483 | | | NRC | 578.86 | 578.86 |
| 87485 | | | NRC | 27.85 | 27.85 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 87486 | | | NRC | 48.74 | 48.74 |
| 87487 | | | NRC | 59.50 | 59.50 |
| 87490 | | | NRC | 28.44 | 28.44 |
| 87491 | | | NRC | 48.74 | 48.74 |
| 87492 | | | NRC | 66.84 | 66.84 |
| 87493 | | | | 48.74 | 48.74 |
| 87495 | | | | 37.54 | 37.54 |
| 87496 | | | | 48.74 | 48.74 |
| 87497 | | | | 59.50 | 59.50 |
| 87498 | | | NRC | 48.74 | 48.74 |
| 87500 | | | | 48.74 | 48.74 |
| 87501 | | | | 71.28 | 71.28 |
| 87502 | | | | 119.75 | 119.75 |
| 87503 | | | | 36.53 | 36.53 |
| 87505 | | | | 178.18 | 178.18 |
| 87506 | | | | 328.74 | 328.74 |
| 87507 | | | | 578.86 | 578.86 |
| 87510 | | | NRC | 27.85 | 27.85 |
| 87511 | | | NRC | 48.74 | 48.74 |
| 87512 | | | NRC | 58.00 | 58.00 |
| 87516 | | | | 48.74 | 48.74 |
| 87517 | | | | 59.50 | 59.50 |
| 87520 | | | | 39.03 | 39.03 |
| 87521 | | | | 48.74 | 48.74 |
| 87522 | | | | 59.50 | 59.50 |
| 87525 | | | | 37.25 | 37.25 |
| 87526 | | | | 49.08 | 49.08 |
| 87527 | | | | 58.00 | 58.00 |
| 87528 | | | NRC | 27.85 | 27.85 |
| 87529 | | | NRC | 48.74 | 48.74 |
| 87530 | | | NRC | 59.50 | 59.50 |
| 87531 | | | NRC | 72.50 | 72.50 |
| 87532 | | | NRC | 48.74 | 48.74 |
| 87533 | | | NRC | 58.00 | 58.00 |
| 87534 | | | | 27.85 | 27.85 |
| 87535 | | | | 48.74 | 48.74 |
| 87536 | | | | 118.19 | 118.19 |
| 87537 | | | | 27.85 | 27.85 |
| 87538 | | | | 48.74 | 48.74 |
| 87539 | | | | 73.28 | 73.28 |
| 87540 | | | NRC | 27.85 | 27.85 |
| 87541 | | | NRC | 48.74 | 48.74 |
| 87542 | | | NRC | 58.00 | 58.00 |
| 87550 | | | | 27.85 | 27.85 |
| 87551 | | | | 60.30 | 60.30 |
| 87552 | | | | 59.50 | 59.50 |
| 87555 | | | NRC | 33.60 | 33.60 |
| 87556 | | | NRC | 52.10 | 52.10 |
| 87557 | | | NRC | 59.50 | 59.50 |
| 87560 | | | NRC | 34.11 | 34.11 |
| 87561 | | | NRC | 48.74 | 48.74 |
| 87562 | | | NRC | 59.50 | 59.50 |
| 87563 | | | NRC | TBD | TBD |
| 87580 | | | | 27.85 | 27.85 |
| 87581 | | | | 48.74 | 48.74 |
| 87582 | | | | 378.28 | 378.28 |
| 87590 | | | | 33.60 | 33.60 |
| 87591 | | | | 48.74 | 48.74 |
| 87592 | | | | 59.50 | 59.50 |
| 87623 | | | NRC | 48.74 | 48.74 |
| 87624 | | | NRC | 48.74 | 48.74 |
| 87625 | | | NRC | 50.69 | 50.69 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 87631 | | | | 178.29 | 178.29 |
| 87632 | | | | 296.43 | 296.43 |
| 87633 | | | | 578.86 | 578.86 |
| 87634 | | | NRC | 97.49 | 97.49 |
| 87640 | | | | 48.74 | 48.74 |
| 87641 | | | | 48.74 | 48.74 |
| 87650 | | | | 27.85 | 27.85 |
| 87651 | | | | 48.74 | 48.74 |
| 87652 | | | | 58.00 | 58.00 |
| 87653 | | | | 48.74 | 48.74 |
| 87660 | | | NRC | 27.85 | 27.85 |
| 87661 | | | | 48.74 | 48.74 |
| 87662 | | | NRC | 71.28 | 71.28 |
| 87797 | | | | 37.54 | 37.54 |
| 87798 | | | | 48.74 | 48.74 |
| 87799 | | | | 59.50 | 59.50 |
| 87800 | | | | 55.71 | 55.71 |
| 87801 | | | | 97.49 | 97.49 |
| 87802 | | | | 16.65 | 16.65 |
| 87803 | | | NRC | 20.00 | 20.00 |
| 87804 | | | NRC | 20.69 | 20.69 |
| 87806 | | | NRC | 40.96 | 40.96 |
| 87807 | | | | 16.65 | 16.65 |
| 87808 | | | | 19.11 | 19.11 |
| 87809 | | | | 27.20 | 27.20 |
| 87810 | | | | 44.11 | 44.11 |
| 87850 | | | | 30.70 | 30.70 |
| 87880 | | | | 20.66 | 20.66 |
| 87899 | | | | 20.09 | 20.09 |
| 87900 | | | | 181.04 | 181.04 |
| 87901 | | | | 357.56 | 357.56 |
| 87902 | | | | 357.56 | 357.56 |
| 87903 | | | | 678.69 | 678.69 |
| 87904 | | | | 36.21 | 36.21 |
| 87905 | | | NRC | 16.98 | 16.98 |
| 87906 | | | | 178.79 | 178.79 |
| 87910 | | | | 357.56 | 357.56 |
| 87912 | | | | 357.56 | 357.56 |
| 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 | | | | 94.63 | 94.63 |
| 88104 | 26 | | | 40.58 | 40.58 |
| 88104 | TC | | | 54.05 | 54.05 |
| 88106 | | | | 85.92 | 85.92 |
| 88106 | 26 | | | 27.68 | 27.68 |
| 88106 | TC | | | 58.24 | 58.24 |
| 88108 | | | | 81.55 | 81.55 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 88108 | 26 | | | 32.16 | 32.16 |
| 88108 | TC | | | 49.39 | 49.39 |
| 88112 | | | | 90.91 | 90.91 |
| 88112 | 26 | | | 40.11 | 40.11 |
| 88112 | TC | | | 50.79 | 50.79 |
| 88120 | | | NRC | 791.61 | 791.61 |
| 88120 | 26 | | NRC | 82.94 | 82.94 |
| 88120 | TC | | NRC | 708.67 | 708.67 |
| 88121 | | | NRC | 635.18 | 635.18 |
| 88121 | 26 | | NRC | 70.41 | 70.41 |
| 88121 | TC | | NRC | 564.77 | 564.77 |
| 88125 | | | NRC | 36.10 | 36.10 |
| 88125 | 26 | | NRC | 19.76 | 19.76 |
| 88125 | TC | | NRC | 16.34 | 16.34 |
| 88130 | | | NRC | 24.96 | 24.96 |
| 88140 | | | NRC | 11.10 | 11.10 |
| 88141 | | | NRC | 43.76 | 43.76 |
| 88142 | | | NRC | 28.14 | 28.14 |
| 88143 | | | NRC | 28.80 | 28.80 |
| 88147 | | | NRC | 63.20 | 63.20 |
| 88148 | | | NRC | 21.10 | 21.10 |
| 88150 | | | NRC | 18.74 | 18.74 |
| 88152 | | | NRC | 34.55 | 34.55 |
| 88153 | | | NRC | 30.04 | 30.04 |
| 88155 | | | NRC | 18.31 | 18.31 |
| 88160 | | | NRC | 95.77 | 95.77 |
| 88160 | 26 | | NRC | 37.07 | 37.07 |
| 88160 | TC | | NRC | 58.71 | 58.71 |
| 88161 | | | NRC | 89.26 | 89.26 |
| 88161 | 26 | | NRC | 36.14 | 36.14 |
| 88161 | TC | | NRC | 53.12 | 53.12 |
| 88162 | | | NRC | 129.08 | 129.08 |
| 88162 | 26 | | NRC | 54.97 | 54.97 |
| 88162 | TC | | NRC | 74.11 | 74.11 |
| 88164 | | | NRC | 18.74 | 18.74 |
| 88165 | | | NRC | 52.78 | 52.78 |
| 88166 | | | NRC | 18.74 | 18.74 |
| 88167 | | | NRC | 18.74 | 18.74 |
| 88172 | | | NRC | 77.53 | 77.53 |
| 88172 | 26 | | NRC | 51.88 | 51.88 |
| 88172 | TC | | NRC | 25.65 | 25.65 |
| 88173 | | | NRC | 207.20 | 207.20 |
| 88173 | 26 | | NRC | 101.43 | 101.43 |
| 88173 | TC | | NRC | 105.77 | 105.77 |
| 88174 | | | NRC | 31.71 | 31.71 |
| 88175 | | | NRC | 36.80 | 36.80 |
| 88177 | | | NRC | 40.92 | 40.92 |
| 88177 | 26 | | NRC | 31.61 | 31.61 |
| 88177 | TC | | NRC | 9.31 | 9.31 |
| 88182 | | | NRC | 179.92 | 179.92 |
| 88182 | 26 | | NRC | 55.48 | 55.48 |
| 88182 | TC | | NRC | 124.44 | 124.44 |
| 88184 | | | NRC | 87.61 | 87.61 |
| 88185 | | | NRC | 32.12 | 32.12 |
| 88187 | | | NRC | 53.53 | 53.53 |
| 88188 | | | NRC | 90.52 | 90.52 |
| 88189 | | | NRC | 121.58 | 121.58 |
| 88199 | | | NRC | 0.00 | 0.00 |
| 88199 | 26 | | NRC | 0.00 | 0.00 |
| 88199 | TC | | NRC | 0.00 | 0.00 |
| 88230 | | | NRC | 161.80 | 161.80 |
| 88233 | | | | 195.45 | 195.45 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 88235 | | | NRC | 204.54 | 204.54 |
| 88237 | | | | 179.69 | 179.69 |
| 88239 | | | | 204.89 | 204.89 |
| 88240 | | | NRC | 16.34 | 16.34 |
| 88241 | | | NRC | 15.11 | 15.11 |
| 88245 | | | NRC | 240.53 | 240.53 |
| 88248 | | | NRC | 240.53 | 240.53 |
| 88249 | | | NRC | 240.53 | 240.53 |
| 88261 | | | NRC | 330.43 | 330.43 |
| 88262 | | | NRC | 173.11 | 173.11 |
| 88263 | | | NRC | 208.74 | 208.74 |
| 88264 | | | NRC | 180.76 | 180.76 |
| 88267 | | | NRC | 249.69 | 249.69 |
| 88269 | | | NRC | 231.01 | 231.01 |
| 88271 | | | NRC | 29.75 | 29.75 |
| 88272 | | | NRC | 50.88 | 50.88 |
| 88273 | | | NRC | 44.63 | 44.63 |
| 88274 | | | NRC | 52.98 | 52.98 |
| 88275 | | | NRC | 63.99 | 63.99 |
| 88280 | | | NRC | 41.84 | 41.84 |
| 88283 | | | NRC | 95.28 | 95.28 |
| 88285 | | | NRC | 33.64 | 33.64 |
| 88289 | | | NRC | 47.83 | 47.83 |
| 88291 | | | NRC | 46.04 | 46.04 |
| 88299 | | | NRC | 0.00 | 0.00 |
| 88300 | | | | 21.38 | 21.38 |
| 88300 | 26 | | | 6.43 | 6.43 |
| 88300 | TC | | | 14.94 | 14.94 |
| 88302 | | | | 41.14 | 41.14 |
| 88302 | 26 | | | 9.90 | 9.90 |
| 88302 | TC | | | 31.24 | 31.24 |
| 88304 | | | | 54.09 | 54.09 |
| 88304 | 26 | | | 16.34 | 16.34 |
| 88304 | TC | | | 37.76 | 37.76 |
| 88305 | | | | 94.08 | 94.08 |
| 88305 | 26 | | | 54.46 | 54.46 |
| 88305 | TC | | | 39.62 | 39.62 |
| 88307 | | | | 360.33 | 360.33 |
| 88307 | 26 | | | 119.08 | 119.08 |
| 88307 | TC | | | 241.25 | 241.25 |
| 88309 | | | | 549.04 | 549.04 |
| 88309 | 26 | | | 210.44 | 210.44 |
| 88309 | TC | | | 338.60 | 338.60 |
| 88311 | | | | 29.50 | 29.50 |
| 88311 | 26 | | | 17.82 | 17.82 |
| 88311 | TC | | | 11.68 | 11.68 |
| 88312 | | | | 134.12 | 134.12 |
| 88312 | 26 | | | 38.17 | 38.17 |
| 88312 | TC | | | 95.95 | 95.95 |
| 88313 | | | | 96.54 | 96.54 |
| 88313 | 26 | | | 17.35 | 17.35 |
| 88313 | TC | | | 79.19 | 79.19 |
| 88314 | | | | 123.03 | 123.03 |
| 88314 | 26 | | | 32.20 | 32.20 |
| 88314 | TC | | | 90.83 | 90.83 |
| 88319 | | | | 129.89 | 129.89 |
| 88319 | 26 | | | 38.13 | 38.13 |
| 88319 | TC | | | 91.76 | 91.76 |
| 88321 | | | | 139.91 | 119.89 |
| 88323 | | | | 160.59 | 160.59 |
| 88323 | 26 | | | 125.63 | 125.63 |
| 88323 | TC | | | 34.96 | 34.96 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 88325 | | | | 251.00 | 212.36 |
| 88329 | | | | 71.44 | 51.42 |
| 88331 | | | | 133.22 | 133.22 |
| 88331 | 26 | | | 89.88 | 89.88 |
| 88331 | TC | | | 43.34 | 43.34 |
| 88332 | | | | 72.88 | 72.88 |
| 88332 | 26 | | | 44.43 | 44.43 |
| 88332 | TC | | | 28.44 | 28.44 |
| 88333 | | | | 123.02 | 123.02 |
| 88333 | 26 | | | 89.92 | 89.92 |
| 88333 | TC | | | 33.10 | 33.10 |
| 88334 | | | | 76.72 | 76.72 |
| 88334 | 26 | | | 54.84 | 54.84 |
| 88334 | TC | | | 21.88 | 21.88 |
| 88341 | | | | 124.38 | 124.38 |
| 88341 | 26 | | | 41.05 | 41.05 |
| 88341 | TC | | | 83.34 | 83.34 |
| 88342 | | | | 143.22 | 143.22 |
| 88342 | 26 | | | 50.99 | 50.99 |
| 88342 | TC | | | 92.23 | 92.23 |
| 88344 | | | | 228.71 | 228.71 |
| 88344 | 26 | | | 55.48 | 55.48 |
| 88344 | TC | | | 173.23 | 173.23 |
| 88346 | | | | 148.04 | 148.04 |
| 88346 | 26 | | | 52.09 | 52.09 |
| 88346 | TC | | | 95.95 | 95.95 |
| 88348 | | | | 479.26 | 479.26 |
| 88348 | 26 | | | 109.39 | 109.39 |
| 88348 | TC | | | 369.88 | 369.88 |
| 88350 | | | | 104.02 | 104.02 |
| 88350 | 26 | | | 41.17 | 41.17 |
| 88350 | TC | | | 62.85 | 62.85 |
| 88355 | | | | 182.47 | 182.47 |
| 88355 | 26 | | | 118.18 | 118.18 |
| 88355 | TC | | | 64.29 | 64.29 |
| 88356 | | | | 307.37 | 307.37 |
| 88356 | 26 | | | 181.07 | 181.07 |
| 88356 | TC | | | 126.30 | 126.30 |
| 88358 | | | | 172.20 | 172.20 |
| 88358 | 26 | | | 71.60 | 71.60 |
| 88358 | TC | | | 100.61 | 100.61 |
| 88360 | | | | 171.32 | 171.32 |
| 88360 | 26 | | | 60.94 | 60.94 |
| 88360 | TC | | | 110.38 | 110.38 |
| 88361 | | | | 177.33 | 177.33 |
| 88361 | 26 | | | 65.55 | 65.55 |
| 88361 | TC | | | 111.78 | 111.78 |
| 88362 | | | | 285.16 | 285.16 |
| 88362 | 26 | | | 159.37 | 159.37 |
| 88362 | TC | | | 125.79 | 125.79 |
| 88363 | | | NRC | 32.84 | 28.19 |
| 88364 | | | | 177.20 | 177.20 |
| 88364 | 26 | | | 50.06 | 50.06 |
| 88364 | TC | | | 127.14 | 127.14 |
| 88365 | | | | 236.16 | 236.16 |
| 88365 | 26 | | | 62.92 | 62.92 |
| 88365 | TC | | | 173.23 | 173.23 |
| 88366 | | | | 351.78 | 351.78 |
| 88366 | 26 | | | 89.16 | 89.16 |
| 88366 | TC | | | 262.62 | 262.62 |
| 88367 | | | NRC | 146.56 | 146.56 |
| 88367 | 26 | | NRC | 49.68 | 49.68 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 88367 | TC | | NRC | 96.88 | 96.88 |
| 88368 | | | NRC | 170.98 | 170.98 |
| 88368 | 26 | | NRC | 60.13 | 60.13 |
| 88368 | TC | | NRC | 110.85 | 110.85 |
| 88369 | | | | 149.23 | 149.23 |
| 88369 | 26 | | | 46.76 | 46.76 |
| 88369 | TC | | | 102.47 | 102.47 |
| 88371 | | | | 30.88 | 30.88 |
| 88371 | 26 | | | 28.14 | 28.14 |
| 88372 | | | | 32.78 | 32.78 |
| 88372 | 26 | | | 25.81 | 25.81 |
| 88373 | | | | 100.72 | 100.72 |
| 88373 | 26 | | | 38.80 | 38.80 |
| 88373 | TC | | | 61.92 | 61.92 |
| 88374 | | | | 431.39 | 431.39 |
| 88374 | 26 | | | 63.56 | 63.56 |
| 88374 | TC | | | 367.84 | 367.84 |
| 88375 | | | | 70.17 | 70.17 |
| 88377 | | | | 514.94 | 514.94 |
| 88377 | 26 | | | 92.58 | 92.58 |
| 88377 | TC | | | 422.35 | 422.35 |
| 88380 | | | NRC | 180.96 | 180.96 |
| 88380 | 26 | | NRC | 78.92 | 78.92 |
| 88380 | TC | | NRC | 102.05 | 102.05 |
| 88381 | | | | 204.42 | 204.42 |
| 88381 | 26 | | | 36.26 | 36.26 |
| 88381 | TC | | | 168.16 | 168.16 |
| 88387 | | | | 49.30 | 49.30 |
| 88387 | 26 | | | 40.41 | 40.41 |
| 88387 | TC | | | 8.89 | 8.89 |
| 88388 | | | | 48.54 | 48.54 |
| 88388 | 26 | | | 34.06 | 34.06 |
| 88388 | TC | | | 14.48 | 14.48 |
| 88399 | | | BR | 0.00 | 0.00 |
| 88399 | 26 | | BR | 0.00 | 0.00 |
| 88399 | TC | | BR | 0.00 | 0.00 |
| 88720 | | | NRC | 6.96 | 6.96 |
| 88738 | | | | 6.96 | 6.96 |
| 88740 | | | NRC | 11.71 | 11.71 |
| 88741 | | | NRC | 11.71 | 11.71 |
| 88749 | | | NRC | 0.00 | 0.00 |
| 89049 | | | NRC | 335.12 | 88.84 |
| 89050 | | | | 6.56 | 6.56 |
| 89051 | | | | 7.65 | 7.65 |
| 89055 | | | | 5.94 | 5.94 |
| 89060 | | | | 9.94 | 9.94 |
| 89060 | 26 | | | 25.81 | 25.81 |
| 89125 | | | | 7.35 | 7.35 |
| 89160 | | | | 6.06 | 6.06 |
| 89190 | | | | 7.24 | 7.24 |
| 89220 | | | | 21.46 | 21.46 |
| 89230 | | | | 3.77 | 3.77 |
| 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 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | 12.40 | 12.40 |
| 89310 | | | NRC | 11.96 | 11.96 |
| 89320 | | | NRC | 16.74 | 16.74 |
| 89321 | | | NRC | 16.74 | 16.74 |
| 89322 | | | NRC | 21.53 | 21.53 |
| 89325 | | | NRC | 14.83 | 14.83 |
| 89329 | | | NRC | 27.20 | 27.20 |
| 89330 | | | NRC | 13.74 | 13.74 |
| 89331 | | | NRC | 27.20 | 27.20 |
| 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 |
| 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 | | | | 150.44 | 150.44 |
| 90375 | | | | 374.96 | 374.96 |
| 90376 | | | | 335.08 | 335.08 |
| 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 | | | | 22.64 | 22.64 |
| 90461 | | | | 17.44 | 17.44 |
| 90471 | | | | 22.64 | 22.64 |
| 90472 | | | | 17.44 | 17.44 |
| 90473 | | | | 22.64 | 22.64 |
| 90474 | | | | 17.44 | 17.44 |
| 90476 | | | NRC | 0.00 | 0.00 |
| 90477 | | | NRC | 0.00 | 0.00 |
| 90581 | | | BR | 0.00 | 0.00 |
| 90585 | | | NRC | 170.38 | 170.38 |
| 90586 | | | NRC | 170.38 | 170.38 |
| 90619 | | | NRC | TBD | TBD |
| 90620 | | | | 247.23 | 247.23 |
| 90621 | | | | 177.70 | 177.70 |
| 90625 | | | NRC | 0.00 | 0.00 |
| 90630 | | | NRC | 24.41 | 24.41 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 90632 | | | NRC | 71.58 | 71.58 |
| 90633 | | | NRC | 0.00 | 0.00 |
| 90634 | | | NRC | 0.00 | 0.00 |
| 90636 | | | BR | 0.00 | 0.00 |
| 90644 | | | BR | 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 |
| 90653 | | | NRC | 65.61 | 65.61 |
| 90654 | | | NRC | 22.70 | 22.70 |
| 90655 | | | NRC | 20.69 | 20.69 |
| 90656 | | | NRC | 23.73 | 23.73 |
| 90657 | | | NRC | 7.23 | 7.23 |
| 90658 | | | | 14.27 | 14.27 |
| 90660 | | | BR | 0.00 | 0.00 |
| 90661 | | | NRC | 26.75 | 26.75 |
| 90662 | | | NRC | 64.05 | 64.05 |
| 90664 | | | NRC | 0.00 | 0.00 |
| 90666 | | | NRC | 0.00 | 0.00 |
| 90667 | | | NRC | 0.00 | 0.00 |
| 90668 | | | NRC | 0.00 | 0.00 |
| 90670 | | | NRC | 258.40 | 258.40 |
| 90672 | | | NRC | 32.25 | 32.25 |
| 90673 | | | NRC | 48.74 | 48.74 |
| 90674 | | | NRC | 28.86 | 28.86 |
| 90675 | | | | 340.51 | 340.51 |
| 90676 | | | | 9.09 | 9.09 |
| 90680 | | | NRC | 0.00 | 0.00 |
| 90681 | | | NRC | 0.00 | 0.00 |
| 90682 | | | NRC | 64.05 | 64.05 |
| 90685 | | | NRC | 26.18 | 26.18 |
| 90686 | | | NRC | 22.84 | 22.84 |
| 90687 | | | NRC | 11.28 | 11.28 |
| 90688 | | | NRC | 21.40 | 21.40 |
| 90689 | | | NRC | 0.00 | 0.00 |
| 90690 | | | NRC | 0.00 | 0.00 |
| 90691 | | | NRC | 111.66 | 111.66 |
| 90694 | | | NRC | TBD | TBD |
| 90696 | | | NRC | 0.00 | 0.00 |
| 90697 | | | NRC | 0.00 | 0.00 |
| 90698 | | | NRC | 0.00 | 0.00 |
| 90700 | | | NRC | 0.00 | 0.00 |
| 90702 | | | NRC | 0.00 | 0.00 |
| 90707 | | | NRC | 0.00 | 0.00 |
| 90710 | | | NRC | 0.00 | 0.00 |
| 90713 | | | NRC | 0.00 | 0.00 |
| 90714 | | | | 27.77 | 27.77 |
| 90715 | | | | 38.46 | 38.46 |
| 90716 | | | NRC | 0.00 | 0.00 |
| 90717 | | | NRC | 90.07 | 90.07 |
| 90723 | | | NRC | 0.00 | 0.00 |
| 90732 | | | NRC | 137.05 | 137.05 |
| 90733 | | | NRC | 127.79 | 127.79 |
| 90734 | | | NRC | 0.00 | 0.00 |
| 90736 | | | NRC | 0.00 | 0.00 |
| 90738 | | | NRC | 0.00 | 0.00 |
| 90739 | | | NRC | 157.32 | 157.32 |
| 90740 | | | NRC | 160.95 | 160.95 |
| 90743 | | | NRC | 31.36 | 31.36 |
| 90744 | | | NRC | 32.28 | 32.28 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 90746 | | | | 80.47 | 80.47 |
| 90747 | | | NRC | 160.95 | 160.95 |
| 90748 | | | NRC | 0.00 | 0.00 |
| 90749 | | | NRC | 0.00 | 0.00 |
| 90756 | | | NRC | 27.35 | 27.35 |
| 90785 | | | | 20.99 | 19.59 |
| 90791 | | | | 194.24 | 177.94 |
| 90791 | 95 | | | 194.24 | 177.94 |
| 90792 | | | | 217.86 | 201.10 |
| 90792 | 95 | | | 217.86 | 201.10 |
| 90832 | | | | 95.00 | 88.48 |
| 90832 | 95 | | | 95.00 | 88.48 |
| 90833 | | | | 98.35 | 92.30 |
| 90833 | 95 | | | 98.35 | 92.30 |
| 90834 | | | | 126.53 | 118.15 |
| 90834 | 95 | | | 126.53 | 118.15 |
| 90836 | | | | 124.29 | 116.84 |
| 90836 | 95 | | | 124.29 | 116.84 |
| 90837 | | | | 190.05 | 177.48 |
| 90837 | 95 | | | 190.05 | 177.48 |
| 90838 | | | | 164.20 | 154.42 |
| 90838 | 95 | | | 164.20 | 154.42 |
| 90839 | | | NRC | 198.04 | 185.47 |
| 90840 | | | NRC | 95.00 | 88.48 |
| 90845 | | | | 134.91 | 126.53 |
| 90845 | 95 | | | 134.91 | 126.53 |
| 90846 | | | NRC | 152.98 | 143.20 |
| 90847 | | | NRC | 158.99 | 148.74 |
| 90849 | | | NRC | 57.05 | 43.08 |
| 90853 | | | | 37.96 | 35.16 |
| 90863 | | | NRC | 36.61 | 34.75 |
| 90865 | | | NRC | 235.46 | 179.60 |
| 90867 | | | NRC | 266.68 | 161.47 |
| 90868 | | | NRC | 245.98 | 33.58 |
| 90869 | | | NRC | 240.12 | 134.89 |
| 90870 | | | | 241.90 | 156.24 |
| 90875 | | | | 89.17 | 85.91 |
| 90876 | | | | 150.49 | 136.06 |
| 90880 | | | | 148.32 | 129.70 |
| 90882 | | | NRC | 0.00 | 0.00 |
| 90885 | | | NRC | 70.00 | 70.00 |
| 90887 | | | NRC | 122.10 | 106.27 |
| 90889 | | | NRC | 0.00 | 0.00 |
| 90899 | | | BR | 0.00 | 0.00 |
| 90901 | | | | 54.43 | 28.35 |
| 90912 | | | BR | TBD | TBD |
| 90913 | | | BR | TBD | TBD |
| 90935 | | | NRC | 103.01 | 103.01 |
| 90937 | | | NRC | 146.77 | 146.77 |
| 90940 | | | NRC | 0.00 | 0.00 |
| 90945 | | | NRC | 119.64 | 119.64 |
| 90947 | | | NRC | 174.70 | 174.70 |
| 90951 | | | NRC | 1322.85 | 1322.85 |
| 90952 | | | NRC | 653.56 | 653.56 |
| 90953 | | | NRC | 562.37 | 562.37 |
| 90954 | | | NRC | 1140.51 | 1140.51 |
| 90955 | | | NRC | 641.29 | 641.29 |
| 90956 | | | NRC | 445.64 | 445.64 |
| 90957 | | | NRC | 902.45 | 902.45 |
| 90958 | | | NRC | 611.79 | 611.79 |
| 90959 | | | NRC | 415.72 | 415.72 |
| 90960 | | | NRC | 396.55 | 396.55 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 90961 | | | NRC | 332.86 | 332.86 |
| 90962 | | | NRC | 256.64 | 256.64 |
| 90963 | | | NRC | 765.67 | 765.67 |
| 90964 | | | NRC | 668.04 | 668.04 |
| 90965 | | | NRC | 636.21 | 636.21 |
| 90966 | | | NRC | 331.88 | 331.88 |
| 90967 | | | NRC | 25.31 | 25.31 |
| 90968 | | | NRC | 22.30 | 22.30 |
| 90969 | | | NRC | 21.33 | 21.33 |
| 90970 | | | NRC | 10.88 | 10.88 |
| 90989 | | | NRC | 0.00 | 0.00 |
| 90993 | | | NRC | 0.00 | 0.00 |
| 90997 | | | NRC | 125.99 | 125.99 |
| 90999 | | | NRC | 0.00 | 0.00 |
| 91010 | | | | 256.27 | 256.27 |
| 91010 | 26 | | | 94.67 | 94.67 |
| 91010 | TC | | | 161.59 | 161.59 |
| 91013 | | | | 34.79 | 34.79 |
| 91013 | 26 | | | 13.37 | 13.37 |
| 91013 | TC | | | 21.42 | 21.42 |
| 91020 | | | | 332.78 | 332.78 |
| 91020 | 26 | | | 105.50 | 105.50 |
| 91020 | TC | | | 227.28 | 227.28 |
| 91022 | | | | 229.43 | 229.43 |
| 91022 | 26 | | | 105.50 | 105.50 |
| 91022 | TC | | | 123.93 | 123.93 |
| 91030 | | | | 186.09 | 186.09 |
| 91030 | 26 | | | 66.86 | 66.86 |
| 91030 | TC | | | 119.23 | 119.23 |
| 91034 | | | | 255.38 | 255.38 |
| 91034 | 26 | | | 71.91 | 71.91 |
| 91034 | TC | | | 183.48 | 183.48 |
| 91035 | | | | 644.17 | 644.17 |
| 91035 | 26 | | | 118.04 | 118.04 |
| 91035 | TC | | | 526.13 | 526.13 |
| 91037 | | | | 221.35 | 221.35 |
| 91037 | 26 | | | 71.86 | 71.86 |
| 91037 | TC | | | 149.49 | 149.49 |
| 91038 | | | | 589.65 | 589.65 |
| 91038 | 26 | | | 80.75 | 80.75 |
| 91038 | TC | | | 508.90 | 508.90 |
| 91040 | | | | 635.37 | 635.37 |
| 91040 | 26 | | | 72.00 | 72.00 |
| 91040 | TC | | | 563.37 | 563.37 |
| 91065 | | | NRC | 100.10 | 100.10 |
| 91065 | 26 | | NRC | 14.39 | 14.39 |
| 91065 | TC | | NRC | 85.71 | 85.71 |
| 91110 | | | | 1174.00 | 1174.00 |
| 91110 | 26 | | | 182.31 | 182.31 |
| 91110 | TC | | | 991.69 | 991.69 |
| 91111 | | | | 1069.69 | 1069.69 |
| 91111 | 26 | | | 73.81 | 73.81 |
| 91111 | TC | | | 995.88 | 995.88 |
| 91112 | | | | 1676.47 | NC |
| 91112 | 26 | | | 153.58 | 153.58 |
| 91112 | TC | | | 1522.89 | NC |
| 91117 | | | NRC | 195.45 | 195.45 |
| 91120 | | | | 606.84 | 606.84 |
| 91120 | 26 | | | 70.47 | 70.47 |
| 91120 | TC | | | 536.37 | 536.37 |
| 91122 | | | | 326.99 | 326.99 |
| 91122 | 26 | | | 128.11 | 128.11 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 91122 | TC | | | 198.88 | 198.88 |
| 91132 | | | | 318.91 | 318.91 |
| 91132 | 26 | | NRC | 38.13 | 38.13 |
| 91132 | TC | | | 280.78 | 280.78 |
| 91133 | | | | 349.34 | 349.34 |
| 91133 | 26 | | NRC | 48.54 | 48.54 |
| 91133 | TC | | | 300.80 | 300.80 |
| 91200 | | | | 52.44 | 52.44 |
| 91200 | 26 | | | 19.80 | 19.80 |
| 91200 | TC | | | 32.63 | 32.63 |
| 91299 | | | BR | 0.00 | 0.00 |
| 91299 | 26 | | BR | 0.00 | 0.00 |
| 91299 | TC | | BR | 0.00 | 0.00 |
| 92002 | | | | 114.18 | 67.16 |
| 92004 | | | | 206.31 | 138.80 |
| 92012 | | | | 119.98 | 73.42 |
| 92014 | | | | 172.46 | 111.00 |
| 92015 | | | | 27.76 | 27.30 |
| 92018 | | | | 203.30 | 203.30 |
| 92019 | | | | 101.18 | 101.18 |
| 92020 | | | | 37.92 | 29.54 |
| 92025 | | | | 51.38 | 51.38 |
| 92025 | 26 | | | 28.06 | 28.06 |
| 92025 | TC | | | 23.32 | 23.32 |
| 92060 | | | | 87.73 | 87.73 |
| 92060 | 26 | | | 53.23 | 53.23 |
| 92060 | TC | | | 34.50 | 34.50 |
| 92065 | | | | 71.95 | 71.95 |
| 92065 | 26 | | | 25.35 | 25.35 |
| 92065 | TC | | | 46.60 | 46.60 |
| 92071 | | | | 52.47 | 46.89 |
| 92072 | | | | 181.80 | 140.83 |
| 92081 | | | | 46.05 | 46.05 |
| 92081 | 26 | | | 22.72 | 22.72 |
| 92081 | TC | | | 23.32 | 23.32 |
| 92082 | | | | 64.63 | 64.63 |
| 92082 | 26 | | | 30.13 | 30.13 |
| 92082 | TC | | | 34.50 | 34.50 |
| 92083 | | | | 86.46 | 86.46 |
| 92083 | 26 | | | 38.93 | 38.93 |
| 92083 | TC | | | 47.53 | 47.53 |
| 92100 | | | | 110.67 | 47.35 |
| 92132 | | | | 42.79 | 42.79 |
| 92132 | 26 | | | 23.19 | 23.19 |
| 92132 | TC | | | 19.60 | 19.60 |
| 92133 | | | | 50.66 | 50.66 |
| 92133 | 26 | | | 31.06 | 31.06 |
| 92133 | TC | | | 19.60 | 19.60 |
| 92134 | | | | 55.99 | 55.99 |
| 92134 | 26 | | | 35.93 | 35.93 |
| 92134 | TC | | | 20.06 | 20.06 |
| 92136 | | | | 94.55 | 94.55 |
| 92136 | 26 | | | 43.76 | 43.76 |
| 92136 | TC | | | 50.79 | 50.79 |
| 92145 | | | | 23.62 | 23.62 |
| 92145 | 26 | | | 13.33 | 13.33 |
| 92145 | TC | | | 10.29 | 10.29 |
| 92201 | | | BR | TBD | TBD |
| 92202 | | | BR | TBD | TBD |
| 92227 | | | NRC | 18.67 | 18.67 |
| 92228 | | | NRC | 46.81 | 46.81 |
| 92228 | 26 | | NRC | 29.07 | 29.07 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 92228 | TC | | NRC | 17.74 | 17.74 |
| 92230 | | | | 87.86 | 46.89 |
| 92235 | | | | 123.83 | 123.83 |
| 92235 | 26 | | | 60.47 | 60.47 |
| 92235 | TC | | | 63.36 | 63.36 |
| 92240 | | | | 275.06 | 275.06 |
| 92240 | 26 | | | 66.45 | 66.45 |
| 92240 | TC | | | 208.62 | 208.62 |
| 92242 | | | | 307.17 | 307.17 |
| 92242 | 26 | | | 76.68 | 76.68 |
| 92242 | TC | | | 230.50 | 230.50 |
| 92250 | | | | 68.35 | 68.35 |
| 92250 | 26 | | | 30.60 | 30.60 |
| 92250 | TC | | | 37.76 | 37.76 |
| 92260 | | | | 26.49 | 15.32 |
| 92265 | | | | 118.96 | 118.96 |
| 92265 | 26 | | | 65.38 | 65.38 |
| 92265 | TC | | | 53.58 | 53.58 |
| 92270 | | | | 129.29 | 129.29 |
| 92270 | 26 | | | 59.41 | 59.41 |
| 92270 | TC | | | 69.88 | 69.88 |
| 92273 | | | | 178.98 | 178.98 |
| 92273 | 26 | | | 52.30 | 52.30 |
| 92273 | TC | | | 126.68 | 126.68 |
| 92274 | | | | 121.84 | 121.84 |
| 92274 | 26 | | | 46.38 | 46.38 |
| 92274 | TC | | | 75.47 | 75.47 |
| 92283 | | | NRC | 71.57 | 71.57 |
| 92283 | 26 | | NRC | 12.87 | 12.87 |
| 92283 | TC | | NRC | 58.71 | 58.71 |
| 92284 | | | NRC | 82.11 | 82.11 |
| 92284 | 26 | | NRC | 17.82 | 17.82 |
| 92284 | TC | | NRC | 64.29 | 64.29 |
| 92285 | | | NRC | 28.70 | 28.70 |
| 92285 | 26 | | NRC | 4.45 | 4.45 |
| 92285 | TC | | NRC | 24.25 | 24.25 |
| 92286 | | | | 52.99 | 52.99 |
| 92286 | 26 | | | 31.06 | 31.06 |
| 92286 | TC | | | 21.93 | 21.93 |
| 92287 | | | | 195.82 | 195.82 |
| 92287 | 26 | | | 65.38 | 65.38 |
| 92287 | TC | | | 130.45 | 130.45 |
| 92310 | | | | 135.60 | 83.92 |
| 92311 | | | | 141.60 | 77.82 |
| 92312 | | | | 163.78 | 89.75 |
| 92313 | | | | 133.44 | 65.00 |
| 92314 | | | | 112.96 | 49.64 |
| 92315 | | | | 103.94 | 30.85 |
| 92316 | | | | 129.59 | 46.25 |
| 92317 | | | | 108.60 | 30.85 |
| 92325 | | | | 57.77 | 57.77 |
| 92326 | | | | 48.93 | 48.93 |
| 92340 | | | | 47.74 | 26.32 |
| 92341 | | | | 55.19 | 33.77 |
| 92342 | | | | 59.63 | 38.22 |
| 92352 | | | | 56.12 | 26.32 |
| 92353 | | | | 65.56 | 35.76 |
| 92354 | | | | 17.74 | 17.74 |
| 92355 | | | | 27.51 | 27.51 |
| 92358 | | | | 14.94 | 14.94 |
| 92370 | | | | 42.41 | 22.85 |
| 92371 | | | | 15.41 | 15.41 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 92499 | | | BR | 0.00 | 0.00 |
| 92499 | 26 | | BR | 0.00 | 0.00 |
| 92499 | TC | | BR | 0.00 | 0.00 |
| 92502 | | | | 133.95 | 133.95 |
| 92504 | | | | 39.44 | 13.37 |
| 92507 | | | | 109.52 | 109.52 |
| 92508 | | | | 32.63 | 32.63 |
| 92511 | | | | 149.40 | 53.03 |
| 92512 | | | | 80.71 | 39.74 |
| 92516 | | | | 92.26 | 32.21 |
| 92520 | | | | 107.16 | 56.88 |
| 92521 | | | | 157.09 | 157.09 |
| 92522 | | | | 127.72 | 127.72 |
| 92523 | | | | 271.05 | 271.05 |
| 92524 | | | | 123.49 | 123.49 |
| 92526 | | | | 119.47 | 119.47 |
| 92531 | | | | 24.44 | 24.44 |
| 92532 | | | | 28.18 | 28.18 |
| 92533 | | | | 45.10 | 45.10 |
| 92534 | | | | 20.19 | 20.19 |
| 92537 | | | | 56.67 | 56.67 |
| 92537 | 26 | | | 44.52 | 44.52 |
| 92537 | TC | | | 12.15 | 12.15 |
| 92538 | | | | 29.29 | 29.29 |
| 92538 | 26 | | | 22.26 | 22.26 |
| 92538 | TC | | | 7.03 | 7.03 |
| 92540 | | | | 143.93 | 143.93 |
| 92540 | 26 | | | 111.30 | 111.30 |
| 92540 | TC | | | 32.63 | 32.63 |
| 92541 | | | | 34.83 | 34.83 |
| 92541 | 26 | | | 29.66 | 29.66 |
| 92541 | TC | | | 5.17 | 5.17 |
| 92542 | | | | 40.33 | 40.33 |
| 92542 | 26 | | | 35.63 | 35.63 |
| 92542 | TC | | | 4.70 | 4.70 |
| 92544 | | | | 24.04 | 24.04 |
| 92544 | 26 | | | 20.27 | 20.27 |
| 92544 | TC | | | 3.77 | 3.77 |
| 92545 | | | | 22.56 | 22.56 |
| 92545 | 26 | | | 18.79 | 18.79 |
| 92545 | TC | | | 3.77 | 3.77 |
| 92546 | | | | 138.70 | 138.70 |
| 92546 | 26 | | | 21.29 | 21.29 |
| 92546 | TC | | | 117.41 | 117.41 |
| 92547 | | | | 9.78 | 9.78 |
| 92548 | | | | 128.87 | 128.87 |
| 92548 | 26 | | | 36.65 | 36.65 |
| 92548 | TC | | | 92.23 | 92.23 |
| 92549 | | | BR | TBD | TBD |
| 92549 | TC | | BR | TBD | TBD |
| 92549 | 26 | | BR | TBD | TBD |
| 92550 | | | | 30.43 | 30.43 |
| 92551 | | | | 15.41 | 15.41 |
| 92552 | | | | 41.48 | 41.48 |
| 92553 | | | | 50.33 | 50.33 |
| 92555 | | | | 31.70 | 31.70 |
| 92556 | | | | 49.86 | 49.86 |
| 92557 | | | | 52.94 | 45.96 |
| 92558 | | | | 13.80 | 12.40 |
| 92559 | | | NRC | 0.00 | 0.00 |
| 92560 | | | | 26.84 | 26.84 |
| 92561 | | | | 51.30 | 51.30 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 92562 | | | | 59.64 | 59.64 |
| 92563 | | | | 40.55 | 40.55 |
| 92564 | | | | 33.10 | 33.10 |
| 92565 | | | | 20.06 | 20.06 |
| 92567 | | | | 20.91 | 15.32 |
| 92568 | | | | 22.26 | 21.80 |
| 92570 | | | | 45.28 | 42.02 |
| 92571 | | | | 35.43 | 35.43 |
| 92572 | | | | 56.42 | 56.42 |
| 92575 | | | | 83.42 | 83.42 |
| 92576 | | | | 48.00 | 48.00 |
| 92577 | | | | 18.20 | 18.20 |
| 92579 | | | | 64.07 | 53.83 |
| 92582 | | | NRC | 95.99 | 95.99 |
| 92583 | | | | 62.90 | 62.90 |
| 92584 | | | | 97.39 | 97.39 |
| 92585 | | | | 179.66 | 179.66 |
| 92585 | 26 | | | 37.58 | 37.58 |
| 92585 | TC | | | 142.09 | 142.09 |
| 92586 | | | | 121.60 | 121.60 |
| 92587 | | | | 30.43 | 30.43 |
| 92587 | 26 | | | 25.73 | 25.73 |
| 92587 | TC | | | 4.70 | 4.70 |
| 92588 | | | | 46.17 | 46.17 |
| 92588 | 26 | | | 40.54 | 40.54 |
| 92588 | TC | | | 5.63 | 5.63 |
| 92590 | | | | 59.30 | 59.30 |
| 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 | | | | 88.04 | 88.04 |
| 92597 | | | NRC | 101.48 | 101.48 |
| 92601 | | | NRC | 227.93 | 176.25 |
| 92602 | | | NRC | 141.60 | 99.70 |
| 92603 | | | NRC | 213.33 | 171.43 |
| 92604 | | | NRC | 126.54 | 95.81 |
| 92605 | | | NRC | 131.19 | 125.61 |
| 92606 | | | NRC | 115.66 | 100.30 |
| 92607 | | | NRC | 179.90 | 179.90 |
| 92608 | | | NRC | 71.48 | 71.48 |
| 92609 | | | NRC | 149.94 | 149.94 |
| 92610 | | | | 119.81 | 101.65 |
| 92611 | | | | 124.72 | 124.72 |
| 92612 | | | | 258.00 | 95.98 |
| 92613 | | | | 52.99 | 52.99 |
| 92614 | | | | 193.33 | 94.17 |
| 92615 | | | | 46.60 | 46.60 |
| 92616 | | | | 280.77 | 140.63 |
| 92617 | | | | 58.49 | 58.49 |
| 92618 | | | NRC | 47.61 | 46.68 |
| 92620 | | | | 130.89 | 114.60 |
| 92621 | | | | 31.32 | 26.66 |
| 92625 | | | | 97.72 | 87.94 |
| 92626 | | | | 124.84 | 106.68 |
| 92627 | | | | 31.23 | 25.18 |
| 92630 | | | NRC | 0.00 | 0.00 |
| 92633 | | | NRC | 0.00 | 0.00 |
| 92640 | | | | 158.99 | 134.78 |
| 92700 | | | BR | 0.00 | 0.00 |
| 92920 | | | | NC | 772.71 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 92921 | | | NRC | 0.00 | 0.00 |
| 92924 | | | | NC | 921.98 |
| 92925 | | | NRC | 0.00 | 0.00 |
| 92928 | | | | NC | 860.07 |
| 92929 | | | NRC | 0.00 | 0.00 |
| 92933 | | | | NC | 964.87 |
| 92934 | | | NRC | 0.00 | 0.00 |
| 92937 | | | | NC | 859.61 |
| 92938 | | | NRC | 0.00 | 0.00 |
| 92941 | | | | NC | 967.33 |
| 92943 | | | | NC | 966.82 |
| 92944 | | | NRC | 0.00 | 0.00 |
| 92950 | | | | 433.74 | 267.54 |
| 92953 | | | NRC | 1.48 | 1.48 |
| 92960 | | | NRC | 219.02 | 154.77 |
| 92961 | | | NRC | 359.27 | 359.27 |
| 92970 | | | | 275.44 | 275.44 |
| 92971 | | | | 144.68 | 144.68 |
| 92973 | | | | 256.94 | 256.94 |
| 92974 | | | | 235.51 | 235.51 |
| 92975 | | | | 547.70 | 547.70 |
| 92977 | | | | 73.07 | 73.07 |
| 92978 | | | NRC | 395.28 | 395.28 |
| 92978 | 26 | | NRC | 139.08 | 139.08 |
| 92978 | TC | | NRC | 255.44 | 255.44 |
| 92979 | | | NRC | 240.99 | 240.99 |
| 92979 | 26 | | NRC | 110.67 | 110.67 |
| 92979 | TC | | NRC | 129.07 | 129.07 |
| 92986 | | | NRC | 1905.33 | 1905.33 |
| 92987 | | | NRC | 1965.31 | 1965.31 |
| 92990 | | | NRC | 1568.35 | 1568.35 |
| 92992 | | | NRC | 0.00 | 0.00 |
| 92993 | | | NRC | 0.00 | 0.00 |
| 92997 | | | NRC | 951.93 | 951.93 |
| 92998 | | | NRC | 470.99 | 470.99 |
| 93000 | | | | 23.15 | 23.15 |
| 93005 | | | | 11.22 | 11.22 |
| 93010 | | | | 11.93 | 11.93 |
| 93015 | | | | 96.92 | 96.92 |
| 93016 | | | | 31.32 | 31.32 |
| 93017 | | | | 44.74 | 44.74 |
| 93018 | | | | 20.86 | 20.86 |
| 93024 | | | | 150.45 | 150.45 |
| 93024 | 26 | | | 80.53 | 80.53 |
| 93024 | TC | | | 69.92 | 69.92 |
| 93025 | | | | 200.27 | 200.27 |
| 93025 | 26 | | | 52.18 | 52.18 |
| 93025 | TC | | | 148.09 | 148.09 |
| 93040 | | | | 17.48 | 17.48 |
| 93041 | | | | 7.49 | 7.49 |
| 93042 | | | | 9.99 | 9.99 |
| 93050 | | | | 22.22 | 22.22 |
| 93050 | 26 | | | 11.93 | 11.93 |
| 93050 | TC | | | 10.29 | 10.29 |
| 93224 | | | | 119.23 | 119.23 |
| 93225 | | | | 34.03 | 34.03 |
| 93226 | | | | 48.00 | 48.00 |
| 93227 | | | | 37.20 | 37.20 |
| 93228 | | | | 36.78 | 36.78 |
| 93229 | | | NRC | 929.06 | 929.06 |
| 93260 | | | | 93.61 | 93.61 |
| 93260 | 26 | | | 60.51 | 60.51 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93260 | TC | | | 33.10 | 33.10 |
| 93261 | | | | 85.70 | 85.70 |
| 93261 | 26 | | | 52.60 | 52.60 |
| 93261 | TC | | | 33.10 | 33.10 |
| 93264 | | | | 70.21 | 50.66 |
| 93268 | | | | 267.74 | 267.74 |
| 93270 | | | | 12.15 | 12.15 |
| 93271 | | | | 219.79 | 219.79 |
| 93272 | | | | 35.80 | 35.80 |
| 93278 | | | | 41.65 | 41.65 |
| 93278 | 26 | | | 17.86 | 17.86 |
| 93278 | TC | | | 23.79 | 23.79 |
| 93279 | | | | 75.50 | 75.50 |
| 93279 | 26 | | | 45.66 | 45.66 |
| 93279 | TC | | | 29.84 | 29.84 |
| 93280 | | | | 88.62 | 88.62 |
| 93280 | 26 | | | 54.12 | 54.12 |
| 93280 | TC | | | 34.50 | 34.50 |
| 93281 | | | | 95.48 | 95.48 |
| 93281 | 26 | | | 60.51 | 60.51 |
| 93281 | TC | | | 34.96 | 34.96 |
| 93282 | | | | 92.22 | 92.22 |
| 93282 | 26 | | | 60.05 | 60.05 |
| 93282 | TC | | | 32.17 | 32.17 |
| 93283 | | | | 116.34 | 116.34 |
| 93283 | 26 | | | 81.38 | 81.38 |
| 93283 | TC | | | 34.96 | 34.96 |
| 93284 | | | | 126.12 | 126.12 |
| 93284 | 26 | | | 88.83 | 88.83 |
| 93284 | TC | | | 37.29 | 37.29 |
| 93285 | | | | 66.11 | 66.11 |
| 93285 | 26 | | | 37.20 | 37.20 |
| 93285 | TC | | | 28.91 | 28.91 |
| 93286 | | | | 47.44 | 47.44 |
| 93286 | 26 | | | 21.33 | 21.33 |
| 93286 | TC | | | 26.12 | 26.12 |
| 93287 | | | | 58.83 | 58.83 |
| 93287 | 26 | | | 32.71 | 32.71 |
| 93287 | TC | | | 26.12 | 26.12 |
| 93288 | | | | 60.14 | 60.14 |
| 93288 | 26 | | | 30.30 | 30.30 |
| 93288 | TC | | | 29.84 | 29.84 |
| 93289 | | | | 82.48 | 82.48 |
| 93289 | 26 | | | 52.64 | 52.64 |
| 93289 | TC | | | 29.84 | 29.84 |
| 93290 | | | | 57.35 | 57.35 |
| 93290 | 26 | | | 30.77 | 30.77 |
| 93290 | TC | | | 26.58 | 26.58 |
| 93291 | | | | 51.46 | 51.46 |
| 93291 | 26 | | | 25.81 | 25.81 |
| 93291 | TC | | | 25.65 | 25.65 |
| 93292 | | | | 55.02 | 55.02 |
| 93292 | 26 | | | 30.30 | 30.30 |
| 93292 | TC | | | 24.72 | 24.72 |
| 93293 | | | | 70.30 | 70.30 |
| 93293 | 26 | | | 21.37 | 21.37 |
| 93293 | TC | | | 48.93 | 48.93 |
| 93294 | | | | 43.21 | 43.21 |
| 93295 | | | | 62.00 | 62.00 |
| 93296 | | | | 33.57 | 33.57 |
| 93297 | | | | 37.24 | 37.24 |
| 93298 | | | | 37.24 | 37.24 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93303 | | | NRC | 315.39 | 315.39 |
| 93303 | 26 | | NRC | 89.97 | 89.97 |
| 93303 | TC | | NRC | 225.42 | 225.42 |
| 93304 | | | NRC | 214.24 | 214.24 |
| 93304 | 26 | | NRC | 51.71 | 51.71 |
| 93304 | TC | | NRC | 162.53 | 162.53 |
| 93306 | | | | 278.52 | 278.52 |
| 93306 | 26 | | | 103.38 | 103.38 |
| 93306 | TC | | | 175.14 | 175.14 |
| 93307 | | | | 188.88 | 188.88 |
| 93307 | 26 | | | 63.60 | 63.60 |
| 93307 | TC | | | 125.28 | 125.28 |
| 93308 | | | | 131.79 | 131.79 |
| 93308 | 26 | | | 36.31 | 36.31 |
| 93308 | TC | | | 95.48 | 95.48 |
| 93312 | | | | 334.68 | 334.68 |
| 93312 | 26 | | | 154.88 | 154.88 |
| 93312 | TC | | | 179.80 | 179.80 |
| 93313 | | | | 16.55 | 16.55 |
| 93314 | | | | 321.97 | 321.97 |
| 93314 | 26 | | | 130.07 | 130.07 |
| 93314 | TC | | | 191.90 | 191.90 |
| 93315 | | | NRC | 722.57 | 722.57 |
| 93315 | 26 | | NRC | 182.18 | 182.18 |
| 93315 | TC | | NRC | 540.40 | 540.40 |
| 93316 | | | NRC | 39.53 | 39.53 |
| 93317 | 26 | | NRC | 131.33 | 131.33 |
| 93318 | | | | 688.86 | 688.86 |
| 93318 | 26 | | | 148.47 | 148.47 |
| 93318 | TC | | | 540.40 | 540.40 |
| 93320 | | | | 71.95 | 71.95 |
| 93320 | 26 | | | 25.86 | 25.86 |
| 93320 | TC | | | 46.09 | 46.09 |
| 93321 | | | | 36.06 | 36.06 |
| 93321 | 26 | | | 10.45 | 10.45 |
| 93321 | TC | | | 25.61 | 25.61 |
| 93325 | | | | 33.35 | 33.35 |
| 93325 | 26 | | | 4.49 | 4.49 |
| 93325 | TC | | | 28.86 | 28.86 |
| 93350 | | | | 253.63 | 253.63 |
| 93350 | 26 | | | 100.42 | 100.42 |
| 93350 | TC | | | 153.21 | 153.21 |
| 93351 | | | | 313.61 | 313.61 |
| 93351 | 26 | | | 120.31 | 120.31 |
| 93351 | TC | | | 193.30 | 193.30 |
| 93352 | | | | 45.12 | 45.12 |
| 93355 | | | | 326.90 | 326.90 |
| 93356 | | | BR | TBD | TBD |
| 93451 | | | | 1043.35 | 1043.35 |
| 93451 | 26 | | | 188.96 | 188.96 |
| 93451 | TC | | | 854.39 | 854.39 |
| 93452 | | | | 1168.17 | 1168.17 |
| 93452 | 26 | | | 344.46 | 344.46 |
| 93452 | TC | | | 823.71 | 823.71 |
| 93453 | | | | 1516.85 | 1516.85 |
| 93453 | 26 | | | 462.64 | 462.64 |
| 93453 | TC | | | 1054.21 | 1054.21 |
| 93454 | | | | 1180.21 | 1180.21 |
| 93454 | 26 | | | 349.51 | 349.51 |
| 93454 | TC | | | 830.69 | 830.69 |
| 93455 | | | | 1360.53 | 1360.53 |
| 93455 | 26 | | | 407.39 | 407.39 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93455 | TC | | | 953.14 | 953.14 |
| 93456 | | | | 1495.34 | 1495.34 |
| 93456 | 26 | | | 454.22 | 454.22 |
| 93456 | TC | | | 1041.13 | 1041.13 |
| 93457 | | | | 1671.90 | 1671.90 |
| 93457 | 26 | | | 510.61 | 510.61 |
| 93457 | TC | | | 1161.29 | 1161.29 |
| 93458 | | | | 1402.19 | 1402.19 |
| 93458 | 26 | | | 431.31 | 431.31 |
| 93458 | TC | | | 970.87 | 970.87 |
| 93459 | | | | 1541.03 | 1541.03 |
| 93459 | 26 | | | 488.22 | 488.22 |
| 93459 | TC | | | 1052.81 | 1052.81 |
| 93460 | | | | 1684.48 | 1684.48 |
| 93460 | 26 | | | 546.01 | 546.01 |
| 93460 | TC | | | 1138.48 | 1138.48 |
| 93461 | | | | 1905.77 | 1905.77 |
| 93461 | 26 | | | 604.35 | 604.35 |
| 93461 | TC | | | 1301.42 | 1301.42 |
| 93462 | | | | 303.97 | 303.97 |
| 93463 | | | | 140.30 | 140.30 |
| 93464 | | | | 335.70 | 335.70 |
| 93464 | 26 | | | 124.29 | 124.29 |
| 93464 | TC | | | 211.41 | 211.41 |
| 93503 | | | | 127.91 | 127.91 |
| 93505 | | | | 949.82 | 949.82 |
| 93505 | 26 | | | 318.89 | 318.89 |
| 93505 | TC | | | 630.92 | 630.92 |
| 93530 | | | NRC | 1256.79 | 1256.79 |
| 93530 | 26 | | NRC | 297.31 | 297.31 |
| 93530 | TC | | NRC | 959.48 | 959.48 |
| 93531 | | | NRC | 3361.02 | 3361.02 |
| 93531 | 26 | | NRC | 617.29 | 617.29 |
| 93531 | TC | | NRC | 2743.73 | 2743.73 |
| 93532 | 26 | | NRC | 771.57 | 771.57 |
| 93533 | 26 | | NRC | 515.19 | 515.19 |
| 93561 | | | | 96.12 | 96.12 |
| 93561 | 26 | | | 65.13 | 65.13 |
| 93561 | TC | | | 30.99 | 30.99 |
| 93562 | | | | 71.97 | 71.97 |
| 93562 | 26 | | | 52.73 | 52.73 |
| 93562 | TC | | | 19.24 | 19.24 |
| 93563 | | | NRC | 84.25 | 84.25 |
| 93564 | | | NRC | 89.30 | 89.30 |
| 93565 | | | | 65.28 | 65.28 |
| 93566 | | | | 208.39 | 67.32 |
| 93567 | | | | 177.79 | 76.30 |
| 93568 | | | | 189.38 | 68.80 |
| 93571 | | | | 367.58 | 367.58 |
| 93571 | 26 | | | 111.31 | 111.31 |
| 93571 | TC | | | 256.28 | 256.28 |
| 93572 | | | | 218.99 | 218.99 |
| 93572 | 26 | | | 89.37 | 89.37 |
| 93572 | TC | | | 129.62 | 129.62 |
| 93580 | | | NRC | 1417.98 | 1417.98 |
| 93581 | | | NRC | 1933.40 | 1933.40 |
| 93582 | | | | 969.04 | 969.04 |
| 93583 | | | | 1079.44 | 1079.44 |
| 93590 | | | NRC | 1550.78 | 1550.78 |
| 93591 | | | NRC | 1277.80 | 1277.80 |
| 93592 | | | NRC | 566.49 | 566.49 |
| 93600 | | | | 282.90 | 282.90 |

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2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93600 | 26 | | | 171.47 | 171.47 |
| 93600 | TC | | | 111.43 | 111.43 |
| 93602 | | | | 231.09 | 231.09 |
| 93602 | 26 | | | 168.17 | 168.17 |
| 93602 | TC | | | 62.91 | 62.91 |
| 93603 | | | | 264.07 | 264.07 |
| 93603 | 26 | | | 168.64 | 168.64 |
| 93603 | TC | | | 95.43 | 95.43 |
| 93609 | | | | 557.27 | 557.27 |
| 93609 | 26 | | | 402.69 | 402.69 |
| 93609 | TC | | | 154.58 | 154.58 |
| 93610 | | | | 314.77 | 314.77 |
| 93610 | 26 | | | 237.43 | 237.43 |
| 93610 | TC | | | 77.34 | 77.34 |
| 93612 | | | | 326.69 | 326.69 |
| 93612 | 26 | | | 234.97 | 234.97 |
| 93612 | TC | | | 91.71 | 91.71 |
| 93613 | | | | 429.22 | 429.22 |
| 93615 | | | | 72.09 | 72.09 |
| 93615 | 26 | | | 54.00 | 54.00 |
| 93615 | TC | | | 18.09 | 18.09 |
| 93616 | 26 | | | 85.01 | 85.01 |
| 93618 | | | | 544.24 | 544.24 |
| 93618 | 26 | | | 319.83 | 319.83 |
| 93618 | TC | | | 224.41 | 224.41 |
| 93619 | | | | 1001.94 | 1001.94 |
| 93619 | 26 | | | 565.39 | 565.39 |
| 93619 | TC | | | 436.56 | 436.56 |
| 93620 | | | | 1403.48 | 1403.48 |
| 93620 | 26 | | | 908.98 | 908.98 |
| 93621 | 26 | | | 168.55 | 168.55 |
| 93622 | 26 | | | 249.59 | 249.59 |
| 93623 | | | | 342.20 | 342.20 |
| 93623 | 26 | | | 229.18 | 229.18 |
| 93623 | TC | | | 113.02 | 113.02 |
| 93624 | | | | 464.15 | 464.15 |
| 93624 | 26 | | | 351.13 | 351.13 |
| 93624 | TC | | | 113.02 | 113.02 |
| 93631 | 26 | | | 573.84 | 573.84 |
| 93640 | 26 | | | 258.73 | 258.73 |
| 93641 | 26 | | | 452.69 | 452.69 |
| 93642 | | | | 479.12 | 479.12 |
| 93642 | 26 | | | 371.02 | 371.02 |
| 93642 | TC | | | 108.10 | 108.10 |
| 93644 | | | | 276.39 | 276.39 |
| 93644 | 26 | | | 207.91 | 207.91 |
| 93644 | TC | | | 68.48 | 68.48 |
| 93650 | | | | 854.50 | 854.50 |
| 93653 | | | | NC | 1211.59 |
| 93654 | | | | NC | 1621.42 |
| 93655 | | | | NC | 616.67 |
| 93656 | | | | NC | 1626.24 |
| 93657 | | | | 615.74 | 615.74 |
| 93660 | | | | 218.33 | 218.33 |
| 93660 | 26 | | | 132.58 | 132.58 |
| 93660 | TC | | | 85.75 | 85.75 |
| 93662 | 26 | | | 201.73 | 201.73 |
| 93668 | | | NRC | 23.41 | 23.41 |
| 93701 | | | | 33.10 | 33.10 |
| 93702 | | | | 166.29 | 166.29 |
| 93724 | | | NRC | 388.74 | 388.74 |
| 93724 | 26 | | NRC | 344.93 | 344.93 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93724 | TC | | NRC | 43.81 | 43.81 |
| 93740 | | | NRC | 11.43 | 11.43 |
| 93745 | | | NRC | 107.30 | 107.30 |
| 93745 | 26 | | NRC | 66.82 | 66.82 |
| 93745 | TC | | NRC | 40.45 | 40.45 |
| 93750 | | | | 77.79 | 65.69 |
| 93770 | | | NRC | 11.43 | 11.43 |
| 93784 | | | NRC | 72.04 | 72.04 |
| 93786 | | | NRC | 38.69 | 38.69 |
| 93788 | | | NRC | 7.03 | 7.03 |
| 93790 | | | NRC | 26.32 | 26.32 |
| 93792 | | | | 68.99 | 68.99 |
| 93793 | | | | 16.63 | 16.63 |
| 93797 | | | NRC | 22.22 | 12.44 |
| 93798 | | | NRC | 34.79 | 19.89 |
| 93799 | | | NRC | 0.00 | 0.00 |
| 93799 | 26 | | NRC | 0.00 | 0.00 |
| 93799 | TC | | NRC | 0.00 | 0.00 |
| 93880 | | | | 269.14 | 269.14 |
| 93880 | 26 | | | 56.76 | 56.76 |
| 93880 | TC | | | 212.39 | 212.39 |
| 93882 | | | | 171.93 | 171.93 |
| 93882 | 26 | | | 35.47 | 35.47 |
| 93882 | TC | | | 136.45 | 136.45 |
| 93886 | | | | 361.28 | 361.28 |
| 93886 | 26 | | | 66.49 | 66.49 |
| 93886 | TC | | | 294.79 | 294.79 |
| 93888 | | | | 210.48 | 210.48 |
| 93888 | 26 | | | 36.78 | 36.78 |
| 93888 | TC | | | 173.70 | 173.70 |
| 93890 | | | | 368.64 | 368.64 |
| 93890 | 26 | | | 72.45 | 72.45 |
| 93890 | TC | | | 296.19 | 296.19 |
| 93892 | | | | 415.50 | 415.50 |
| 93892 | 26 | | | 84.86 | 84.86 |
| 93892 | TC | | | 330.64 | 330.64 |
| 93893 | | | | 461.96 | 461.96 |
| 93893 | 26 | | | 84.77 | 84.77 |
| 93893 | TC | | | 377.19 | 377.19 |
| 93895 | | | BR | 0.00 | 0.00 |
| 93895 | 26 | | BR | 0.00 | 0.00 |
| 93895 | TC | | BR | 0.00 | 0.00 |
| 93922 | | | | 114.83 | 114.83 |
| 93922 | 26 | | | 17.95 | 17.95 |
| 93922 | TC | | | 96.88 | 96.88 |
| 93923 | | | | 178.19 | 178.19 |
| 93923 | 26 | | | 31.45 | 31.45 |
| 93923 | TC | | | 146.74 | 146.74 |
| 93924 | | | | 219.84 | 219.84 |
| 93924 | 26 | | | 34.92 | 34.92 |
| 93924 | TC | | | 184.92 | 184.92 |
| 93925 | | | | 341.35 | 341.35 |
| 93925 | 26 | | | 55.83 | 55.83 |
| 93925 | TC | | | 285.52 | 285.52 |
| 93926 | | | | 200.75 | 200.75 |
| 93926 | 26 | | | 34.45 | 34.45 |
| 93926 | TC | | | 166.29 | 166.29 |
| 93930 | | | | 274.77 | 274.77 |
| 93930 | 26 | | | 56.34 | 56.34 |
| 93930 | TC | | | 218.44 | 218.44 |
| 93931 | | | | 171.37 | 171.37 |
| 93931 | 26 | | | 34.92 | 34.92 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 93931 | TC | | | 136.45 | 136.45 |
| 93970 | | | | 260.30 | 260.30 |
| 93970 | 26 | | | 48.84 | 48.84 |
| 93970 | TC | | | 211.45 | 211.45 |
| 93971 | | | | 161.34 | 161.34 |
| 93971 | 26 | | | 31.87 | 31.87 |
| 93971 | TC | | | 129.47 | 129.47 |
| 93975 | | | | 372.29 | 372.29 |
| 93975 | 26 | | | 81.69 | 81.69 |
| 93975 | TC | | | 290.60 | 290.60 |
| 93976 | | | | 219.66 | 219.66 |
| 93976 | 26 | | | 56.20 | 56.20 |
| 93976 | TC | | | 163.46 | 163.46 |
| 93978 | | | | 252.47 | 252.47 |
| 93978 | 26 | | | 55.92 | 55.92 |
| 93978 | TC | | | 196.56 | 196.56 |
| 93979 | | | | 160.71 | 160.71 |
| 93979 | 26 | | | 34.96 | 34.96 |
| 93979 | TC | | | 125.75 | 125.75 |
| 93980 | | | | 169.88 | 169.88 |
| 93980 | 26 | | | 87.43 | 87.43 |
| 93980 | TC | | | 82.45 | 82.45 |
| 93981 | | | | 102.13 | 102.13 |
| 93981 | 26 | | | 30.85 | 30.85 |
| 93981 | TC | | | 71.28 | 71.28 |
| 93985 | | | BR | TBD | TBD |
| 93985 | TC | | BR | TBD | TBD |
| 93985 | 26 | | BR | TBD | TBD |
| 93986 | | | BR | TBD | TBD |
| 93986 | TC | | BR | TBD | TBD |
| 93986 | 26 | | BR | TBD | TBD |
| 93990 | | | | 208.33 | 208.33 |
| 93990 | 26 | | | 35.05 | 35.05 |
| 93990 | TC | | | 173.28 | 173.28 |
| 93998 | | | BR | 0.00 | 0.00 |
| 94002 | | | | 132.01 | 132.01 |
| 94003 | | | | 94.26 | 94.26 |
| 94004 | | | | 69.75 | 69.75 |
| 94005 | | | | 128.23 | 128.23 |
| 94010 | | | | 47.36 | 47.36 |
| 94010 | 26 | | | 11.93 | 11.93 |
| 94010 | TC | | | 35.43 | 35.43 |
| 94011 | | | NRC | 123.37 | 123.37 |
| 94012 | | | NRC | 200.01 | 200.01 |
| 94013 | | | NRC | 27.47 | 27.47 |
| 94014 | | | | 75.88 | 75.88 |
| 94015 | | | | 40.08 | 40.08 |
| 94016 | | | | 35.80 | 35.80 |
| 94060 | | | | 79.44 | 79.44 |
| 94060 | 26 | | | 18.41 | 18.41 |
| 94060 | TC | | | 61.03 | 61.03 |
| 94070 | | | | 81.39 | 81.39 |
| 94070 | 26 | | | 40.84 | 40.84 |
| 94070 | TC | | | 40.55 | 40.55 |
| 94150 | | | | 33.90 | 33.90 |
| 94150 | 26 | | | 5.46 | 5.46 |
| 94150 | TC | | | 28.44 | 28.44 |
| 94200 | | | | 36.87 | 36.87 |
| 94200 | 26 | | | 7.96 | 7.96 |
| 94200 | TC | | | 28.91 | 28.91 |
| 94250 | | | | 36.87 | 36.87 |
| 94250 | 26 | | | 7.96 | 7.96 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 94250 | TC | | | 28.91 | 28.91 |
| 94375 | | | | 53.54 | 53.54 |
| 94375 | 26 | | | 20.90 | 20.90 |
| 94375 | TC | | | 32.63 | 32.63 |
| 94400 | | | | 76.77 | 76.77 |
| 94400 | 26 | | | 27.85 | 27.85 |
| 94400 | TC | | | 48.93 | 48.93 |
| 94450 | | | | 97.77 | 97.77 |
| 94450 | 26 | | | 28.31 | 28.31 |
| 94450 | TC | | | 69.46 | 69.46 |
| 94452 | | | | 73.56 | 73.56 |
| 94452 | 26 | | | 20.44 | 20.44 |
| 94452 | TC | | | 53.12 | 53.12 |
| 94453 | | | | 101.45 | 101.45 |
| 94453 | 26 | | | 26.92 | 26.92 |
| 94453 | TC | | | 74.53 | 74.53 |
| 94610 | | | | 79.31 | 79.31 |
| 94617 | | | NRC | 127.01 | 127.01 |
| 94617 | 26 | | NRC | 47.31 | 47.31 |
| 94617 | TC | | NRC | 79.70 | 79.70 |
| 94618 | | | | 46.85 | 46.85 |
| 94618 | 26 | | | 32.37 | 32.37 |
| 94618 | TC | | | 14.48 | 14.48 |
| 94621 | | | | 217.71 | 217.71 |
| 94621 | 26 | | | 97.50 | 97.50 |
| 94621 | TC | | | 120.20 | 120.20 |
| 94640 | | | | 23.79 | 23.79 |
| 94642 | | | NRC | 18.09 | 18.09 |
| 94644 | | | | 65.22 | 65.22 |
| 94645 | | | | 21.93 | 21.93 |
| 94660 | | | | 87.74 | 54.22 |
| 94662 | | | | 51.42 | 51.42 |
| 94664 | | | | 22.39 | 22.39 |
| 94667 | | | | 33.14 | 33.14 |
| 94668 | | | | 42.92 | 42.92 |
| 94669 | | | | 42.03 | 42.03 |
| 94680 | | | | 74.28 | 74.28 |
| 94680 | 26 | | | 17.90 | 17.90 |
| 94680 | TC | | | 56.38 | 56.38 |
| 94681 | | | | 73.09 | 73.09 |
| 94681 | 26 | | | 14.39 | 14.39 |
| 94681 | TC | | | 58.71 | 58.71 |
| 94690 | | | | 69.75 | 69.75 |
| 94690 | 26 | | | 5.46 | 5.46 |
| 94690 | TC | | | 64.29 | 64.29 |
| 94726 | | | | 71.95 | 71.95 |
| 94726 | 26 | | | 17.43 | 17.43 |
| 94726 | TC | | | 54.52 | 54.52 |
| 94727 | | | | 58.45 | 58.45 |
| 94727 | 26 | | | 17.43 | 17.43 |
| 94727 | TC | | | 41.01 | 41.01 |
| 94728 | | | | 54.72 | 54.72 |
| 94728 | 26 | | | 17.90 | 17.90 |
| 94728 | TC | | | 36.82 | 36.82 |
| 94729 | | | | 73.52 | 73.52 |
| 94729 | 26 | | | 12.95 | 12.95 |
| 94729 | TC | | | 60.57 | 60.57 |
| 94750 | | | | 112.79 | 112.79 |
| 94750 | 26 | | | 15.45 | 15.45 |
| 94750 | TC | | | 97.35 | 97.35 |
| 94760 | | | | 3.30 | 3.30 |
| 94761 | | | | 5.63 | 5.63 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 94762 | | | | 33.10 | 33.10 |
| 94770 | | | | 10.45 | 10.45 |
| 94780 | | | | 69.66 | 33.81 |
| 94781 | | | | 27.30 | 11.93 |
| 94799 | | | BR | 0.00 | 0.00 |
| 94799 | 26 | | BR | 0.00 | 0.00 |
| 94799 | TC | | BR | 0.00 | 0.00 |
| 95004 | | | | 5.67 | 5.67 |
| 95012 | | | | 26.58 | 26.58 |
| 95017 | | | | 11.05 | 5.46 |
| 95018 | | | | 29.03 | 10.41 |
| 95024 | | | | 10.79 | 1.48 |
| 95027 | | | | 6.14 | 6.14 |
| 95028 | | | | 17.27 | 17.27 |
| 95044 | | | | 7.49 | 7.49 |
| 95052 | | | | 8.89 | 8.89 |
| 95056 | | | | 61.08 | 61.08 |
| 95060 | | | | 46.14 | 46.14 |
| 95065 | | | | 34.50 | 34.50 |
| 95070 | | | | 41.99 | 41.99 |
| 95071 | | | | 48.93 | 48.93 |
| 95076 | | | | 166.28 | 106.68 |
| 95079 | | | | 118.70 | 97.75 |
| 95115 | | | | 12.15 | 12.15 |
| 95117 | | | | 14.01 | 14.01 |
| 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 | | | | 19.39 | 4.49 |
| 95145 | | | | 38.01 | 4.49 |
| 95146 | | | | 70.13 | 4.49 |
| 95147 | | | | 72.46 | 4.49 |
| 95148 | | | | 104.12 | 4.49 |
| 95149 | | | | 138.57 | 4.49 |
| 95165 | | | | 18.92 | 4.49 |
| 95170 | | | | 14.26 | 4.49 |
| 95180 | | | | 191.33 | 146.63 |
| 95199 | | | BR | 0.00 | 0.00 |
| 95249 | | | NRC | 72.76 | 72.76 |
| 95250 | | | NRC | 198.51 | 198.51 |
| 95251 | | | NRC | 50.15 | 50.15 |
| 95700 | | | BR | TBD | TBD |
| 95705 | | | BR | TBD | TBD |
| 95706 | | | BR | TBD | TBD |
| 95707 | | | BR | TBD | TBD |
| 95708 | | | BR | TBD | TBD |
| 95709 | | | BR | TBD | TBD |
| 95710 | | | BR | TBD | TBD |
| 95711 | | | BR | TBD | TBD |
| 95712 | | | BR | TBD | TBD |
| 95713 | | | BR | TBD | TBD |
| 95714 | | | BR | TBD | TBD |
| 95715 | | | BR | TBD | TBD |
| 95716 | | | BR | TBD | TBD |
| 95717 | | | BR | TBD | TBD |
| 95718 | | | BR | TBD | TBD |
| 95719 | | | BR | TBD | TBD |
| 95720 | | | BR | TBD | TBD |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 95721 | | | BR | TBD | TBD |
| 95722 | | | BR | TBD | TBD |
| 95723 | | | BR | TBD | TBD |
| 95724 | | | BR | TBD | TBD |
| 95725 | | | BR | TBD | TBD |
| 95726 | | | BR | TBD | TBD |
| 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 | 226.81 | 226.81 |
| 95800 | 26 | | NRC | 59.63 | 59.63 |
| 95800 | TC | | NRC | 167.18 | 167.18 |
| 95801 | | | NRC | 123.45 | 123.45 |
| 95801 | 26 | | NRC | 59.16 | 59.16 |
| 95801 | TC | | NRC | 64.29 | 64.29 |
| 95803 | | | NRC | 193.03 | 193.03 |
| 95803 | 26 | | NRC | 62.17 | 62.17 |
| 95803 | TC | | NRC | 130.87 | 130.87 |
| 95805 | | | | 558.21 | 558.21 |
| 95805 | 26 | | | 83.49 | 83.49 |
| 95805 | TC | | | 474.72 | 474.72 |
| 95806 | | | | 185.71 | 185.71 |
| 95806 | 26 | | | 69.74 | 69.74 |
| 95806 | TC | | | 115.97 | 115.97 |
| 95807 | | | | 571.63 | 571.63 |
| 95807 | 26 | | | 87.60 | 87.60 |
| 95807 | TC | | | 484.03 | 484.03 |
| 95808 | | | | 890.75 | 890.75 |
| 95808 | 26 | | | 124.08 | 124.08 |
| 95808 | TC | | | 766.67 | 766.67 |
| 95810 | | | | 819.18 | 819.18 |
| 95810 | 26 | | | 171.64 | 171.64 |
| 95810 | TC | | | 647.53 | 647.53 |
| 95811 | | | | 858.75 | 858.75 |
| 95811 | 26 | | | 178.12 | 178.12 |
| 95811 | TC | | | 680.63 | 680.63 |
| 95812 | | | | 432.76 | 432.76 |
| 95812 | 26 | | | 81.64 | 81.64 |
| 95812 | TC | | | 351.12 | 351.12 |
| 95813 | | | | 539.08 | 539.08 |
| 95813 | 26 | | | 122.73 | 122.73 |
| 95813 | TC | | | 416.35 | 416.35 |
| 95816 | | | | 483.08 | 483.08 |
| 95816 | 26 | | | 81.64 | 81.64 |
| 95816 | TC | | | 401.45 | 401.45 |
| 95819 | | | | 567.40 | 567.40 |
| 95819 | 26 | | | 81.64 | 81.64 |
| 95819 | TC | | | 485.76 | 485.76 |
| 95822 | | | | 512.41 | 512.41 |
| 95822 | 26 | | | 82.10 | 82.10 |
| 95822 | TC | | | 430.31 | 430.31 |
| 95824 | 26 | | | 55.91 | 55.91 |
| 95829 | | | | 2527.19 | 2527.19 |
| 95829 | 26 | | | 479.85 | 479.85 |
| 95829 | TC | | | 2047.34 | 2047.34 |
| 95830 | | | | 518.51 | 130.70 |
| 95836 | | | | 155.96 | 155.96 |
| 95851 | | | | 28.19 | 10.96 |
| 95852 | | | | 25.18 | 8.42 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 95857 | | | NRC | 74.11 | 41.98 |
| 95860 | | | | 163.96 | 163.96 |
| 95860 | 26 | | | 72.66 | 72.66 |
| 95860 | TC | | | 91.29 | 91.29 |
| 95861 | | | | 235.06 | 235.06 |
| 95861 | 26 | | | 116.76 | 116.76 |
| 95861 | TC | | | 118.30 | 118.30 |
| 95863 | | | | 294.65 | 294.65 |
| 95863 | 26 | | | 140.97 | 140.97 |
| 95863 | TC | | | 153.68 | 153.68 |
| 95864 | | | | 338.07 | 338.07 |
| 95864 | 26 | | | 150.87 | 150.87 |
| 95864 | TC | | | 187.20 | 187.20 |
| 95865 | | | | 204.88 | 204.88 |
| 95865 | 26 | | | 117.78 | 117.78 |
| 95865 | TC | | | 87.10 | 87.10 |
| 95866 | | | | 187.24 | 187.24 |
| 95866 | 26 | | | 95.94 | 95.94 |
| 95866 | TC | | | 91.29 | 91.29 |
| 95867 | | | | 143.27 | 143.27 |
| 95867 | 26 | | | 59.89 | 59.89 |
| 95867 | TC | | | 83.38 | 83.38 |
| 95868 | | | | 188.25 | 188.25 |
| 95868 | 26 | | | 89.51 | 89.51 |
| 95868 | TC | | | 98.74 | 98.74 |
| 95869 | | | | 126.00 | 126.00 |
| 95869 | 26 | | | 28.19 | 28.19 |
| 95869 | TC | | | 97.81 | 97.81 |
| 95870 | | | | 121.81 | 121.81 |
| 95870 | 26 | | | 28.19 | 28.19 |
| 95870 | TC | | | 93.62 | 93.62 |
| 95872 | | | | 275.65 | 275.65 |
| 95872 | 26 | | | 218.34 | 218.34 |
| 95872 | TC | | | 57.31 | 57.31 |
| 95873 | | | | 100.77 | 100.77 |
| 95873 | 26 | | | 28.14 | 28.14 |
| 95873 | TC | | | 72.63 | 72.63 |
| 95874 | | | | 103.14 | 103.14 |
| 95874 | 26 | | | 28.19 | 28.19 |
| 95874 | TC | | | 74.96 | 74.96 |
| 95875 | | | | 179.53 | 179.53 |
| 95875 | 26 | | | 83.58 | 83.58 |
| 95875 | TC | | | 95.95 | 95.95 |
| 95885 | | | | 82.11 | 82.11 |
| 95885 | 26 | | | 26.70 | 26.70 |
| 95885 | TC | | | 55.40 | 55.40 |
| 95886 | | | | 128.57 | 128.57 |
| 95886 | 26 | | | 65.26 | 65.26 |
| 95886 | TC | | | 63.32 | 63.32 |
| 95887 | | | | 111.65 | 111.65 |
| 95887 | 26 | | | 53.45 | 53.45 |
| 95887 | TC | | | 58.20 | 58.20 |
| 95905 | | | | 84.10 | 84.10 |
| 95905 | 26 | | | 3.98 | 3.98 |
| 95905 | TC | | | 80.12 | 80.12 |
| 95907 | | | | 131.11 | 131.11 |
| 95907 | 26 | | | 75.67 | 75.67 |
| 95907 | TC | | | 55.45 | 55.45 |
| 95908 | | | | 169.46 | 169.46 |
| 95908 | 26 | | | 95.39 | 95.39 |
| 95908 | TC | | | 74.07 | 74.07 |
| 95909 | | | | 202.21 | 202.21 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 95909 | 26 | | | 113.71 | 113.71 |
| 95909 | TC | | | 88.50 | 88.50 |
| 95910 | | | | 265.44 | 265.44 |
| 95910 | 26 | | | 151.80 | 151.80 |
| 95910 | TC | | | 113.64 | 113.64 |
| 95911 | | | | 319.32 | 319.32 |
| 95911 | 26 | | | 189.38 | 189.38 |
| 95911 | TC | | | 129.94 | 129.94 |
| 95912 | | | | 359.73 | 359.73 |
| 95912 | 26 | | | 225.61 | 225.61 |
| 95912 | TC | | | 134.13 | 134.13 |
| 95913 | | | | 415.72 | 415.72 |
| 95913 | 26 | | | 267.16 | 267.16 |
| 95913 | TC | | | 148.56 | 148.56 |
| 95921 | | | | 113.89 | 113.89 |
| 95921 | 26 | | | 64.03 | 64.03 |
| 95921 | TC | | | 49.86 | 49.86 |
| 95922 | | | | 130.01 | 130.01 |
| 95922 | 26 | | | 68.05 | 68.05 |
| 95922 | TC | | | 61.96 | 61.96 |
| 95923 | | | | 173.52 | 173.52 |
| 95923 | 26 | | | 65.00 | 65.00 |
| 95923 | TC | | | 108.52 | 108.52 |
| 95924 | | | | 205.73 | NC |
| 95924 | 26 | | | 126.08 | 126.08 |
| 95924 | TC | | | 79.66 | 79.66 |
| 95925 | | | | 176.15 | 176.15 |
| 95925 | 26 | | | 39.19 | 39.19 |
| 95925 | TC | | | 136.96 | 136.96 |
| 95926 | | | | 170.57 | 170.57 |
| 95926 | 26 | | | 38.72 | 38.72 |
| 95926 | TC | | | 131.84 | 131.84 |
| 95927 | | | | 176.66 | 176.66 |
| 95927 | 26 | | | 38.72 | 38.72 |
| 95927 | TC | | | 137.94 | 137.94 |
| 95928 | | | | 295.33 | 295.33 |
| 95928 | 26 | | | 112.32 | 112.32 |
| 95928 | TC | | | 183.01 | 183.01 |
| 95929 | | | | 302.31 | 302.31 |
| 95929 | 26 | | | 112.78 | 112.78 |
| 95929 | TC | | | 189.53 | 189.53 |
| 95930 | | | | 91.88 | 91.88 |
| 95930 | 26 | | | 26.66 | 26.66 |
| 95930 | TC | | | 65.22 | 65.22 |
| 95933 | | | | 109.74 | 109.74 |
| 95933 | 26 | | | 44.52 | 44.52 |
| 95933 | TC | | | 65.22 | 65.22 |
| 95937 | | | | 118.38 | 118.38 |
| 95937 | 26 | | | 48.50 | 48.50 |
| 95937 | TC | | | 69.88 | 69.88 |
| 95938 | | | | 459.77 | 459.77 |
| 95938 | 26 | | | 65.30 | 65.30 |
| 95938 | TC | | | 394.46 | 394.46 |
| 95939 | | | | 687.59 | 687.59 |
| 95939 | 26 | | | 169.24 | 169.24 |
| 95939 | TC | | | 518.35 | 518.35 |
| 95940 | | | | NC | 46.00 |
| 95941 | | | NRC | 184.20 | 184.20 |
| 95943 | | | | 202.61 | 202.61 |
| 95954 | | | | 538.10 | 538.10 |
| 95954 | 26 | | | 164.50 | 164.50 |
| 95954 | TC | | | 373.60 | 373.60 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 95955 | | | | 281.58 | 281.58 |
| 95955 | 26 | | | 76.69 | 76.69 |
| 95955 | TC | | | 204.89 | 204.89 |
| 95957 | | | | 363.68 | 363.68 |
| 95957 | 26 | | | 146.13 | 146.13 |
| 95957 | TC | | | 217.55 | 217.55 |
| 95958 | | | | 780.38 | 780.38 |
| 95958 | 26 | | | 321.11 | 321.11 |
| 95958 | TC | | | 459.27 | 459.27 |
| 95961 | | | | 418.34 | 418.34 |
| 95961 | 26 | | | 229.74 | 229.74 |
| 95961 | TC | | | 188.60 | 188.60 |
| 95962 | | | | 361.86 | 361.86 |
| 95962 | 26 | | | 244.96 | 244.96 |
| 95962 | TC | | | 116.90 | 116.90 |
| 95965 | 26 | | | 597.48 | 597.48 |
| 95966 | 26 | | | 302.25 | 302.25 |
| 95967 | 26 | | | 264.16 | 264.16 |
| 95970 | | | | 26.75 | 26.28 |
| 95971 | | | | 70.64 | 58.07 |
| 95972 | | | | 79.15 | 59.13 |
| 95976 | | | | 57.39 | 56.46 |
| 95977 | | | | 76.19 | 75.25 |
| 95980 | | | | 65.58 | 65.58 |
| 95981 | | | | 46.60 | 25.19 |
| 95982 | | | | 75.30 | 51.56 |
| 95983 | | | | 72.25 | 71.32 |
| 95984 | | | | 62.85 | 62.39 |
| 95990 | | | | 122.11 | 122.11 |
| 95991 | | | | 157.19 | 56.63 |
| 95992 | | | NRC | 61.53 | 53.15 |
| 95999 | | | BR | 0.00 | 0.00 |
| 96000 | | | NRC | 134.84 | 134.84 |
| 96001 | | | NRC | 180.91 | 180.91 |
| 96002 | | | NRC | 31.19 | 31.19 |
| 96003 | | | NRC | 24.42 | 24.42 |
| 96004 | | | NRC | 162.06 | 162.06 |
| 96020 | 26 | | | 232.59 | 232.59 |
| 96040 | | | NRC | 60.66 | 60.66 |
| 96105 | | | | 145.58 | 145.58 |
| 96110 | | | NRC | 13.08 | 13.08 |
| 96112 | | | | 189.72 | 179.48 |
| 96113 | | | | 84.81 | 82.02 |
| 96116 | | | | 133.94 | 120.44 |
| 96116 | 95 | | | 133.94 | 120.44 |
| 96121 | | | | 115.57 | 110.45 |
| 96125 | | | | 152.73 | 152.73 |
| 96127 | | | | 7.03 | 7.03 |
| 96130 | | | | 164.87 | 155.56 |
| 96131 | | | | 125.43 | 118.44 |
| 96132 | | | | 183.91 | 152.72 |
| 96133 | | | | 140.33 | 117.05 |
| 96136 | | | | 64.37 | 35.04 |
| 96137 | | | | 59.29 | 27.63 |
| 96138 | | | | 50.33 | 50.33 |
| 96139 | | | | 50.33 | 50.33 |
| 96146 | | | | 2.84 | 2.84 |
| 96156 | | | BR | TBD | TBD |
| 96158 | | | BR | TBD | TBD |
| 96159 | | | BR | TBD | TBD |
| 96160 | | | | 4.19 | 4.19 |
| 96161 | | | NC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 96164 | | | NRC | TBD | TBD |
| 96165 | | | NRC | TBD | TBD |
| 96167 | | | NRC | TBD | TBD |
| 96168 | | | NRC | TBD | TBD |
| 96170 | | | NRC | TBD | TBD |
| 96171 | | | NRC | TBD | TBD |
| 96360 | | | | 50.62 | 50.62 |
| 96361 | | | | 18.12 | 18.12 |
| 96365 | | | | 95.11 | 95.11 |
| 96366 | | | | 29.20 | 29.20 |
| 96367 | | | | 41.86 | 41.86 |
| 96368 | | | | 28.23 | 28.23 |
| 96369 | | | | 219.32 | 219.32 |
| 96370 | | | | 21.29 | 21.29 |
| 96371 | | | | 85.66 | 85.66 |
| 96372 | | | | 22.64 | 22.64 |
| 96373 | | | | 25.44 | 25.44 |
| 96374 | | | | 52.06 | 52.06 |
| 96375 | | | | 22.35 | 22.35 |
| 96376 | | | NRC | 0.00 | 0.00 |
| 96377 | | | | 27.30 | 27.30 |
| 96379 | | | BR | 0.00 | 0.00 |
| 96401 | | | | 105.39 | 105.39 |
| 96402 | | | | 41.35 | 41.35 |
| 96405 | | | | 109.87 | 41.43 |
| 96406 | | | | 164.72 | 64.63 |
| 96409 | | | | 143.32 | 143.32 |
| 96411 | | | | 77.79 | 77.79 |
| 96413 | | | | 186.36 | 186.36 |
| 96415 | | | | 40.93 | 40.93 |
| 96416 | | | | 186.49 | 186.49 |
| 96417 | | | | 90.45 | 90.45 |
| 96420 | | | | 138.41 | 138.41 |
| 96422 | | | | 226.96 | 226.96 |
| 96423 | | | | 105.23 | 105.23 |
| 96425 | | | | 240.55 | 240.55 |
| 96440 | | | | 1114.04 | 177.33 |
| 96446 | | | | 271.68 | 39.37 |
| 96450 | | | | 245.82 | 112.67 |
| 96521 | | | | 193.52 | 193.52 |
| 96522 | | | | 159.11 | 159.11 |
| 96523 | | | | 36.11 | 36.11 |
| 96542 | | | | 178.99 | 58.87 |
| 96549 | | | BR | 0.00 | 0.00 |
| 96567 | | | | 162.99 | 162.99 |
| 96570 | | | | 73.90 | 73.90 |
| 96571 | | | | 41.14 | 41.14 |
| 96573 | | | | 267.53 | 267.53 |
| 96574 | | | | 342.01 | 342.01 |
| 96900 | | | NRC | 28.44 | 28.44 |
| 96902 | | | NRC | 30.68 | 29.29 |
| 96904 | | | NRC | 84.82 | 84.82 |
| 96910 | | | | 150.93 | 150.93 |
| 96912 | | | | 128.12 | 128.12 |
| 96913 | | | | 182.12 | 182.12 |
| 96920 | | | | 221.13 | 93.57 |
| 96921 | | | | 242.76 | 105.42 |
| 96922 | | | | 331.04 | 169.03 |
| 96931 | | | | 227.48 | 227.48 |
| 96932 | | | | 163.50 | 163.50 |
| 96933 | | | | 65.00 | 65.00 |
| 96934 | | | | 130.94 | 130.94 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 96935 | | | | 58.71 | 58.71 |
| 96936 | | | | 62.04 | 62.04 |
| 96999 | | | BR | 0.00 | 0.00 |
| 97010 | | | NC | 0.00 | 0.00 |
| 97012 | | | | 20.65 | 20.65 |
| 97014 | | | | 20.36 | 20.36 |
| 97016 | | | | 17.56 | 17.56 |
| 97018 | | | | 9.61 | 9.61 |
| 97022 | | | | 24.50 | 24.50 |
| 97024 | | | | 9.61 | 9.61 |
| 97026 | | | | 8.68 | 8.68 |
| 97028 | | | | 11.09 | 11.09 |
| 97032 | | | | 20.65 | 20.65 |
| 97033 | | | | 28.61 | 28.61 |
| 97034 | | | | 20.95 | 20.95 |
| 97035 | | | | 19.09 | 19.09 |
| 97036 | | | | 47.32 | 47.32 |
| 97039 | | | BR | 0.00 | 0.00 |
| 97110 | | | | 42.49 | 42.49 |
| 97112 | | | | 48.29 | 48.29 |
| 97113 | | | | 53.32 | 53.32 |
| 97116 | | | | 42.02 | 42.02 |
| 97124 | | | | 39.23 | 39.23 |
| 97129 | | | BR | TBD | TBD |
| 97130 | | | BR | TBD | TBD |
| 97139 | | | BR | 0.00 | 0.00 |
| 97140 | | | | 38.64 | 38.64 |
| 97150 | | | | 25.48 | 25.48 |
| 97151 | | | NC | 0.00 | 0.00 |
| 97152 | | | NC | 0.00 | 0.00 |
| 97153 | | | NC | 0.00 | 0.00 |
| 97154 | | | NC | 0.00 | 0.00 |
| 97155 | | | NC | 0.00 | 0.00 |
| 97156 | | | NC | 0.00 | 0.00 |
| 97157 | | | NC | 0.00 | 0.00 |
| 97158 | | | NC | 0.00 | 0.00 |
| 97161 | GP | | | 117.01 | 117.01 |
| 97162 | GP | | | 117.01 | 117.01 |
| 97163 | GP | | | 117.01 | 117.01 |
| 97164 | GP | | | 79.18 | 79.18 |
| 97165 | GO | | | 125.39 | 125.39 |
| 97166 | GO | | | 125.39 | 125.39 |
| 97167 | GO | | | 125.39 | 125.39 |
| 97168 | GO | | | 85.70 | 85.70 |
| 97169 | | | | 96.09 | 96.09 |
| 97170 | | | | 96.09 | 96.09 |
| 97171 | | | | 96.09 | 96.09 |
| 97172 | | | | 52.97 | 52.97 |
| 97530 | | | | 54.55 | 54.55 |
| 97533 | | | | 58.44 | 58.44 |
| 97535 | | | | 47.15 | 47.15 |
| 97537 | | | | 45.41 | 45.41 |
| 97542 | | | | 45.87 | 45.87 |
| 97545 | | | NC | 0.00 | 0.00 |
| 97546 | | | NC | 0.00 | 0.00 |
| 97597 | | | | 119.56 | 33.90 |
| 97598 | | | | 37.84 | 15.95 |
| 97602 | | | | 150.22 | 84.71 |
| 97605 | | | | 60.14 | 36.86 |
| 97606 | | | | 70.59 | 39.86 |
| 97607 | | | | 60.83 | 39.57 |
| 97608 | | | | 72.00 | 43.61 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 97610 | | | | 299.06 | 23.91 |
| 97750 | | | | 48.08 | 48.08 |
| 97755 | | | | 52.98 | 52.98 |
| 97760 | | | | 65.05 | 65.05 |
| 97761 | | | | 56.20 | 56.20 |
| 97763 | GP | | | 68.69 | 68.69 |
| 97763 | GO | | | 68.69 | 68.69 |
| 97799 | | | BR | 0.00 | 0.00 |
| 97802 | | | | 51.21 | 47.02 |
| 97803 | | | | 44.35 | 40.16 |
| 97804 | | | NRC | 23.45 | 22.05 |
| 97810 | | | | 50.66 | 43.21 |
| 97811 | | | | 38.55 | 35.76 |
| 97813 | | | | 55.53 | 46.68 |
| 97814 | | | | 44.82 | 39.23 |
| 98925 | | | | 43.51 | 33.73 |
| 98926 | | | | 62.76 | 50.66 |
| 98927 | | | | 82.48 | 67.12 |
| 98928 | | | | 100.34 | 84.05 |
| 98929 | | | | 120.06 | 101.91 |
| 98940 | | | | 39.27 | 31.82 |
| 98941 | | | | 57.09 | 48.71 |
| 98942 | | | | 74.01 | 66.10 |
| 98943 | | | | 37.92 | 33.27 |
| 98960 | | | NRC | 35.94 | 35.94 |
| 98961 | | | NRC | 17.74 | 17.74 |
| 98962 | | | NRC | 13.08 | 13.08 |
| 98966 | | | NRC | 19.26 | 17.86 |
| 98967 | | | NRC | 37.62 | 35.76 |
| 98968 | | | NRC | 55.48 | 53.62 |
| 98970 | | | NRC | TBD | TBD |
| 98971 | | | NRC | TBD | TBD |
| 98972 | | | NRC | TBD | TBD |
| 99000 | | | NC | 0.00 | 0.00 |
| 99001 | | | NRC | 0.00 | 0.00 |
| 99002 | | | NRC | 0.00 | 0.00 |
| 99024 | | | NRC | 0.00 | 0.00 |
| 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 |
| 99091 | | | | 80.37 | 80.37 |
| 99100 | | | NRC | 0.00 | 0.00 |
| 99116 | | | NRC | 0.00 | 0.00 |
| 99135 | | | NRC | 0.00 | 0.00 |
| 99140 | | | NRC | 0.00 | 0.00 |
| 99151 | | | NRC | 101.03 | 35.85 |
| 99152 | | | | 68.18 | 17.44 |
| 99153 | | | | 14.01 | 14.01 |
| 99155 | | | NRC | 127.06 | 127.06 |
| 99156 | | | | 111.91 | 111.91 |
| 99157 | | | | 90.45 | 90.45 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 99170 | | | NRC | 216.44 | 122.86 |
| 99172 | | | | 10.25 | 10.25 |
| 99173 | | | | 3.77 | 3.77 |
| 99174 | | | NRC | 7.49 | 7.49 |
| 99175 | | | NRC | 34.03 | 34.03 |
| 99177 | | | NRC | 6.10 | 6.10 |
| 99183 | | | | 155.26 | 155.26 |
| 99184 | | | NRC | 315.00 | 315.00 |
| 99188 | | | NRC | 17.18 | 14.39 |
| 99190 | | | NRC | 0.00 | 0.00 |
| 99191 | | | NRC | 0.00 | 0.00 |
| 99192 | | | NRC | 0.00 | 0.00 |
| 99195 | | | | 133.42 | 133.42 |
| 99199 | | | BR | 0.00 | 0.00 |
| 99201 | | | | 62.30 | 37.63 |
| 99201 | 95 | | | 62.30 | 37.63 |
| 99202 | | | | 104.37 | 70.85 |
| 99202 | 95 | | | 104.37 | 70.85 |
| 99203 | | | | 148.61 | 106.70 |
| 99203 | 95 | | | 148.61 | 106.70 |
| 99204 | | | | 226.73 | 180.64 |
| 99204 | 95 | | | 226.73 | 180.64 |
| 99205 | | | | 285.52 | 235.71 |
| 99205 | 95 | | | 285.52 | 235.71 |
| 99211 | | | | 30.60 | 12.91 |
| 99212 | | | | 61.33 | 35.72 |
| 99212 | 95 | | | 61.33 | 35.72 |
| 99213 | | | | 101.70 | 71.44 |
| 99213 | 95 | | | 101.70 | 71.44 |
| 99214 | | | | 149.23 | 110.12 |
| 99214 | 95 | | | 149.23 | 110.12 |
| 99215 | | | | 200.44 | 155.28 |
| 99215 | 95 | | | 200.44 | 155.28 |
| 99217 | | | | NC | 101.70 |
| 99218 | | | | NC | 139.63 |
| 99219 | | | | NC | 190.11 |
| 99220 | | | | NC | 259.61 |
| 99221 | | | | NC | 142.09 |
| 99222 | | | | NC | 191.64 |
| 99223 | | | | NC | 282.89 |
| 99224 | | | | NC | 55.61 |
| 99225 | | | | NC | 102.21 |
| 99226 | | | | NC | 146.35 |
| 99231 | | | | NC | 55.15 |
| 99231 | 95 | | | NC | 55.15 |
| 99232 | | | | NC | 101.74 |
| 99232 | 95 | | | NC | 101.74 |
| 99233 | | | | NC | 145.46 |
| 99233 | 95 | | | NC | 145.46 |
| 99234 | | | | NC | 186.27 |
| 99235 | | | | NC | 236.75 |
| 99236 | | | | NC | 304.34 |
| 99238 | | | | NC | 101.70 |
| 99239 | | | | NC | 149.14 |
| 99241 | | | | 65.26 | 45.71 |
| 99241 | 95 | | | 65.26 | 45.71 |
| 99242 | | | | 123.33 | 95.86 |
| 99242 | 95 | | | 123.33 | 95.86 |
| 99243 | | | | 169.03 | 134.12 |
| 99243 | 95 | | | 169.03 | 134.12 |
| 99244 | | | | 253.76 | 215.58 |
| 99244 | 95 | | | 253.76 | 215.58 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 99245 | | | | 309.71 | 266.88 |
| 99245 | 95 | | | 309.71 | 266.88 |
| 99251 | | | | NC | 68.73 |
| 99251 | 95 | | | NC | 68.73 |
| 99252 | | | | NC | 104.96 |
| 99252 | 95 | | | NC | 104.96 |
| 99253 | | | | NC | 161.50 |
| 99253 | 95 | | | NC | 161.50 |
| 99254 | | | | NC | 234.50 |
| 99254 | 95 | | | NC | 234.50 |
| 99255 | | | | NC | 282.37 |
| 99255 | 95 | | | NC | 282.37 |
| 99281 | | | | NC | 30.01 |
| 99282 | | | | NC | 58.54 |
| 99283 | | | | NC | 87.66 |
| 99284 | | | | NC | 166.38 |
| 99285 | | | | NC | 245.24 |
| 99288 | | | | NC | 141.74 |
| 99291 | | | | 384.77 | 313.08 |
| 99292 | | | | 171.46 | 157.03 |
| 99304 | | | | 125.70 | 125.70 |
| 99305 | | | | 181.48 | 181.48 |
| 99306 | | | | 232.56 | 232.56 |
| 99307 | | | | 61.16 | 61.16 |
| 99307 | 95 | | | 61.16 | 61.16 |
| 99308 | | | | 95.56 | 95.56 |
| 99308 | 95 | | | 95.56 | 95.56 |
| 99309 | | | | 127.14 | 127.14 |
| 99309 | 95 | | | 127.14 | 127.14 |
| 99310 | | | | 188.46 | 188.46 |
| 99310 | 95 | | | 188.46 | 188.46 |
| 99315 | | | | 102.17 | 102.17 |
| 99316 | | | | 147.32 | 147.32 |
| 99318 | | | | 133.40 | 133.40 |
| 99324 | | | | 77.20 | NC |
| 99325 | | | | 112.07 | NC |
| 99326 | | | | 194.34 | NC |
| 99327 | | | | 260.49 | NC |
| 99328 | | | | 306.62 | NC |
| 99334 | | | | 83.97 | NC |
| 99335 | | | | 132.51 | NC |
| 99336 | | | | 188.97 | NC |
| 99337 | | | | 270.82 | NC |
| 99339 | | | | 106.61 | 106.61 |
| 99340 | | | | 150.07 | 150.07 |
| 99341 | | | | 77.20 | NC |
| 99342 | | | | 111.65 | NC |
| 99343 | | | | 182.33 | NC |
| 99344 | | | | 254.57 | NC |
| 99345 | | | | 309.46 | NC |
| 99347 | | | | 77.15 | NC |
| 99348 | | | | 117.40 | NC |
| 99349 | | | | 180.00 | NC |
| 99350 | | | | 249.96 | NC |
| 99354 | | | | 181.39 | 170.69 |
| 99354 | 95 | | | 181.39 | 170.69 |
| 99355 | | | | 138.35 | 129.04 |
| 99355 | 95 | | | 138.35 | 129.04 |
| 99356 | | | | NC | 128.74 |
| 99357 | | | | NC | 129.21 |
| 99358 | | | | 156.17 | 156.17 |
| 99359 | | | | 75.29 | 75.29 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 99360 | | | | NC | 85.91 |
| 99366 | | | | 60.01 | 59.08 |
| 99367 | | | | 79.44 | 79.44 |
| 99368 | | | | 51.63 | 51.63 |
| 99371 | | | | 19.72 | 19.72 |
| 99372 | | | | 37.62 | 37.62 |
| 99373 | | | | 55.48 | 55.48 |
| 99374 | | | | 96.20 | 79.44 |
| 99375 | | | | 144.61 | 124.13 |
| 99377 | | | | 96.20 | 79.44 |
| 99378 | | | | 144.61 | 124.13 |
| 99379 | | | | 96.20 | 79.44 |
| 99380 | | | | 144.61 | 124.13 |
| 99381 | | | NC | 0.00 | 0.00 |
| 99382 | | | NC | 0.00 | 0.00 |
| 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 | | | | 53.37 | 34.75 |
| 99402 | | | | 88.66 | 70.51 |
| 99403 | | | | 123.41 | 105.25 |
| 99404 | | | | 158.20 | 139.58 |
| 99406 | | | NRC | 20.65 | 17.40 |
| 99407 | | | NRC | 39.53 | 36.27 |
| 99408 | | | | 49.94 | 46.68 |
| 99409 | | | | 96.62 | 93.36 |
| 99411 | | | NRC | 26.28 | 10.92 |
| 99412 | | | NRC | 33.22 | 17.86 |
| 99415 | | | NRC | 13.08 | 13.08 |
| 99416 | | | NRC | 5.59 | 5.59 |
| 99421 | | | NRC | TBD | TBD |
| 99422 | | | NRC | TBD | TBD |
| 99423 | | | NRC | TBD | TBD |
| 99429 | | | NRC | 0.00 | 0.00 |
| 99441 | | | NC | 0.00 | 0.00 |
| 99442 | | | NC | 0.00 | 0.00 |
| 99443 | | | NC | 0.00 | 0.00 |
| 99446 | | | | 25.31 | 25.31 |
| 99447 | | | | 50.15 | 50.15 |
| 99448 | | | | 75.46 | 75.46 |
| 99449 | | | | 100.30 | 100.30 |
| 99450 | | | NC | 0.00 | 0.00 |
| 99451 | | | | 51.59 | 51.59 |
| 99452 | | | | 51.59 | 51.59 |
| 99453 | | | | 25.18 | 25.18 |
| 99454 | | | | 82.91 | 82.91 |
| 99455 | | | NC | 0.00 | 0.00 |
| 99456 | | | NC | 0.00 | 0.00 |
| 99457 | | | | 69.32 | 44.65 |
| 99458 | | | BR | TBD | TBD |
| 99460 | | | NC | 0.00 | 0.00 |
| 99461 | | | NC | 0.00 | 0.00 |
| 99462 | | | NC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 99463 | | | NC | 0.00 | 0.00 |
| 99464 | | | NC | 0.00 | 0.00 |
| 99465 | | | NC | 0.00 | 0.00 |
| 99466 | | | NC | 0.00 | 0.00 |
| 99467 | | | NC | 0.00 | 0.00 |
| 99468 | | | NC | 0.00 | 0.00 |
| 99469 | | | NC | 0.00 | 0.00 |
| 99471 | | | NC | 0.00 | 0.00 |
| 99472 | | | NC | 0.00 | 0.00 |
| 99473 | | | BR | TBD | TBD |
| 99474 | | | BR | TBD | TBD |
| 99475 | | | NC | 0.00 | 0.00 |
| 99476 | | | NC | 0.00 | 0.00 |
| 99477 | | | NC | 0.00 | 0.00 |
| 99478 | | | NC | 0.00 | 0.00 |
| 99479 | | | NC | 0.00 | 0.00 |
| 99480 | | | NC | 0.00 | 0.00 |
| 99483 | | | NRC | 356.36 | 252.54 |
| 99484 | | | | 65.60 | 45.12 |
| 99485 | | | NC | 0.00 | 0.00 |
| 99486 | | | NC | 0.00 | 0.00 |
| 99487 | | | | 124.60 | NC |
| 99489 | | | | 62.30 | NC |
| 99490 | | | | 57.22 | 44.65 |
| 99491 | | | | 114.99 | 114.99 |
| 99492 | | | | 217.16 | 124.51 |
| 99493 | | | | 174.03 | 112.58 |
| 99494 | | | | 90.27 | 60.48 |
| 99495 | | | | 224.56 | 154.26 |
| 99495 | 95 | | | 224.56 | 154.26 |
| 99496 | | | | 317.29 | 223.71 |
| 99496 | 95 | | | 317.29 | 223.71 |
| 99497 | | | | 118.50 | 110.59 |
| 99498 | | | | 104.53 | 104.07 |
| 99499 | | | BR | 0.00 | 0.00 |
| 0001U | | | NRC | 900.00 | 900.00 |
| 0002U | | | | 31.25 | 31.25 |
| 0003U | | | | 1187.50 | 1187.50 |
| 0005U | | | | 950.00 | 950.00 |
| 0006U | | | NRC | 308.65 | 308.65 |
| 0007U | | | NRC | 143.04 | 143.04 |
| 0008U | | | NRC | 747.39 | 747.39 |
| 0009U | | | | 133.75 | 133.75 |
| 0010U | | | NRC | 534.08 | 534.08 |
| 0011U | | | NRC | 143.04 | 143.04 |
| 0012U | | | NRC | 3144.50 | 3144.50 |
| 0013U | | | | 3144.50 | 3144.50 |
| 0014U | | | | 3144.50 | 3144.50 |
| 0016U | | | | 227.73 | 227.73 |
| 0017U | | | | 127.31 | 127.31 |
| 0018U | | | BR | 0.00 | 0.00 |
| 0019U | | | BR | 0.00 | 0.00 |
| 0021U | | | BR | 0.00 | 0.00 |
| 0022U | | | BR | 0.00 | 0.00 |
| 0023U | | | BR | 0.00 | 0.00 |
| 0024U | | | NRC | 43.83 | 43.83 |
| 0025U | | | NRC | 119.13 | 119.13 |
| 0026U | | | | 4500.00 | 4500.00 |
| 0027U | | | NRC | 188.15 | 188.15 |
| 0029U | | | BR | 0.00 | 0.00 |
| 0030U | | | BR | 0.00 | 0.00 |
| 0031U | | | | 218.51 | 218.51 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 0032U | | | | 218.51 | 218.51 |
| 0033U | | | NRC | 437.03 | 437.03 |
| 0034U | | | | 582.71 | 582.71 |
| 0035U | | | NRC | 0.00 | 0.00 |
| 0036U | | | | 5975.00 | 5975.00 |
| 0037U | | | | 4375.00 | 4375.00 |
| 0038U | | | NRC | 41.11 | 41.11 |
| 0039U | | | NRC | 19.09 | 19.09 |
| 0040U | | | | 569.31 | 569.31 |
| 0041U | | | NRC | 0.00 | 0.00 |
| 0042U | | | NRC | 0.00 | 0.00 |
| 0043U | | | NRC | 0.00 | 0.00 |
| 0044U | | | NRC | 0.00 | 0.00 |
| 0045U | | | | 4841.25 | 4841.25 |
| 0046U | | | | 206.89 | 206.89 |
| 0047U | | | | 4841.25 | 4841.25 |
| 0048U | | | BR | 0.00 | 0.00 |
| 0049U | | | | 308.15 | 308.15 |
| 0050U | | | BR | 0.00 | 0.00 |
| 0051U | | | | 257.04 | 257.04 |
| 0052U | | | NRC | 42.33 | 42.33 |
| 0053U | | | BR | 0.00 | 0.00 |
| 0054U | | | | 206.90 | 206.90 |
| 0055U | | | NRC | 0.00 | 0.00 |
| 0056U | | | BR | 0.00 | 0.00 |
| 0058U | | | | 448.56 | 448.56 |
| 0059U | | | | 448.56 | 448.56 |
| 0060U | | | NRC | 948.81 | 948.81 |
| 0061U | | | | 34.81 | 34.81 |
| 0062U | | | NRC | TBD | TBD |
| 0063U | | | NRC | TBD | TBD |
| 0064U | | | NRC | TBD | TBD |
| 0065U | | | NRC | TBD | TBD |
| 0066U | | | NRC | TBD | TBD |
| 0067U | | | BR | TBD | TBD |
| 0068U | | | NRC | TBD | TBD |
| 0069U | | | BR | TBD | TBD |
| 0070U | | | NRC | TBD | TBD |
| 0071U | | | NRC | TBD | TBD |
| 0072U | | | NRC | TBD | TBD |
| 0073U | | | NRC | TBD | TBD |
| 0074U | | | NRC | TBD | TBD |
| 0075U | | | NRC | TBD | TBD |
| 0076U | | | NRC | TBD | TBD |
| 0077U | | | BR | TBD | TBD |
| 0078U | | | BR | TBD | TBD |
| 0079U | | | NRC | TBD | TBD |
| 0080U | | | BR | TBD | TBD |
| 0083U | | | BR | TBD | TBD |
| 0084U | | | BR | TBD | TBD |
| 0086U | | | BR | TBD | TBD |
| 0087U | | | NRC | TBD | TBD |
| 0088U | | | NRC | TBD | TBD |
| 0089U | | | BR | TBD | TBD |
| 0090U | | | BR | TBD | TBD |
| 0091U | | | BR | TBD | TBD |
| 0092U | | | BR | TBD | TBD |
| 0093U | | | NRC | TBD | TBD |
| 0094U | | | NRC | TBD | TBD |
| 0095U | | | NRC | TBD | TBD |
| 0096U | | | NRC | TBD | TBD |
| 0097U | | | NRC | TBD | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 0098U | | | NRC | TBD | TBD |
| 0099U | | | NRC | TBD | TBD |
| 0100U | | | NRC | TBD | TBD |
| 0101U | | | BR | TBD | TBD |
| 0102U | | | BR | TBD | TBD |
| 0103U | | | BR | TBD | TBD |
| 0105U | | | NRC | TBD | TBD |
| 0106U | | | NRC | TBD | TBD |
| 0107U | | | NRC | TBD | TBD |
| 0108U | | | BR | TBD | TBD |
| 0109U | | | NRC | TBD | TBD |
| 0110U | | | BR | TBD | TBD |
| 0111U | | | BR | TBD | TBD |
| 0112U | | | NRC | TBD | TBD |
| 0113U | | | BR | TBD | TBD |
| 0114U | | | BR | TBD | TBD |
| 0115U | | | NRC | TBD | TBD |
| 0116U | | | NRC | TBD | TBD |
| 0117U | | | NRC | TBD | TBD |
| 0118U | | | BR | TBD | TBD |
| 0119U | | | NRC | TBD | TBD |
| 0120U | | | BR | TBD | TBD |
| 0121U | | | NRC | TBD | TBD |
| 0122U | | | NRC | TBD | TBD |
| 0123U | | | NRC | TBD | TBD |
| 0124U | | | NRC | TBD | TBD |
| 0125U | | | NRC | TBD | TBD |
| 0126U | | | NRC | TBD | TBD |
| 0127U | | | NRC | TBD | TBD |
| 0128U | | | NRC | TBD | TBD |
| 0129U | | | BR | TBD | TBD |
| 0130U | | | BR | TBD | TBD |
| 0131U | | | BR | TBD | TBD |
| 0132U | | | BR | TBD | TBD |
| 0133U | | | BR | TBD | TBD |
| 0134U | | | BR | TBD | TBD |
| 0135U | | | BR | TBD | TBD |
| 0136U | | | NRC | TBD | TBD |
| 0137U | | | BR | TBD | TBD |
| 0138U | | | BR | TBD | TBD |
| 0139U | | | BR | TBD | TBD |
| 0140U | | | BR | TBD | TBD |
| 0141U | | | BR | TBD | TBD |
| 0142U | | | BR | TBD | TBD |
| 0151U | | | BR | TBD | TBD |
| 0152U | | | BR | TBD | TBD |
| 0153U | | | BR | TBD | TBD |
| 0154U | | | BR | TBD | TBD |
| 0155U | | | BR | TBD | TBD |
| 0156U | | | BR | TBD | TBD |
| 0157U | | | BR | TBD | TBD |
| 0158U | | | BR | TBD | TBD |
| 0159U | | | BR | TBD | TBD |
| 0160U | | | BR | TBD | TBD |
| 0161U | | | BR | TBD | TBD |
| 0162U | | | BR | TBD | TBD |
| A0021 | | | NC | 0.00 | 0.00 |
| A0080 | | | NC | 0.00 | 0.00 |
| A0090 | | | NC | 0.00 | 0.00 |
| A0100 | | | NRC | 2.50 | 2.50 |
| A0110 | | | NRC | 0.00 | 0.00 |
| A0120 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 |
| A0382 | | | NRC | 0.00 | 0.00 |
| A0384 | | | NRC | 0.00 | 0.00 |
| 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 | | | | 13.72 | 13.72 |
| A0426 | | | | 393.78 | 393.78 |
| A0427 | | | | 623.48 | 623.48 |
| A0428 | | | | 328.15 | 328.15 |
| A0429 | | | | 525.04 | 525.04 |
| A0430 | | | | 5382.64 | 5382.64 |
| A0431 | | | | 6258.13 | 6258.13 |
| A0432 | | | NRC | 468.40 | 468.40 |
| A0433 | | | | 902.41 | 902.41 |
| A0434 | | | | 1066.49 | 1066.49 |
| A0435 | | | | 15.93 | 15.93 |
| A0436 | | | | 42.52 | 42.52 |
| 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 | | | | 0.52 | 0.52 |
| A4217 | | | | 4.33 | 4.33 |
| A4218 | | | NRC | 0.00 | 0.00 |
| A4220 | | | | 25.00 | 25.00 |
| A4221 | | | | 27.80 | 27.80 |
| A4222 | | | | 54.12 | 54.12 |
| A4223 | | | NRC | 0.00 | 0.00 |
| A4224 | | | NRC | 27.80 | 27.80 |
| A4225 | | | NRC | 3.43 | 3.43 |
| A4226 | | | NRC | TBD | TBD |
| A4230 | | | NRC | 0.00 | 0.00 |
| A4231 | | | NRC | 0.00 | 0.00 |
| A4232 | | | NRC | 0.00 | 0.00 |
| A4233 | NU | | | 0.61 | 0.61 |
| A4234 | NU | | | 2.83 | 2.83 |
| A4235 | NU | | | 1.20 | 1.20 |
| A4236 | NU | | | 1.39 | 1.39 |
| A4244 | | | | 2.50 | 2.50 |
| A4245 | | | | 3.88 | 3.88 |
| A4246 | | | | 5.00 | 5.00 |
| A4247 | | | | 4.36 | 4.36 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A4248 | | | NRC | 0.00 | 0.00 |
| A4250 | | | NRC | 0.00 | 0.00 |
| A4252 | | | NRC | 0.00 | 0.00 |
| A4253 | NU | | | 9.98 | 9.98 |
| A4255 | | | NRC | 5.40 | 5.40 |
| A4256 | | | | 4.06 | 4.06 |
| A4257 | | | NRC | 17.63 | 17.63 |
| A4258 | | | | 2.54 | 2.54 |
| A4259 | | | | 1.70 | 1.70 |
| A4261 | | | NRC | 0.00 | 0.00 |
| A4262 | | | NRC | 0.00 | 0.00 |
| A4263 | | | NRC | 82.99 | 82.99 |
| A4265 | | | NRC | 4.70 | 4.70 |
| A4270 | | | NRC | 0.00 | 0.00 |
| A4280 | | | NRC | 7.36 | 7.36 |
| 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 | | | | 10.67 | 10.67 |
| A4311 | | | | 20.47 | 20.47 |
| A4312 | | | | 24.92 | 24.92 |
| A4313 | | | | 25.60 | 25.60 |
| A4314 | | | | 34.93 | 34.93 |
| A4315 | | | | 36.44 | 36.44 |
| A4316 | | | | 39.24 | 39.24 |
| A4320 | | | | 6.58 | 6.58 |
| A4321 | | | NRC | 0.00 | 0.00 |
| A4322 | | | | 4.02 | 4.02 |
| A4326 | | | | 14.33 | 14.33 |
| A4327 | | | NRC | 58.39 | 58.39 |
| A4328 | | | NRC | 13.09 | 13.09 |
| A4330 | | | | 8.41 | 8.41 |
| A4331 | | | | 4.39 | 4.39 |
| A4332 | | | NRC | 0.16 | 0.16 |
| A4333 | | | | 3.06 | 3.06 |
| A4334 | | | | 6.80 | 6.80 |
| A4335 | | | BR | 0.00 | 0.00 |
| A4336 | | | | 1.99 | 1.99 |
| A4337 | | | BR | 0.00 | 0.00 |
| A4338 | | | | 16.94 | 16.94 |
| A4340 | | | | 37.30 | 37.30 |
| A4344 | | | | 22.12 | 22.12 |
| A4346 | | | | 27.06 | 27.06 |
| A4349 | | | | 2.78 | 2.78 |
| A4351 | | | | 2.35 | 2.35 |
| A4352 | | | | 7.55 | 7.55 |
| A4353 | | | | 9.66 | 9.66 |
| A4354 | | | | 16.31 | 16.31 |
| A4355 | | | | 12.32 | 12.32 |
| A4356 | | | | 63.04 | 63.04 |
| A4357 | | | | 13.42 | 13.42 |
| A4358 | | | | 9.16 | 9.16 |
| A4360 | | | | 0.67 | 0.67 |
| A4361 | | | | 25.38 | 25.38 |
| A4362 | | | | 4.69 | 4.69 |
| A4363 | | | | 3.28 | 3.28 |
| A4364 | | | | 3.46 | 3.46 |
| A4366 | | | | 1.79 | 1.79 |
| A4367 | | | | 10.16 | 10.16 |
| A4368 | | | | 0.35 | 0.35 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A4369 | | | | 3.35 | 3.35 |
| A4371 | | | | 5.03 | 5.03 |
| A4372 | | | | 5.80 | 5.80 |
| A4373 | | | | 8.66 | 8.66 |
| A4375 | | | | 23.72 | 23.72 |
| A4376 | | | | 65.75 | 65.75 |
| A4377 | | | | 5.93 | 5.93 |
| A4378 | | | | 42.48 | 42.48 |
| A4379 | | | | 20.75 | 20.75 |
| A4380 | | | | 51.58 | 51.58 |
| A4381 | | | | 6.40 | 6.40 |
| A4382 | | | | 34.01 | 34.01 |
| A4383 | | | | 38.95 | 38.95 |
| A4384 | | | | 13.28 | 13.28 |
| A4385 | | | | 7.04 | 7.04 |
| A4387 | | | | 3.11 | 3.11 |
| A4388 | | | | 6.02 | 6.02 |
| A4389 | | | | 8.59 | 8.59 |
| A4390 | | | | 13.27 | 13.27 |
| A4391 | | | | 9.77 | 9.77 |
| A4392 | | | | 11.29 | 11.29 |
| A4393 | | | | 12.49 | 12.49 |
| A4394 | | | | 3.58 | 3.58 |
| A4395 | | | | 0.06 | 0.06 |
| A4396 | | | | 55.93 | 55.93 |
| A4397 | | | | 6.61 | 6.61 |
| A4398 | | | | 19.10 | 19.10 |
| A4399 | | | | 14.40 | 14.40 |
| A4400 | | | | 67.52 | 67.52 |
| A4402 | | | | 2.21 | 2.21 |
| A4404 | | | | 2.14 | 2.14 |
| A4405 | | | | 4.72 | 4.72 |
| A4406 | | | | 7.91 | 7.91 |
| A4407 | | | | 12.11 | 12.11 |
| A4408 | | | | 13.64 | 13.64 |
| A4409 | | | | 8.59 | 8.59 |
| A4410 | | | | 12.49 | 12.49 |
| A4411 | | | | 7.04 | 7.04 |
| A4412 | | | | 3.73 | 3.73 |
| A4413 | | | | 7.61 | 7.61 |
| A4414 | | | | 6.80 | 6.80 |
| A4415 | | | | 8.28 | 8.28 |
| A4416 | | | | 3.80 | 3.80 |
| A4417 | | | | 5.15 | 5.15 |
| A4418 | | | | 2.51 | 2.51 |
| A4419 | | | | 2.39 | 2.39 |
| A4420 | | | | 5.00 | 5.00 |
| A4421 | | | BR | 0.00 | 0.00 |
| A4422 | | | | 0.16 | 0.16 |
| A4423 | | | | 2.57 | 2.57 |
| A4424 | | | | 6.58 | 6.58 |
| A4425 | | | | 4.94 | 4.94 |
| A4426 | | | | 3.77 | 3.77 |
| A4427 | | | | 3.84 | 3.84 |
| A4428 | | | | 9.00 | 9.00 |
| A4429 | | | | 11.39 | 11.39 |
| A4430 | | | | 11.76 | 11.76 |
| A4431 | | | | 8.59 | 8.59 |
| A4432 | | | | 4.96 | 4.96 |
| A4433 | | | | 4.63 | 4.63 |
| A4434 | | | | 5.20 | 5.20 |
| A4435 | | | | 7.97 | 7.97 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A4450 | | | | 0.11 | 0.11 |
| A4452 | | | | 0.49 | 0.49 |
| A4455 | | | | 1.98 | 1.98 |
| A4456 | | | | 0.34 | 0.34 |
| A4458 | | | | 11.99 | 11.99 |
| A4459 | | | BR | 0.00 | 0.00 |
| A4461 | | | | 4.56 | 4.56 |
| A4463 | | | | 18.38 | 18.38 |
| A4465 | | | | 5.00 | 5.00 |
| A4467 | | | BR | 0.00 | 0.00 |
| A4470 | | | NRC | 0.00 | 0.00 |
| A4480 | | | NRC | 0.00 | 0.00 |
| A4481 | | | | 0.50 | 0.50 |
| 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 |
| A4553 | | | | 3.68 | 3.68 |
| A4554 | | | | 0.35 | 0.35 |
| A4555 | | | BR | 0.00 | 0.00 |
| A4556 | | | NRC | 16.78 | 16.78 |
| A4557 | | | | 21.17 | 21.17 |
| A4558 | | | NRC | 7.54 | 7.54 |
| A4559 | | | NRC | 0.13 | 0.13 |
| A4561 | | | NRC | 28.32 | 28.32 |
| A4562 | | | NRC | 70.36 | 70.36 |
| A4563 | | | | 153.28 | 153.28 |
| A4565 | | | | 10.63 | 10.63 |
| 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 | | | | 13.24 | 13.24 |
| A4600 | | | BR | 0.00 | 0.00 |
| A4601 | | | BR | 0.00 | 0.00 |
| A4602 | | | | 5.15 | 5.15 |
| A4604 | NU | | | 65.76 | 65.76 |
| A4605 | NU | | | 22.66 | 22.66 |
| A4606 | | | BR | 0.00 | 0.00 |
| A4608 | | | | 69.25 | 69.25 |
| 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 | | | | 32.86 | 32.86 |
| A4615 | | | | 1.01 | 1.01 |
| A4616 | | | | 0.08 | 0.08 |
| A4617 | | | | 4.28 | 4.28 |
| A4618 | NU | | | 10.44 | 10.44 |
| A4618 | RR | | | 1.21 | 1.21 |
| A4619 | NU | | | 2.48 | 2.48 |
| A4620 | | | | 0.88 | 0.88 |
| A4623 | | | | 7.69 | 7.69 |
| A4624 | NU | | | 3.64 | 3.64 |
| A4625 | | | | 9.56 | 9.56 |
| A4626 | | | | 4.40 | 4.40 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A4627 | | | | 27.49 | 27.49 |
| A4628 | NU | | NRC | 5.17 | 5.17 |
| A4629 | | | | 6.42 | 6.42 |
| A4630 | NU | | NRC | 7.33 | 7.33 |
| A4633 | NU | | NRC | 56.69 | 56.69 |
| A4634 | | | NRC | 0.00 | 0.00 |
| A4635 | NU | | | 6.07 | 6.07 |
| A4635 | RR | | | 0.83 | 0.83 |
| A4636 | NU | | | 4.00 | 4.00 |
| A4636 | RR | | | 0.41 | 0.41 |
| A4637 | NU | | | 2.30 | 2.30 |
| A4637 | RR | | | 0.28 | 0.28 |
| A4638 | NU | | NRC | 0.00 | 0.00 |
| A4638 | RR | | NRC | 0.00 | 0.00 |
| A4639 | NU | | | 396.80 | 396.80 |
| A4639 | RR | | | 39.68 | 39.68 |
| A4640 | NU | | NRC | 71.39 | 71.39 |
| 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 |
| 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 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | | | | 2.86 | 2.86 |
| A5052 | | | | 2.05 | 2.05 |
| A5053 | | | | 2.39 | 2.39 |
| A5054 | | | | 2.48 | 2.48 |
| A5055 | | | | 1.82 | 1.82 |
| A5056 | | | | 6.46 | 6.46 |
| A5057 | | | | 13.27 | 13.27 |
| A5061 | | | | 4.87 | 4.87 |
| A5062 | | | | 2.88 | 2.88 |
| A5063 | | | | 3.73 | 3.73 |
| A5071 | | | | 8.30 | 8.30 |
| A5072 | | | | 4.87 | 4.87 |
| A5073 | | | | 4.32 | 4.32 |
| A5081 | | | | 4.58 | 4.58 |
| A5082 | | | | 16.44 | 16.44 |
| A5083 | | | | 0.89 | 0.89 |
| A5093 | | | | 2.29 | 2.29 |
| A5102 | | | | 30.96 | 30.96 |
| A5105 | | | | 56.34 | 56.34 |
| A5112 | | | | 43.54 | 43.54 |
| A5113 | | | | 5.54 | 5.54 |
| A5114 | | | | 10.51 | 10.51 |
| A5120 | | | | 0.30 | 0.30 |
| A5121 | | | | 9.86 | 9.86 |
| A5122 | | | | 17.75 | 17.75 |
| A5126 | | | | 1.54 | 1.54 |
| A5131 | | | | 18.61 | 18.61 |
| A5200 | | | | 15.60 | 15.60 |
| A5500 | | | NRC | 87.85 | 87.85 |
| A5501 | | | NRC | 263.51 | 263.51 |
| A5503 | | | NRC | 43.49 | 43.49 |
| A5504 | | | NRC | 43.49 | 43.49 |
| A5505 | | | NRC | 43.49 | 43.49 |
| A5506 | | | NRC | 43.49 | 43.49 |
| A5507 | | | NRC | 43.49 | 43.49 |
| A5508 | | | NRC | 0.00 | 0.00 |
| A5510 | | | NRC | 0.00 | 0.00 |
| A5512 | | | NRC | 35.83 | 35.83 |
| A5513 | | | NRC | 53.47 | 53.47 |
| A5514 | | | NRC | 53.47 | 53.47 |
| A6000 | | | NRC | 0.00 | 0.00 |
| A6010 | | | | 42.79 | 42.79 |
| A6011 | | | | 3.16 | 3.16 |
| A6021 | | | | 29.04 | 29.04 |
| A6022 | | | | 29.04 | 29.04 |
| A6023 | | | | 262.94 | 262.94 |
| A6024 | | | | 8.56 | 8.56 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A6025 | | | | 69.50 | 69.50 |
| A6154 | | | | 19.26 | 19.26 |
| A6196 | | | | 10.16 | 10.16 |
| A6197 | | | | 22.72 | 22.72 |
| A6198 | | | | 5.51 | 5.51 |
| A6199 | | | | 7.31 | 7.31 |
| A6203 | | | | 4.66 | 4.66 |
| A6204 | | | | 8.60 | 8.60 |
| A6205 | | | | 14.96 | 14.96 |
| A6206 | | | | 3.69 | 3.69 |
| A6207 | | | | 10.14 | 10.14 |
| A6208 | | | | 17.62 | 17.62 |
| A6209 | | | | 10.32 | 10.32 |
| A6210 | | | | 27.53 | 27.53 |
| A6211 | | | | 40.58 | 40.58 |
| A6212 | | | | 13.42 | 13.42 |
| A6213 | | | | 16.32 | 16.32 |
| A6214 | | | | 14.22 | 14.22 |
| A6215 | | | | 2.61 | 2.61 |
| A6216 | | | | 0.06 | 0.06 |
| A6217 | | | | 0.76 | 0.76 |
| A6218 | | | | 1.00 | 1.00 |
| A6219 | | | | 1.32 | 1.32 |
| A6220 | | | | 3.58 | 3.58 |
| A6221 | | | | 5.17 | 5.17 |
| A6222 | | | | 2.95 | 2.95 |
| A6223 | | | | 3.35 | 3.35 |
| A6224 | | | | 4.98 | 4.98 |
| A6228 | | | | 4.08 | 4.08 |
| A6229 | | | | 4.98 | 4.98 |
| A6230 | | | | 2.20 | 2.20 |
| A6231 | | | | 6.46 | 6.46 |
| A6232 | | | | 9.48 | 9.48 |
| A6233 | | | | 26.50 | 26.50 |
| A6234 | | | | 9.04 | 9.04 |
| A6235 | | | | 23.24 | 23.24 |
| A6236 | | | | 37.66 | 37.66 |
| A6237 | | | | 10.93 | 10.93 |
| A6238 | | | | 31.50 | 31.50 |
| A6239 | | | | 13.69 | 13.69 |
| A6240 | | | | 16.92 | 16.92 |
| A6241 | | | | 3.55 | 3.55 |
| A6242 | | | | 8.38 | 8.38 |
| A6243 | | | | 17.03 | 17.03 |
| A6244 | | | | 54.28 | 54.28 |
| A6245 | | | | 10.04 | 10.04 |
| A6246 | | | | 13.73 | 13.73 |
| A6247 | | | | 32.86 | 32.86 |
| A6248 | | | | 22.45 | 22.45 |
| A6250 | | | | 12.00 | 12.00 |
| A6251 | | | | 2.75 | 2.75 |
| A6252 | | | | 4.50 | 4.50 |
| A6253 | | | | 8.75 | 8.75 |
| A6254 | | | | 1.66 | 1.66 |
| A6255 | | | | 4.20 | 4.20 |
| A6256 | | | | 9.85 | 9.85 |
| A6257 | | | | 2.12 | 2.12 |
| A6258 | | | | 5.95 | 5.95 |
| A6259 | | | | 15.11 | 15.11 |
| A6260 | | | | 20.00 | 20.00 |
| A6261 | | | NRC | 0.00 | 0.00 |
| A6262 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A6266 | | | | 2.65 | 2.65 |
| A6402 | | | | 0.16 | 0.16 |
| A6403 | | | | 0.59 | 0.59 |
| A6404 | | | | 2.36 | 2.36 |
| A6407 | | | | 2.59 | 2.59 |
| A6410 | | | | 0.53 | 0.53 |
| A6411 | | | NRC | 0.00 | 0.00 |
| A6412 | | | | 10.00 | 10.00 |
| A6413 | | | NRC | 0.00 | 0.00 |
| A6441 | | | | 0.95 | 0.95 |
| A6442 | | | | 0.22 | 0.22 |
| A6443 | | | | 0.38 | 0.38 |
| A6444 | | | | 0.77 | 0.77 |
| A6445 | | | | 0.44 | 0.44 |
| A6446 | | | | 0.55 | 0.55 |
| A6447 | | | | 0.95 | 0.95 |
| A6448 | | | | 1.60 | 1.60 |
| A6449 | | | | 2.42 | 2.42 |
| A6450 | | | | 2.42 | 2.42 |
| A6451 | | | | 2.42 | 2.42 |
| A6452 | | | | 8.16 | 8.16 |
| A6453 | | | | 0.86 | 0.86 |
| A6454 | | | | 1.08 | 1.08 |
| A6455 | | | | 1.93 | 1.93 |
| A6456 | | | | 1.75 | 1.75 |
| A6457 | | | | 1.57 | 1.57 |
| A6460 | | | BR | 0.00 | 0.00 |
| A6461 | | | BR | 0.00 | 0.00 |
| 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 | | | | 59.77 | 59.77 |
| A6532 | | | | 84.23 | 84.23 |
| A6533 | | | | 30.99 | 30.99 |
| 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 | | | | 117.70 | 117.70 |
| A6549 | | | NRC | 0.00 | 0.00 |
| A6550 | | | | 32.59 | 32.59 |
| A7000 | NU | | | 10.73 | 10.73 |
| A7001 | NU | | | 45.71 | 45.71 |
| A7002 | NU | | | 5.29 | 5.29 |
| A7003 | NU | | | 2.59 | 2.59 |
| A7004 | NU | | | 2.06 | 2.06 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A7005 | NU | | | 28.94 | 28.94 |
| A7006 | NU | | | 11.24 | 11.24 |
| A7007 | NU | | | 5.24 | 5.24 |
| A7008 | NU | | | 15.19 | 15.19 |
| A7009 | NU | | | 58.09 | 58.09 |
| A7010 | NU | | | 26.21 | 26.21 |
| A7012 | NU | | | 4.03 | 4.03 |
| A7013 | NU | | | 0.94 | 0.94 |
| A7014 | NU | | | 5.20 | 5.20 |
| A7015 | NU | | | 1.94 | 1.94 |
| A7016 | NU | | | 10.02 | 10.02 |
| A7017 | NU | | | 167.53 | 167.53 |
| A7017 | RR | | | 16.76 | 16.76 |
| A7018 | | | | 0.47 | 0.47 |
| A7020 | NU | | | 20.00 | 20.00 |
| A7020 | RR | | BR | 0.00 | 0.00 |
| A7025 | NU | | NRC | 601.10 | 601.10 |
| A7025 | RR | | | 60.11 | 60.11 |
| A7026 | NU | | NRC | 39.71 | 39.71 |
| A7027 | NU | | NRC | 206.81 | 206.81 |
| A7028 | NU | | NRC | 56.10 | 56.10 |
| A7029 | NU | | NRC | 24.00 | 24.00 |
| A7030 | NU | | | 170.44 | 170.44 |
| A7031 | NU | | | 63.64 | 63.64 |
| A7032 | NU | | | 36.48 | 36.48 |
| A7033 | NU | | | 27.04 | 27.04 |
| A7034 | NU | | | 106.39 | 106.39 |
| A7035 | NU | | | 35.69 | 35.69 |
| A7036 | NU | | | 16.09 | 16.09 |
| A7037 | NU | | | 32.14 | 32.14 |
| A7038 | NU | | | 4.10 | 4.10 |
| A7039 | NU | | | 12.29 | 12.29 |
| A7040 | | | | 55.88 | 55.88 |
| A7041 | | | | 105.02 | 105.02 |
| A7044 | NU | | | 126.05 | 126.05 |
| A7045 | NU | | | 19.45 | 19.45 |
| A7045 | RR | | | 1.94 | 1.94 |
| A7046 | NU | | | 20.29 | 20.29 |
| A7047 | NU | | NRC | 167.05 | 167.05 |
| A7048 | | | | 58.49 | 58.49 |
| A7501 | | | | 145.10 | 145.10 |
| A7502 | | | | 68.98 | 68.98 |
| A7503 | | | | 15.67 | 15.67 |
| A7504 | | | | 0.95 | 0.95 |
| A7505 | | | | 6.48 | 6.48 |
| A7506 | | | | 0.46 | 0.46 |
| A7507 | | | | 3.43 | 3.43 |
| A7508 | | | | 3.96 | 3.96 |
| A7509 | | | | 1.96 | 1.96 |
| A7520 | | | | 65.60 | 65.60 |
| A7521 | | | | 64.99 | 64.99 |
| A7522 | | | | 62.40 | 62.40 |
| A7523 | | | | 13.00 | 13.00 |
| A7524 | | | | 106.96 | 106.96 |
| A7525 | | | | 2.86 | 2.86 |
| A7526 | | | | 4.68 | 4.68 |
| A7527 | | | | 4.94 | 4.94 |
| A8000 | NU | | | 211.90 | 211.90 |
| A8000 | RR | | | 21.19 | 21.19 |
| A8001 | NU | | | 211.90 | 211.90 |
| A8001 | RR | | | 21.19 | 21.19 |
| A8002 | NU | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 |
| 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 | | | 23.60 | 23.60 |
| A9285 | | | | 80.40 | 80.40 |
| A9286 | | | BR | 0.00 | 0.00 |
| A9300 | | | | 22.00 | 22.00 |
| A9500 | | | | 150.01 | 150.01 |
| A9501 | | | NRC | 0.00 | 0.00 |
| A9502 | | | | 142.12 | 142.12 |
| A9503 | | | | 23.31 | 23.31 |
| A9504 | | | | 585.51 | 585.51 |
| A9505 | | | | 41.56 | 41.56 |
| A9507 | | | | 4398.99 | 4398.99 |
| A9508 | | | | 1038.62 | 1038.62 |
| A9509 | | | NRC | 0.00 | 0.00 |
| A9510 | | | | 49.18 | 49.18 |
| A9512 | | | | 1.24 | 1.24 |
| A9513 | | | BR | 0.00 | 0.00 |
| A9515 | | | NRC | 0.00 | 0.00 |
| A9516 | | | | 109.17 | 109.17 |
| A9517 | | | | 248.84 | 248.84 |
| A9520 | | | BR | 0.00 | 0.00 |
| A9521 | | | | 808.53 | 808.53 |
| 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 | | | | 77.74 | 77.74 |
| A9538 | | | | 28.09 | 28.09 |
| A9539 | | | | 16.86 | 16.86 |
| A9540 | | | | 25.28 | 25.28 |
| A9541 | | | | 70.27 | 70.27 |
| A9542 | | | NRC | 0.00 | 0.00 |
| A9543 | | | NRC | 0.00 | 0.00 |
| A9546 | | | NRC | 0.00 | 0.00 |
| A9547 | | | | 345.57 | 345.57 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| A9548 | | | | 394.92 | 394.92 |
| 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 | | | | 39.49 | 39.49 |
| A9557 | | | NRC | 0.00 | 0.00 |
| A9558 | | | | 48.02 | 48.02 |
| A9559 | | | NRC | 0.00 | 0.00 |
| A9560 | | | | 131.25 | 131.25 |
| A9561 | | | | 61.82 | 61.82 |
| 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 | 0.25 | 0.25 |
| A9576 | | | | 1.73 | 1.73 |
| A9577 | | | | 2.38 | 2.38 |
| A9578 | | | | 2.35 | 2.35 |
| A9579 | | | | 1.95 | 1.95 |
| A9580 | | | BR | 0.00 | 0.00 |
| A9581 | | | NRC | 17.75 | 17.75 |
| A9582 | | | NRC | 0.00 | 0.00 |
| A9583 | | | | 22.27 | 22.27 |
| A9584 | | | BR | 0.00 | 0.00 |
| A9585 | | | NRC | 0.46 | 0.46 |
| A9586 | | | BR | 0.00 | 0.00 |
| A9587 | | | BR | 0.00 | 0.00 |
| A9588 | | | NRC | 0.00 | 0.00 |
| A9589 | | | | 1367.40 | 1367.40 |
| A9590 | | | BR | TBD | TBD |
| A9597 | | | NRC | 0.00 | 0.00 |
| A9598 | | | BR | 0.00 | 0.00 |
| A9600 | | | NRC | 0.00 | 0.00 |
| A9604 | | | BR | 0.00 | 0.00 |
| A9606 | | | NRC | 160.48 | 160.48 |
| 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 |
| A9999 | | | BR | 0.00 | 0.00 |
| B4034 | | | | 5.90 | 5.90 |
| B4035 | | | | 10.91 | 10.91 |
| B4036 | | | | 7.85 | 7.85 |
| B4081 | | | | 23.88 | 23.88 |
| B4082 | | | | 17.47 | 17.47 |
| B4083 | | | | 2.65 | 2.65 |
| B4087 | | | | 40.39 | 40.39 |
| B4088 | | | | 43.39 | 43.39 |
| B4100 | | | NRC | 0.00 | 0.00 |
| B4102 | | | NRC | 0.00 | 0.00 |
| B4103 | | | NRC | 0.00 | 0.00 |
| B4104 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| B4105 | | | BR | 0.00 | 0.00 |
| B4149 | | | NRC | 1.67 | 1.67 |
| B4150 | | | | 0.68 | 0.68 |
| B4152 | | | | 0.56 | 0.56 |
| B4153 | | | | 2.00 | 2.00 |
| B4154 | | | | 1.21 | 1.21 |
| B4155 | | | | 1.08 | 1.08 |
| 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 | 24.38 | 24.38 |
| B4168 | | | NRC | 35.56 | 35.56 |
| B4172 | | | NRC | 0.00 | 0.00 |
| B4176 | | | NRC | 68.78 | 68.78 |
| B4178 | | | NRC | 82.55 | 82.55 |
| B4180 | | | NRC | 35.00 | 35.00 |
| B4185 | | | NRC | 16.12 | 16.12 |
| B4187 | | | NRC | TBD | TBD |
| B4189 | | | NRC | 255.04 | 255.04 |
| B4193 | | | NRC | 329.53 | 329.53 |
| B4197 | | | NRC | 401.21 | 401.21 |
| B4199 | | | NRC | 458.44 | 458.44 |
| B4216 | | | NRC | 11.08 | 11.08 |
| B4220 | | | NRC | 11.48 | 11.48 |
| B4222 | | | NRC | 14.17 | 14.17 |
| B4224 | | | NRC | 35.87 | 35.87 |
| B5000 | | | NRC | 17.06 | 17.06 |
| B5100 | | | NRC | 6.66 | 6.66 |
| B5200 | | | NRC | 0.00 | 0.00 |
| B9002 | NU | | | 1188.55 | 1188.55 |
| B9002 | RR | | | 116.39 | 116.39 |
| B9004 | NU | | NRC | 3620.10 | 3620.10 |
| B9004 | RR | | | 573.07 | 573.07 |
| B9006 | NU | | NRC | 3620.10 | 3620.10 |
| B9006 | RR | | NRC | 573.07 | 573.07 |
| B9998 | | | NRC | 0.00 | 0.00 |
| B9999 | | | NRC | 0.00 | 0.00 |
| 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 |
| D0171 | | | | 47.10 | 47.10 |
| D0180 | | | | 71.74 | 71.74 |
| D0190 | | | | 37.00 | 37.00 |
| D0191 | | | | 35.00 | 35.00 |
| D0210 | | | | 119.38 | 119.38 |
| D0220 | | | | 25.00 | 25.00 |
| D0230 | | | | 20.00 | 20.00 |
| D0240 | | | | 29.41 | 29.41 |
| D0250 | | | | 27.06 | 27.06 |
| D0251 | | | | 27.06 | 27.06 |
| 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 |
| D0310 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D0320 | | | | 188.23 | 188.23 |
| D0321 | | | BR | 0.00 | 0.00 |
| D0322 | | | | 63.53 | 63.53 |
| D0330 | | | | 105.14 | 105.14 |
| D0340 | | | | 80.00 | 80.00 |
| D0350 | | | | 28.48 | 28.48 |
| D0351 | | | BR | 0.00 | 0.00 |
| D0364 | | | | 167.00 | 167.00 |
| D0365 | | | | 218.00 | 218.00 |
| D0366 | | | | 225.00 | 225.00 |
| D0367 | | | | 258.00 | 258.00 |
| D0368 | | | BR | 0.00 | 0.00 |
| D0369 | | | BR | 0.00 | 0.00 |
| D0370 | | | BR | 0.00 | 0.00 |
| D0371 | | | BR | 0.00 | 0.00 |
| D0380 | | | BR | 0.00 | 0.00 |
| D0381 | | | BR | 0.00 | 0.00 |
| D0382 | | | BR | 0.00 | 0.00 |
| D0383 | | | BR | 0.00 | 0.00 |
| D0384 | | | BR | 0.00 | 0.00 |
| D0385 | | | BR | 0.00 | 0.00 |
| D0386 | | | BR | 0.00 | 0.00 |
| D0391 | | | BR | 0.00 | 0.00 |
| D0393 | | | BR | 0.00 | 0.00 |
| D0394 | | | BR | 0.00 | 0.00 |
| D0395 | | | BR | 0.00 | 0.00 |
| D0411 | | | NRC | 4.01 | 4.01 |
| D0412 | | | BR | 0.00 | 0.00 |
| D0414 | | | NRC | 0.00 | 0.00 |
| D0415 | | | NRC | 0.00 | 0.00 |
| D0416 | | | NRC | 0.00 | 0.00 |
| D0417 | | | NRC | 60.00 | 60.00 |
| D0418 | | | NRC | 75.00 | 75.00 |
| D0419 | | | NRC | TBD | TBD |
| D0422 | | | NRC | 0.00 | 0.00 |
| D0423 | | | NRC | 0.00 | 0.00 |
| D0425 | | | NRC | 0.00 | 0.00 |
| D0431 | | | NRC | 40.00 | 40.00 |
| D0460 | | | | 35.75 | 35.75 |
| 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 |
| D0486 | | | NRC | 0.00 | 0.00 |
| D0502 | | | NRC | 0.00 | 0.00 |
| D0600 | | | NRC | 0.00 | 0.00 |
| D0601 | | | | 15.00 | 15.00 |
| D0602 | | | | 15.00 | 15.00 |
| D0603 | | | | 15.00 | 15.00 |
| D0999 | | | NRC | 0.00 | 0.00 |
| D1110 | | | NRC | 79.95 | 79.95 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D1120 | | | NRC | 58.05 | 58.05 |
| D1206 | | | NRC | 35.05 | 35.05 |
| D1208 | | | | 30.00 | 30.00 |
| D1310 | | | NC | 0.00 | 0.00 |
| D1320 | | | NC | 0.00 | 0.00 |
| D1330 | | | NRC | 20.80 | 20.80 |
| D1351 | | | NRC | 45.45 | 45.45 |
| D1352 | | | NRC | 75.00 | 75.00 |
| D1353 | | | NRC | 0.00 | 0.00 |
| D1354 | | | NRC | 0.00 | 0.00 |
| D1510 | | | | 272.00 | 272.00 |
| D1516 | | | BR | 0.00 | 0.00 |
| D1517 | | | BR | 0.00 | 0.00 |
| D1520 | | | | 294.11 | 294.11 |
| D1526 | | | BR | 0.00 | 0.00 |
| D1527 | | | BR | 0.00 | 0.00 |
| D1551 | | | BR | TBD | TBD |
| D1552 | | | BR | TBD | TBD |
| D1553 | | | BR | TBD | TBD |
| D1556 | | | BR | TBD | TBD |
| D1557 | | | BR | TBD | TBD |
| D1558 | | | BR | TBD | TBD |
| D1575 | | | | 119.93 | 119.93 |
| D1999 | | | BR | 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 |
| D2630 | | | NRC | 0.00 | 0.00 |
| D2642 | | | NRC | 913.42 | 913.42 |
| D2643 | | | NRC | 950.00 | 950.00 |
| D2644 | | | NRC | 975.00 | 975.00 |
| D2650 | | | NRC | 0.00 | 0.00 |
| D2651 | | | NRC | 677.39 | 677.39 |
| D2652 | | | NRC | 0.00 | 0.00 |
| D2662 | | | NRC | 796.00 | 796.00 |
| D2663 | | | NRC | 825.00 | 825.00 |
| D2664 | | | NRC | 863.00 | 863.00 |
| D2710 | | | | 723.94 | 723.94 |
| D2712 | | | | 716.10 | 716.10 |
| D2720 | | | NRC | 0.00 | 0.00 |
| D2721 | | | | 654.11 | 654.11 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D2722 | | | NRC | 512.01 | 512.01 |
| D2740 | | | NRC | 1010.34 | 1010.34 |
| D2750 | | | NRC | 993.91 | 993.91 |
| D2751 | | | | 946.82 | 946.82 |
| D2752 | | | NRC | 963.80 | 963.80 |
| D2753 | | | BR | TBD | TBD |
| D2780 | | | NRC | 970.00 | 970.00 |
| D2781 | | | NRC | 0.00 | 0.00 |
| D2782 | | | NRC | 0.00 | 0.00 |
| D2783 | | | NRC | 975.85 | 975.85 |
| D2790 | | | NRC | 1003.77 | 1003.77 |
| D2791 | | | | 542.34 | 542.34 |
| D2792 | | | NRC | 747.05 | 747.05 |
| D2794 | | | NRC | 950.00 | 950.00 |
| D2799 | | | | 262.86 | 262.86 |
| D2910 | | | | 71.76 | 71.76 |
| D2915 | | | | 71.76 | 71.76 |
| D2920 | | | | 90.91 | 90.91 |
| D2921 | | | BR | 0.00 | 0.00 |
| D2929 | | | | 239.00 | 239.00 |
| 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 | | | BR | 0.00 | 0.00 |
| D2949 | | | | 107.00 | 107.00 |
| 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 |
| 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 |
| D2971 | | | BR | 0.00 | 0.00 |
| D2975 | | | | 127.88 | 127.88 |
| D2980 | | | NRC | 171.00 | 171.00 |
| D2981 | | | | 158.00 | 158.00 |
| D2982 | | | | 170.00 | 170.00 |
| D2983 | | | | 163.00 | 163.00 |
| D2990 | | | | 75.00 | 75.00 |
| 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 | | | | 153.00 | 153.00 |
| D3230 | | | NRC | 210.00 | 210.00 |
| D3240 | | | NRC | 225.00 | 225.00 |
| D3310 | | | | 650.00 | 650.00 |
| 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 | | | | 756.00 | 756.00 |
| D3347 | | | | 866.00 | 866.00 |
| D3348 | | | | 1010.35 | 1010.35 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D3351 | | | NRC | 303.38 | 303.38 |
| D3352 | | | NRC | 175.00 | 175.00 |
| D3353 | | | NRC | 423.31 | 423.31 |
| D3355 | | | | 206.00 | 206.00 |
| D3356 | | | | 175.00 | 175.00 |
| D3357 | | | BR | 0.00 | 0.00 |
| D3410 | | | | 584.30 | 584.30 |
| D3421 | | | NRC | 675.75 | 675.75 |
| D3425 | | | NRC | 768.30 | 768.30 |
| D3426 | | | NRC | 265.00 | 265.00 |
| D3427 | | | BR | 0.00 | 0.00 |
| D3428 | | | BR | 0.00 | 0.00 |
| D3429 | | | BR | 0.00 | 0.00 |
| D3430 | | | NRC | 0.00 | 0.00 |
| D3431 | | | BR | 0.00 | 0.00 |
| D3432 | | | BR | 0.00 | 0.00 |
| 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 | | | | 80.00 | 80.00 |
| 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 | 461.00 | 461.00 |
| D4264 | | | NRC | 304.00 | 304.00 |
| D4265 | | | NRC | 0.00 | 0.00 |
| D4266 | | | NRC | 375.00 | 375.00 |
| D4267 | | | NRC | 468.00 | 468.00 |
| D4268 | | | NRC | 0.00 | 0.00 |
| D4270 | | | NRC | 0.00 | 0.00 |
| D4273 | | | NRC | 849.00 | 849.00 |
| D4274 | | | NRC | 0.00 | 0.00 |
| D4275 | | | NRC | 789.00 | 789.00 |
| D4276 | | | NRC | 0.00 | 0.00 |
| D4277 | | | | 733.00 | 733.00 |
| D4278 | | | | 350.00 | 350.00 |
| D4283 | | | | 592.00 | 592.00 |
| D4285 | | | | 515.00 | 515.00 |
| D4320 | | | NRC | 0.00 | 0.00 |
| D4321 | | | NRC | 294.61 | 294.61 |
| D4341 | | | NRC | 224.52 | 224.52 |
| D4342 | | | NRC | 141.83 | 141.83 |
| D4346 | | | NRC | 72.00 | 72.00 |
| 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 | | | BR | 0.00 | 0.00 |
| D4999 | | | NRC | 0.00 | 0.00 |
| D5110 | | | | 1396.40 | 1396.40 |
| D5120 | | | | 1396.40 | 1396.40 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D5130 | | | | 1496.63 | 1496.63 |
| D5140 | | | | 1499.91 | 1499.91 |
| D5211 | | | | 1033.34 | 1033.34 |
| D5212 | | | | 1039.37 | 1039.37 |
| D5213 | | | | 1479.65 | 1479.65 |
| D5214 | | | | 1475.82 | 1475.82 |
| D5221 | | | | 1033.34 | 1033.34 |
| D5222 | | | | 1039.37 | 1039.37 |
| D5223 | | | | 1479.65 | 1479.65 |
| D5224 | | | | 1475.82 | 1475.82 |
| D5225 | | | | 1248.01 | 1248.01 |
| D5226 | | | | 1255.12 | 1255.12 |
| D5282 | | | BR | 0.00 | 0.00 |
| D5283 | | | BR | 0.00 | 0.00 |
| D5284 | | | BR | TBD | TBD |
| D5286 | | | BR | TBD | TBD |
| D5410 | | | | 76.73 | 76.73 |
| D5411 | | | | 76.73 | 76.73 |
| D5421 | | | | 49.41 | 49.41 |
| D5422 | | | | 49.41 | 49.41 |
| D5511 | | | BR | 0.00 | 0.00 |
| D5512 | | | BR | 0.00 | 0.00 |
| D5520 | | | | 138.54 | 138.54 |
| D5611 | | | BR | 0.00 | 0.00 |
| D5612 | | | BR | 0.00 | 0.00 |
| D5621 | | | BR | 0.00 | 0.00 |
| D5622 | | | BR | 0.00 | 0.00 |
| 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 | | | | 408.52 | 408.52 |
| D5821 | | | | 409.20 | 409.20 |
| D5850 | | | | 69.56 | 69.56 |
| D5851 | | | | 80.00 | 80.00 |
| D5862 | | | | 335.29 | 335.29 |
| D5863 | | | BR | 0.00 | 0.00 |
| D5864 | | | BR | 0.00 | 0.00 |
| D5865 | | | BR | 0.00 | 0.00 |
| D5866 | | | BR | 0.00 | 0.00 |
| D5867 | | | | 282.73 | 282.73 |
| D5875 | | | | 485.93 | 485.93 |
| D5876 | | | BR | 0.00 | 0.00 |
| D5899 | | | BR | 0.00 | 0.00 |
| D5911 | | | NRC | 0.00 | 0.00 |
| D5912 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | 100.00 | 100.00 |
| D5987 | | | NRC | 0.00 | 0.00 |
| D5988 | | | NRC | 0.00 | 0.00 |
| D5991 | | | NRC | 142.00 | 142.00 |
| D5992 | | | NRC | 0.00 | 0.00 |
| D5993 | | | NRC | 0.00 | 0.00 |
| D5994 | | | | 156.00 | 156.00 |
| D5999 | | | BR | 0.00 | 0.00 |
| D6010 | | | | 1735.92 | 1735.92 |
| D6011 | | | | 216.00 | 216.00 |
| D6012 | | | NRC | 905.09 | 905.09 |
| D6013 | | | BR | 0.00 | 0.00 |
| D6040 | | | NRC | 0.00 | 0.00 |
| D6050 | | | NRC | 0.00 | 0.00 |
| D6051 | | | | 300.00 | 300.00 |
| D6052 | | | BR | 0.00 | 0.00 |
| D6055 | | | | 2154.00 | 2154.00 |
| D6056 | | | | 584.30 | 584.30 |
| D6057 | | | | 733.80 | 733.80 |
| D6058 | | | | 1023.00 | 1023.00 |
| D6059 | | | NRC | 1189.41 | 1189.41 |
| D6060 | | | NRC | 920.70 | 920.70 |
| D6061 | | | NRC | 1176.45 | 1176.45 |
| D6062 | | | NRC | 0.00 | 0.00 |
| D6063 | | | | 1023.00 | 1023.00 |
| D6064 | | | NRC | 1176.45 | 1176.45 |
| D6065 | | | | 1174.10 | 1174.10 |
| D6066 | | | NRC | 1223.91 | 1223.91 |
| D6067 | | | NRC | 0.00 | 0.00 |
| D6068 | | | | 1176.45 | 1176.45 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D6069 | | | NRC | 1206.39 | 1206.39 |
| D6070 | | | | 1176.45 | 1176.45 |
| D6071 | | | | 1176.45 | 1176.45 |
| D6072 | | | NRC | 0.00 | 0.00 |
| D6073 | | | | 1176.45 | 1176.45 |
| D6074 | | | | 1176.45 | 1176.45 |
| D6075 | | | | 1176.45 | 1176.45 |
| D6076 | | | NRC | 1287.98 | 1287.98 |
| D6077 | | | NRC | 0.00 | 0.00 |
| D6080 | | | | 135.26 | 135.26 |
| D6081 | | | NRC | 141.83 | 141.83 |
| D6082 | | | BR | TBD | TBD |
| D6083 | | | NRC | TBD | TBD |
| D6084 | | | BR | TBD | TBD |
| D6085 | | | | 262.86 | 262.86 |
| D6086 | | | BR | TBD | TBD |
| D6087 | | | NRC | TBD | TBD |
| D6088 | | | BR | TBD | TBD |
| 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 |
| D6096 | | | BR | 0.00 | 0.00 |
| D6097 | | | BR | TBD | TBD |
| D6098 | | | BR | TBD | TBD |
| D6099 | | | BR | TBD | TBD |
| D6100 | | | | 204.60 | 204.60 |
| D6101 | | | BR | 0.00 | 0.00 |
| D6102 | | | BR | 0.00 | 0.00 |
| D6103 | | | BR | 0.00 | 0.00 |
| D6104 | | | | 395.00 | 395.00 |
| D6110 | | | | 1863.52 | 1863.52 |
| D6111 | | | | 1863.52 | 1863.52 |
| D6112 | | | | 2313.71 | 2313.71 |
| D6113 | | | | 2313.71 | 2313.71 |
| D6114 | | | | 2557.50 | 2557.50 |
| D6115 | | | | 2557.50 | 2557.50 |
| D6116 | | | | 2046.00 | 2046.00 |
| D6117 | | | | 2046.00 | 2046.00 |
| D6118 | | | BR | 0.00 | 0.00 |
| D6119 | | | BR | 0.00 | 0.00 |
| D6120 | | | BR | TBD | TBD |
| D6121 | | | BR | TBD | TBD |
| D6122 | | | NRC | TBD | TBD |
| D6123 | | | BR | TBD | TBD |
| D6190 | | | | 869.55 | 869.55 |
| D6194 | | | NRC | 0.00 | 0.00 |
| D6195 | | | BR | TBD | TBD |
| D6199 | | | BR | 0.00 | 0.00 |
| D6205 | | | | 848.80 | 848.80 |
| D6210 | | | NRC | 973.10 | 973.10 |
| D6211 | | | | 411.76 | 411.76 |
| D6212 | | | NRC | 582.34 | 582.34 |
| D6214 | | | NRC | 0.00 | 0.00 |
| D6240 | | | NRC | 986.25 | 986.25 |
| D6241 | | | | 919.99 | 919.99 |
| D6242 | | | NRC | 801.01 | 801.01 |
| D6243 | | | BR | TBD | TBD |
| D6245 | | | NRC | 995.01 | 995.01 |
| D6250 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D6251 | | | | 705.87 | 705.87 |
| D6252 | | | NRC | 671.75 | 671.75 |
| D6253 | | | | 511.50 | 511.50 |
| D6545 | | | | 526.25 | 526.25 |
| D6548 | | | | 869.55 | 869.55 |
| D6549 | | | | 526.25 | 526.25 |
| 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 | | | NRC | 488.23 | 488.23 |
| D6740 | | | NRC | 869.55 | 869.55 |
| D6750 | | | NRC | 984.06 | 984.06 |
| D6751 | | | | 934.23 | 934.23 |
| D6752 | | | NRC | 788.22 | 788.22 |
| D6753 | | | BR | TBD | TBD |
| D6780 | | | NRC | 0.00 | 0.00 |
| D6781 | | | | 869.55 | 869.55 |
| D6782 | | | NRC | 869.55 | 869.55 |
| D6783 | | | NRC | 869.55 | 869.55 |
| D6784 | | | BR | TBD | TBD |
| D6790 | | | NRC | 975.84 | 975.84 |
| D6791 | | | | 736.21 | 736.21 |
| D6792 | | | NRC | 769.73 | 769.73 |
| D6793 | | | | 434.78 | 434.78 |
| D6794 | | | NRC | 0.00 | 0.00 |
| D6920 | | | | 204.60 | 204.60 |
| D6930 | | | | 128.00 | 128.00 |
| D6940 | | | | 188.23 | 188.23 |
| D6950 | | | | 329.41 | 329.41 |
| D6980 | | | | 371.35 | 371.35 |
| D6985 | | | NRC | 0.00 | 0.00 |
| D6999 | | | BR | 0.00 | 0.00 |
| D7111 | | | NRC | 95.00 | 95.00 |
| D7140 | | | | 141.00 | 141.00 |
| D7210 | | | | 225.00 | 225.00 |
| D7220 | | | | 268.00 | 268.00 |
| D7230 | | | NRC | 325.00 | 325.00 |
| D7240 | | | NRC | 383.00 | 383.00 |
| D7241 | | | NRC | 0.00 | 0.00 |
| D7250 | | | | 230.18 | 230.18 |
| D7251 | | | NRC | 290.00 | 290.00 |
| D7260 | | | NRC | 0.00 | 0.00 |
| D7261 | | | | 588.23 | 588.23 |
| D7270 | | | | 255.75 | 255.75 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 | 180.00 | 180.00 |
| D7290 | | | | 511.50 | 511.50 |
| D7291 | | | NRC | 0.00 | 0.00 |
| D7292 | | | | 1023.00 | 1023.00 |
| D7293 | | | | 1023.00 | 1023.00 |
| D7294 | | | | 588.23 | 588.23 |
| D7295 | | | | 338.00 | 338.00 |
| D7296 | | | BR | 0.00 | 0.00 |
| D7297 | | | BR | 0.00 | 0.00 |
| D7310 | | | | 221.00 | 221.00 |
| D7311 | | | | 254.48 | 254.48 |
| D7320 | | | | 335.65 | 335.65 |
| D7321 | | | | 335.65 | 335.65 |
| D7340 | | | | 1205.09 | 1205.09 |
| D7350 | | | | 2912.99 | 2912.99 |
| D7410 | | | NRC | 300.00 | 300.00 |
| D7411 | | | NRC | 0.00 | 0.00 |
| D7412 | | | NRC | 0.00 | 0.00 |
| D7413 | | | BR | 0.00 | 0.00 |
| D7414 | | | BR | 0.00 | 0.00 |
| D7415 | | | BR | 0.00 | 0.00 |
| D7440 | | | | 744.28 | 744.28 |
| D7441 | | | BR | 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 | | | BR | 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 | | | | 1432.20 | 1432.20 |
| D7620 | | | | 1039.98 | 1039.98 |
| D7630 | | | | 2557.50 | 2557.50 |
| D7640 | | | | 2257.76 | 2257.76 |
| D7650 | | | | 877.63 | 877.63 |
| D7660 | | | | 830.68 | 830.68 |
| D7670 | | | | 736.56 | 736.56 |
| D7671 | | | | 767.25 | 767.25 |
| D7680 | | | | 2977.59 | 2977.59 |
| D7710 | | | | 1838.79 | 1838.79 |
| D7720 | | | | 1474.09 | 1474.09 |
| D7730 | | | | 3197.90 | 3197.90 |
| D7740 | | | | 2908.18 | 2908.18 |
| D7750 | | | | 1281.15 | 1281.15 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D7760 | | | | 1023.00 | 1023.00 |
| D7770 | | | | 1690.56 | 1690.56 |
| D7771 | | | | 1023.00 | 1023.00 |
| D7780 | | | | 2829.36 | 2829.36 |
| D7810 | | | | 1624.68 | 1624.68 |
| D7820 | | | | 231.20 | 231.20 |
| D7830 | | | | 511.50 | 511.50 |
| D7840 | | | NRC | 0.00 | 0.00 |
| 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 | | | | 645.65 | 645.65 |
| D7881 | | | | 645.65 | 645.65 |
| D7899 | | | BR | 0.00 | 0.00 |
| D7910 | | | | 168.69 | 168.69 |
| D7911 | | | | 321.17 | 321.17 |
| D7912 | | | | 423.01 | 423.01 |
| D7920 | | | | 1398.80 | 1398.80 |
| D7921 | | | | 200.00 | 200.00 |
| D7922 | | | BR | TBD | TBD |
| 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 | | | BR | 0.00 | 0.00 |
| D7953 | | | | 2042.60 | 2042.60 |
| D7955 | | | NRC | 0.00 | 0.00 |
| D7960 | | | NRC | 350.00 | 350.00 |
| D7963 | | | NRC | 0.00 | 0.00 |
| D7970 | | | NRC | 357.24 | 357.24 |
| D7971 | | | NRC | 0.00 | 0.00 |
| D7972 | | | NRC | 0.00 | 0.00 |
| D7979 | | | 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 |
| D7991 | | | | 1381.15 | 1381.15 |
| D7995 | | | | 2046.00 | 2046.00 |
| D7996 | | | | 2130.91 | 2130.91 |
| D7997 | | | | 252.51 | 252.51 |
| D7998 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D7999 | | | BR | 0.00 | 0.00 |
| D8010 | | | NRC | 0.00 | 0.00 |
| D8020 | | | NRC | 1769.45 | 1769.45 |
| D8030 | | | NRC | 1938.11 | 1938.11 |
| D8040 | | | | 2325.00 | 2325.00 |
| D8050 | | | NRC | 1911.00 | 1911.00 |
| D8060 | | | NRC | 1438.00 | 1438.00 |
| D8070 | | | NRC | 4600.00 | 4600.00 |
| D8080 | | | NRC | 4762.00 | 4762.00 |
| D8090 | | | | 5192.65 | 5192.65 |
| D8210 | | | NRC | 0.00 | 0.00 |
| D8220 | | | NRC | 0.00 | 0.00 |
| D8660 | | | NRC | 94.00 | 94.00 |
| D8670 | | | NRC | 147.82 | 147.82 |
| D8680 | | | NRC | 0.00 | 0.00 |
| D8681 | | | NRC | 50.00 | 50.00 |
| D8690 | | | NRC | 181.10 | 181.10 |
| D8695 | | | NRC | 0.00 | 0.00 |
| D8696 | | | NRC | TBD | TBD |
| D8697 | | | NRC | TBD | TBD |
| D8698 | | | BR | TBD | TBD |
| D8699 | | | BR | TBD | TBD |
| D8701 | | | BR | TBD | TBD |
| D8702 | | | BR | TBD | TBD |
| D8703 | | | BR | TBD | TBD |
| D8704 | | | BR | TBD | TBD |
| D8999 | | | BR | 0.00 | 0.00 |
| D9110 | | | | 86.00 | 86.00 |
| D9120 | | | | 260.87 | 260.87 |
| D9130 | | | BR | 0.00 | 0.00 |
| D9210 | | | | 38.12 | 38.12 |
| D9211 | | | NRC | 0.00 | 0.00 |
| D9212 | | | NRC | 0.00 | 0.00 |
| D9215 | | | NRC | 17.43 | 17.43 |
| D9219 | | | NRC | 0.00 | 0.00 |
| D9222 | | | BR | 0.00 | 0.00 |
| D9223 | | | | 107.42 | 107.42 |
| D9230 | | | | 42.00 | 42.00 |
| D9239 | | | BR | 0.00 | 0.00 |
| D9243 | | | | 118.98 | 118.98 |
| D9248 | | | | 100.25 | 100.25 |
| D9310 | | | | 106.22 | 106.22 |
| D9311 | | | | 106.22 | 106.22 |
| D9410 | | | | 103.00 | 103.00 |
| D9420 | | | | 127.88 | 127.88 |
| D9430 | | | | 42.89 | 42.89 |
| D9440 | | | | 102.30 | 102.30 |
| D9450 | | | NRC | 82.00 | 82.00 |
| D9610 | | | | 51.15 | 51.15 |
| D9612 | | | | 102.30 | 102.30 |
| D9613 | | | BR | 0.00 | 0.00 |
| D9630 | | | | 13.00 | 13.00 |
| D9910 | | | NRC | 41.00 | 41.00 |
| D9911 | | | NRC | 48.03 | 48.03 |
| D9920 | | | NRC | 62.00 | 62.00 |
| D9930 | | | | 102.30 | 102.30 |
| D9932 | | | NRC | 0.00 | 0.00 |
| D9933 | | | NRC | 0.00 | 0.00 |
| D9934 | | | NRC | 0.00 | 0.00 |
| D9935 | | | NRC | 0.00 | 0.00 |
| D9941 | | | NRC | 150.45 | 150.45 |
| D9942 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| D9943 | | | | 448.96 | 448.96 |
| D9944 | | | BR | 0.00 | 0.00 |
| D9945 | | | BR | 0.00 | 0.00 |
| D9946 | | | BR | 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 | | | | 175.00 | 175.00 |
| D9985 | | | BR | 0.00 | 0.00 |
| D9991 | | | NRC | 33.10 | 33.10 |
| D9992 | | | | 33.10 | 33.10 |
| D9993 | | | NRC | 33.10 | 33.10 |
| D9994 | | | NRC | 33.10 | 33.10 |
| D9997 | | | NRC | TBD | TBD |
| D9999 | | | BR | 0.00 | 0.00 |
| E0100 | NU | | | 24.76 | 24.76 |
| E0100 | RR | | | 8.20 | 8.20 |
| E0105 | NU | | | 64.06 | 64.06 |
| E0105 | RR | | | 12.25 | 12.25 |
| E0110 | NU | | | 91.13 | 91.13 |
| E0110 | RR | | | 22.08 | 22.08 |
| E0111 | NU | | | 68.09 | 68.09 |
| E0111 | RR | | | 11.64 | 11.64 |
| E0112 | NU | | | 46.07 | 46.07 |
| E0112 | RR | | | 13.74 | 13.74 |
| E0113 | NU | | | 24.83 | 24.83 |
| E0113 | RR | | | 7.10 | 7.10 |
| E0114 | NU | | | 55.43 | 55.43 |
| E0114 | RR | | | 11.83 | 11.83 |
| E0116 | NU | | | 32.59 | 32.59 |
| E0116 | RR | | | 7.48 | 7.48 |
| E0117 | NU | | | 266.20 | 266.20 |
| E0117 | RR | | | 26.62 | 26.62 |
| E0118 | | | | 180.00 | 180.00 |
| E0130 | NU | | | 67.40 | 67.40 |
| E0130 | RR | | | 12.91 | 12.91 |
| E0135 | NU | | | 74.77 | 74.77 |
| E0135 | RR | | | 13.19 | 13.19 |
| E0140 | NU | | | 394.20 | 394.20 |
| E0140 | RR | | | 39.42 | 39.42 |
| E0141 | NU | | | 88.73 | 88.73 |
| E0141 | RR | | | 14.36 | 14.36 |
| E0143 | NU | | | 91.22 | 91.22 |
| E0143 | RR | | | 15.28 | 15.28 |
| E0144 | NU | | | 350.60 | 350.60 |
| E0144 | RR | | | 35.06 | 35.06 |
| E0147 | NU | | | 603.28 | 603.28 |
| E0147 | RR | | | 60.34 | 60.34 |
| E0148 | NU | | | 128.57 | 128.57 |
| E0148 | RR | | | 12.86 | 12.86 |
| E0149 | NU | | | 208.00 | 208.00 |
| E0149 | RR | | | 20.80 | 20.80 |
| E0153 | NU | | | 81.50 | 81.50 |
| E0153 | RR | | | 9.22 | 9.22 |
| E0154 | NU | | | 67.02 | 67.02 |
| E0154 | RR | | | 7.46 | 7.46 |
| E0155 | NU | | | 29.33 | 29.33 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0155 | RR | | | 3.29 | 3.29 |
| E0156 | NU | | | 23.45 | 23.45 |
| E0156 | RR | | | 2.71 | 2.71 |
| E0157 | NU | | | 77.34 | 77.34 |
| E0157 | RR | | | 8.15 | 8.15 |
| E0158 | NU | | | 30.11 | 30.11 |
| E0158 | RR | | | 3.18 | 3.18 |
| E0159 | NU | | | 20.03 | 20.03 |
| E0159 | RR | | | 2.04 | 2.04 |
| E0160 | NU | | NRC | 37.88 | 37.88 |
| E0160 | RR | | NRC | 4.85 | 4.85 |
| E0161 | NU | | NRC | 33.94 | 33.94 |
| E0161 | RR | | NRC | 4.06 | 4.06 |
| E0162 | NU | | | 193.28 | 193.28 |
| E0162 | RR | | | 21.12 | 21.12 |
| E0163 | NU | | | 104.89 | 104.89 |
| E0163 | RR | | | 20.24 | 20.24 |
| E0165 | | | | 93.70 | 93.70 |
| E0167 | NU | | | 15.23 | 15.23 |
| E0167 | RR | | | 1.54 | 1.54 |
| E0168 | NU | | | 179.17 | 179.17 |
| E0168 | RR | | | 17.90 | 17.90 |
| E0170 | RR | | NRC | 215.52 | 215.52 |
| E0171 | RR | | NRC | 39.59 | 39.59 |
| E0172 | | | | 100.00 | 100.00 |
| E0175 | NU | | | 83.99 | 83.99 |
| E0175 | RR | | | 8.39 | 8.39 |
| E0181 | | | | 99.55 | 99.55 |
| E0182 | RR | | | 29.48 | 29.48 |
| E0184 | NU | | | 217.31 | 217.31 |
| E0184 | RR | | | 27.28 | 27.28 |
| E0185 | NU | | | 296.29 | 296.29 |
| E0185 | RR | | | 41.33 | 41.33 |
| E0186 | RR | | | 25.99 | 25.99 |
| E0187 | RR | | | 29.65 | 29.65 |
| E0188 | NU | | | 34.03 | 34.03 |
| E0188 | RR | | | 3.72 | 3.72 |
| E0189 | NU | | | 61.03 | 61.03 |
| E0189 | RR | | | 7.07 | 7.07 |
| E0190 | | | NRC | 0.00 | 0.00 |
| E0191 | NU | | | 13.74 | 13.74 |
| E0191 | RR | | | 1.43 | 1.43 |
| E0193 | RR | | | 982.28 | 982.28 |
| E0194 | RR | | | 4112.88 | 4112.88 |
| E0196 | RR | | | 42.72 | 42.72 |
| E0197 | NU | | | 327.40 | 327.40 |
| E0197 | RR | | | 32.74 | 32.74 |
| E0198 | NU | | | 306.10 | 306.10 |
| E0198 | RR | | | 30.61 | 30.61 |
| E0199 | NU | | | 37.66 | 37.66 |
| E0199 | RR | | | 3.74 | 3.74 |
| E0200 | NU | | NRC | 109.54 | 109.54 |
| E0200 | RR | | NRC | 14.87 | 14.87 |
| E0202 | RR | | NRC | 86.51 | 86.51 |
| E0203 | | | NRC | 0.00 | 0.00 |
| E0205 | NU | | NRC | 268.13 | 268.13 |
| E0205 | RR | | NRC | 29.50 | 29.50 |
| E0210 | NU | | | 45.11 | 45.11 |
| E0210 | RR | | | 4.25 | 4.25 |
| E0215 | NU | | | 97.88 | 97.88 |
| E0215 | RR | | | 10.24 | 10.24 |
| E0217 | NU | | NRC | 583.07 | 583.07 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0217 | RR | | NRC | 64.91 | 64.91 |
| E0218 | RR | | | 75.00 | 75.00 |
| E0221 | | | NRC | 0.00 | 0.00 |
| E0225 | NU | | NRC | 456.43 | 456.43 |
| E0225 | RR | | NRC | 44.99 | 44.99 |
| E0231 | | | NRC | 0.00 | 0.00 |
| E0232 | | | NRC | 0.00 | 0.00 |
| E0235 | | | NRC | 0.00 | 0.00 |
| E0235 | RR | | NRC | 20.26 | 20.26 |
| E0236 | RR | | | 51.96 | 51.96 |
| E0239 | NU | | NRC | 528.28 | 528.28 |
| E0239 | RR | | NRC | 52.84 | 52.84 |
| E0240 | | | | 200.00 | 200.00 |
| E0241 | | | | 30.00 | 30.00 |
| E0242 | | | | 50.00 | 50.00 |
| 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 | | | 116.99 | 116.99 |
| E0249 | RR | | | 12.85 | 12.85 |
| E0250 | RR | | | 97.13 | 97.13 |
| E0251 | RR | | | 79.37 | 79.37 |
| E0255 | RR | | | 109.16 | 109.16 |
| E0256 | RR | | | 80.36 | 80.36 |
| E0260 | RR | | | 122.88 | 122.88 |
| E0261 | RR | | | 120.74 | 120.74 |
| E0265 | RR | | | 205.24 | 205.24 |
| E0266 | RR | | | 178.09 | 178.09 |
| E0270 | | | NRC | 0.00 | 0.00 |
| E0271 | NU | | | 191.53 | 191.53 |
| E0271 | RR | | | 19.60 | 19.60 |
| E0272 | NU | | | 203.29 | 203.29 |
| E0272 | RR | | | 21.56 | 21.56 |
| E0273 | RR | | NRC | 0.00 | 0.00 |
| E0274 | | | NRC | 0.00 | 0.00 |
| E0275 | NU | | | 19.51 | 19.51 |
| E0275 | RR | | | 2.00 | 2.00 |
| E0276 | NU | | | 15.84 | 15.84 |
| E0276 | RR | | | 1.86 | 1.86 |
| E0277 | RR | | | 542.10 | 542.10 |
| E0280 | NU | | | 38.68 | 38.68 |
| E0280 | RR | | | 4.09 | 4.09 |
| E0290 | RR | | | 74.33 | 74.33 |
| E0291 | RR | | | 54.97 | 54.97 |
| E0292 | RR | | | 81.05 | 81.05 |
| E0293 | RR | | | 72.18 | 72.18 |
| E0294 | RR | | | 116.18 | 116.18 |
| E0295 | RR | | | 115.02 | 115.02 |
| E0296 | RR | | | 150.37 | 150.37 |
| E0297 | RR | | | 130.55 | 130.55 |
| E0300 | NU | | NRC | 3189.00 | 3189.00 |
| E0300 | RR | | NRC | 318.90 | 318.90 |
| E0301 | RR | | | 264.20 | 264.20 |
| E0302 | RR | | NRC | 727.18 | 727.18 |
| E0303 | RR | | | 285.42 | 285.42 |
| E0304 | RR | | | 768.35 | 768.35 |
| E0305 | RR | | | 16.96 | 16.96 |
| E0310 | NU | | | 171.14 | 171.14 |
| E0310 | RR | | | 20.71 | 20.71 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0315 | | | NRC | 0.00 | 0.00 |
| E0316 | RR | | NRC | 236.36 | 236.36 |
| E0325 | NU | | | 11.78 | 11.78 |
| E0325 | RR | | | 1.48 | 1.48 |
| E0326 | NU | | | 13.50 | 13.50 |
| E0326 | RR | | | 1.36 | 1.36 |
| 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 | | | 387.76 | 387.76 |
| E0372 | RR | | | 444.37 | 444.37 |
| E0373 | RR | | | 489.11 | 489.11 |
| E0424 | RR | | | 161.65 | 161.65 |
| E0425 | | | NRC | 0.00 | 0.00 |
| E0430 | | | NRC | 0.00 | 0.00 |
| E0431 | RR | | | 28.80 | 28.80 |
| E0433 | RR | | | 53.18 | 53.18 |
| E0434 | RR | | | 53.18 | 53.18 |
| E0435 | | | NRC | 0.00 | 0.00 |
| E0439 | RR | | | 161.65 | 161.65 |
| E0440 | | | NRC | 0.00 | 0.00 |
| E0441 | | | | 77.04 | 77.04 |
| E0442 | | | | 77.04 | 77.04 |
| E0443 | | | | 74.03 | 74.03 |
| E0444 | | | | 74.03 | 74.03 |
| E0445 | | | | 400.00 | 400.00 |
| E0446 | | | NRC | 0.00 | 0.00 |
| E0447 | | | | 111.05 | 111.05 |
| 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 |
| E0462 | NU | | NRC | 3980.40 | 3980.40 |
| E0462 | RR | | NRC | 398.04 | 398.04 |
| E0465 | RR | | | 1318.82 | 1318.82 |
| E0466 | RR | | | 1318.82 | 1318.82 |
| E0467 | RR | | | 1568.75 | 1568.75 |
| E0470 | NU | | NRC | 2226.20 | 2226.20 |
| E0470 | RR | | | 222.62 | 222.62 |
| E0471 | NU | | NRC | 5560.70 | 5560.70 |
| E0471 | RR | | NRC | 556.07 | 556.07 |
| E0472 | NU | | NRC | 6422.50 | 6422.50 |
| E0472 | RR | | NRC | 642.25 | 642.25 |
| E0480 | RR | | | 60.72 | 60.72 |
| E0481 | | | NRC | 0.00 | 0.00 |
| E0482 | RR | | NRC | 594.16 | 594.16 |
| E0483 | RR | | | 1468.88 | 1468.88 |
| E0484 | NU | | NRC | 51.04 | 51.04 |
| E0484 | RR | | NRC | 5.10 | 5.10 |
| 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 | 151.64 | 151.64 |
| E0550 | RR | | | 58.87 | 58.87 |
| E0555 | | | NRC | 0.00 | 0.00 |
| E0560 | NU | | NRC | 204.24 | 204.24 |
| E0560 | RR | | NRC | 23.93 | 23.93 |
| E0561 | NU | | NRC | 110.46 | 110.46 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0561 | RR | | NRC | 11.04 | 11.04 |
| E0562 | NU | | | 268.68 | 268.68 |
| E0562 | RR | | | 26.86 | 26.86 |
| E0565 | RR | | | 65.39 | 65.39 |
| E0570 | RR | | | 14.83 | 14.83 |
| E0572 | RR | | | 44.80 | 44.80 |
| E0574 | RR | | | 55.62 | 55.62 |
| E0575 | RR | | | 142.01 | 142.01 |
| E0580 | NU | | | 158.05 | 158.05 |
| E0580 | RR | | | 15.82 | 15.82 |
| E0585 | RR | | | 42.46 | 42.46 |
| E0600 | RR | | | 63.26 | 63.26 |
| E0601 | RR | | NRC | 93.16 | 93.16 |
| E0602 | NU | | NRC | 40.78 | 40.78 |
| E0602 | RR | | NRC | 4.10 | 4.10 |
| E0603 | | | NRC | 0.00 | 0.00 |
| E0604 | | | NRC | 0.00 | 0.00 |
| E0605 | NU | | | 34.58 | 34.58 |
| E0605 | RR | | | 4.25 | 4.25 |
| E0606 | RR | | | 31.72 | 31.72 |
| E0607 | NU | | | 92.32 | 92.32 |
| E0607 | RR | | | 9.22 | 9.22 |
| E0610 | NU | | NRC | 328.63 | 328.63 |
| E0610 | RR | | NRC | 34.66 | 34.66 |
| E0615 | NU | | NRC | 613.49 | 613.49 |
| E0615 | RR | | NRC | 80.82 | 80.82 |
| E0617 | RR | | NRC | 420.07 | 420.07 |
| E0618 | RR | | NRC | 387.37 | 387.37 |
| E0619 | RR | | NRC | 0.00 | 0.00 |
| E0620 | NU | | NRC | 1207.90 | 1207.90 |
| E0620 | RR | | NRC | 120.79 | 120.79 |
| E0621 | NU | | | 119.87 | 119.87 |
| E0621 | RR | | | 11.74 | 11.74 |
| E0625 | | | NRC | 0.00 | 0.00 |
| E0627 | NU | | | 396.56 | 396.56 |
| E0627 | RR | | | 39.66 | 39.66 |
| E0629 | NU | | | 394.67 | 394.67 |
| E0629 | RR | | | 39.47 | 39.47 |
| E0630 | RR | | | 108.02 | 108.02 |
| E0635 | RR | | | 143.70 | 143.70 |
| E0636 | RR | | NRC | 1360.92 | 1360.92 |
| E0637 | | | NRC | 0.00 | 0.00 |
| E0638 | | | NRC | 0.00 | 0.00 |
| E0639 | RR | | NRC | 137.32 | 137.32 |
| E0640 | RR | | NRC | 137.32 | 137.32 |
| E0641 | | | NRC | 0.00 | 0.00 |
| E0642 | | | NRC | 0.00 | 0.00 |
| E0650 | NU | | | 911.47 | 911.47 |
| E0650 | RR | | | 120.76 | 120.76 |
| E0651 | NU | | | 1078.58 | 1078.58 |
| E0651 | RR | | | 110.20 | 110.20 |
| E0652 | NU | | | 7239.35 | 7239.35 |
| E0652 | RR | | | 723.89 | 723.89 |
| E0655 | NU | | | 126.76 | 126.76 |
| E0655 | RR | | | 14.90 | 14.90 |
| E0656 | NU | | | 798.50 | 798.50 |
| E0656 | RR | | | 79.85 | 79.85 |
| E0657 | NU | | | 750.00 | 750.00 |
| E0657 | RR | | | 75.00 | 75.00 |
| E0660 | NU | | | 187.62 | 187.62 |
| E0660 | RR | | | 19.52 | 19.52 |
| E0665 | NU | | | 160.90 | 160.90 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0665 | RR | | | 16.51 | 16.51 |
| E0666 | NU | | | 162.18 | 162.18 |
| E0666 | RR | | | 16.70 | 16.70 |
| E0667 | NU | | | 447.32 | 447.32 |
| E0667 | RR | | | 44.76 | 44.76 |
| E0668 | NU | | | 518.94 | 518.94 |
| E0668 | RR | | | 51.22 | 51.22 |
| E0669 | NU | | | 240.48 | 240.48 |
| E0669 | RR | | | 24.05 | 24.05 |
| E0670 | NU | | | 1736.81 | 1736.81 |
| E0670 | RR | | | 173.68 | 173.68 |
| E0671 | NU | | | 573.88 | 573.88 |
| E0671 | RR | | | 57.42 | 57.42 |
| E0672 | NU | | | 445.88 | 445.88 |
| E0672 | RR | | | 44.62 | 44.62 |
| E0673 | NU | | | 370.51 | 370.51 |
| E0673 | RR | | | 37.06 | 37.06 |
| E0675 | RR | | | 531.31 | 531.31 |
| E0676 | | | NRC | 0.00 | 0.00 |
| E0691 | NU | | NRC | 1241.53 | 1241.53 |
| E0691 | RR | | NRC | 124.15 | 124.15 |
| E0692 | NU | | NRC | 1559.04 | 1559.04 |
| E0692 | RR | | NRC | 155.88 | 155.88 |
| E0693 | NU | | NRC | 1921.85 | 1921.85 |
| E0693 | RR | | NRC | 192.19 | 192.19 |
| E0694 | NU | | NRC | 6117.06 | 6117.06 |
| E0694 | RR | | NRC | 611.70 | 611.70 |
| E0700 | | | | 25.00 | 25.00 |
| E0705 | NU | | | 61.97 | 61.97 |
| E0705 | RR | | | 6.25 | 6.25 |
| E0710 | | | NRC | 0.00 | 0.00 |
| E0720 | NU | | | 296.60 | 296.60 |
| E0720 | RR | | | 29.66 | 29.66 |
| E0730 | NU | | | 296.68 | 296.68 |
| E0730 | RR | | | 29.67 | 29.67 |
| E0731 | NU | | | 263.09 | 263.09 |
| E0740 | NU | | NRC | 722.50 | 722.50 |
| E0740 | RR | | NRC | 72.25 | 72.25 |
| E0744 | RR | | NRC | 108.10 | 108.10 |
| E0745 | RR | | NRC | 123.68 | 123.68 |
| E0746 | | | NRC | 0.00 | 0.00 |
| E0747 | NU | | | 5410.66 | 5410.66 |
| E0747 | RR | | | 537.66 | 537.66 |
| E0748 | NU | | | 5375.62 | 5375.62 |
| E0748 | RR | | | 537.53 | 537.53 |
| E0749 | NU | | | 3339.60 | 3339.60 |
| E0749 | RR | | | 333.96 | 333.96 |
| E0755 | | | NRC | 0.00 | 0.00 |
| E0760 | NU | | | 4467.04 | 4467.04 |
| E0760 | RR | | | 446.71 | 446.71 |
| E0761 | | | NRC | 0.00 | 0.00 |
| E0762 | NU | | NRC | 1291.30 | 1291.30 |
| E0762 | RR | | NRC | 129.13 | 129.13 |
| E0764 | RR | | | 1529.03 | 1529.03 |
| E0765 | NU | | | 116.24 | 116.24 |
| E0765 | RR | | | 11.64 | 11.64 |
| E0766 | RR | | | 510.66 | 510.66 |
| E0769 | | | NRC | 0.00 | 0.00 |
| E0770 | | | BR | 0.00 | 0.00 |
| E0776 | NU | | | 185.28 | 185.28 |
| E0776 | RR | | | 21.52 | 21.52 |
| E0779 | RR | | NRC | 22.76 | 22.76 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0780 | NU | | NRC | 14.29 | 14.29 |
| E0781 | RR | | | 328.42 | 328.42 |
| E0782 | NU | | | 5597.28 | 5597.28 |
| E0782 | RR | | | 559.72 | 559.72 |
| E0783 | NU | | | 11311.46 | 11311.46 |
| E0783 | RR | | | 1131.18 | 1131.18 |
| E0784 | RR | | NRC | 550.64 | 550.64 |
| E0785 | | | NRC | 652.85 | 652.85 |
| E0786 | NU | | | 11033.64 | 11033.64 |
| E0786 | RR | | | 1103.34 | 1103.34 |
| E0787 | | | NRC | TBD | TBD |
| E0791 | RR | | NRC | 358.45 | 358.45 |
| E0830 | | | NRC | 0.00 | 0.00 |
| E0840 | NU | | | 101.06 | 101.06 |
| E0840 | RR | | | 22.56 | 22.56 |
| E0849 | NU | | | 712.10 | 712.10 |
| E0849 | RR | | | 71.21 | 71.21 |
| E0850 | NU | | | 145.14 | 145.14 |
| E0850 | RR | | | 19.93 | 19.93 |
| E0855 | NU | | | 683.00 | 683.00 |
| E0855 | RR | | | 68.30 | 68.30 |
| E0856 | NU | | | 212.60 | 212.60 |
| E0856 | RR | | | 21.26 | 21.26 |
| E0860 | NU | | | 53.24 | 53.24 |
| E0860 | RR | | | 9.00 | 9.00 |
| E0870 | NU | | | 160.70 | 160.70 |
| E0870 | RR | | | 17.87 | 17.87 |
| E0880 | NU | | | 173.46 | 173.46 |
| E0880 | RR | | | 27.23 | 27.23 |
| E0890 | NU | | | 141.40 | 141.40 |
| E0890 | RR | | | 45.36 | 45.36 |
| E0900 | NU | | | 158.57 | 158.57 |
| E0900 | RR | | | 32.45 | 32.45 |
| E0910 | RR | | | 18.61 | 18.61 |
| E0911 | RR | | | 56.62 | 56.62 |
| E0912 | RR | | | 120.44 | 120.44 |
| E0920 | RR | | | 63.77 | 63.77 |
| E0930 | RR | | | 63.11 | 63.11 |
| E0935 | RR | | | 31.43 | 31.43 |
| E0936 | RR | | | 27.28 | 27.28 |
| E0940 | RR | | | 34.16 | 34.16 |
| E0941 | RR | | | 52.87 | 52.87 |
| E0942 | NU | | | 23.29 | 23.29 |
| E0942 | RR | | | 2.76 | 2.76 |
| E0944 | NU | | | 53.87 | 53.87 |
| E0944 | RR | | | 5.42 | 5.42 |
| E0945 | NU | | | 61.24 | 61.24 |
| E0945 | RR | | | 6.12 | 6.12 |
| E0946 | RR | | | 69.48 | 69.48 |
| E0947 | NU | | | 712.24 | 712.24 |
| E0947 | RR | | | 73.85 | 73.85 |
| E0948 | NU | | | 688.88 | 688.88 |
| E0948 | RR | | | 68.86 | 68.86 |
| E0950 | NU | | | 100.61 | 100.61 |
| E0950 | RR | | | 10.07 | 10.07 |
| E0951 | NU | | | 17.88 | 17.88 |
| E0951 | RR | | | 1.81 | 1.81 |
| E0952 | NU | | | 19.07 | 19.07 |
| E0952 | RR | | | 1.96 | 1.96 |
| E0953 | RR | | | 10.69 | 10.69 |
| E0953 | NU | | | 106.88 | 106.88 |
| E0954 | RR | | | 6.28 | 6.28 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E0954 | NU | | | 62.39 | 62.39 |
| E0955 | NU | | | 211.90 | 211.90 |
| E0955 | RR | | | 21.19 | 21.19 |
| E0956 | NU | | | 106.88 | 106.88 |
| E0956 | RR | | | 10.69 | 10.69 |
| E0957 | NU | | | 157.94 | 157.94 |
| E0957 | RR | | | 15.79 | 15.79 |
| E0958 | RR | | | 56.32 | 56.32 |
| E0959 | NU | | | 51.92 | 51.92 |
| E0959 | RR | | | 5.23 | 5.23 |
| E0960 | NU | | | 99.86 | 99.86 |
| E0960 | RR | | | 10.00 | 10.00 |
| E0961 | NU | | | 30.37 | 30.37 |
| E0961 | RR | | | 3.12 | 3.12 |
| E0966 | NU | | | 89.44 | 89.44 |
| E0966 | RR | | | 8.95 | 8.95 |
| E0967 | NU | | | 90.74 | 90.74 |
| E0967 | RR | | | 9.08 | 9.08 |
| E0968 | RR | | NRC | 24.76 | 24.76 |
| E0969 | NU | | | 183.95 | 183.95 |
| E0969 | RR | | | 18.20 | 18.20 |
| E0970 | | | NRC | 0.00 | 0.00 |
| E0971 | NU | | | 49.02 | 49.02 |
| E0971 | RR | | | 4.91 | 4.91 |
| E0973 | NU | | | 91.85 | 91.85 |
| E0973 | RR | | | 8.90 | 8.90 |
| E0974 | NU | | | 100.44 | 100.44 |
| E0974 | RR | | | 10.37 | 10.37 |
| E0978 | NU | | | 40.42 | 40.42 |
| E0978 | RR | | | 4.04 | 4.04 |
| E0980 | NU | | | 44.16 | 44.16 |
| E0980 | RR | | | 4.39 | 4.39 |
| E0981 | NU | | | 47.72 | 47.72 |
| E0981 | RR | | | 4.86 | 4.86 |
| E0982 | NU | | | 52.15 | 52.15 |
| E0982 | RR | | | 5.22 | 5.22 |
| E0983 | RR | | | 345.32 | 345.32 |
| E0984 | NU | | | 2243.60 | 2243.60 |
| E0984 | RR | | | 224.36 | 224.36 |
| E0985 | NU | | | 276.00 | 276.00 |
| E0985 | RR | | | 27.60 | 27.60 |
| E0986 | NU | | NRC | 6720.80 | 6720.80 |
| E0986 | RR | | NRC | 672.08 | 672.08 |
| E0988 | RR | | | 413.60 | 413.60 |
| E0990 | NU | | | 103.69 | 103.69 |
| E0990 | RR | | | 11.11 | 11.11 |
| E0992 | NU | | | 116.16 | 116.16 |
| E0992 | RR | | | 11.42 | 11.42 |
| E0994 | NU | | | 24.36 | 24.36 |
| E0994 | RR | | | 2.46 | 2.46 |
| E0995 | NU | | | 30.77 | 30.77 |
| E0995 | RR | | | 3.08 | 3.08 |
| E1002 | NU | | | 4584.70 | 4584.70 |
| E1002 | RR | | | 458.47 | 458.47 |
| E1003 | NU | | | 5156.30 | 5156.30 |
| E1003 | RR | | | 515.63 | 515.63 |
| E1004 | NU | | | 5692.60 | 5692.60 |
| E1004 | RR | | | 569.26 | 569.26 |
| E1005 | NU | | | 6194.00 | 6194.00 |
| E1005 | RR | | | 619.40 | 619.40 |
| E1006 | NU | | | 7611.60 | 7611.60 |
| E1006 | RR | | | 761.16 | 761.16 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E1007 | NU | | | 9881.90 | 9881.90 |
| E1007 | RR | | | 988.19 | 988.19 |
| E1008 | NU | | | 10002.60 | 10002.60 |
| E1008 | RR | | | 1000.26 | 1000.26 |
| E1009 | NU | | NRC | 0.00 | 0.00 |
| E1009 | RR | | NRC | 0.00 | 0.00 |
| E1010 | NU | | | 1333.10 | 1333.10 |
| E1010 | RR | | | 133.31 | 133.31 |
| E1011 | NU | | NRC | 0.00 | 0.00 |
| E1011 | RR | | NRC | 0.00 | 0.00 |
| E1012 | RR | | | 133.31 | 133.31 |
| E1014 | NU | | | 504.70 | 504.70 |
| E1014 | RR | | | 50.47 | 50.47 |
| E1015 | NU | | | 154.30 | 154.30 |
| E1015 | RR | | | 15.42 | 15.42 |
| E1016 | NU | | | 148.64 | 148.64 |
| E1016 | RR | | | 14.88 | 14.88 |
| 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 | | | 258.00 | 258.00 |
| E1020 | RR | | | 25.80 | 25.80 |
| E1028 | NU | | | 207.70 | 207.70 |
| E1028 | RR | | | 20.77 | 20.77 |
| E1029 | NU | | | 439.60 | 439.60 |
| E1029 | RR | | | 43.96 | 43.96 |
| E1030 | NU | | | 1379.90 | 1379.90 |
| E1030 | RR | | | 137.99 | 137.99 |
| E1031 | RR | | | 61.88 | 61.88 |
| E1035 | RR | | NRC | 795.60 | 795.60 |
| E1036 | RR | | NRC | 1135.07 | 1135.07 |
| E1037 | RR | | | 142.56 | 142.56 |
| E1038 | RR | | | 21.71 | 21.71 |
| E1039 | RR | | NRC | 44.41 | 44.41 |
| E1050 | RR | | | 140.71 | 140.71 |
| E1060 | RR | | | 174.17 | 174.17 |
| E1070 | RR | | | 128.64 | 128.64 |
| E1083 | RR | | | 108.79 | 108.79 |
| E1084 | RR | | | 135.54 | 135.54 |
| E1085 | | | NRC | 0.00 | 0.00 |
| E1086 | | | NRC | 0.00 | 0.00 |
| E1087 | RR | | | 170.02 | 170.02 |
| E1088 | RR | | | 186.20 | 186.20 |
| E1089 | | | NRC | 0.00 | 0.00 |
| E1092 | RR | | | 154.58 | 154.58 |
| E1093 | RR | | | 137.57 | 137.57 |
| E1100 | RR | | | 121.90 | 121.90 |
| E1110 | RR | | | 123.83 | 123.83 |
| E1130 | | | NRC | 0.00 | 0.00 |
| E1140 | | | NRC | 0.00 | 0.00 |
| E1150 | RR | | | 112.70 | 112.70 |
| E1160 | RR | | | 86.36 | 86.36 |
| E1161 | NU | | NRC | 3269.00 | 3269.00 |
| E1161 | RR | | NRC | 326.90 | 326.90 |
| E1170 | RR | | | 104.89 | 104.89 |
| E1171 | RR | | | 94.13 | 94.13 |
| E1172 | RR | | | 115.06 | 115.06 |
| E1180 | RR | | | 123.59 | 123.59 |
| E1190 | RR | | | 142.13 | 142.13 |
| E1195 | RR | | | 147.53 | 147.53 |
| E1200 | RR | | NRC | 102.18 | 102.18 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E1220 | | | NRC | 0.00 | 0.00 |
| E1221 | RR | | NRC | 65.65 | 65.65 |
| E1222 | RR | | NRC | 87.92 | 87.92 |
| E1223 | RR | | NRC | 102.26 | 102.26 |
| E1224 | RR | | NRC | 112.12 | 112.12 |
| E1225 | RR | | | 55.01 | 55.01 |
| E1226 | NU | | | 559.15 | 559.15 |
| E1226 | RR | | | 56.84 | 56.84 |
| E1227 | NU | | NRC | 325.90 | 325.90 |
| E1227 | RR | | NRC | 32.60 | 32.60 |
| E1228 | RR | | NRC | 38.72 | 38.72 |
| E1230 | NU | | NRC | 3060.53 | 3060.53 |
| E1230 | RR | | | 307.34 | 307.34 |
| E1231 | NU | | NRC | 0.00 | 0.00 |
| E1231 | RR | | NRC | 0.00 | 0.00 |
| E1232 | NU | | NRC | 2954.80 | 2954.80 |
| E1232 | RR | | NRC | 295.48 | 295.48 |
| E1233 | NU | | NRC | 3061.30 | 3061.30 |
| E1233 | RR | | NRC | 306.13 | 306.13 |
| E1234 | NU | | NRC | 2665.20 | 2665.20 |
| E1234 | RR | | NRC | 266.52 | 266.52 |
| E1235 | NU | | NRC | 2566.60 | 2566.60 |
| E1235 | RR | | NRC | 256.66 | 256.66 |
| E1236 | NU | | NRC | 2264.20 | 2264.20 |
| E1236 | RR | | NRC | 226.42 | 226.42 |
| E1237 | NU | | NRC | 2284.00 | 2284.00 |
| E1237 | RR | | NRC | 228.40 | 228.40 |
| E1238 | NU | | NRC | 2264.20 | 2264.20 |
| E1238 | RR | | NRC | 226.42 | 226.42 |
| E1240 | RR | | | 142.34 | 142.34 |
| E1250 | | | NRC | 0.00 | 0.00 |
| E1260 | | | NRC | 0.00 | 0.00 |
| E1270 | RR | | | 109.07 | 109.07 |
| E1280 | RR | | | 165.95 | 165.95 |
| E1285 | | | NRC | 0.00 | 0.00 |
| E1290 | | | NRC | 0.00 | 0.00 |
| E1295 | RR | | NRC | 155.23 | 155.23 |
| E1296 | NU | | NRC | 577.40 | 577.40 |
| E1296 | RR | | NRC | 58.66 | 58.66 |
| E1297 | NU | | NRC | 122.86 | 122.86 |
| E1297 | RR | | NRC | 13.64 | 13.64 |
| E1298 | NU | | | 497.56 | 497.56 |
| E1298 | RR | | | 50.90 | 50.90 |
| E1300 | NU | | NC | 0.00 | 0.00 |
| E1310 | NU | | NC | 0.00 | 0.00 |
| E1310 | RR | | NC | 0.00 | 0.00 |
| E1352 | | | BR | 0.00 | 0.00 |
| E1353 | | | | 43.61 | 43.61 |
| E1354 | | | BR | 0.00 | 0.00 |
| E1355 | | | | 32.83 | 32.83 |
| E1356 | | | BR | 0.00 | 0.00 |
| E1357 | | | BR | 0.00 | 0.00 |
| E1358 | | | BR | 0.00 | 0.00 |
| E1372 | NU | | | 174.91 | 174.91 |
| E1372 | RR | | | 21.84 | 21.84 |
| E1390 | RR | | | 161.65 | 161.65 |
| E1391 | RR | | | 161.65 | 161.65 |
| E1392 | RR | | | 53.18 | 53.18 |
| E1399 | | | BR | 0.00 | 0.00 |
| E1405 | RR | | | 246.66 | 246.66 |
| E1406 | RR | | | 191.66 | 191.66 |
| E1700 | NU | | | 405.00 | 405.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E1700 | RR | | | 40.50 | 40.50 |
| E1701 | | | | 14.64 | 14.64 |
| E1702 | | | | 31.18 | 31.18 |
| E1800 | RR | | | 169.26 | 169.26 |
| E1801 | RR | | | 178.25 | 178.25 |
| E1802 | RR | | | 451.54 | 451.54 |
| E1805 | RR | | | 174.58 | 174.58 |
| E1806 | RR | | | 146.35 | 146.35 |
| E1810 | RR | | | 172.14 | 172.14 |
| E1811 | RR | | | 185.30 | 185.30 |
| E1812 | RR | | | 118.81 | 118.81 |
| E1815 | RR | | | 174.58 | 174.58 |
| E1816 | RR | | | 188.24 | 188.24 |
| E1818 | RR | | | 192.17 | 192.17 |
| E1820 | NU | | | 106.54 | 106.54 |
| E1820 | RR | | | 10.67 | 10.67 |
| E1821 | NU | | | 145.40 | 145.40 |
| E1821 | RR | | | 14.51 | 14.51 |
| E1825 | RR | | | 174.58 | 174.58 |
| E1830 | RR | | | 174.58 | 174.58 |
| E1831 | RR | | | 91.30 | 91.30 |
| E1840 | RR | | | 528.78 | 528.78 |
| E1841 | RR | | | 625.88 | 625.88 |
| E1902 | | | NRC | 0.00 | 0.00 |
| E2000 | | | NRC | 0.00 | 0.00 |
| E2000 | RR | | NRC | 71.60 | 71.60 |
| E2100 | NU | | NRC | 888.66 | 888.66 |
| E2100 | RR | | NRC | 88.88 | 88.88 |
| E2101 | NU | | NRC | 260.52 | 260.52 |
| E2101 | RR | | NRC | 26.05 | 26.05 |
| E2120 | RR | | NRC | 391.73 | 391.73 |
| E2201 | NU | | | 450.82 | 450.82 |
| E2201 | RR | | | 45.08 | 45.08 |
| E2202 | NU | | | 608.70 | 608.70 |
| E2202 | RR | | | 60.88 | 60.88 |
| E2203 | NU | | | 594.05 | 594.05 |
| E2203 | RR | | | 59.40 | 59.40 |
| E2204 | NU | | | 1022.36 | 1022.36 |
| E2204 | RR | | | 102.24 | 102.24 |
| E2205 | NU | | | 44.34 | 44.34 |
| E2205 | RR | | | 4.43 | 4.43 |
| E2206 | NU | | | 51.97 | 51.97 |
| E2206 | RR | | | 5.18 | 5.18 |
| E2207 | NU | | | 58.50 | 58.50 |
| E2207 | RR | | | 5.87 | 5.87 |
| E2208 | NU | | | 118.68 | 118.68 |
| E2208 | RR | | | 11.87 | 11.87 |
| E2209 | NU | | | 116.12 | 116.12 |
| E2209 | RR | | | 11.63 | 11.63 |
| E2210 | NU | | | 7.24 | 7.24 |
| E2210 | RR | | | 0.73 | 0.73 |
| E2211 | NU | | | 45.31 | 45.31 |
| E2211 | RR | | | 4.48 | 4.48 |
| E2212 | NU | | | 7.96 | 7.96 |
| E2212 | RR | | | 0.82 | 0.82 |
| E2213 | NU | | | 39.61 | 39.61 |
| E2213 | RR | | | 3.97 | 3.97 |
| E2214 | NU | | | 41.62 | 41.62 |
| E2214 | RR | | | 4.37 | 4.37 |
| E2215 | NU | | | 13.06 | 13.06 |
| E2215 | RR | | | 1.31 | 1.31 |
| E2216 | NU | | NRC | 58.80 | 58.80 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E2216 | RR | | NRC | 6.01 | 6.01 |
| E2217 | NU | | NRC | 52.03 | 52.03 |
| E2217 | RR | | NRC | 5.32 | 5.32 |
| E2218 | NU | | NRC | 58.80 | 58.80 |
| E2218 | RR | | NRC | 6.01 | 6.01 |
| E2219 | NU | | | 52.03 | 52.03 |
| E2219 | RR | | | 5.32 | 5.32 |
| E2220 | NU | | | 33.50 | 33.50 |
| E2220 | RR | | | 3.35 | 3.35 |
| E2221 | NU | | | 34.28 | 34.28 |
| E2221 | RR | | | 3.46 | 3.46 |
| E2222 | NU | | | 28.45 | 28.45 |
| E2222 | RR | | | 2.83 | 2.83 |
| E2224 | NU | | | 115.15 | 115.15 |
| E2224 | RR | | | 11.95 | 11.95 |
| E2225 | NU | | | 23.75 | 23.75 |
| E2225 | RR | | | 2.38 | 2.38 |
| E2226 | NU | | | 50.78 | 50.78 |
| E2226 | RR | | | 5.08 | 5.08 |
| E2227 | NU | | NRC | 2584.80 | 2584.80 |
| E2227 | RR | | NRC | 258.48 | 258.48 |
| E2228 | NU | | NRC | 1241.80 | 1241.80 |
| E2228 | RR | | NRC | 124.18 | 124.18 |
| E2230 | | | BR | 0.00 | 0.00 |
| E2231 | NU | | | 193.09 | 193.09 |
| E2231 | RR | | | 19.31 | 19.31 |
| 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 | | | 1332.50 | 1332.50 |
| E2310 | RR | | | 133.25 | 133.25 |
| E2311 | NU | | | 2693.80 | 2693.80 |
| E2311 | RR | | | 269.38 | 269.38 |
| E2312 | NU | | | 2786.30 | 2786.30 |
| E2312 | RR | | | 278.63 | 278.63 |
| E2313 | NU | | | 442.80 | 442.80 |
| E2313 | RR | | | 44.28 | 44.28 |
| E2321 | NU | | | 1810.20 | 1810.20 |
| E2321 | RR | | | 181.02 | 181.02 |
| E2322 | NU | | | 1655.90 | 1655.90 |
| E2322 | RR | | | 165.59 | 165.59 |
| E2323 | NU | | | 80.96 | 80.96 |
| E2323 | RR | | | 8.09 | 8.09 |
| E2324 | NU | | | 52.18 | 52.18 |
| E2324 | RR | | | 5.20 | 5.20 |
| E2325 | NU | | | 1582.10 | 1582.10 |
| E2325 | RR | | | 158.21 | 158.21 |
| E2326 | NU | | | 411.40 | 411.40 |
| E2326 | RR | | | 41.14 | 41.14 |
| E2327 | NU | | | 3081.40 | 3081.40 |
| E2327 | RR | | | 308.14 | 308.14 |
| E2328 | NU | | | 5830.60 | 5830.60 |
| E2328 | RR | | | 583.06 | 583.06 |
| E2329 | NU | | | 2091.70 | 2091.70 |
| E2329 | RR | | | 209.17 | 209.17 |
| E2330 | NU | | | 4034.40 | 4034.40 |
| E2330 | RR | | | 403.44 | 403.44 |
| E2331 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E2340 | NU | | | 495.13 | 495.13 |
| E2340 | RR | | | 49.54 | 49.54 |
| E2341 | NU | | | 742.75 | 742.75 |
| E2341 | RR | | | 74.27 | 74.27 |
| E2342 | NU | | | 618.97 | 618.97 |
| E2342 | RR | | | 61.90 | 61.90 |
| E2343 | NU | | | 990.36 | 990.36 |
| E2343 | RR | | | 99.02 | 99.02 |
| E2351 | NU | | NRC | 829.81 | 829.81 |
| E2351 | RR | | NRC | 82.98 | 82.98 |
| E2358 | NU | | BR | 0.00 | 0.00 |
| E2358 | RR | | BR | 0.00 | 0.00 |
| E2359 | NU | | | 225.02 | 225.02 |
| E2359 | RR | | | 22.51 | 22.51 |
| E2360 | NU | | | 141.16 | 141.16 |
| E2360 | RR | | | 14.11 | 14.11 |
| E2361 | NU | | | 155.27 | 155.27 |
| E2361 | RR | | | 15.53 | 15.53 |
| E2362 | NU | | | 127.09 | 127.09 |
| E2362 | RR | | | 12.71 | 12.71 |
| E2363 | NU | | | 202.06 | 202.06 |
| E2363 | RR | | | 20.21 | 20.21 |
| E2364 | NU | | | 139.82 | 139.82 |
| E2364 | RR | | | 13.98 | 13.98 |
| E2365 | NU | | | 114.92 | 114.92 |
| E2365 | RR | | | 11.48 | 11.48 |
| E2366 | NU | | | 231.62 | 231.62 |
| E2366 | RR | | | 23.20 | 23.20 |
| E2367 | NU | | | 454.87 | 454.87 |
| E2367 | RR | | | 45.49 | 45.49 |
| E2368 | NU | | | 564.00 | 564.00 |
| E2368 | RR | | | 56.40 | 56.40 |
| E2369 | NU | | | 510.80 | 510.80 |
| E2369 | RR | | | 51.08 | 51.08 |
| E2370 | NU | | | 810.60 | 810.60 |
| E2370 | RR | | | 81.06 | 81.06 |
| E2371 | NU | | | 177.40 | 177.40 |
| E2371 | RR | | | 17.75 | 17.75 |
| E2372 | NU | | NRC | 0.00 | 0.00 |
| E2372 | RR | | NRC | 0.00 | 0.00 |
| E2373 | NU | | | 948.70 | 948.70 |
| E2373 | RR | | | 94.87 | 94.87 |
| E2374 | NU | | | 611.00 | 611.00 |
| E2374 | RR | | | 61.10 | 61.10 |
| E2375 | NU | | | 933.60 | 933.60 |
| E2375 | RR | | | 93.36 | 93.36 |
| E2376 | NU | | | 1527.10 | 1527.10 |
| E2376 | RR | | | 152.71 | 152.71 |
| E2377 | NU | | | 558.80 | 558.80 |
| E2377 | RR | | | 55.88 | 55.88 |
| E2378 | NU | | | 704.20 | 704.20 |
| E2378 | RR | | | 70.42 | 70.42 |
| E2381 | NU | | | 83.54 | 83.54 |
| E2381 | RR | | | 8.36 | 8.36 |
| E2382 | NU | | | 23.04 | 23.04 |
| E2382 | RR | | | 2.30 | 2.30 |
| E2383 | NU | | | 170.56 | 170.56 |
| E2383 | RR | | | 17.05 | 17.05 |
| E2384 | NU | | | 86.69 | 86.69 |
| E2384 | RR | | | 8.68 | 8.68 |
| E2385 | NU | | | 55.10 | 55.10 |
| E2385 | RR | | | 5.53 | 5.53 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E2386 | NU | | | 153.86 | 153.86 |
| E2386 | RR | | | 15.38 | 15.38 |
| E2387 | NU | | | 69.49 | 69.49 |
| E2387 | RR | | | 6.96 | 6.96 |
| E2388 | NU | | | 57.88 | 57.88 |
| E2388 | RR | | | 5.80 | 5.80 |
| E2389 | NU | | | 31.88 | 31.88 |
| E2389 | RR | | | 3.19 | 3.19 |
| E2390 | NU | | | 49.61 | 49.61 |
| E2390 | RR | | | 4.96 | 4.96 |
| E2391 | NU | | | 23.27 | 23.27 |
| E2391 | RR | | | 2.33 | 2.33 |
| E2392 | NU | | | 58.54 | 58.54 |
| E2392 | RR | | | 5.87 | 5.87 |
| E2394 | NU | | | 82.20 | 82.20 |
| E2394 | RR | | | 8.23 | 8.23 |
| E2395 | NU | | | 59.80 | 59.80 |
| E2395 | RR | | | 5.99 | 5.99 |
| E2396 | NU | | | 66.52 | 66.52 |
| E2396 | RR | | | 6.89 | 6.89 |
| E2397 | NU | | | 565.09 | 565.09 |
| E2397 | RR | | | 56.51 | 56.51 |
| E2398 | | | NRC | TBD | TBD |
| E2402 | RR | | | 1443.92 | 1443.92 |
| E2500 | NU | | NRC | 540.29 | 540.29 |
| E2500 | RR | | NRC | 54.04 | 54.04 |
| E2502 | NU | | NRC | 1652.16 | 1652.16 |
| E2502 | RR | | NRC | 165.23 | 165.23 |
| E2504 | NU | | NRC | 2179.44 | 2179.44 |
| E2504 | RR | | NRC | 217.97 | 217.97 |
| E2506 | NU | | NRC | 3195.71 | 3195.71 |
| E2506 | RR | | NRC | 319.55 | 319.55 |
| E2508 | NU | | NRC | 4941.64 | 4941.64 |
| E2508 | RR | | NRC | 494.16 | 494.16 |
| E2510 | NU | | | 9351.38 | 9351.38 |
| E2510 | RR | | | 935.15 | 935.15 |
| 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 | | | 60.84 | 60.84 |
| E2601 | RR | | | 6.10 | 6.10 |
| E2602 | NU | | | 123.77 | 123.77 |
| E2602 | RR | | | 12.38 | 12.38 |
| E2603 | NU | | | 154.82 | 154.82 |
| E2603 | RR | | | 15.49 | 15.49 |
| E2604 | NU | | | 203.62 | 203.62 |
| E2604 | RR | | | 20.36 | 20.36 |
| E2605 | NU | | | 292.03 | 292.03 |
| E2605 | RR | | | 29.21 | 29.21 |
| E2606 | NU | | | 461.30 | 461.30 |
| E2606 | RR | | | 46.14 | 46.14 |
| E2607 | NU | | | 300.14 | 300.14 |
| E2607 | RR | | | 30.01 | 30.01 |
| E2608 | NU | | | 367.97 | 367.97 |
| E2608 | RR | | | 36.79 | 36.79 |
| E2609 | | | NRC | 0.00 | 0.00 |
| E2610 | | | NRC | 0.00 | 0.00 |
| E2611 | NU | | | 284.16 | 284.16 |
| E2611 | RR | | | 28.40 | 28.40 |
| E2612 | NU | | | 443.21 | 443.21 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| E2612 | RR | | | 44.32 | 44.32 |
| E2613 | NU | | | 427.93 | 427.93 |
| E2613 | RR | | | 42.80 | 42.80 |
| E2614 | NU | | | 609.98 | 609.98 |
| E2614 | RR | | | 61.00 | 61.00 |
| E2615 | NU | | | 490.51 | 490.51 |
| E2615 | RR | | | 49.06 | 49.06 |
| E2616 | NU | | | 660.28 | 660.28 |
| E2616 | RR | | | 66.02 | 66.02 |
| E2617 | | | NRC | 0.00 | 0.00 |
| E2619 | NU | | | 59.27 | 59.27 |
| E2619 | RR | | | 5.93 | 5.93 |
| E2620 | NU | | | 563.20 | 563.20 |
| E2620 | RR | | | 56.33 | 56.33 |
| E2621 | NU | | | 623.05 | 623.05 |
| E2621 | RR | | | 62.30 | 62.30 |
| E2622 | NU | | | 379.51 | 379.51 |
| E2622 | RR | | | 37.96 | 37.96 |
| E2623 | NU | | | 481.48 | 481.48 |
| E2623 | RR | | | 48.16 | 48.16 |
| E2624 | NU | | | 384.07 | 384.07 |
| E2624 | RR | | | 38.41 | 38.41 |
| E2625 | NU | | | 480.97 | 480.97 |
| E2625 | RR | | | 48.10 | 48.10 |
| E2626 | NU | | | 827.83 | 827.83 |
| E2626 | RR | | | 82.79 | 82.79 |
| E2627 | NU | | | 1163.98 | 1163.98 |
| E2627 | RR | | | 116.42 | 116.42 |
| E2628 | NU | | | 876.86 | 876.86 |
| E2628 | RR | | | 87.68 | 87.68 |
| E2629 | NU | | | 1262.21 | 1262.21 |
| E2629 | RR | | | 126.22 | 126.22 |
| E2630 | NU | | | 775.98 | 775.98 |
| E2630 | RR | | | 77.60 | 77.60 |
| E2631 | NU | | | 310.40 | 310.40 |
| E2631 | RR | | | 31.04 | 31.04 |
| E2632 | NU | | | 197.38 | 197.38 |
| E2632 | RR | | | 19.73 | 19.73 |
| E2633 | NU | | | 167.41 | 167.41 |
| E2633 | RR | | | 16.75 | 16.75 |
| E8000 | | | NRC | 0.00 | 0.00 |
| E8001 | | | NRC | 0.00 | 0.00 |
| E8002 | | | NRC | 0.00 | 0.00 |
| G0027 | | | | 9.04 | 9.04 |
| G0068 | | | NC | 0.00 | 0.00 |
| G0069 | | | NC | 0.00 | 0.00 |
| G0070 | | | NC | 0.00 | 0.00 |
| G0071 | | | | 18.66 | 15.87 |
| G0101 | | | | 53.33 | 38.43 |
| G0102 | | | | 30.09 | 12.40 |
| G0103 | | | | 25.55 | 25.55 |
| G0104 | | | | 231.27 | 79.96 |
| G0105 | | | | 442.67 | 267.15 |
| G0106 | | | | 306.99 | 306.99 |
| G0106 | 26 | | | 74.17 | 74.17 |
| G0106 | TC | | | 232.83 | 232.83 |
| G0108 | | | | 76.60 | 76.60 |
| G0109 | | | | 21.12 | 21.12 |
| G0117 | | | | 75.59 | 75.59 |
| G0118 | | | | 55.74 | 55.74 |
| G0120 | | | | 305.46 | 305.46 |
| G0120 | 26 | | | 72.64 | 72.64 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| G0120 | TC | | | 232.83 | 232.83 |
| G0121 | | | | 443.18 | 267.66 |
| G0122 | | | | 385.64 | 385.64 |
| G0122 | TC | | | 316.16 | 316.16 |
| G0122 | 26 | | | 69.48 | 69.48 |
| G0123 | | | | 28.14 | 28.14 |
| G0143 | | | | 33.81 | 33.81 |
| G0144 | | | | 54.96 | 54.96 |
| G0145 | | | | 36.80 | 36.80 |
| G0147 | | | | 18.74 | 18.74 |
| G0148 | | | | 39.93 | 39.93 |
| G0186 | | | BR | 0.00 | 0.00 |
| G0219 | | | BR | 0.00 | 0.00 |
| G0219 | TC | | BR | 0.00 | 0.00 |
| G0219 | 26 | | BR | 0.00 | 0.00 |
| G0235 | | | BR | 0.00 | 0.00 |
| G0235 | TC | | BR | 0.00 | 0.00 |
| G0235 | 26 | | BR | 0.00 | 0.00 |
| G0252 | | | BR | 0.00 | 0.00 |
| G0252 | TC | | BR | 0.00 | 0.00 |
| G0252 | 26 | | BR | 0.00 | 0.00 |
| G0279 | | | | 74.82 | 74.82 |
| G0279 | TC | | | 32.59 | 32.59 |
| G0279 | 26 | | | 42.24 | 42.24 |
| G0295 | | | BR | 0.00 | 0.00 |
| G0296 | | | | 40.04 | 37.24 |
| G0297 | | | | 316.07 | 316.07 |
| G0297 | 26 | | | 72.54 | 72.54 |
| G0297 | TC | | | 243.53 | 243.53 |
| G0306 | | | | 10.79 | 10.79 |
| G0307 | | | | 8.98 | 8.98 |
| G0328 | | | | 22.56 | 22.56 |
| G0329 | | | | 14.73 | 14.73 |
| G0339 | | | BR | 0.00 | 0.00 |
| G0340 | | | BR | 0.00 | 0.00 |
| G0416 | | | | 797.51 | 797.51 |
| G0416 | TC | | | 401.98 | 401.98 |
| G0416 | 26 | | | 395.53 | 395.53 |
| G0432 | | | | 24.46 | 24.46 |
| G0433 | | | | 22.86 | 22.86 |
| G0435 | | | | 16.65 | 16.65 |
| G0458 | | | BR | 0.00 | 0.00 |
| G0475 | | | | 33.44 | 33.44 |
| G0476 | | | NRC | 48.74 | 48.74 |
| G0480 | | | | 143.04 | 143.04 |
| G0481 | | | | 195.74 | 195.74 |
| G0482 | | | NRC | 248.43 | 248.43 |
| G0483 | | | NRC | 308.65 | 308.65 |
| G0498 | | | | 220.43 | 220.43 |
| G0506 | | | NRC | 85.87 | 63.99 |
| G0508 | | | NRC | 293.01 | 293.01 |
| G0509 | | | NRC | 276.97 | 276.97 |
| G0516 | | | | 505.48 | 235.71 |
| G0517 | | | | 546.40 | 269.41 |
| G0518 | | | | 953.69 | 435.79 |
| G2010 | | | | 17.10 | 12.91 |
| G2012 | | | | 20.23 | 18.37 |
| G6001 | | | | 111.05 | 111.05 |
| G6001 | 26 | | | 43.97 | 43.97 |
| G6001 | TC | | | 67.09 | 67.09 |
| G6002 | | | | 101.87 | 101.87 |
| G6002 | 26 | | | 29.20 | 29.20 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| G6002 | TC | | | 72.67 | 72.67 |
| G6003 | | | | 257.50 | 257.50 |
| G6004 | | | | 188.60 | 188.60 |
| G6005 | | | | 188.60 | 188.60 |
| G6006 | | | | 188.13 | 188.13 |
| G6007 | | | | 356.66 | 356.66 |
| G6008 | | | | 260.29 | 260.29 |
| G6009 | | | | 258.90 | 258.90 |
| G6010 | | | | 258.90 | 258.90 |
| G6011 | | | | 352.01 | 352.01 |
| G6012 | | | | 345.03 | 345.03 |
| G6013 | | | | 345.49 | 345.49 |
| G6014 | | | | 345.49 | 345.49 |
| G6015 | | | | 468.53 | 468.53 |
| G6016 | | | | 467.00 | 467.00 |
| G6017 | | | BR | 0.00 | 0.00 |
| G9143 | | | | 167.66 | 167.66 |
| G9473 | | | BR | 0.00 | 0.00 |
| G9474 | | | BR | 0.00 | 0.00 |
| G9475 | | | BR | 0.00 | 0.00 |
| G9476 | | | BR | 0.00 | 0.00 |
| G9477 | | | BR | 0.00 | 0.00 |
| G9478 | | | BR | 0.00 | 0.00 |
| G9479 | | | BR | 0.00 | 0.00 |
| G9480 | | | NC | 0.00 | 0.00 |
| G9481 | | | NC | 0.00 | 0.00 |
| G9482 | | | NC | 0.00 | 0.00 |
| G9483 | | | NC | 0.00 | 0.00 |
| G9484 | | | NC | 0.00 | 0.00 |
| G9485 | | | NC | 0.00 | 0.00 |
| G9486 | | | NC | 0.00 | 0.00 |
| G9487 | | | NC | 0.00 | 0.00 |
| G9488 | | | NC | 0.00 | 0.00 |
| G9489 | | | NC | 0.00 | 0.00 |
| J0120 | | | | 12.50 | 12.50 |
| J0121 | | | BR | TBD | TBD |
| J0122 | | | BR | TBD | TBD |
| J0129 | | | NRC | 62.99 | 62.99 |
| J0130 | | | | 1714.88 | 1714.88 |
| J0131 | | | BR | 0.00 | 0.00 |
| J0132 | | | NRC | 1.37 | 1.37 |
| J0133 | | | | 0.06 | 0.06 |
| J0135 | | | NRC | 1091.06 | 1091.06 |
| J0153 | | | | 0.97 | 0.97 |
| J0171 | | | | 0.92 | 0.92 |
| J0178 | | | | 1152.24 | 1152.24 |
| J0179 | | | NRC | TBD | TBD |
| J0180 | | | NRC | 213.84 | 213.84 |
| J0185 | | | | 2.68 | 2.68 |
| J0190 | | | NRC | 0.00 | 0.00 |
| J0200 | | | NRC | 0.00 | 0.00 |
| J0202 | | | NRC | 2247.79 | 2247.79 |
| J0205 | | | NRC | 50.43 | 50.43 |
| J0207 | | | | 1188.47 | 1188.47 |
| J0210 | | | | 50.88 | 50.88 |
| J0215 | | | NRC | 49.97 | 49.97 |
| J0220 | | | NRC | 248.04 | 248.04 |
| J0221 | | | | 199.45 | 199.45 |
| J0222 | | | NRC | TBD | TBD |
| J0256 | | | NRC | 5.48 | 5.48 |
| J0257 | | | | 5.66 | 5.66 |
| J0270 | | | NRC | 0.81 | 0.81 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J0275 | | | NRC | 30.87 | 30.87 |
| J0278 | | | | 1.46 | 1.46 |
| J0280 | | | | 8.80 | 8.80 |
| J0282 | | | NRC | 0.32 | 0.32 |
| J0285 | | | | 45.01 | 45.01 |
| J0287 | | | | 7.40 | 7.40 |
| J0288 | | | | 16.80 | 16.80 |
| J0289 | | | | 28.70 | 28.70 |
| J0290 | | | | 1.17 | 1.17 |
| J0291 | | | NRC | TBD | TBD |
| J0295 | | | | 3.38 | 3.38 |
| J0300 | | | NRC | 0.00 | 0.00 |
| J0330 | | | | 0.18 | 0.18 |
| J0348 | | | | 0.65 | 0.65 |
| J0350 | | | BR | 0.00 | 0.00 |
| J0360 | | | | 3.09 | 3.09 |
| J0364 | | | NRC | 39.23 | 39.23 |
| 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 | 0.91 | 0.91 |
| J0401 | | | NRC | 6.54 | 6.54 |
| J0456 | | | | 3.09 | 3.09 |
| J0461 | | | | 0.08 | 0.08 |
| J0470 | | | | 64.98 | 64.98 |
| J0475 | | | | 209.03 | 209.03 |
| J0476 | | | | 59.98 | 59.98 |
| J0480 | | | NRC | 4424.60 | 4424.60 |
| J0485 | | | | 4.53 | 4.53 |
| J0490 | | | | 52.99 | 52.99 |
| J0500 | | | NRC | 98.79 | 98.79 |
| J0515 | | | | 22.50 | 22.50 |
| J0517 | | | | 200.26 | 200.26 |
| J0520 | | | | 5.34 | 5.34 |
| J0558 | | | | 13.22 | 13.22 |
| J0561 | | | | 16.64 | 16.64 |
| J0565 | | | NRC | 48.00 | 48.00 |
| J0567 | | | NRC | 0.00 | 0.00 |
| J0570 | | | NRC | 1515.83 | 1515.83 |
| J0571 | | | | 0.67 | 0.67 |
| J0572 | | | | 5.13 | 5.13 |
| J0573 | | | | 9.19 | 9.19 |
| J0574 | | | | 13.86 | 13.86 |
| J0575 | | | | 18.39 | 18.39 |
| J0583 | | | NRC | 0.84 | 0.84 |
| J0584 | | | NRC | 0.00 | 0.00 |
| J0585 | | | | 7.34 | 7.34 |
| J0586 | | | | 10.09 | 10.09 |
| J0587 | | | | 14.37 | 14.37 |
| J0588 | | | | 6.10 | 6.10 |
| J0592 | | | | 5.06 | 5.06 |
| J0593 | | | NRC | TBD | TBD |
| J0594 | | | NRC | 8.19 | 8.19 |
| J0595 | | | | 3.01 | 3.01 |
| J0596 | | | NRC | 32.81 | 32.81 |
| J0597 | | | NRC | 58.73 | 58.73 |
| J0598 | | | NRC | 65.96 | 65.96 |
| J0599 | | | NRC | 0.00 | 0.00 |
| J0600 | | | NRC | 6713.31 | 6713.31 |
| J0604 | | | NRC | 1.09 | 1.09 |
| J0606 | | | NRC | 4.16 | 4.16 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J0610 | | | | 3.86 | 3.86 |
| J0620 | | | | 12.32 | 12.32 |
| J0630 | | | NRC | 3189.05 | 3189.05 |
| J0636 | | | NRC | 0.63 | 0.63 |
| J0637 | | | | 12.53 | 12.53 |
| J0638 | | | NRC | 133.22 | 133.22 |
| J0640 | | | | 3.98 | 3.98 |
| J0641 | | | | 0.27 | 0.27 |
| J0642 | | | BR | TBD | TBD |
| J0670 | | | NRC | 2.11 | 2.11 |
| J0690 | | | | 1.09 | 1.09 |
| J0692 | | | | 2.20 | 2.20 |
| J0694 | | | | 5.40 | 5.40 |
| J0695 | | | | 6.49 | 6.49 |
| J0696 | | | | 0.75 | 0.75 |
| J0697 | | | | 2.57 | 2.57 |
| J0698 | | | | 0.94 | 0.94 |
| J0702 | | | | 8.17 | 8.17 |
| J0706 | | | NRC | 0.66 | 0.66 |
| J0710 | | | NRC | 0.00 | 0.00 |
| J0712 | | | | 3.50 | 3.50 |
| J0713 | | | | 2.35 | 2.35 |
| J0714 | | | | 93.91 | 93.91 |
| J0715 | | | | 5.34 | 5.34 |
| J0716 | | | BR | 0.00 | 0.00 |
| J0717 | | | NRC | 9.45 | 9.45 |
| J0720 | | | | 47.45 | 47.45 |
| J0725 | | | NRC | 26.65 | 26.65 |
| J0735 | | | | 18.53 | 18.53 |
| J0740 | | | | 695.89 | 695.89 |
| J0743 | | | | 7.55 | 7.55 |
| J0744 | | | | 1.63 | 1.63 |
| J0745 | | | | 1.62 | 1.62 |
| J0770 | | | | 16.16 | 16.16 |
| J0775 | | | NRC | 56.35 | 56.35 |
| J0780 | | | | 11.88 | 11.88 |
| J0795 | | | NRC | 10.87 | 10.87 |
| J0800 | | | NRC | 4773.14 | 4773.14 |
| J0834 | | | NRC | 49.40 | 49.40 |
| J0840 | | | | 3986.48 | 3986.48 |
| J0841 | | | NRC | 0.00 | 0.00 |
| J0850 | | | | 1354.98 | 1354.98 |
| J0875 | | | | 17.40 | 17.40 |
| J0878 | | | | 0.44 | 0.44 |
| J0881 | | | | 4.76 | 4.76 |
| J0882 | | | | 4.76 | 4.76 |
| J0883 | | | | 2.23 | 2.23 |
| J0884 | | | | 2.23 | 2.23 |
| J0885 | | | | 14.08 | 14.08 |
| J0887 | | | NRC | 2.12 | 2.12 |
| J0888 | | | NRC | 2.12 | 2.12 |
| J0890 | | | | 9.84 | 9.84 |
| J0894 | | | | 10.50 | 10.50 |
| J0895 | | | NRC | 9.81 | 9.81 |
| J0897 | | | | 22.43 | 22.43 |
| J0945 | | | | 1.00 | 1.00 |
| J1000 | | | NRC | 26.35 | 26.35 |
| J1020 | | | | 4.67 | 4.67 |
| J1030 | | | | 7.75 | 7.75 |
| J1040 | | | | 14.99 | 14.99 |
| J1050 | | | | 0.67 | 0.67 |
| J1071 | | | | 0.04 | 0.04 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J1094 | | | | 0.28 | 0.28 |
| J1096 | | | NRC | TBD | TBD |
| J1097 | | | NRC | TBD | TBD |
| J1100 | | | | 0.12 | 0.12 |
| J1110 | | | | 70.31 | 70.31 |
| J1120 | | | | 16.51 | 16.51 |
| J1130 | | | | 0.25 | 0.25 |
| J1160 | | | | 6.90 | 6.90 |
| J1162 | | | NRC | 4535.99 | 4535.99 |
| J1165 | | | | 0.78 | 0.78 |
| J1170 | | | | 3.87 | 3.87 |
| J1180 | | | | 8.54 | 8.54 |
| J1190 | | | | 253.79 | 253.79 |
| J1200 | | | | 0.79 | 0.79 |
| J1205 | | | NRC | 77.35 | 77.35 |
| J1212 | | | NRC | 660.64 | 660.64 |
| J1230 | | | | 22.48 | 22.48 |
| J1240 | | | | 9.33 | 9.33 |
| J1245 | | | | 2.63 | 2.63 |
| J1250 | | | | 10.64 | 10.64 |
| J1260 | | | | 8.40 | 8.40 |
| J1265 | | | | 1.06 | 1.06 |
| J1267 | | | | 1.06 | 1.06 |
| J1270 | | | NRC | 0.36 | 0.36 |
| J1290 | | | NRC | 576.24 | 576.24 |
| J1300 | | | NRC | 276.57 | 276.57 |
| J1301 | | | | 23.43 | 23.43 |
| J1303 | | | NRC | TBD | TBD |
| J1320 | | | | 2.40 | 2.40 |
| J1322 | | | NRC | 284.20 | 284.20 |
| J1324 | | | NRC | 0.00 | 0.00 |
| J1325 | | | | 19.37 | 19.37 |
| J1327 | | | NRC | 33.09 | 33.09 |
| J1330 | | | NRC | 0.00 | 0.00 |
| J1335 | | | | 58.18 | 58.18 |
| J1364 | | | | 94.64 | 94.64 |
| J1380 | | | NRC | 14.64 | 14.64 |
| J1410 | | | NRC | 371.05 | 371.05 |
| J1430 | | | NRC | 532.92 | 532.92 |
| J1435 | | | NRC | 0.00 | 0.00 |
| J1436 | | | NRC | 0.00 | 0.00 |
| J1438 | | | NRC | 454.97 | 454.97 |
| J1439 | | | | 1.29 | 1.29 |
| J1442 | | | | 1.20 | 1.20 |
| J1443 | | | NRC | 0.00 | 0.00 |
| J1444 | | | NRC | TBD | TBD |
| J1447 | | | | 0.68 | 0.68 |
| J1450 | | | | 4.99 | 4.99 |
| J1451 | | | NRC | 8.04 | 8.04 |
| J1452 | | | NRC | 0.00 | 0.00 |
| J1453 | | | | 2.46 | 2.46 |
| J1454 | | | | 634.44 | 634.44 |
| J1455 | | | NRC | 15.98 | 15.98 |
| J1457 | | | NRC | 2.49 | 2.49 |
| J1458 | | | NRC | 468.37 | 468.37 |
| J1459 | | | NRC | 48.86 | 48.86 |
| J1460 | | | | 47.05 | 47.05 |
| J1555 | | | NRC | 15.80 | 15.80 |
| J1556 | | | NRC | 84.62 | 84.62 |
| J1557 | | | | 53.04 | 53.04 |
| J1559 | | | NRC | 12.23 | 12.23 |
| J1560 | | | | 470.47 | 470.47 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J1561 | | | | 46.50 | 46.50 |
| J1562 | | | | 8.70 | 8.70 |
| J1566 | | | NRC | 71.77 | 71.77 |
| J1568 | | | | 38.96 | 38.96 |
| J1569 | | | | 50.58 | 50.58 |
| J1570 | | | | 60.59 | 60.59 |
| J1571 | | | | 77.53 | 77.53 |
| J1572 | | | | 43.71 | 43.71 |
| J1573 | | | | 61.55 | 61.55 |
| J1575 | | | NRC | 16.93 | 16.93 |
| J1580 | | | | 2.08 | 2.08 |
| J1595 | | | NRC | 0.00 | 0.00 |
| J1599 | | | NRC | 0.00 | 0.00 |
| J1600 | | | NRC | 36.18 | 36.18 |
| J1602 | | | NRC | 26.81 | 26.81 |
| J1610 | | | NRC | 248.55 | 248.55 |
| J1620 | | | NRC | 0.00 | 0.00 |
| J1626 | | | | 0.42 | 0.42 |
| J1627 | | | | 3.36 | 3.36 |
| J1628 | | | NRC | 0.00 | 0.00 |
| J1630 | | | | 1.25 | 1.25 |
| J1631 | | | | 19.89 | 19.89 |
| J1640 | | | NRC | 27.63 | 27.63 |
| J1642 | | | | 0.19 | 0.19 |
| J1644 | | | | 0.23 | 0.23 |
| J1645 | | | | 16.09 | 16.09 |
| J1650 | | | | 1.04 | 1.04 |
| J1652 | | | | 2.57 | 2.57 |
| J1655 | | | | 5.39 | 5.39 |
| J1670 | | | | 490.12 | 490.12 |
| J1675 | | | NRC | 0.00 | 0.00 |
| J1700 | | | | 1.25 | 1.25 |
| J1710 | | | | 2.49 | 2.49 |
| J1720 | | | | 15.65 | 15.65 |
| J1730 | | | NRC | 0.00 | 0.00 |
| J1740 | | | NRC | 53.34 | 53.34 |
| J1741 | | | BR | 0.00 | 0.00 |
| J1742 | | | NRC | 157.85 | 157.85 |
| J1743 | | | NRC | 651.58 | 651.58 |
| J1744 | | | BR | 0.00 | 0.00 |
| J1745 | | | NRC | 86.19 | 86.19 |
| J1746 | | | NRC | 0.00 | 0.00 |
| J1750 | | | | 16.37 | 16.37 |
| J1756 | | | | 0.28 | 0.28 |
| J1786 | | | NRC | 50.52 | 50.52 |
| J1790 | | | | 2.57 | 2.57 |
| J1800 | | | | 4.22 | 4.22 |
| J1810 | | | NRC | 0.00 | 0.00 |
| J1815 | | | NRC | 1.10 | 1.10 |
| J1817 | | | NRC | 13.30 | 13.30 |
| J1826 | | | BR | 0.00 | 0.00 |
| J1830 | | | NRC | 0.00 | 0.00 |
| J1833 | | | | 0.84 | 0.84 |
| J1835 | | | | 50.74 | 50.74 |
| J1840 | | | | 9.22 | 9.22 |
| J1850 | | | | 1.38 | 1.38 |
| J1885 | | | | 0.55 | 0.55 |
| J1890 | | | | 7.70 | 7.70 |
| J1930 | | | | 70.48 | 70.48 |
| J1931 | | | NRC | 37.47 | 37.47 |
| J1940 | | | | 0.96 | 0.96 |
| J1943 | | | NRC | TBD | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J1944 | | | NRC | TBD | TBD |
| J1945 | | | NRC | 684.65 | 684.65 |
| J1950 | | | | 1428.24 | 1428.24 |
| J1953 | | | NRC | 0.14 | 0.14 |
| J1955 | | | NRC | 23.99 | 23.99 |
| J1956 | | | | 1.46 | 1.46 |
| J1960 | | | NRC | 3.76 | 3.76 |
| J1980 | | | | 36.40 | 36.40 |
| J1990 | | | | 25.26 | 25.26 |
| J2001 | | | NRC | 0.03 | 0.03 |
| J2010 | | | | 14.80 | 14.80 |
| J2020 | | | | 10.86 | 10.86 |
| J2060 | | | | 0.88 | 0.88 |
| J2062 | | | NRC | 0.00 | 0.00 |
| J2150 | | | | 4.19 | 4.19 |
| J2170 | | | NRC | 0.00 | 0.00 |
| J2175 | | | | 5.74 | 5.74 |
| J2180 | | | | 4.61 | 4.61 |
| J2182 | | | NRC | 35.30 | 35.30 |
| J2185 | | | | 1.26 | 1.26 |
| J2210 | | | NRC | 20.28 | 20.28 |
| J2212 | | | BR | 0.00 | 0.00 |
| J2248 | | | | 1.26 | 1.26 |
| J2250 | | | | 0.15 | 0.15 |
| J2260 | | | | 1.73 | 1.73 |
| J2265 | | | BR | 0.00 | 0.00 |
| J2270 | | | | 3.09 | 3.09 |
| J2274 | | | | 9.11 | 9.11 |
| J2278 | | | | 9.26 | 9.26 |
| J2280 | | | | 11.03 | 11.03 |
| J2300 | | | | 3.30 | 3.30 |
| J2310 | | | | 17.56 | 17.56 |
| J2315 | | | NRC | 3.88 | 3.88 |
| J2320 | | | NRC | 0.00 | 0.00 |
| J2323 | | | NRC | 23.63 | 23.63 |
| J2325 | | | NRC | 72.29 | 72.29 |
| J2350 | | | NRC | 68.89 | 68.89 |
| J2353 | | | | 237.49 | 237.49 |
| J2354 | | | | 1.05 | 1.05 |
| J2355 | | | NRC | 512.30 | 512.30 |
| J2357 | | | | 44.42 | 44.42 |
| J2358 | | | NRC | 3.50 | 3.50 |
| J2360 | | | | 6.40 | 6.40 |
| J2370 | | | | 4.77 | 4.77 |
| J2400 | | | NRC | 33.12 | 33.12 |
| J2405 | | | | 0.14 | 0.14 |
| J2407 | | | | 28.69 | 28.69 |
| J2410 | | | | 3.50 | 3.50 |
| J2425 | | | | 24.26 | 24.26 |
| J2426 | | | NRC | 13.04 | 13.04 |
| J2430 | | | | 19.41 | 19.41 |
| J2440 | | | | 1.53 | 1.53 |
| J2460 | | | | 1.16 | 1.16 |
| J2469 | | | | 14.07 | 14.07 |
| J2501 | | | NRC | 0.90 | 0.90 |
| J2502 | | | BR | 0.00 | 0.00 |
| J2503 | | | NRC | 856.20 | 856.20 |
| J2504 | | | NRC | 441.55 | 441.55 |
| J2505 | | | | 5586.57 | 5586.57 |
| J2507 | | | | 2883.96 | 2883.96 |
| J2510 | | | | 35.75 | 35.75 |
| J2513 | | | | 13.74 | 13.74 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J2515 | | | | 53.28 | 53.28 |
| J2540 | | | | 1.24 | 1.24 |
| J2543 | | | | 2.35 | 2.35 |
| J2545 | | | NRC | 111.27 | 111.27 |
| J2547 | | | NRC | 0.00 | 0.00 |
| J2550 | | | | 2.53 | 2.53 |
| J2560 | | | | 47.30 | 47.30 |
| J2562 | | | NRC | 396.63 | 396.63 |
| J2590 | | | NRC | 0.63 | 0.63 |
| J2597 | | | NRC | 14.82 | 14.82 |
| J2650 | | | | 0.21 | 0.21 |
| J2670 | | | NRC | 0.00 | 0.00 |
| J2675 | | | NRC | 2.14 | 2.14 |
| J2680 | | | | 14.92 | 14.92 |
| J2690 | | | NRC | 98.66 | 98.66 |
| J2700 | | | | 1.92 | 1.92 |
| J2704 | | | | 0.13 | 0.13 |
| J2710 | | | NRC | 0.11 | 0.11 |
| J2720 | | | | 1.35 | 1.35 |
| J2724 | | | NRC | 18.15 | 18.15 |
| J2725 | | | NRC | 0.00 | 0.00 |
| J2730 | | | | 110.28 | 110.28 |
| J2760 | | | NRC | 190.80 | 190.80 |
| J2765 | | | | 1.49 | 1.49 |
| J2770 | | | | 500.40 | 500.40 |
| J2778 | | | NRC | 436.98 | 436.98 |
| J2780 | | | | 5.74 | 5.74 |
| J2783 | | | | 334.99 | 334.99 |
| J2785 | | | | 69.27 | 69.27 |
| J2786 | | | NRC | 11.36 | 11.36 |
| J2788 | | | NRC | 30.98 | 30.98 |
| J2790 | | | NRC | 93.87 | 93.87 |
| J2791 | | | NRC | 5.76 | 5.76 |
| J2792 | | | NRC | 34.33 | 34.33 |
| J2793 | | | NRC | 0.00 | 0.00 |
| J2794 | | | | 11.27 | 11.27 |
| J2795 | | | | 0.10 | 0.10 |
| J2796 | | | NRC | 86.10 | 86.10 |
| J2797 | | | BR | 0.00 | 0.00 |
| J2798 | | | NRC | TBD | TBD |
| J2800 | | | | 18.78 | 18.78 |
| J2805 | | | NRC | 124.76 | 124.76 |
| J2810 | | | | 0.45 | 0.45 |
| J2820 | | | | 47.61 | 47.61 |
| J2840 | | | NRC | 636.00 | 636.00 |
| J2850 | | | NRC | 41.74 | 41.74 |
| J2860 | | | NRC | 114.75 | 114.75 |
| J2910 | | | NRC | 0.00 | 0.00 |
| J2916 | | | NRC | 2.28 | 2.28 |
| J2920 | | | | 5.36 | 5.36 |
| J2930 | | | | 7.63 | 7.63 |
| J2940 | | | NRC | 0.00 | 0.00 |
| J2941 | | | NRC | 0.00 | 0.00 |
| J2950 | | | | 0.46 | 0.46 |
| J2993 | | | | 2762.29 | 2762.29 |
| J2995 | | | | 89.06 | 89.06 |
| J2997 | | | | 105.22 | 105.22 |
| J3000 | | | | 36.82 | 36.82 |
| J3010 | | | | 0.92 | 0.92 |
| J3030 | | | NRC | 74.87 | 74.87 |
| J3031 | | | NRC | TBD | TBD |
| J3060 | | | NRC | 48.44 | 48.44 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J3070 | | | NRC | 130.06 | 130.06 |
| J3090 | | | | 1.71 | 1.71 |
| J3095 | | | NRC | 7.18 | 7.18 |
| J3101 | | | | 146.13 | 146.13 |
| J3105 | | | | 3.82 | 3.82 |
| J3110 | | | NRC | 0.00 | 0.00 |
| J3111 | | | NRC | TBD | TBD |
| J3121 | | | | 0.06 | 0.06 |
| J3145 | | | NRC | 1.70 | 1.70 |
| J3230 | | | | 35.03 | 35.03 |
| J3240 | | | | 1982.54 | 1982.54 |
| J3243 | | | | 2.13 | 2.13 |
| J3245 | | | NRC | 163.04 | 163.04 |
| J3246 | | | | 11.17 | 11.17 |
| J3250 | | | | 40.30 | 40.30 |
| J3260 | | | | 4.44 | 4.44 |
| J3262 | | | NRC | 5.91 | 5.91 |
| J3265 | | | NRC | 0.00 | 0.00 |
| J3280 | | | | 13.36 | 13.36 |
| J3285 | | | NRC | 79.34 | 79.34 |
| J3300 | | | | 4.62 | 4.62 |
| J3301 | | | | 1.92 | 1.92 |
| J3302 | | | | 0.34 | 0.34 |
| J3303 | | | | 2.18 | 2.18 |
| J3304 | | | NRC | 22.66 | 22.66 |
| J3305 | | | | 158.90 | 158.90 |
| J3310 | | | NRC | 0.00 | 0.00 |
| J3315 | | | | 288.82 | 288.82 |
| J3316 | | | BR | 0.00 | 0.00 |
| J3320 | | | NRC | 0.00 | 0.00 |
| J3350 | | | NRC | 0.00 | 0.00 |
| J3355 | | | NRC | 76.11 | 76.11 |
| J3357 | | | NRC | 216.38 | 216.38 |
| J3358 | | | NRC | 14.43 | 14.43 |
| J3360 | | | | 8.22 | 8.22 |
| J3364 | | | | 10.99 | 10.99 |
| J3365 | | | | 549.28 | 549.28 |
| J3370 | | | | 5.72 | 5.72 |
| J3380 | | | NRC | 23.69 | 23.69 |
| J3385 | | | NRC | 414.61 | 414.61 |
| J3396 | | | NRC | 13.15 | 13.15 |
| J3397 | | | NRC | 0.00 | 0.00 |
| J3398 | | | NRC | 0.00 | 0.00 |
| J3400 | | | NRC | 0.00 | 0.00 |
| J3410 | | | | 8.76 | 8.76 |
| J3411 | | | | 3.31 | 3.31 |
| J3415 | | | | 11.58 | 11.58 |
| J3420 | | | | 2.19 | 2.19 |
| J3430 | | | | 5.04 | 5.04 |
| J3465 | | | | 2.20 | 2.20 |
| J3470 | | | | 25.44 | 25.44 |
| J3471 | | | | 0.49 | 0.49 |
| J3472 | | | | 165.36 | 165.36 |
| J3473 | | | | 0.43 | 0.43 |
| J3475 | | | | 0.76 | 0.76 |
| J3480 | | | | 0.22 | 0.22 |
| J3485 | | | NRC | 1.82 | 1.82 |
| J3486 | | | NRC | 21.47 | 21.47 |
| J3489 | | | | 12.66 | 12.66 |
| J3490 | | | BR | 0.00 | 0.00 |
| J3520 | | | NRC | 0.00 | 0.00 |
| J3530 | | | NRC | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | 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 |
| J3591 | | | NRC | 0.00 | 0.00 |
| J7030 | | | | 3.00 | 3.00 |
| J7040 | | | | 1.50 | 1.50 |
| J7042 | | | | 1.14 | 1.14 |
| J7050 | | | | 0.75 | 0.75 |
| J7060 | | | | 2.60 | 2.60 |
| J7070 | | | | 5.07 | 5.07 |
| J7100 | | | | 27.73 | 27.73 |
| J7110 | | | | 17.43 | 17.43 |
| J7120 | | | | 2.91 | 2.91 |
| J7121 | | | NRC | 0.00 | 0.00 |
| J7131 | | | BR | 0.00 | 0.00 |
| J7170 | | | NRC | 57.70 | 57.70 |
| J7175 | | | | 8.61 | 8.61 |
| J7177 | | | NRC | 0.00 | 0.00 |
| J7178 | | | | 1.44 | 1.44 |
| J7179 | | | NRC | 2.31 | 2.31 |
| J7180 | | | | 10.17 | 10.17 |
| J7181 | | | NRC | 16.71 | 16.71 |
| J7182 | | | | 1.56 | 1.56 |
| J7183 | | | | 1.18 | 1.18 |
| J7185 | | | | 1.49 | 1.49 |
| J7186 | | | | 1.24 | 1.24 |
| J7187 | | | | 1.39 | 1.39 |
| J7188 | | | | 1.52 | 1.52 |
| J7189 | | | | 2.49 | 2.49 |
| J7190 | | | | 1.24 | 1.24 |
| J7191 | | | NRC | 2.04 | 2.04 |
| J7192 | | | | 1.54 | 1.54 |
| J7193 | | | | 1.37 | 1.37 |
| J7194 | | | | 1.72 | 1.72 |
| J7195 | | | | 1.80 | 1.80 |
| J7196 | | | BR | 0.00 | 0.00 |
| J7197 | | | | 4.08 | 4.08 |
| J7198 | | | | 2.31 | 2.31 |
| J7199 | | | NRC | 0.00 | 0.00 |
| J7200 | | | | 1.60 | 1.60 |
| J7201 | | | | 3.60 | 3.60 |
| J7202 | | | | 5.16 | 5.16 |
| J7203 | | | NRC | 0.00 | 0.00 |
| J7205 | | | | 2.42 | 2.42 |
| J7207 | | | NRC | 1.95 | 1.95 |
| J7208 | | | NRC | TBD | TBD |
| J7209 | | | NRC | 1.49 | 1.49 |
| J7210 | | | NRC | 1.72 | 1.72 |
| J7211 | | | NRC | 0.00 | 0.00 |
| J7308 | | | NRC | 475.29 | 475.29 |
| J7309 | | | NRC | 100.42 | 100.42 |
| J7310 | | | NRC | 20352.00 | 20352.00 |
| J7311 | | | NRC | 24157.38 | 24157.38 |
| J7312 | | | | 240.18 | 240.18 |
| J7313 | | | NRC | 588.98 | 588.98 |
| J7314 | | | NRC | TBD | TBD |
| J7315 | | | BR | 0.00 | 0.00 |
| J7316 | | | NRC | 1250.74 | 1250.74 |
| J7318 | | | BR | 0.00 | 0.00 |
| J7320 | | | | 7.50 | 7.50 |
| J7321 | | | | 100.37 | 100.37 |
| J7322 | | | | 19.39 | 19.39 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J7323 | | | | 174.35 | 174.35 |
| J7324 | | | | 168.41 | 168.41 |
| J7325 | | | | 13.59 | 13.59 |
| J7326 | | | NRC | 611.22 | 611.22 |
| J7327 | | | | 955.87 | 955.87 |
| J7328 | | | BR | 0.00 | 0.00 |
| J7329 | | | BR | 0.00 | 0.00 |
| J7330 | | | BR | 38286.65 | 38286.65 |
| J7331 | | | BR | TBD | TBD |
| J7332 | | | BR | TBD | TBD |
| J7336 | | | | 3.77 | 3.77 |
| J7340 | | | | 254.61 | 254.61 |
| J7342 | | | NRC | 35.95 | 35.95 |
| J7345 | | | NRC | 1.73 | 1.73 |
| J7401 | | | NRC | TBD | TBD |
| J7500 | | | NRC | 1.12 | 1.12 |
| J7501 | | | NRC | 260.76 | 260.76 |
| J7502 | | | NRC | 2.81 | 2.81 |
| J7503 | | | | 1.55 | 1.55 |
| J7504 | | | NRC | 2486.16 | 2486.16 |
| J7505 | | | | 1387.29 | 1387.29 |
| J7507 | | | | 0.57 | 0.57 |
| J7508 | | | | 0.56 | 0.56 |
| J7509 | | | | 0.96 | 0.96 |
| J7510 | | | | 0.08 | 0.08 |
| J7511 | | | NRC | 887.70 | 887.70 |
| J7512 | | | | 0.02 | 0.02 |
| J7513 | | | | 631.61 | 631.61 |
| J7515 | | | NRC | 0.81 | 0.81 |
| J7516 | | | NRC | 68.03 | 68.03 |
| J7517 | | | NRC | 0.86 | 0.86 |
| J7518 | | | NRC | 3.76 | 3.76 |
| J7520 | | | NRC | 8.49 | 8.49 |
| J7525 | | | NRC | 247.20 | 247.20 |
| J7527 | | | | 10.35 | 10.35 |
| J7599 | | | NRC | 0.00 | 0.00 |
| J7604 | | | NRC | 0.00 | 0.00 |
| J7605 | | | | 11.85 | 11.85 |
| J7606 | | | | 14.22 | 14.22 |
| J7607 | | | NRC | 0.00 | 0.00 |
| J7608 | | | | 7.58 | 7.58 |
| J7609 | | | NRC | 0.00 | 0.00 |
| J7610 | | | NRC | 0.00 | 0.00 |
| J7611 | | | | 0.18 | 0.18 |
| J7612 | | | | 0.22 | 0.22 |
| J7613 | | | | 0.06 | 0.06 |
| J7614 | | | | 0.08 | 0.08 |
| J7615 | | | NRC | 0.00 | 0.00 |
| J7620 | | | NRC | 0.17 | 0.17 |
| J7622 | | | NRC | 0.00 | 0.00 |
| J7624 | | | NRC | 0.00 | 0.00 |
| J7626 | | | NRC | 2.82 | 2.82 |
| J7627 | | | NRC | 0.00 | 0.00 |
| J7628 | | | NRC | 0.00 | 0.00 |
| J7629 | | | NRC | 0.00 | 0.00 |
| J7631 | | | NRC | 6.90 | 6.90 |
| 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 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J7638 | | | NRC | 0.00 | 0.00 |
| J7639 | | | NRC | 57.35 | 57.35 |
| 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 | 0.24 | 0.24 |
| 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 | 0.81 | 0.81 |
| J7676 | | | NRC | 0.00 | 0.00 |
| J7677 | | | NRC | TBD | TBD |
| J7680 | | | NRC | 0.00 | 0.00 |
| J7681 | | | NRC | 0.00 | 0.00 |
| J7682 | | | | 42.01 | 42.01 |
| J7683 | | | NRC | 0.00 | 0.00 |
| J7684 | | | NRC | 0.00 | 0.00 |
| J7685 | | | NRC | 0.00 | 0.00 |
| J7686 | | | | 701.19 | 701.19 |
| J7699 | | | NRC | 0.00 | 0.00 |
| J7799 | | | BR | 0.00 | 0.00 |
| J7999 | | | NRC | 0.00 | 0.00 |
| J8498 | | | NRC | 0.00 | 0.00 |
| J8499 | | | NRC | 0.00 | 0.00 |
| J8501 | | | | 6.06 | 6.06 |
| J8510 | | | | 29.01 | 29.01 |
| J8515 | | | | 4.55 | 4.55 |
| J8520 | | | | 1.71 | 1.71 |
| J8521 | | | | 4.44 | 4.44 |
| J8530 | | | | 4.69 | 4.69 |
| J8540 | | | | 0.07 | 0.07 |
| J8560 | | | | 91.03 | 91.03 |
| J8562 | | | | 98.13 | 98.13 |
| J8565 | | | BR | 0.00 | 0.00 |
| J8597 | | | BR | 0.00 | 0.00 |
| J8600 | | | | 14.40 | 14.40 |
| J8610 | | | | 0.32 | 0.32 |
| J8650 | | | BR | 0.00 | 0.00 |
| J8655 | | | | 311.78 | 311.78 |
| J8670 | | | | 2.10 | 2.10 |
| J8700 | | | | 0.90 | 0.90 |
| J8705 | | | | 124.47 | 124.47 |
| J8999 | | | BR | 0.00 | 0.00 |
| J9000 | | | | 3.72 | 3.72 |
| J9015 | | | | 2200.73 | 2200.73 |
| J9017 | | | | 75.61 | 75.61 |
| J9019 | | | | 497.79 | 497.79 |
| J9020 | | | | 77.48 | 77.48 |
| J9022 | | | | 92.95 | 92.95 |
| J9023 | | | | 98.09 | 98.09 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J9025 | | | | 1.62 | 1.62 |
| J9027 | | | | 79.42 | 79.42 |
| J9030 | | | BR | TBD | TBD |
| J9031 | | | | 170.38 | 170.38 |
| J9032 | | | | 46.66 | 46.66 |
| J9033 | | | | 35.94 | 35.94 |
| J9034 | | | | 28.78 | 28.78 |
| J9035 | | | | 97.46 | 97.46 |
| J9036 | | | BR | TBD | TBD |
| J9039 | | | | 132.37 | 132.37 |
| J9040 | | | | 29.62 | 29.62 |
| J9041 | | | | 53.35 | 53.35 |
| J9042 | | | | 187.65 | 187.65 |
| J9043 | | | | 202.59 | 202.59 |
| J9044 | | | | 37.27 | 37.27 |
| J9045 | | | | 3.71 | 3.71 |
| J9047 | | | | 43.63 | 43.63 |
| J9050 | | | | 4659.87 | 4659.87 |
| J9055 | | | | 72.88 | 72.88 |
| J9057 | | | BR | 0.00 | 0.00 |
| J9060 | | | | 2.35 | 2.35 |
| J9065 | | | | 26.60 | 26.60 |
| J9070 | | | | 44.94 | 44.94 |
| J9098 | | | | 754.04 | 754.04 |
| J9100 | | | | 0.75 | 0.75 |
| J9119 | | | BR | TBD | TBD |
| J9120 | | | | 1504.63 | 1504.63 |
| J9130 | | | | 5.89 | 5.89 |
| J9145 | | | | 62.74 | 62.74 |
| J9150 | | | | 56.68 | 56.68 |
| J9151 | | | | 69.20 | 69.20 |
| J9153 | | | | 230.77 | 230.77 |
| J9155 | | | | 4.59 | 4.59 |
| J9160 | | | | 1975.42 | 1975.42 |
| J9165 | | | BR | 0.00 | 0.00 |
| J9171 | | | | 1.39 | 1.39 |
| J9173 | | | | 88.53 | 88.53 |
| J9175 | | | | 4.99 | 4.99 |
| J9176 | | | | 7.68 | 7.68 |
| J9178 | | | | 1.28 | 1.28 |
| J9179 | | | | 137.81 | 137.81 |
| J9181 | | | | 0.89 | 0.89 |
| J9185 | | | | 83.28 | 83.28 |
| J9190 | | | | 1.92 | 1.92 |
| J9199 | | | BR | TBD | TBD |
| J9200 | | | | 90.46 | 90.46 |
| J9201 | | | | 6.22 | 6.22 |
| J9202 | | | | 585.93 | 585.93 |
| J9203 | | | | 231.79 | 231.79 |
| J9204 | | | BR | TBD | TBD |
| J9205 | | | | 54.89 | 54.89 |
| J9206 | | | | 3.40 | 3.40 |
| J9207 | | | | 101.09 | 101.09 |
| J9208 | | | | 32.52 | 32.52 |
| J9209 | | | | 2.20 | 2.20 |
| J9210 | | | NRC | TBD | TBD |
| J9211 | | | | 43.12 | 43.12 |
| J9212 | | | | 5.76 | 5.76 |
| J9213 | | | BR | 0.00 | 0.00 |
| J9214 | | | | 40.30 | 40.30 |
| J9215 | | | BR | 0.00 | 0.00 |
| J9216 | | | | 517.12 | 517.12 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| J9217 | | | | 269.15 | 269.15 |
| J9218 | | | | 16.90 | 16.90 |
| J9219 | | | | 5783.78 | 5783.78 |
| J9225 | | | | 4641.78 | 4641.78 |
| J9226 | | | NRC | 41964.28 | 41964.28 |
| J9228 | | | | 181.12 | 181.12 |
| J9229 | | | BR | 0.00 | 0.00 |
| J9230 | | | | 386.07 | 386.07 |
| J9245 | | | | 836.89 | 836.89 |
| J9250 | | | | 0.32 | 0.32 |
| J9260 | | | | 3.17 | 3.17 |
| J9261 | | | | 182.60 | 182.60 |
| J9262 | | | BR | 0.00 | 0.00 |
| J9263 | | | | 0.20 | 0.20 |
| J9264 | | | | 14.22 | 14.22 |
| J9266 | | | | 18842.31 | 18842.31 |
| J9267 | | | | 0.18 | 0.18 |
| J9268 | | | | 2381.71 | 2381.71 |
| J9269 | | | BR | TBD | TBD |
| J9270 | | | BR | 0.00 | 0.00 |
| J9271 | | | | 59.04 | 59.04 |
| J9280 | | | | 139.10 | 139.10 |
| J9285 | | | | 61.30 | 61.30 |
| J9293 | | | | 39.35 | 39.35 |
| J9295 | | | | 6.76 | 6.76 |
| J9299 | | | | 32.96 | 32.96 |
| J9301 | | | | 76.69 | 76.69 |
| J9302 | | | | 70.10 | 70.10 |
| J9303 | | | | 138.04 | 138.04 |
| J9305 | | | | 82.01 | 82.01 |
| J9306 | | | | 14.64 | 14.64 |
| J9307 | | | | 337.75 | 337.75 |
| J9308 | | | | 69.22 | 69.22 |
| J9309 | | | BR | TBD | TBD |
| J9311 | | | | 54.34 | 54.34 |
| J9312 | | | | 114.24 | 114.24 |
| J9313 | | | BR | TBD | TBD |
| J9315 | | | | 376.44 | 376.44 |
| J9320 | | | | 413.82 | 413.82 |
| J9325 | | | | 59.88 | 59.88 |
| J9328 | | | | 12.48 | 12.48 |
| J9330 | | | | 74.56 | 74.56 |
| J9340 | | | | 756.84 | 756.84 |
| J9351 | | | | 1.08 | 1.08 |
| J9352 | | | | 360.78 | 360.78 |
| J9354 | | | | 37.45 | 37.45 |
| J9355 | | | | 128.43 | 128.43 |
| J9356 | | | BR | TBD | TBD |
| J9357 | | | | 1656.07 | 1656.07 |
| J9360 | | | | 4.29 | 4.29 |
| J9370 | | | | 6.00 | 6.00 |
| J9371 | | | | 3636.45 | 3636.45 |
| J9390 | | | | 11.34 | 11.34 |
| J9395 | | | | 117.05 | 117.05 |
| J9400 | | | | 9.87 | 9.87 |
| J9600 | | | | 3696.92 | 3696.92 |
| J9999 | | | BR | 0.00 | 0.00 |
| K0001 | RR | | | 51.49 | 51.49 |
| K0002 | RR | | | 81.89 | 81.89 |
| K0003 | RR | | | 83.94 | 83.94 |
| K0004 | RR | | | 105.62 | 105.62 |
| K0005 | NU | | | 2554.37 | 2554.37 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| K0005 | RR | | | 255.41 | 255.41 |
| K0006 | RR | | | 117.34 | 117.34 |
| K0007 | RR | | | 179.90 | 179.90 |
| K0008 | | | NC | 0.00 | 0.00 |
| K0009 | RR | | | 102.73 | 102.73 |
| K0010 | NU | | | 6629.76 | 6629.76 |
| K0010 | RR | | | 552.48 | 552.48 |
| K0011 | NU | | | 8493.36 | 8493.36 |
| K0011 | RR | | | 707.78 | 707.78 |
| K0012 | RR | | | 448.93 | 448.93 |
| K0013 | | | NC | 0.00 | 0.00 |
| K0014 | | | BR | 0.00 | 0.00 |
| K0015 | NU | | | 236.28 | 236.28 |
| K0015 | RR | | | 19.69 | 19.69 |
| K0017 | NU | | | 58.07 | 58.07 |
| K0017 | RR | | | 5.81 | 5.81 |
| K0018 | NU | | | 32.62 | 32.62 |
| K0018 | RR | | | 3.25 | 3.25 |
| K0019 | NU | | | 18.10 | 18.10 |
| K0019 | RR | | | 1.81 | 1.81 |
| K0020 | NU | | | 54.74 | 54.74 |
| K0020 | RR | | | 5.47 | 5.47 |
| K0037 | NU | | | 48.74 | 48.74 |
| K0037 | RR | | | 4.34 | 4.34 |
| K0038 | NU | | | 28.27 | 28.27 |
| K0038 | RR | | | 2.83 | 2.83 |
| K0039 | NU | | | 61.74 | 61.74 |
| K0039 | RR | | | 6.19 | 6.19 |
| K0040 | NU | | | 77.41 | 77.41 |
| K0040 | RR | | | 7.73 | 7.73 |
| K0041 | NU | | | 59.86 | 59.86 |
| K0041 | RR | | | 6.01 | 6.01 |
| K0042 | NU | | | 38.83 | 38.83 |
| K0042 | RR | | | 3.90 | 3.90 |
| K0043 | NU | | | 22.86 | 22.86 |
| K0043 | RR | | | 2.28 | 2.28 |
| K0044 | NU | | | 19.69 | 19.69 |
| K0044 | RR | | | 1.98 | 1.98 |
| K0045 | NU | | | 65.88 | 65.88 |
| K0045 | RR | | | 6.59 | 6.59 |
| K0046 | NU | | | 22.93 | 22.93 |
| K0046 | RR | | | 2.29 | 2.29 |
| K0047 | NU | | | 85.51 | 85.51 |
| K0047 | RR | | | 8.57 | 8.57 |
| K0050 | NU | | | 37.90 | 37.90 |
| K0050 | RR | | | 3.78 | 3.78 |
| K0051 | NU | | | 60.66 | 60.66 |
| K0051 | RR | | | 6.08 | 6.08 |
| K0052 | NU | | | 99.65 | 99.65 |
| K0052 | RR | | | 9.96 | 9.96 |
| K0053 | NU | | | 113.83 | 113.83 |
| K0053 | RR | | | 11.38 | 11.38 |
| K0056 | NU | | | 124.88 | 124.88 |
| K0056 | RR | | | 12.49 | 12.49 |
| K0065 | NU | | | 60.16 | 60.16 |
| K0065 | RR | | | 6.02 | 6.02 |
| K0069 | NU | | | 128.52 | 128.52 |
| K0069 | RR | | | 13.14 | 13.14 |
| K0070 | NU | | | 271.56 | 271.56 |
| K0070 | RR | | | 22.63 | 22.63 |
| K0071 | NU | | | 144.07 | 144.07 |
| K0071 | RR | | | 14.41 | 14.41 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| K0072 | NU | | | 88.07 | 88.07 |
| K0072 | RR | | | 8.81 | 8.81 |
| K0073 | NU | | | 45.43 | 45.43 |
| K0073 | RR | | | 4.57 | 4.57 |
| K0077 | NU | | | 74.39 | 74.39 |
| K0077 | RR | | | 7.43 | 7.43 |
| K0098 | NU | | | 30.84 | 30.84 |
| K0098 | RR | | | 3.10 | 3.10 |
| K0105 | NU | | | 131.27 | 131.27 |
| K0105 | RR | | | 13.13 | 13.13 |
| K0108 | | | BR | 0.00 | 0.00 |
| K0195 | RR | | | 19.42 | 19.42 |
| K0455 | RR | | | 365.95 | 365.95 |
| K0462 | | | BR | 0.00 | 0.00 |
| K0552 | | | | 3.43 | 3.43 |
| K0553 | | | NRC | 308.27 | 308.27 |
| K0554 | RR | | NRC | 32.44 | 32.44 |
| K0554 | NU | | NRC | 324.29 | 324.29 |
| K0601 | NU | | | 1.50 | 1.50 |
| K0602 | NU | | | 8.56 | 8.56 |
| K0603 | NU | | | 0.77 | 0.77 |
| K0604 | NU | | | 8.22 | 8.22 |
| K0605 | NU | | | 19.70 | 19.70 |
| K0606 | RR | | | 3479.40 | 3479.40 |
| K0607 | NU | | NRC | 268.40 | 268.40 |
| K0607 | RR | | NRC | 26.84 | 26.84 |
| K0608 | NU | | NRC | 167.46 | 167.46 |
| K0608 | RR | | NRC | 16.78 | 16.78 |
| K0609 | | | NRC | 1113.73 | 1113.73 |
| K0669 | | | NRC | 0.00 | 0.00 |
| K0672 | | | | 101.05 | 101.05 |
| K0730 | NU | | | 2381.90 | 2381.90 |
| K0730 | RR | | | 238.19 | 238.19 |
| K0733 | NU | | | 35.92 | 35.92 |
| K0733 | RR | | | 3.60 | 3.60 |
| K0738 | RR | | | 53.18 | 53.18 |
| 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 | | | 1299.47 | 1299.47 |
| K0800 | RR | | | 129.96 | 129.96 |
| K0801 | NU | | | 2209.72 | 2209.72 |
| K0801 | RR | | | 220.96 | 220.96 |
| K0802 | NU | | | 2695.33 | 2695.33 |
| K0802 | RR | | | 269.53 | 269.53 |
| K0806 | NU | | | 1750.60 | 1750.60 |
| K0806 | RR | | | 175.06 | 175.06 |
| K0807 | NU | | | 2682.85 | 2682.85 |
| K0807 | RR | | | 268.28 | 268.28 |
| K0808 | NU | | | 4149.18 | 4149.18 |
| K0808 | RR | | | 414.92 | 414.92 |
| K0812 | | | NRC | 0.00 | 0.00 |
| K0813 | RR | | | 382.13 | 382.13 |
| K0814 | RR | | | 448.20 | 448.20 |
| K0815 | RR | | | 504.25 | 504.25 |
| K0816 | RR | | | 477.14 | 477.14 |
| K0820 | RR | | | 401.36 | 401.36 |
| K0821 | RR | | | 472.12 | 472.12 |
| K0822 | RR | | | 547.06 | 547.06 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| K0823 | RR | | | 536.21 | 536.21 |
| K0824 | RR | | | 705.05 | 705.05 |
| K0825 | RR | | | 648.48 | 648.48 |
| K0826 | RR | | | 1021.38 | 1021.38 |
| K0827 | RR | | | 879.29 | 879.29 |
| K0828 | RR | | | 1188.86 | 1188.86 |
| K0829 | RR | | | 1122.48 | 1122.48 |
| K0830 | | | NRC | 0.00 | 0.00 |
| K0831 | | | NRC | 0.00 | 0.00 |
| K0835 | NU | | | 6875.16 | 6875.16 |
| K0835 | RR | | | 572.93 | 572.93 |
| K0836 | NU | | | 7130.16 | 7130.16 |
| K0836 | RR | | | 594.18 | 594.18 |
| K0837 | NU | | | 8430.60 | 8430.60 |
| K0837 | RR | | | 702.55 | 702.55 |
| K0838 | NU | | | 7515.24 | 7515.24 |
| K0838 | RR | | | 626.27 | 626.27 |
| K0839 | NU | | | 11023.92 | 11023.92 |
| K0839 | RR | | | 918.66 | 918.66 |
| K0840 | NU | | | 16788.48 | 16788.48 |
| K0840 | RR | | | 1399.04 | 1399.04 |
| K0841 | NU | | | 7475.76 | 7475.76 |
| K0841 | RR | | | 622.98 | 622.98 |
| K0842 | NU | | | 7471.68 | 7471.68 |
| K0842 | RR | | | 622.64 | 622.64 |
| K0843 | NU | | | 8947.68 | 8947.68 |
| K0843 | RR | | | 745.64 | 745.64 |
| K0848 | NU | | | 11327.52 | 11327.52 |
| K0848 | RR | | | 943.96 | 943.96 |
| K0849 | NU | | | 10890.48 | 10890.48 |
| K0849 | RR | | | 907.54 | 907.54 |
| K0850 | NU | | | 13139.16 | 13139.16 |
| K0850 | RR | | | 1094.93 | 1094.93 |
| K0851 | NU | | | 12633.36 | 12633.36 |
| K0851 | RR | | | 1052.78 | 1052.78 |
| K0852 | NU | | | 15181.44 | 15181.44 |
| K0852 | RR | | | 1265.12 | 1265.12 |
| K0853 | NU | | | 15595.32 | 15595.32 |
| K0853 | RR | | | 1299.61 | 1299.61 |
| K0854 | NU | | | 20660.40 | 20660.40 |
| K0854 | RR | | | 1721.70 | 1721.70 |
| K0855 | NU | | | 19516.80 | 19516.80 |
| K0855 | RR | | | 1626.40 | 1626.40 |
| K0856 | NU | | | 12158.52 | 12158.52 |
| K0856 | RR | | | 1013.21 | 1013.21 |
| K0857 | NU | | | 12402.24 | 12402.24 |
| K0857 | RR | | | 1033.52 | 1033.52 |
| K0858 | NU | | | 15085.32 | 15085.32 |
| K0858 | RR | | | 1257.11 | 1257.11 |
| K0859 | NU | | | 14386.80 | 14386.80 |
| K0859 | RR | | | 1198.90 | 1198.90 |
| K0860 | NU | | | 21551.28 | 21551.28 |
| K0860 | RR | | | 1795.94 | 1795.94 |
| K0861 | NU | | | 12177.96 | 12177.96 |
| K0861 | RR | | | 1014.83 | 1014.83 |
| K0862 | NU | | | 15085.32 | 15085.32 |
| K0862 | RR | | | 1257.11 | 1257.11 |
| K0863 | NU | | | 21551.28 | 21551.28 |
| K0863 | RR | | | 1795.94 | 1795.94 |
| K0864 | NU | | | 25646.16 | 25646.16 |
| K0864 | RR | | | 2137.18 | 2137.18 |
| K0868 | | | NRC | 0.00 | 0.00 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| K0869 | | | NRC | 0.00 | 0.00 |
| 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 |
| K1001 | | | NRC | TBD | TBD |
| K1002 | | | NRC | TBD | TBD |
| K1004 | | | BR | TBD | TBD |
| L0112 | | | | 1667.58 | 1667.58 |
| L0113 | | | | 339.78 | 339.78 |
| L0120 | | | | 31.51 | 31.51 |
| L0130 | | | | 181.87 | 181.87 |
| L0140 | | | | 71.32 | 71.32 |
| L0150 | | | | 127.54 | 127.54 |
| L0160 | | | | 186.22 | 186.22 |
| L0170 | | | | 957.97 | 957.97 |
| L0172 | | | | 168.74 | 168.74 |
| L0174 | | | | 331.80 | 331.80 |
| L0180 | | | | 537.54 | 537.54 |
| L0190 | | | | 633.96 | 633.96 |
| L0200 | | | | 735.34 | 735.34 |
| L0220 | | | | 153.92 | 153.92 |
| L0450 | | | | 193.62 | 193.62 |
| L0452 | | | NRC | 0.00 | 0.00 |
| L0454 | | | | 413.22 | 413.22 |
| L0455 | | | | 413.22 | 413.22 |
| L0456 | | | | 1185.00 | 1185.00 |
| L0457 | | | | 1185.00 | 1185.00 |
| L0458 | | | | 1062.61 | 1062.61 |
| L0460 | | | | 1196.04 | 1196.04 |
| L0462 | | | | 1487.65 | 1487.65 |
| L0464 | | | | 1771.04 | 1771.04 |
| L0466 | | | | 452.05 | 452.05 |
| L0467 | | | | 452.05 | 452.05 |
| L0468 | | | | 566.51 | 566.51 |
| L0469 | | | | 566.51 | 566.51 |
| L0470 | | | | 783.92 | 783.92 |
| L0472 | | | | 482.38 | 482.38 |
| L0480 | | | | 1799.64 | 1799.64 |
| L0482 | | | | 2010.22 | 2010.22 |
| L0484 | | | | 2170.96 | 2170.96 |
| L0486 | | | | 2438.06 | 2438.06 |
| L0488 | | | | 1196.04 | 1196.04 |
| L0490 | | | | 337.03 | 337.03 |
| L0491 | | | | 915.04 | 915.04 |
| L0492 | | | | 595.85 | 595.85 |
| L0621 | | | | 102.73 | 102.73 |
| L0622 | | | | 318.46 | 318.46 |
| L0623 | | | NRC | 210.86 | 210.86 |
| L0624 | | | NRC | 0.00 | 0.00 |
| L0625 | | | | 65.64 | 65.64 |
| L0626 | | | | 92.87 | 92.87 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L0627 | | | | 489.72 | 489.72 |
| L0628 | | | | 99.94 | 99.94 |
| L0629 | | | NRC | 0.00 | 0.00 |
| L0630 | | | | 192.98 | 192.98 |
| L0631 | | | | 1223.11 | 1223.11 |
| L0632 | | | NRC | 0.00 | 0.00 |
| L0633 | | | | 341.66 | 341.66 |
| L0634 | | | NRC | 0.00 | 0.00 |
| L0635 | | | | 1190.54 | 1190.54 |
| L0636 | | | | 1615.37 | 1615.37 |
| L0637 | | | | 1543.55 | 1543.55 |
| L0638 | | | | 1571.45 | 1571.45 |
| L0639 | | | | 1543.55 | 1543.55 |
| L0640 | | | | 1246.73 | 1246.73 |
| L0641 | | | | 92.87 | 92.87 |
| L0642 | | | | 489.72 | 489.72 |
| L0643 | | | | 192.98 | 192.98 |
| L0648 | | | | 1223.11 | 1223.11 |
| L0649 | | | | 341.66 | 341.66 |
| L0650 | | | | 1543.55 | 1543.55 |
| L0651 | | | | 1543.55 | 1543.55 |
| L0700 | | | | 2371.91 | 2371.91 |
| L0710 | | | | 2607.37 | 2607.37 |
| L0810 | | | | 3184.67 | 3184.67 |
| L0820 | | | | 2505.18 | 2505.18 |
| L0830 | | | | 3833.28 | 3833.28 |
| L0859 | | | | 1357.19 | 1357.19 |
| L0861 | | | | 256.81 | 256.81 |
| L0970 | | | | 127.33 | 127.33 |
| L0972 | | | | 115.90 | 115.90 |
| L0974 | | | | 208.21 | 208.21 |
| L0976 | | | | 178.14 | 178.14 |
| L0978 | | | NRC | 224.21 | 224.21 |
| L0980 | | | | 20.36 | 20.36 |
| L0982 | | | | 18.64 | 18.64 |
| L0984 | | | | 80.63 | 80.63 |
| L0999 | | | BR | 0.00 | 0.00 |
| L1000 | | | NRC | 2416.02 | 2416.02 |
| L1005 | | | NRC | 3813.44 | 3813.44 |
| L1010 | | | NRC | 99.70 | 99.70 |
| L1020 | | | NRC | 128.39 | 128.39 |
| L1025 | | | NRC | 185.23 | 185.23 |
| L1030 | | | NRC | 93.29 | 93.29 |
| L1040 | | | NRC | 105.64 | 105.64 |
| L1050 | | | NRC | 119.54 | 119.54 |
| L1060 | | | NRC | 129.04 | 129.04 |
| L1070 | | | NRC | 133.67 | 133.67 |
| L1080 | | | NRC | 62.34 | 62.34 |
| L1085 | | | NRC | 208.69 | 208.69 |
| L1090 | | | NRC | 119.89 | 119.89 |
| L1100 | | | NRC | 226.27 | 226.27 |
| L1110 | | | NRC | 379.38 | 379.38 |
| L1120 | | | NRC | 45.31 | 45.31 |
| L1200 | | | | 2132.15 | 2132.15 |
| L1210 | | | | 291.50 | 291.50 |
| L1220 | | | | 283.73 | 283.73 |
| L1230 | | | | 794.84 | 794.84 |
| L1240 | | | | 108.36 | 108.36 |
| L1250 | | | | 94.22 | 94.22 |
| L1260 | | | | 112.37 | 112.37 |
| L1270 | | | NRC | 98.75 | 98.75 |
| L1280 | | | NRC | 104.10 | 104.10 |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L1290 | | | NRC | 92.58 | 92.58 |
| L1300 | | | NRC | 2053.45 | 2053.45 |
| L1310 | | | NRC | 2138.83 | 2138.83 |
| L1499 | | | BR | 0.00 | 0.00 |
| L1600 | | | NRC | 153.53 | 153.53 |
| L1610 | | | NRC | 65.21 | 65.21 |
| L1620 | | | NRC | 187.22 | 187.22 |
| L1630 | | | NRC | 251.70 | 251.70 |
| L1640 | | | NRC | 564.02 | 564.02 |
| L1650 | | | NRC | 293.83 | 293.83 |
| L1652 | | | | 424.72 | 424.72 |
| L1660 | | | | 215.32 | 215.32 |
| L1680 | | | | 1357.39 | 1357.39 |
| L1685 | | | | 1325.16 | 1325.16 |
| L1686 | | | | 1116.42 | 1116.42 |
| L1690 | | | | 2304.00 | 2304.00 |
| L1700 | | | NRC | 1853.71 | 1853.71 |
| L1710 | | | NRC | 2360.50 | 2360.50 |
| L1720 | | | NRC | 1757.62 | 1757.62 |
| L1730 | | | NRC | 1483.81 | 1483.81 |
| L1755 | | | NRC | 2133.31 | 2133.31 |
| L1810 | | | | 122.65 | 122.65 |
| L1812 | | | | 122.65 | 122.65 |
| L1820 | | | | 169.33 | 169.33 |
| L1830 | | | | 99.12 | 99.12 |
| L1831 | | | | 350.66 | 350.66 |
| L1832 | | | | 820.68 | 820.68 |
| L1833 | | | | 820.68 | 820.68 |
| L1834 | | | | 864.80 | 864.80 |
| L1836 | | | | 158.96 | 158.96 |
| L1840 | | | | 1120.46 | 1120.46 |
| L1843 | | | | 1069.06 | 1069.06 |
| L1844 | | | | 1814.40 | 1814.40 |
| L1845 | | | | 998.05 | 998.05 |
| L1846 | | | | 1394.05 | 1394.05 |
| L1847 | | | | 685.30 | 685.30 |
| L1848 | | | | 685.30 | 685.30 |
| L1850 | | | | 339.43 | 339.43 |
| L1851 | | | | 1069.06 | 1069.06 |
| L1852 | | | | 998.05 | 998.05 |
| L1860 | | | | 1485.73 | 1485.73 |
| L1900 | | | | 339.92 | 339.92 |
| L1902 | | | | 88.93 | 88.93 |
| L1904 | | | | 537.79 | 537.79 |
| L1906 | | | | 133.98 | 133.98 |
| L1907 | | | | 670.44 | 670.44 |
| L1910 | | | | 334.13 | 334.13 |
| L1920 | | | | 489.46 | 489.46 |
| L1930 | | | | 300.17 | 300.17 |
| L1932 | | | | 1063.19 | 1063.19 |
| L1940 | | | | 580.21 | 580.21 |
| L1945 | | | | 1337.39 | 1337.39 |
| L1950 | | | | 916.31 | 916.31 |
| L1951 | | | | 1000.61 | 1000.61 |
| L1960 | | | | 738.56 | 738.56 |
| L1970 | | | | 824.65 | 824.65 |
| L1971 | | | | 558.50 | 558.50 |
| L1980 | | | | 481.07 | 481.07 |
| L1990 | | | | 556.78 | 556.78 |
| L2000 | | | | 1332.85 | 1332.85 |
| L2005 | | | | 4882.27 | 4882.27 |
| L2006 | | | NRC | TBD | TBD |

Ohio Bureau of Workers' Compensation
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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L2010 | | | | 1039.61 | 1039.61 |
| L2020 | | | | 1312.99 | 1312.99 |
| L2030 | | | | 1290.58 | 1290.58 |
| L2034 | | | | 2420.42 | 2420.42 |
| L2035 | | | NRC | 206.41 | 206.41 |
| L2036 | | | | 2208.91 | 2208.91 |
| L2037 | | | | 1975.84 | 1975.84 |
| L2038 | | | | 1592.81 | 1592.81 |
| L2040 | | | NRC | 241.03 | 241.03 |
| L2050 | | | NRC | 580.61 | 580.61 |
| L2060 | | | NRC | 726.23 | 726.23 |
| L2070 | | | NRC | 184.92 | 184.92 |
| L2080 | | | NRC | 444.64 | 444.64 |
| L2090 | | | NRC | 592.42 | 592.42 |
| L2106 | | | | 939.13 | 939.13 |
| L2108 | | | | 1369.75 | 1369.75 |
| L2112 | | | | 601.09 | 601.09 |
| L2114 | | | | 752.89 | 752.89 |
| L2116 | | | | 918.31 | 918.31 |
| L2126 | | | | 1521.36 | 1521.36 |
| L2128 | | | | 1910.32 | 1910.32 |
| L2132 | | | | 1159.52 | 1159.52 |
| L2134 | | | | 1373.03 | 1373.03 |
| L2136 | | | | 1502.58 | 1502.58 |
| L2180 | | | | 157.96 | 157.96 |
| L2182 | | | | 136.15 | 136.15 |
| L2184 | | | | 138.00 | 138.00 |
| L2186 | | | | 183.53 | 183.53 |
| L2188 | | | | 333.65 | 333.65 |
| L2190 | | | | 101.63 | 101.63 |
| L2192 | | | | 397.22 | 397.22 |
| L2200 | | | | 59.87 | 59.87 |
| L2210 | | | | 74.89 | 74.89 |
| L2220 | | | | 96.41 | 96.41 |
| L2230 | | | | 113.98 | 113.98 |
| L2232 | | | | 115.74 | 115.74 |
| L2240 | | | | 113.45 | 113.45 |
| L2250 | | | | 397.98 | 397.98 |
| L2260 | | | | 223.32 | 223.32 |
| L2265 | | | | 160.16 | 160.16 |
| L2270 | | | | 73.44 | 73.44 |
| L2275 | | | | 155.32 | 155.32 |
| L2280 | | | | 672.61 | 672.61 |
| L2300 | | | | 299.95 | 299.95 |
| L2310 | | | | 137.05 | 137.05 |
| L2320 | | | | 229.84 | 229.84 |
| L2330 | | | | 437.45 | 437.45 |
| L2335 | | | | 334.93 | 334.93 |
| L2340 | | | | 497.92 | 497.92 |
| L2350 | | | | 992.69 | 992.69 |
| L2360 | | | | 61.44 | 61.44 |
| L2370 | | | | 381.31 | 381.31 |
| L2375 | | | | 146.60 | 146.60 |
| L2380 | | | | 153.76 | 153.76 |
| L2385 | | | | 175.08 | 175.08 |
| L2387 | | | | 227.45 | 227.45 |
| L2390 | | | | 121.96 | 121.96 |
| L2395 | | | | 174.31 | 174.31 |
| L2397 | | | | 145.43 | 145.43 |
| L2405 | | | | 103.88 | 103.88 |
| L2415 | | | | 144.74 | 144.74 |
| L2425 | | | | 170.80 | 170.80 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L2430 | | | | 170.80 | 170.80 |
| L2492 | | | | 139.74 | 139.74 |
| L2500 | | | | 372.84 | 372.84 |
| L2510 | | | | 960.92 | 960.92 |
| L2520 | | | | 640.42 | 640.42 |
| L2525 | | | | 1358.03 | 1358.03 |
| L2526 | | | | 763.07 | 763.07 |
| L2530 | | | | 285.74 | 285.74 |
| L2540 | | | | 540.68 | 540.68 |
| L2550 | | | | 405.40 | 405.40 |
| L2570 | | | | 530.64 | 530.64 |
| L2580 | | | | 517.04 | 517.04 |
| L2600 | | | | 254.11 | 254.11 |
| L2610 | | | | 280.80 | 280.80 |
| L2620 | | | | 297.88 | 297.88 |
| L2622 | | | | 379.13 | 379.13 |
| L2624 | | | | 464.89 | 464.89 |
| L2627 | | | | 2546.44 | 2546.44 |
| L2628 | | | | 1866.48 | 1866.48 |
| L2630 | | | | 275.87 | 275.87 |
| L2640 | | | | 374.39 | 374.39 |
| L2650 | | | | 164.87 | 164.87 |
| L2660 | | | | 213.48 | 213.48 |
| L2670 | | | | 190.03 | 190.03 |
| L2680 | | | | 174.34 | 174.34 |
| L2750 | | | | 93.12 | 93.12 |
| L2755 | | | | 155.68 | 155.68 |
| L2760 | | | | 67.69 | 67.69 |
| L2768 | | | | 155.23 | 155.23 |
| L2780 | | | | 75.40 | 75.40 |
| L2785 | | | | 35.30 | 35.30 |
| L2795 | | | | 97.72 | 97.72 |
| L2800 | | | | 119.99 | 119.99 |
| L2810 | | | | 97.31 | 97.31 |
| L2820 | | | | 96.74 | 96.74 |
| L2830 | | | | 104.66 | 104.66 |
| L2840 | | | | 51.38 | 51.38 |
| L2850 | | | | 72.07 | 72.07 |
| L2861 | | | BR | 0.00 | 0.00 |
| L2999 | | | BR | 0.00 | 0.00 |
| L3000 | | | | 374.28 | 374.28 |
| L3001 | | | | 157.60 | 157.60 |
| L3002 | | | | 192.43 | 192.43 |
| L3003 | | | | 207.58 | 207.58 |
| L3010 | | | | 207.58 | 207.58 |
| L3020 | | | | 236.39 | 236.39 |
| L3030 | | | | 90.91 | 90.91 |
| L3031 | | | | 145.92 | 145.92 |
| L3040 | | | | 56.09 | 56.09 |
| L3050 | | | | 56.09 | 56.09 |
| L3060 | | | | 87.88 | 87.88 |
| L3070 | | | | 37.88 | 37.88 |
| L3080 | | | | 37.88 | 37.88 |
| L3090 | | | | 48.50 | 48.50 |
| L3100 | | | NRC | 51.54 | 51.54 |
| L3140 | | | NRC | 106.07 | 106.07 |
| L3150 | | | NRC | 97.00 | 97.00 |
| L3160 | | | NRC | 0.00 | 0.00 |
| L3170 | | | | 60.61 | 60.61 |
| L3201 | | | NRC | 0.00 | 0.00 |
| L3202 | | | NRC | 0.00 | 0.00 |
| L3203 | | | NRC | 0.00 | 0.00 |

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| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L3204 | | | NRC | 0.00 | 0.00 |
| L3206 | | | NRC | 0.00 | 0.00 |
| L3207 | | | NRC | 0.00 | 0.00 |
| L3211 | | | 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 | | | | 80.51 | 80.51 |
| L3225 | | | | 87.94 | 87.94 |
| 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 | | | | 62.14 | 62.14 |
| L3310 | | | | 97.00 | 97.00 |
| L3320 | | | | 69.10 | 69.10 |
| L3330 | | | | 674.29 | 674.29 |
| L3332 | | | | 87.88 | 87.88 |
| L3334 | | | | 45.43 | 45.43 |
| L3340 | | | | 101.56 | 101.56 |
| L3350 | | | | 27.25 | 27.25 |
| L3360 | | | | 42.42 | 42.42 |
| L3370 | | | | 59.10 | 59.10 |
| L3380 | | | | 59.10 | 59.10 |
| L3390 | | | | 59.10 | 59.10 |
| L3400 | | | | 48.50 | 48.50 |
| L3410 | | | | 110.60 | 110.60 |
| L3420 | | | | 65.16 | 65.16 |
| L3430 | | | | 190.93 | 190.93 |
| L3440 | | | | 90.91 | 90.91 |
| L3450 | | | | 125.74 | 125.74 |
| L3455 | | | | 48.50 | 48.50 |
| L3460 | | | | 40.93 | 40.93 |
| L3465 | | | | 69.74 | 69.74 |
| L3470 | | | | 74.23 | 74.23 |
| L3480 | | | | 74.23 | 74.23 |
| L3485 | | | | 64.48 | 64.48 |
| L3500 | | | | 34.84 | 34.84 |
| L3510 | | | | 34.84 | 34.84 |
| L3520 | | | | 37.88 | 37.88 |
| L3530 | | | | 37.88 | 37.88 |
| L3540 | | | | 60.61 | 60.61 |
| L3550 | | | | 10.64 | 10.64 |
| L3560 | | | | 27.25 | 27.25 |
| L3570 | | | | 101.56 | 101.56 |
| L3580 | | | | 77.28 | 77.28 |
| L3590 | | | | 63.65 | 63.65 |
| L3595 | | | | 49.98 | 49.98 |
| L3600 | | | | 90.91 | 90.91 |
| L3610 | | | | 119.71 | 119.71 |
| L3620 | | | | 90.91 | 90.91 |
| L3630 | | | | 119.71 | 119.71 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L3640 | | | | 51.54 | 51.54 |
| L3649 | | | BR | 0.00 | 0.00 |
| L3650 | | | | 78.13 | 78.13 |
| L3660 | | | | 112.04 | 112.04 |
| L3670 | | | | 123.28 | 123.28 |
| L3671 | | | | 977.04 | 977.04 |
| L3674 | | | | 1281.72 | 1281.72 |
| L3675 | | | | 190.32 | 190.32 |
| L3677 | | | | 300.00 | 300.00 |
| L3678 | | | BR | 0.00 | 0.00 |
| L3702 | | | | 313.12 | 313.12 |
| L3710 | | | | 154.84 | 154.84 |
| L3720 | | | | 740.89 | 740.89 |
| L3730 | | | | 982.73 | 982.73 |
| L3740 | | | | 1165.10 | 1165.10 |
| L3760 | | | | 542.29 | 542.29 |
| L3761 | | | | 542.29 | 542.29 |
| L3762 | | | | 116.58 | 116.58 |
| L3763 | | | | 811.45 | 811.45 |
| L3764 | | | | 849.20 | 849.20 |
| L3765 | | | | 1390.39 | 1390.39 |
| L3766 | | | | 1472.34 | 1472.34 |
| L3806 | | | | 492.54 | 492.54 |
| L3807 | | | | 271.13 | 271.13 |
| L3808 | | | | 386.26 | 386.26 |
| L3809 | | | | 271.13 | 271.13 |
| L3891 | | | NRC | 0.00 | 0.00 |
| L3900 | | | | 1756.57 | 1756.57 |
| L3901 | | | | 2302.07 | 2302.07 |
| L3904 | | | | 3660.05 | 3660.05 |
| L3905 | | | | 1075.32 | 1075.32 |
| L3906 | | | | 549.52 | 549.52 |
| L3908 | | | | 79.50 | 79.50 |
| L3912 | | | | 114.24 | 114.24 |
| L3913 | | | | 293.66 | 293.66 |
| L3915 | | | | 576.41 | 576.41 |
| L3916 | | | | 576.41 | 576.41 |
| L3917 | | | | 114.50 | 114.50 |
| L3918 | | | | 114.50 | 114.50 |
| L3919 | | | | 293.66 | 293.66 |
| L3921 | | | | 348.31 | 348.31 |
| L3923 | | | | 104.74 | 104.74 |
| L3924 | | | | 104.74 | 104.74 |
| L3925 | | | | 71.23 | 71.23 |
| L3927 | | | | 37.97 | 37.97 |
| L3929 | | | | 99.04 | 99.04 |
| L3930 | | | | 99.04 | 99.04 |
| L3931 | | | | 226.08 | 226.08 |
| L3933 | | | | 231.36 | 231.36 |
| L3935 | | | | 239.54 | 239.54 |
| L3956 | | | | 37.99 | 37.99 |
| L3960 | | | | 864.84 | 864.84 |
| L3961 | | | | 1821.84 | 1821.84 |
| L3962 | | | | 782.18 | 782.18 |
| L3967 | | | | 2150.94 | 2150.94 |
| L3971 | | | | 2041.75 | 2041.75 |
| L3973 | | | | 2150.94 | 2150.94 |
| L3975 | | | | 1821.84 | 1821.84 |
| L3976 | | | | 1821.84 | 1821.84 |
| L3977 | | | | 2041.75 | 2041.75 |
| L3978 | | | | 2150.94 | 2150.94 |
| L3980 | | | | 419.48 | 419.48 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L3981 | | | | 1091.45 | 1091.45 |
| L3982 | | | | 425.95 | 425.95 |
| L3984 | | | | 375.23 | 375.23 |
| L3995 | | | | 44.53 | 44.53 |
| L3999 | | | BR | 0.00 | 0.00 |
| L4000 | | | | 1574.41 | 1574.41 |
| L4002 | | | BR | 0.00 | 0.00 |
| L4010 | | | | 956.95 | 956.95 |
| L4020 | | | | 1149.56 | 1149.56 |
| L4030 | | | | 730.51 | 730.51 |
| L4040 | | | | 494.71 | 494.71 |
| L4045 | | | | 365.45 | 365.45 |
| L4050 | | | | 489.97 | 489.97 |
| L4055 | | | | 297.83 | 297.83 |
| L4060 | | | | 387.14 | 387.14 |
| L4070 | | | | 313.52 | 313.52 |
| L4080 | | | | 118.36 | 118.36 |
| L4090 | | | | 100.69 | 100.69 |
| L4100 | | | | 121.00 | 121.00 |
| L4110 | | | | 94.48 | 94.48 |
| L4130 | | | | 571.08 | 571.08 |
| L4205 | | | | 25.99 | 25.99 |
| L4210 | | | | 99.98 | 99.98 |
| L4350 | | | | 115.30 | 115.30 |
| L4360 | | | | 308.47 | 308.47 |
| L4361 | | | | 308.47 | 308.47 |
| L4370 | | | | 280.43 | 280.43 |
| L4386 | | | | 188.90 | 188.90 |
| L4387 | | | | 188.90 | 188.90 |
| L4392 | | | | 28.03 | 28.03 |
| L4394 | | | | 20.46 | 20.46 |
| L4396 | | | | 199.94 | 199.94 |
| L4397 | | | | 199.94 | 199.94 |
| L4398 | | | | 92.04 | 92.04 |
| L4631 | | | | 1756.40 | 1756.40 |
| L5000 | | | | 684.17 | 684.17 |
| L5010 | | | | 1911.66 | 1911.66 |
| L5020 | | | | 2994.95 | 2994.95 |
| L5050 | | | | 3271.06 | 3271.06 |
| L5060 | | | | 4032.26 | 4032.26 |
| L5100 | | | | 3257.05 | 3257.05 |
| L5105 | | | | 4596.42 | 4596.42 |
| L5150 | | | | 5110.12 | 5110.12 |
| L5160 | | | | 5610.66 | 5610.66 |
| L5200 | | | | 4339.43 | 4339.43 |
| L5210 | | | | 3445.51 | 3445.51 |
| L5220 | | | | 3795.47 | 3795.47 |
| L5230 | | | | 5692.62 | 5692.62 |
| L5250 | | | | 6674.75 | 6674.75 |
| L5270 | | | | 7436.96 | 7436.96 |
| L5280 | | | | 7229.00 | 7229.00 |
| L5301 | | | | 3198.35 | 3198.35 |
| L5312 | | | | 5039.23 | 5039.23 |
| L5321 | | | | 4264.90 | 4264.90 |
| L5331 | | | | 6246.54 | 6246.54 |
| L5341 | | | | 6639.97 | 6639.97 |
| L5400 | | | | 1904.63 | 1904.63 |
| L5410 | | | | 526.19 | 526.19 |
| L5420 | | | | 2405.46 | 2405.46 |
| L5430 | | | | 652.94 | 652.94 |
| L5450 | | | | 564.59 | 564.59 |
| L5460 | | | | 740.51 | 740.51 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L5500 | | | | 1760.44 | 1760.44 |
| L5505 | | | | 2476.45 | 2476.45 |
| L5510 | | | | 2102.24 | 2102.24 |
| L5520 | | | | 1884.42 | 1884.42 |
| L5530 | | | | 2477.18 | 2477.18 |
| L5535 | | | | 2309.27 | 2309.27 |
| L5540 | | | | 2445.85 | 2445.85 |
| L5560 | | | | 2786.90 | 2786.90 |
| L5570 | | | | 2704.79 | 2704.79 |
| L5580 | | | | 3357.04 | 3357.04 |
| L5585 | | | | 3931.37 | 3931.37 |
| L5590 | | | | 3500.05 | 3500.05 |
| L5595 | | | | 5469.68 | 5469.68 |
| L5600 | | | | 6225.30 | 6225.30 |
| L5610 | | | | 3002.42 | 3002.42 |
| L5611 | | | | 1912.28 | 1912.28 |
| L5613 | | | | 2908.72 | 2908.72 |
| L5614 | | | | 2014.48 | 2014.48 |
| L5616 | | | | 1753.87 | 1753.87 |
| L5617 | | | | 667.93 | 667.93 |
| L5618 | | | | 398.88 | 398.88 |
| L5620 | | | | 353.89 | 353.89 |
| L5622 | | | | 476.78 | 476.78 |
| L5624 | | | | 476.60 | 476.60 |
| L5626 | | | | 754.52 | 754.52 |
| L5628 | | | | 764.06 | 764.06 |
| L5629 | | | | 377.20 | 377.20 |
| L5630 | | | | 655.38 | 655.38 |
| L5631 | | | | 521.50 | 521.50 |
| L5632 | | | | 321.43 | 321.43 |
| L5634 | | | | 401.96 | 401.96 |
| L5636 | | | | 307.25 | 307.25 |
| L5637 | | | | 457.18 | 457.18 |
| L5638 | | | | 770.16 | 770.16 |
| L5639 | | | | 1330.72 | 1330.72 |
| L5640 | | | | 874.69 | 874.69 |
| L5642 | | | | 810.80 | 810.80 |
| L5643 | | | | 2391.46 | 2391.46 |
| L5644 | | | | 701.03 | 701.03 |
| L5645 | | | | 1162.97 | 1162.97 |
| L5646 | | | | 736.99 | 736.99 |
| L5647 | | | | 944.12 | 944.12 |
| L5648 | | | | 870.83 | 870.83 |
| L5649 | | | | 2926.04 | 2926.04 |
| L5650 | | | | 579.42 | 579.42 |
| L5651 | | | | 1697.65 | 1697.65 |
| L5652 | | | | 517.46 | 517.46 |
| L5653 | | | | 807.38 | 807.38 |
| L5654 | | | | 468.04 | 468.04 |
| L5655 | | | | 337.93 | 337.93 |
| L5656 | | | | 513.38 | 513.38 |
| L5658 | | | | 541.90 | 541.90 |
| L5661 | | | | 777.48 | 777.48 |
| L5665 | | | | 691.22 | 691.22 |
| L5666 | | | | 91.52 | 91.52 |
| L5668 | | | | 136.33 | 136.33 |
| L5670 | | | | 322.06 | 322.06 |
| L5671 | | | | 590.38 | 590.38 |
| L5672 | | | | 426.18 | 426.18 |
| L5673 | | | | 938.28 | 938.28 |
| L5676 | | | | 430.09 | 430.09 |
| L5677 | | | | 658.70 | 658.70 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L5678 | | | | 47.12 | 47.12 |
| L5679 | | | | 781.90 | 781.90 |
| L5680 | | | | 361.26 | 361.26 |
| L5681 | | | | 1570.32 | 1570.32 |
| L5682 | | | | 742.27 | 742.27 |
| L5683 | | | | 1570.32 | 1570.32 |
| L5684 | | | | 57.12 | 57.12 |
| L5685 | | | | 152.93 | 152.93 |
| L5686 | | | | 68.70 | 68.70 |
| L5688 | | | | 72.97 | 72.97 |
| L5690 | | | | 148.96 | 148.96 |
| L5692 | | | | 157.72 | 157.72 |
| L5694 | | | | 215.32 | 215.32 |
| L5695 | | | | 193.56 | 193.56 |
| L5696 | | | | 233.82 | 233.82 |
| L5697 | | | | 111.04 | 111.04 |
| L5698 | | | | 142.44 | 142.44 |
| L5699 | | | | 243.44 | 243.44 |
| L5700 | | | | 3661.74 | 3661.74 |
| L5701 | | | | 4542.73 | 4542.73 |
| L5702 | | | | 5725.42 | 5725.42 |
| L5703 | | | | 3011.74 | 3011.74 |
| L5704 | | | | 746.60 | 746.60 |
| L5705 | | | | 1368.82 | 1368.82 |
| L5706 | | | | 1335.11 | 1335.11 |
| L5707 | | | | 1793.76 | 1793.76 |
| L5710 | | | | 426.88 | 426.88 |
| L5711 | | | | 716.44 | 716.44 |
| L5712 | | | | 511.43 | 511.43 |
| L5714 | | | | 520.38 | 520.38 |
| L5716 | | | | 1028.98 | 1028.98 |
| L5718 | | | | 1100.29 | 1100.29 |
| L5722 | | | | 1338.04 | 1338.04 |
| L5724 | | | | 2062.36 | 2062.36 |
| L5726 | | | | 2455.33 | 2455.33 |
| L5728 | | | | 2877.37 | 2877.37 |
| L5780 | | | | 1584.22 | 1584.22 |
| L5781 | | | | 4776.58 | 4776.58 |
| L5782 | | | | 5035.57 | 5035.57 |
| L5785 | | | | 616.66 | 616.66 |
| L5790 | | | | 889.99 | 889.99 |
| L5795 | | | | 1274.35 | 1274.35 |
| L5810 | | | | 678.97 | 678.97 |
| L5811 | | | | 936.97 | 936.97 |
| L5812 | | | | 705.11 | 705.11 |
| L5814 | | | | 4433.59 | 4433.59 |
| L5816 | | | | 1009.39 | 1009.39 |
| L5818 | | | | 1139.80 | 1139.80 |
| L5822 | | | | 2090.94 | 2090.94 |
| L5824 | | | | 1976.56 | 1976.56 |
| L5826 | | | | 3728.09 | 3728.09 |
| L5828 | | | | 3517.78 | 3517.78 |
| L5830 | | | | 2371.91 | 2371.91 |
| L5840 | | | | 4655.44 | 4655.44 |
| L5845 | | | | 2139.70 | 2139.70 |
| L5848 | | | | 1283.71 | 1283.71 |
| L5850 | | | | 151.84 | 151.84 |
| L5855 | | | | 366.55 | 366.55 |
| L5856 | | | | 28657.87 | 28657.87 |
| L5857 | | | | 10168.88 | 10168.88 |
| L5858 | | | | 22186.79 | 22186.79 |
| L5859 | | | | 17321.00 | 17321.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L5910 | | | | 429.86 | 429.86 |
| L5920 | | | | 629.76 | 629.76 |
| L5925 | | | | 398.81 | 398.81 |
| L5930 | | | | 4018.19 | 4018.19 |
| L5940 | | | | 595.36 | 595.36 |
| L5950 | | | | 923.41 | 923.41 |
| L5960 | | | | 1380.73 | 1380.73 |
| L5961 | | | | 5698.27 | 5698.27 |
| L5962 | | | | 697.64 | 697.64 |
| L5964 | | | | 1338.22 | 1338.22 |
| L5966 | | | | 1723.86 | 1723.86 |
| L5968 | | | | 4338.08 | 4338.08 |
| L5969 | | | | 16730.64 | 16730.64 |
| L5970 | | | | 259.31 | 259.31 |
| L5971 | | | | 259.31 | 259.31 |
| L5972 | | | | 472.37 | 472.37 |
| L5973 | | | | 21076.21 | 21076.21 |
| L5974 | | | | 276.59 | 276.59 |
| L5975 | | | | 553.44 | 553.44 |
| L5976 | | | | 701.56 | 701.56 |
| L5978 | | | | 371.74 | 371.74 |
| L5979 | | | | 2976.43 | 2976.43 |
| L5980 | | | | 4534.86 | 4534.86 |
| L5981 | | | | 4073.41 | 4073.41 |
| L5982 | | | | 765.22 | 765.22 |
| L5984 | | | | 767.59 | 767.59 |
| L5985 | | | | 337.10 | 337.10 |
| L5986 | | | | 925.93 | 925.93 |
| L5987 | | | | 8587.84 | 8587.84 |
| L5988 | | | | 2384.82 | 2384.82 |
| L5990 | | | | 2165.71 | 2165.71 |
| L5999 | | | BR | 0.00 | 0.00 |
| L6000 | | | | 2102.69 | 2102.69 |
| L6010 | | | | 2339.94 | 2339.94 |
| L6020 | | | | 2181.62 | 2181.62 |
| L6026 | | | | 5192.82 | 5192.82 |
| L6050 | | | | 2967.44 | 2967.44 |
| L6055 | | | | 3785.14 | 3785.14 |
| L6100 | | | | 3002.96 | 3002.96 |
| L6110 | | | | 3176.93 | 3176.93 |
| L6120 | | | | 3593.12 | 3593.12 |
| L6130 | | | | 3790.82 | 3790.82 |
| L6200 | | | | 3904.98 | 3904.98 |
| L6205 | | | | 5386.85 | 5386.85 |
| L6250 | | | | 3841.82 | 3841.82 |
| L6300 | | | | 5298.94 | 5298.94 |
| L6310 | | | | 4802.33 | 4802.33 |
| L6320 | | | | 2502.83 | 2502.83 |
| L6350 | | | | 5806.00 | 5806.00 |
| L6360 | | | | 5040.62 | 5040.62 |
| L6370 | | | | 2923.21 | 2923.21 |
| L6380 | | | | 1690.70 | 1690.70 |
| L6382 | | | | 2012.71 | 2012.71 |
| L6384 | | | | 2546.18 | 2546.18 |
| L6386 | | | | 558.13 | 558.13 |
| L6388 | | | | 614.65 | 614.65 |
| L6400 | | | | 3248.45 | 3248.45 |
| L6450 | | | | 4245.55 | 4245.55 |
| L6500 | | | | 4169.04 | 4169.04 |
| L6550 | | | | 5399.77 | 5399.77 |
| L6570 | | | | 6028.13 | 6028.13 |
| L6580 | | | | 2410.19 | 2410.19 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L6582 | | | | 2024.23 | 2024.23 |
| L6584 | | | | 2997.34 | 2997.34 |
| L6586 | | | | 2670.82 | 2670.82 |
| L6588 | | | | 4253.62 | 4253.62 |
| L6590 | | | | 3707.20 | 3707.20 |
| L6600 | | | | 270.77 | 270.77 |
| L6605 | | | | 278.70 | 278.70 |
| L6610 | | | | 263.47 | 263.47 |
| L6611 | | | | 491.50 | 491.50 |
| L6615 | | | | 255.76 | 255.76 |
| L6616 | | | | 76.99 | 76.99 |
| L6620 | | | | 447.11 | 447.11 |
| L6621 | | | | 2730.56 | 2730.56 |
| L6623 | | | | 851.72 | 851.72 |
| L6624 | | | | 4495.90 | 4495.90 |
| L6625 | | | | 631.25 | 631.25 |
| L6628 | | | | 679.48 | 679.48 |
| L6629 | | | | 231.53 | 231.53 |
| L6630 | | | | 341.06 | 341.06 |
| L6632 | | | | 77.11 | 77.11 |
| L6635 | | | | 246.50 | 246.50 |
| L6637 | | | | 482.60 | 482.60 |
| L6638 | | | | 2985.35 | 2985.35 |
| L6640 | | | | 401.93 | 401.93 |
| L6641 | | | | 234.04 | 234.04 |
| L6642 | | | | 344.11 | 344.11 |
| L6645 | | | | 434.66 | 434.66 |
| L6646 | | | | 3765.20 | 3765.20 |
| L6647 | | | | 619.88 | 619.88 |
| L6648 | | | | 3883.27 | 3883.27 |
| L6650 | | | | 471.44 | 471.44 |
| L6655 | | | | 91.45 | 91.45 |
| L6660 | | | | 122.38 | 122.38 |
| L6665 | | | | 54.66 | 54.66 |
| L6670 | | | | 56.92 | 56.92 |
| L6672 | | | | 261.22 | 261.22 |
| L6675 | | | | 142.54 | 142.54 |
| L6676 | | | | 149.12 | 149.12 |
| L6677 | | | | 354.11 | 354.11 |
| L6680 | | | | 367.15 | 367.15 |
| L6682 | | | | 405.95 | 405.95 |
| L6684 | | | | 551.62 | 551.62 |
| L6686 | | | | 818.53 | 818.53 |
| L6687 | | | | 684.61 | 684.61 |
| L6688 | | | | 757.69 | 757.69 |
| L6689 | | | | 903.02 | 903.02 |
| L6690 | | | | 1063.18 | 1063.18 |
| L6691 | | | | 419.66 | 419.66 |
| L6692 | | | | 763.49 | 763.49 |
| L6693 | | | | 3389.17 | 3389.17 |
| L6694 | | | | 938.28 | 938.28 |
| L6695 | | | | 781.90 | 781.90 |
| L6696 | | | | 1570.32 | 1570.32 |
| L6697 | | | | 1570.32 | 1570.32 |
| L6698 | | | | 590.38 | 590.38 |
| L6703 | | | | 417.55 | 417.55 |
| L6704 | | | | 805.99 | 805.99 |
| L6706 | | | | 500.17 | 500.17 |
| L6707 | | | | 1769.34 | 1769.34 |
| L6708 | | | | 1169.60 | 1169.60 |
| L6709 | | | | 1659.97 | 1659.97 |
| L6711 | | | | 802.58 | 802.58 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L6712 | | | | 1477.78 | 1477.78 |
| L6713 | | | | 1865.04 | 1865.04 |
| L6714 | | | | 1579.68 | 1579.68 |
| L6715 | | | | 3768.97 | 3768.97 |
| L6721 | | | | 2807.77 | 2807.77 |
| L6722 | | | | 2420.47 | 2420.47 |
| L6805 | | | | 457.86 | 457.86 |
| L6810 | | | | 243.40 | 243.40 |
| L6880 | | | | 28522.55 | 28522.55 |
| L6881 | | | | 4880.52 | 4880.52 |
| L6882 | | | | 3702.10 | 3702.10 |
| L6883 | | | | 2371.42 | 2371.42 |
| L6884 | | | | 3244.66 | 3244.66 |
| L6885 | | | | 5040.62 | 5040.62 |
| L6890 | | | | 238.43 | 238.43 |
| L6895 | | | | 797.23 | 797.23 |
| L6900 | | | | 2315.12 | 2315.12 |
| L6905 | | | | 2291.33 | 2291.33 |
| L6910 | | | | 2252.52 | 2252.52 |
| L6915 | | | | 967.81 | 967.81 |
| L6920 | | | | 10000.28 | 10000.28 |
| L6925 | | | | 10683.62 | 10683.62 |
| L6930 | | | | 9631.66 | 9631.66 |
| L6935 | | | | 10633.43 | 10633.43 |
| L6940 | | | | 12437.64 | 12437.64 |
| L6945 | | | | 13875.80 | 13875.80 |
| L6950 | | | | 12414.58 | 12414.58 |
| L6955 | | | | 14397.01 | 14397.01 |
| L6960 | | | | 15145.09 | 15145.09 |
| L6965 | | | | 17941.72 | 17941.72 |
| L6970 | | | | 19204.61 | 19204.61 |
| L6975 | | | | 21168.01 | 21168.01 |
| L7007 | | | | 4360.32 | 4360.32 |
| L7008 | | | NRC | 6761.56 | 6761.56 |
| L7009 | | | | 4461.13 | 4461.13 |
| L7040 | | | | 3631.07 | 3631.07 |
| L7045 | | | NRC | 1918.40 | 1918.40 |
| L7170 | | | | 7180.87 | 7180.87 |
| L7180 | | | | 46457.88 | 46457.88 |
| L7181 | | | NRC | 47832.78 | 47832.78 |
| L7185 | | | NRC | 7549.43 | 7549.43 |
| L7186 | | | NRC | 12691.67 | 12691.67 |
| L7190 | | | NRC | 10017.38 | 10017.38 |
| L7191 | | | NRC | 13349.63 | 13349.63 |
| L7259 | | | | 4892.42 | 4892.42 |
| L7360 | | | | 315.82 | 315.82 |
| L7362 | | | | 345.01 | 345.01 |
| L7364 | | | | 610.46 | 610.46 |
| L7366 | | | | 839.56 | 839.56 |
| L7367 | | | | 464.78 | 464.78 |
| L7368 | | | | 602.50 | 602.50 |
| L7400 | | | | 365.87 | 365.87 |
| L7401 | | | | 409.56 | 409.56 |
| L7402 | | | | 442.34 | 442.34 |
| L7403 | | | | 439.64 | 439.64 |
| L7404 | | | | 663.55 | 663.55 |
| L7405 | | | | 867.76 | 867.76 |
| L7499 | | | BR | 0.00 | 0.00 |
| L7510 | | | | 250.00 | 250.00 |
| L7520 | | | | 35.32 | 35.32 |
| L7600 | | | | 65.10 | 65.10 |
| L7700 | | | | 178.61 | 178.61 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L7900 | | | NRC | 595.72 | 595.72 |
| L7902 | | | NRC | 21.30 | 21.30 |
| L8000 | | | | 50.54 | 50.54 |
| L8001 | | | | 149.77 | 149.77 |
| L8002 | | | | 196.96 | 196.96 |
| L8015 | | | | 71.56 | 71.56 |
| L8020 | | | | 269.92 | 269.92 |
| L8030 | | | | 417.26 | 417.26 |
| L8031 | | | | 417.26 | 417.26 |
| L8032 | | | | 46.75 | 46.75 |
| L8033 | | | NRC | TBD | TBD |
| L8035 | | | | 4373.57 | 4373.57 |
| L8039 | | | NRC | 0.00 | 0.00 |
| L8040 | | | | 2959.58 | 2959.58 |
| L8041 | | | | 3566.94 | 3566.94 |
| L8042 | | | | 4007.78 | 4007.78 |
| L8043 | | | | 4488.74 | 4488.74 |
| L8044 | | | | 4969.67 | 4969.67 |
| L8045 | | | | 3891.59 | 3891.59 |
| L8046 | | | | 3206.27 | 3206.27 |
| L8047 | | | | 1643.21 | 1643.21 |
| L8048 | | | BR | 0.00 | 0.00 |
| L8049 | | | | 50.00 | 50.00 |
| L8300 | | | | 100.12 | 100.12 |
| L8310 | | | | 177.37 | 177.37 |
| L8320 | | | | 73.60 | 73.60 |
| L8330 | | | | 58.60 | 58.60 |
| L8400 | | | | 18.68 | 18.68 |
| L8410 | | | | 24.59 | 24.59 |
| L8415 | | | | 25.44 | 25.44 |
| L8417 | | | | 89.78 | 89.78 |
| L8420 | | | | 24.90 | 24.90 |
| L8430 | | | | 28.20 | 28.20 |
| L8435 | | | | 26.80 | 26.80 |
| L8440 | | | | 55.64 | 55.64 |
| L8460 | | | | 79.10 | 79.10 |
| L8465 | | | | 73.12 | 73.12 |
| L8470 | | | | 7.92 | 7.92 |
| L8480 | | | | 10.92 | 10.92 |
| L8485 | | | | 14.71 | 14.71 |
| L8499 | | | BR | 0.00 | 0.00 |
| L8500 | | | | 785.59 | 785.59 |
| L8501 | | | | 143.38 | 143.38 |
| L8505 | | | | 28.97 | 28.97 |
| L8507 | | | | 49.99 | 49.99 |
| L8509 | | | | 130.38 | 130.38 |
| L8510 | | | | 301.68 | 301.68 |
| L8511 | | | | 86.81 | 86.81 |
| L8512 | | | | 2.60 | 2.60 |
| L8513 | | | | 6.19 | 6.19 |
| L8514 | | | | 112.58 | 112.58 |
| L8515 | | | | 75.35 | 75.35 |
| L8600 | | | NRC | 988.20 | 988.20 |
| L8603 | | | NRC | 519.73 | 519.73 |
| L8604 | | | NRC | 0.00 | 0.00 |
| L8605 | | | | 855.02 | 855.02 |
| L8606 | | | NRC | 245.16 | 245.16 |
| L8607 | | | NRC | 51.20 | 51.20 |
| L8608 | | | BR | 0.00 | 0.00 |
| L8609 | | | NRC | 7778.05 | 7778.05 |
| L8610 | | | NRC | 811.49 | 811.49 |
| L8612 | | | NRC | 944.83 | 944.83 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| L8613 | | | NRC | 405.70 | 405.70 |
| L8614 | | | NRC | 23374.18 | 23374.18 |
| L8615 | | | NRC | 538.40 | 538.40 |
| L8616 | | | NRC | 125.39 | 125.39 |
| L8617 | | | NRC | 109.52 | 109.52 |
| L8618 | | | NRC | 31.32 | 31.32 |
| L8619 | | | NRC | 10034.27 | 10034.27 |
| L8621 | | | NRC | 0.73 | 0.73 |
| L8622 | | | NRC | 0.38 | 0.38 |
| L8623 | | | NRC | 77.22 | 77.22 |
| L8624 | | | NRC | 192.53 | 192.53 |
| L8625 | | | | 225.48 | 225.48 |
| L8627 | | | NRC | 8516.87 | 8516.87 |
| L8628 | | | NRC | 1517.39 | 1517.39 |
| L8629 | | | NRC | 213.76 | 213.76 |
| L8630 | | | NRC | 533.16 | 533.16 |
| L8631 | | | NRC | 2626.08 | 2626.08 |
| L8641 | | | NRC | 415.46 | 415.46 |
| L8642 | | | NRC | 371.50 | 371.50 |
| L8658 | | | NRC | 362.24 | 362.24 |
| L8659 | | | NRC | 2303.64 | 2303.64 |
| L8670 | | | NRC | 660.70 | 660.70 |
| L8679 | | | | 10229.11 | 10229.11 |
| L8680 | | | NRC | 0.00 | 0.00 |
| L8681 | | | | 1361.53 | 1361.53 |
| L8682 | | | | 7308.49 | 7308.49 |
| L8683 | | | | 6433.15 | 6433.15 |
| L8684 | | | | 1009.45 | 1009.45 |
| L8689 | | | | 2059.22 | 2059.22 |
| L8690 | | | NRC | 5679.01 | 5679.01 |
| L8691 | | | NRC | 2055.86 | 2055.86 |
| L8692 | | | NRC | 0.00 | 0.00 |
| L8693 | | | | 1810.16 | 1810.16 |
| L8694 | | | | 1127.39 | 1127.39 |
| L8695 | | | | 19.91 | 19.91 |
| L8696 | | | | 258.72 | 258.72 |
| L8698 | | | NRC | 0.00 | 0.00 |
| L8699 | | | NRC | 0.00 | 0.00 |
| L8701 | | | BR | 0.00 | 0.00 |
| L8702 | | | BR | 0.00 | 0.00 |
| L9900 | | | BR | 0.00 | 0.00 |
| Q0081 | | | BR | 0.00 | 0.00 |
| Q0083 | | | BR | 0.00 | 0.00 |
| Q0084 | | | BR | 0.00 | 0.00 |
| Q0085 | | | BR | 0.00 | 0.00 |
| Q0111 | | | | 18.74 | 18.74 |
| Q0112 | | | | 7.29 | 7.29 |
| Q0113 | | | | 5.94 | 5.94 |
| Q0114 | | | | 12.18 | 12.18 |
| Q0115 | | | | 31.25 | 31.25 |
| Q0138 | | | | 1.16 | 1.16 |
| Q0139 | | | NRC | 1.16 | 1.16 |
| Q0144 | | | NRC | 0.00 | 0.00 |
| Q0162 | | | | 0.03 | 0.03 |
| Q0163 | | | | 0.33 | 0.33 |
| Q0164 | | | | 0.36 | 0.36 |
| Q0166 | | | | 4.36 | 4.36 |
| Q0167 | | | | 1.05 | 1.05 |
| Q0169 | | | | 0.04 | 0.04 |
| Q0173 | | | | 0.99 | 0.99 |
| Q0174 | | | NRC | 0.00 | 0.00 |
| Q0175 | | | | 0.53 | 0.53 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| Q0177 | | | | 0.05 | 0.05 |
| Q0180 | | | | 116.29 | 116.29 |
| Q0181 | | | NRC | 0.00 | 0.00 |
| Q0477 | | | | 926.20 | 926.20 |
| Q0478 | | | NRC | 219.36 | 219.36 |
| Q0479 | | | NRC | 14329.92 | 14329.92 |
| Q0480 | | | NRC | 107517.98 | 107517.98 |
| Q0481 | | | | 17346.82 | 17346.82 |
| Q0482 | | | | 5433.34 | 5433.34 |
| Q0483 | | | | 22382.90 | 22382.90 |
| Q0484 | | | | 4346.68 | 4346.68 |
| Q0485 | | | | 419.69 | 419.69 |
| Q0486 | | | | 349.28 | 349.28 |
| Q0487 | | | | 407.47 | 407.47 |
| Q0489 | | | | 19404.76 | 19404.76 |
| Q0490 | | | | 839.35 | 839.35 |
| Q0491 | | | | 1319.56 | 1319.56 |
| Q0492 | | | | 106.32 | 106.32 |
| Q0493 | | | | 302.69 | 302.69 |
| Q0494 | | | | 256.13 | 256.13 |
| Q0495 | | | | 4986.53 | 4986.53 |
| Q0496 | | | | 1789.76 | 1789.76 |
| Q0497 | | | | 558.85 | 558.85 |
| Q0498 | | | | 613.18 | 613.18 |
| Q0499 | | | | 199.24 | 199.24 |
| Q0500 | | | | 36.43 | 36.43 |
| Q0501 | | | | 609.64 | 609.64 |
| Q0502 | | | | 776.21 | 776.21 |
| Q0503 | | | | 1552.34 | 1552.34 |
| Q0504 | | | | 819.17 | 819.17 |
| Q0506 | | | | 1019.62 | 1019.62 |
| Q0515 | | | | 2.16 | 2.16 |
| Q2009 | | | | 1.70 | 1.70 |
| Q2017 | | | | 416.34 | 416.34 |
| Q2035 | | | NRC | 21.88 | 21.88 |
| Q2036 | | | NRC | 10.29 | 10.29 |
| Q2037 | | | NRC | 21.22 | 21.22 |
| Q2038 | | | NRC | 14.45 | 14.45 |
| Q2039 | | | NRC | 0.00 | 0.00 |
| Q2041 | | | NRC | 0.00 | 0.00 |
| Q2042 | | | NRC | 0.00 | 0.00 |
| Q2043 | | | NRC | 54033.06 | 54033.06 |
| Q2049 | | | | 3.20 | 3.20 |
| Q2050 | | | | 433.63 | 433.63 |
| Q3014 | | | | 30.91 | 30.91 |
| Q3027 | | | | 64.08 | 64.08 |
| Q4001 | | | | 60.47 | 60.47 |
| Q4002 | | | | 228.46 | 228.46 |
| Q4003 | | | | 43.40 | 43.40 |
| Q4004 | | | | 150.30 | 150.30 |
| Q4005 | | | | 16.01 | 16.01 |
| Q4006 | | | | 36.07 | 36.07 |
| Q4007 | | | NRC | 8.00 | 8.00 |
| Q4008 | | | NRC | 18.02 | 18.02 |
| Q4009 | | | | 10.69 | 10.69 |
| Q4010 | | | | 24.05 | 24.05 |
| Q4011 | | | NRC | 5.33 | 5.33 |
| Q4012 | | | NRC | 12.05 | 12.05 |
| Q4013 | | | | 19.45 | 19.45 |
| Q4014 | | | | 32.80 | 32.80 |
| Q4015 | | | NRC | 9.74 | 9.74 |
| Q4016 | | | NRC | 16.40 | 16.40 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| Q4017 | | | | 11.24 | 11.24 |
| Q4018 | | | | 17.93 | 17.93 |
| Q4019 | | | NRC | 5.64 | 5.64 |
| Q4020 | | | NRC | 8.99 | 8.99 |
| Q4021 | | | | 8.33 | 8.33 |
| Q4022 | | | | 15.01 | 15.01 |
| Q4023 | | | NRC | 4.19 | 4.19 |
| Q4024 | | | NRC | 7.52 | 7.52 |
| Q4025 | | | | 46.66 | 46.66 |
| Q4026 | | | | 145.73 | 145.73 |
| Q4027 | | | NRC | 23.35 | 23.35 |
| Q4028 | | | NRC | 72.91 | 72.91 |
| Q4029 | | | | 35.70 | 35.70 |
| Q4030 | | | | 93.96 | 93.96 |
| Q4031 | | | NRC | 17.83 | 17.83 |
| Q4032 | | | NRC | 46.98 | 46.98 |
| Q4033 | | | | 33.30 | 33.30 |
| Q4034 | | | | 82.79 | 82.79 |
| Q4035 | | | NRC | 16.64 | 16.64 |
| Q4036 | | | NRC | 41.42 | 41.42 |
| Q4037 | | | | 20.29 | 20.29 |
| Q4038 | | | | 50.87 | 50.87 |
| Q4039 | | | NRC | 10.18 | 10.18 |
| Q4040 | | | NRC | 25.44 | 25.44 |
| Q4041 | | | | 24.70 | 24.70 |
| Q4042 | | | | 42.16 | 42.16 |
| Q4043 | | | NRC | 12.36 | 12.36 |
| Q4044 | | | NRC | 21.10 | 21.10 |
| Q4045 | | | | 14.34 | 14.34 |
| Q4046 | | | | 23.05 | 23.05 |
| Q4047 | | | NRC | 7.14 | 7.14 |
| Q4048 | | | NRC | 11.53 | 11.53 |
| Q4049 | | | | 2.60 | 2.60 |
| Q4050 | | | BR | 0.00 | 0.00 |
| Q4051 | | | BR | 0.00 | 0.00 |
| Q4074 | | | | 170.20 | 170.20 |
| Q4081 | | | | 1.41 | 1.41 |
| Q4100 | | | NRC | 0.00 | 0.00 |
| Q4101 | | | | 37.08 | 37.08 |
| Q4102 | | | | 13.15 | 13.15 |
| Q4103 | | | | 11.63 | 11.63 |
| Q4104 | | | | 41.23 | 41.23 |
| Q4105 | | | | 30.53 | 30.53 |
| Q4106 | | | | 39.39 | 39.39 |
| Q4107 | | | | 108.14 | 108.14 |
| Q4108 | | | | 38.18 | 38.18 |
| Q4110 | | | | 44.85 | 44.85 |
| Q4111 | | | | 9.37 | 9.37 |
| Q4112 | | | | 973.40 | 973.40 |
| Q4113 | | | | 973.40 | 973.40 |
| Q4114 | | | | 1814.61 | 1814.61 |
| Q4115 | | | | 16.63 | 16.63 |
| Q4116 | | | | 37.72 | 37.72 |
| Q4117 | | | BR | 0.00 | 0.00 |
| Q4118 | | | BR | 0.00 | 0.00 |
| Q4121 | | | NRC | 54.91 | 54.91 |
| Q4122 | | | BR | 0.00 | 0.00 |
| Q4123 | | | NRC | 37.94 | 37.94 |
| Q4124 | | | BR | 0.00 | 0.00 |
| Q4125 | | | BR | 0.00 | 0.00 |
| Q4126 | | | BR | 0.00 | 0.00 |
| Q4127 | | | BR | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| Q4128 | | | BR | 0.00 | 0.00 |
| Q4130 | | | BR | 0.00 | 0.00 |
| Q4132 | | | | 166.61 | 166.61 |
| Q4133 | | | | 160.93 | 160.93 |
| Q4134 | | | BR | 0.00 | 0.00 |
| Q4135 | | | BR | 0.00 | 0.00 |
| Q4136 | | | BR | 0.00 | 0.00 |
| Q4150 | | | BR | 0.00 | 0.00 |
| Q4151 | | | BR | 0.00 | 0.00 |
| Q4152 | | | BR | 0.00 | 0.00 |
| Q4153 | | | BR | 0.00 | 0.00 |
| Q4154 | | | BR | 0.00 | 0.00 |
| Q4155 | | | BR | 0.00 | 0.00 |
| Q4156 | | | BR | 0.00 | 0.00 |
| Q4157 | | | BR | 0.00 | 0.00 |
| Q4158 | | | BR | 0.00 | 0.00 |
| Q4159 | | | | 211.28 | 211.28 |
| Q4160 | | | BR | 0.00 | 0.00 |
| Q4161 | | | BR | 0.00 | 0.00 |
| Q4162 | | | BR | 0.00 | 0.00 |
| Q4163 | | | BR | 0.00 | 0.00 |
| Q4164 | | | BR | 0.00 | 0.00 |
| Q4165 | | | BR | 0.00 | 0.00 |
| Q4166 | | | | 39.48 | 39.48 |
| Q4167 | | | | 17.69 | 17.69 |
| Q4168 | | | BR | 0.00 | 0.00 |
| Q4169 | | | BR | 0.00 | 0.00 |
| Q4170 | | | BR | 0.00 | 0.00 |
| Q4171 | | | BR | 0.00 | 0.00 |
| Q4173 | | | BR | 0.00 | 0.00 |
| Q4174 | | | BR | 0.00 | 0.00 |
| Q4175 | | | | 30.53 | 30.53 |
| Q4176 | | | BR | 0.00 | 0.00 |
| Q4177 | | | BR | 0.00 | 0.00 |
| Q4178 | | | BR | 0.00 | 0.00 |
| Q4179 | | | BR | 0.00 | 0.00 |
| Q4180 | | | BR | 0.00 | 0.00 |
| Q4181 | | | BR | 0.00 | 0.00 |
| Q4182 | | | BR | 0.00 | 0.00 |
| Q4183 | | | BR | 0.00 | 0.00 |
| Q4184 | | | BR | 0.00 | 0.00 |
| Q4185 | | | BR | 0.00 | 0.00 |
| Q4186 | | | | 192.70 | 192.70 |
| Q4187 | | | BR | 0.00 | 0.00 |
| Q4188 | | | BR | 0.00 | 0.00 |
| Q4189 | | | BR | 0.00 | 0.00 |
| Q4190 | | | BR | 0.00 | 0.00 |
| Q4191 | | | BR | 0.00 | 0.00 |
| Q4192 | | | BR | 0.00 | 0.00 |
| Q4193 | | | BR | 0.00 | 0.00 |
| Q4194 | | | BR | 0.00 | 0.00 |
| Q4195 | | | | 63.76 | 63.76 |
| Q4196 | | | | 98.39 | 98.39 |
| Q4197 | | | BR | 0.00 | 0.00 |
| Q4198 | | | BR | 0.00 | 0.00 |
| Q4200 | | | BR | 0.00 | 0.00 |
| Q4201 | | | BR | 0.00 | 0.00 |
| Q4202 | | | BR | 0.00 | 0.00 |
| Q4203 | | | BR | 0.00 | 0.00 |
| Q4204 | | | BR | 0.00 | 0.00 |
| Q4206 | | | BR | TBD | TBD |
| Q4208 | | | BR | TBD | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| Q4209 | | | BR | TBD | TBD |
| Q4210 | | | BR | TBD | TBD |
| Q4211 | | | BR | TBD | TBD |
| Q4212 | | | BR | TBD | TBD |
| Q4213 | | | BR | TBD | TBD |
| Q4214 | | | BR | TBD | TBD |
| Q4215 | | | BR | TBD | TBD |
| Q4216 | | | BR | TBD | TBD |
| Q4217 | | | BR | TBD | TBD |
| Q4218 | | | BR | TBD | TBD |
| Q4219 | | | BR | TBD | TBD |
| Q4220 | | | BR | TBD | TBD |
| Q4221 | | | BR | TBD | TBD |
| Q4222 | | | BR | TBD | TBD |
| Q4226 | | | BR | TBD | TBD |
| Q5101 | | | | 0.76 | 0.76 |
| Q5103 | | | NRC | 65.21 | 65.21 |
| Q5104 | | | NRC | 71.12 | 71.12 |
| Q5105 | | | NRC | 1.36 | 1.36 |
| Q5106 | | | | 13.63 | 13.63 |
| Q5107 | | | BR | 0.00 | 0.00 |
| Q5108 | | | | 420.15 | 420.15 |
| Q5109 | | | NRC | 0.00 | 0.00 |
| Q5110 | | | | 0.88 | 0.88 |
| Q5111 | | | | 430.03 | 430.03 |
| Q5112 | | | BR | TBD | TBD |
| Q5113 | | | BR | TBD | TBD |
| Q5114 | | | BR | TBD | TBD |
| Q5115 | | | BR | TBD | TBD |
| Q5116 | | | BR | TBD | TBD |
| Q5117 | | | BR | TBD | TBD |
| Q5118 | | | BR | TBD | TBD |
| Q9950 | | | | 23.97 | 23.97 |
| Q9951 | | | | 0.35 | 0.35 |
| Q9953 | | | | 37.23 | 37.23 |
| Q9954 | | | | 13.99 | 13.99 |
| Q9955 | | | NRC | 0.00 | 0.00 |
| Q9956 | | | NRC | 38.62 | 38.62 |
| Q9957 | | | NRC | 57.93 | 57.93 |
| Q9958 | | | | 0.09 | 0.09 |
| Q9959 | | | | 0.12 | 0.12 |
| Q9960 | | | | 0.26 | 0.26 |
| Q9961 | | | | 0.31 | 0.31 |
| Q9962 | | | | 0.22 | 0.22 |
| Q9963 | | | | 0.24 | 0.24 |
| Q9964 | | | | 0.35 | 0.35 |
| Q9965 | | | | 1.22 | 1.22 |
| Q9966 | | | | 0.39 | 0.39 |
| Q9967 | | | | 0.14 | 0.14 |
| Q9968 | | | NRC | 0.00 | 0.00 |
| Q9969 | | | BR | 0.00 | 0.00 |
| Q9991 | | | | 2009.76 | 2009.76 |
| Q9992 | | | | 2009.76 | 2009.76 |
| S0209 | | | | 8.33 | 8.33 |
| S0630 | | | | 25.37 | 12.13 |
| S1034 | | | BR | 0.00 | 0.00 |
| S1035 | | | BR | 0.00 | 0.00 |
| S1036 | | | BR | 0.00 | 0.00 |
| S1037 | | | BR | 0.00 | 0.00 |
| S8301 | | | | 3.19 | 3.19 |
| S8420 | | | BR | 0.00 | 0.00 |
| S8421 | | | | 73.90 | 73.90 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| 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 |
| S8431 | | | | 22.50 | 22.50 |
| S8450 | | | | 6.73 | 6.73 |
| S8451 | | | | 51.49 | 51.49 |
| S8452 | | | | 103.36 | 103.36 |
| V2020 | | | | 89.28 | 89.28 |
| V2025 | | | NRC | 0.00 | 0.00 |
| V2100 | | | | 55.19 | 55.19 |
| V2101 | | | | 53.02 | 53.02 |
| V2102 | | | | 91.68 | 91.68 |
| V2103 | | | | 46.44 | 46.44 |
| V2104 | | | | 47.88 | 47.88 |
| V2105 | | | | 56.94 | 56.94 |
| V2106 | | | | 63.08 | 63.08 |
| V2107 | | | | 56.18 | 56.18 |
| V2108 | | | | 56.34 | 56.34 |
| V2109 | | | | 78.46 | 78.46 |
| V2110 | | | | 63.36 | 63.36 |
| V2111 | | | | 76.79 | 76.79 |
| V2112 | | | | 86.75 | 86.75 |
| V2113 | | | | 87.72 | 87.72 |
| V2114 | | | | 103.94 | 103.94 |
| V2115 | | | | 104.76 | 104.76 |
| V2118 | | | | 114.00 | 114.00 |
| V2121 | | | | 102.80 | 102.80 |
| V2199 | | | BR | 0.00 | 0.00 |
| V2200 | | | | 62.14 | 62.14 |
| V2201 | | | | 66.58 | 66.58 |
| V2202 | | | | 82.52 | 82.52 |
| V2203 | | | | 64.00 | 64.00 |
| V2204 | | | | 65.86 | 65.86 |
| V2205 | | | | 73.01 | 73.01 |
| V2206 | | | | 85.72 | 85.72 |
| V2207 | | | | 72.44 | 72.44 |
| V2208 | | | | 71.17 | 71.17 |
| V2209 | | | | 83.56 | 83.56 |
| V2210 | | | | 90.04 | 90.04 |
| V2211 | | | | 87.65 | 87.65 |
| V2212 | | | | 91.75 | 91.75 |
| V2213 | | | | 96.48 | 96.48 |
| V2214 | | | | 100.82 | 100.82 |
| V2215 | | | | 125.89 | 125.89 |
| V2218 | | | | 128.29 | 128.29 |
| V2219 | | | | 59.18 | 59.18 |
| V2220 | | | | 52.56 | 52.56 |
| V2221 | | | | 104.84 | 104.84 |
| V2299 | | | BR | 0.00 | 0.00 |
| V2300 | | | | 84.95 | 84.95 |
| V2301 | | | | 104.17 | 104.17 |
| V2302 | | | | 97.33 | 97.33 |
| V2303 | | | | 81.77 | 81.77 |
| V2304 | | | | 82.73 | 82.73 |
| V2305 | | | | 92.41 | 92.41 |
| V2306 | | | | 95.15 | 95.15 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| V2307 | | | | 90.60 | 90.60 |
| V2308 | | | | 98.82 | 98.82 |
| V2309 | | | | 103.42 | 103.42 |
| V2310 | | | | 108.02 | 108.02 |
| V2311 | | | | 124.72 | 124.72 |
| V2312 | | | | 114.32 | 114.32 |
| V2313 | | | | 124.80 | 124.80 |
| V2314 | | | | 127.57 | 127.57 |
| V2315 | | | | 141.62 | 141.62 |
| V2318 | | | | 174.11 | 174.11 |
| V2319 | | | | 78.59 | 78.59 |
| V2320 | | | | 82.91 | 82.91 |
| V2321 | | | | 139.60 | 139.60 |
| V2399 | | | BR | 0.00 | 0.00 |
| V2410 | | | | 122.04 | 122.04 |
| V2430 | | | | 129.18 | 129.18 |
| V2499 | | | BR | 0.00 | 0.00 |
| V2500 | | | | 109.21 | 109.21 |
| V2501 | | | | 154.97 | 154.97 |
| V2502 | | | | 209.99 | 209.99 |
| V2503 | | | | 202.81 | 202.81 |
| V2510 | | | | 145.62 | 145.62 |
| V2511 | | | | 215.83 | 215.83 |
| V2512 | | | | 248.44 | 248.44 |
| V2513 | | | | 250.28 | 250.28 |
| V2520 | | | | 145.10 | 145.10 |
| V2521 | | | | 287.34 | 287.34 |
| V2522 | | | | 210.28 | 210.28 |
| V2523 | | | | 220.76 | 220.76 |
| V2530 | | | | 352.96 | 352.96 |
| V2531 | | | | 646.37 | 646.37 |
| V2599 | | | BR | 0.00 | 0.00 |
| V2600 | | | | 33.60 | 33.60 |
| V2610 | | | | 80.00 | 80.00 |
| V2615 | | | NRC | 0.00 | 0.00 |
| V2623 | | | | 1119.20 | 1119.20 |
| V2624 | | | | 72.25 | 72.25 |
| V2625 | | | | 572.24 | 572.24 |
| V2626 | | | | 236.80 | 236.80 |
| V2627 | | | | 1697.64 | 1697.64 |
| V2628 | | | | 361.10 | 361.10 |
| V2629 | | | BR | 0.00 | 0.00 |
| V2630 | | | | 141.28 | 141.28 |
| V2631 | | | | 141.28 | 141.28 |
| V2632 | | | | 141.28 | 141.28 |
| V2700 | | | | 53.22 | 53.22 |
| V2702 | | | NRC | 0.00 | 0.00 |
| V2710 | | | NRC | 87.25 | 87.25 |
| V2715 | | | NRC | 17.10 | 17.10 |
| V2718 | | | NRC | 36.94 | 36.94 |
| V2730 | | | NRC | 30.94 | 30.94 |
| V2744 | | | NRC | 21.16 | 21.16 |
| V2745 | | | | 12.19 | 12.19 |
| V2750 | | | NRC | 23.76 | 23.76 |
| V2755 | | | | 19.90 | 19.90 |
| V2756 | | | NRC | 0.00 | 0.00 |
| V2760 | | | | 19.61 | 19.61 |
| V2761 | | | NRC | 0.00 | 0.00 |
| V2762 | | | | 71.16 | 71.16 |
| V2770 | | | | 23.16 | 23.16 |
| V2780 | | | | 14.88 | 14.88 |
| V2781 | | | | 204.97 | 204.97 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|-------------|---------------|-------------|--------------|
| V2782 | | | | 76.85 | 76.85 |
| V2783 | | | | 86.66 | 86.66 |
| V2784 | | | | 56.36 | 56.36 |
| 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 | | | | 1073.84 | 1073.84 |
| V5060 | | | | 1399.80 | 1399.80 |
| V5070 | | | NRC | 0.00 | 0.00 |
| V5080 | | | NRC | 0.00 | 0.00 |
| V5090 | | | NRC | 0.00 | 0.00 |
| V5095 | | | NRC | 0.00 | 0.00 |
| V5100 | | | | 770.00 | 770.00 |
| V5110 | | | NRC | 0.00 | 0.00 |
| V5120 | | | | 770.00 | 770.00 |
| V5130 | | | | 1899.72 | 1899.72 |
| V5140 | | | | 2794.59 | 2794.59 |
| V5150 | | | NRC | 0.00 | 0.00 |
| V5160 | | | NRC | 0.00 | 0.00 |
| V5171 | | | BR | 0.00 | 0.00 |
| V5172 | | | BR | 0.00 | 0.00 |
| V5181 | | | BR | 0.00 | 0.00 |
| V5190 | | | NRC | 0.00 | 0.00 |
| V5200 | | | NRC | 0.00 | 0.00 |
| V5211 | | | BR | 0.00 | 0.00 |
| V5212 | | | BR | 0.00 | 0.00 |
| V5213 | | | BR | 0.00 | 0.00 |
| V5214 | | | BR | 0.00 | 0.00 |
| V5215 | | | BR | 0.00 | 0.00 |
| V5221 | | | BR | 0.00 | 0.00 |
| V5230 | | | NRC | 0.00 | 0.00 |
| V5240 | | | NRC | 0.00 | 0.00 |
| V5241 | | | NRC | 0.00 | 0.00 |
| V5242 | | | | 2500.00 | 2500.00 |
| V5243 | | | | 2500.00 | 2500.00 |
| V5244 | | | | 2500.00 | 2500.00 |
| V5245 | | | | 2500.00 | 2500.00 |
| V5246 | | | | 2500.00 | 2500.00 |
| V5247 | | | | 2500.00 | 2500.00 |
| V5248 | | | | 5000.00 | 5000.00 |
| V5249 | | | | 5000.00 | 5000.00 |
| V5250 | | | | 5000.00 | 5000.00 |
| V5251 | | | | 5000.00 | 5000.00 |
| V5252 | | | | 5000.00 | 5000.00 |
| V5253 | | | | 5000.00 | 5000.00 |
| V5254 | | | | 3000.00 | 3000.00 |
| V5255 | | | | 3000.00 | 3000.00 |
| V5256 | | | | 3000.00 | 3000.00 |
| V5257 | | | | 3000.00 | 3000.00 |
| V5258 | | | | 6000.00 | 6000.00 |
| V5259 | | | | 6000.00 | 6000.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|--|---------------|-------------------------|-------------------------|
| V5260 | | | | 6000.00 | 6000.00 |
| V5261 | | | | 6000.00 | 6000.00 |
| 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 |
| 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 assemt.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/ Nursing care facility, all inclusive per diem | | 295.00 | 295.00 |
| W0171 | | Post acute, short term skilled nursing stay, up to 30 days, per diem, negotiated up to fee schedule amount | | negotiated up to 450.00 | negotiated up to 450.00 |
| W0176 | | Special skilled nursing facility all inclusive daily rate | | negotiated | negotiated |
| W0177 | | Post-acute brain injury freestanding facility residential all inclusive daily rate | | 760.00 | 760.00 |
| W0178 | | Neurobehavioral brain injury freestanding facility residential all inclusive daily rate | | 1050.00 | 1050.00 |
| W0179 | | Post-acute brain injury facility outpatient (full day/6 hr minimum) all inclusive daily rate | | 569.00 | 569.00 |
| W0180 | | Intermediate nursing care facility, daily Intermediate nursing care facility, daily rate | | 150.00 | 150.00 |
| W0181 | | Post-acute brain injury facility outpatient (half day/3 hr minimum) all inclusive daily rate | | 406.00 | 406.00 |
| W0182 | | Lifelong living placement post acute facility, all inclusive daily rate | | 250.00 | 250.00 |
| W0183 | | Tbi in house pharmacy services | | 500.00 | 500.00 |
| W0184 | | Tbi therapeutic leave of absence, 25% of daily rate | | 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 |
| 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 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | MOD | Description | Coverage Flag | Non-Fac Fee | Facility Fee |
|-------|-----|--|---------------|-------------|--------------|
| W0750 | | Weight reduction program per hour max 9 hrs. | | 60.00 | 60.00 |
| W0751 | | Weight control program with fda approved drugs | | 2000.00 | 2000.00 |
| 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, per 15 mins | | 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 | | wheelchair/scooter carrier/trailer, non motorized | | 2070.00 | 2070.00 |
| W4001 | | wheelchair/scooter carrier/trailer, motorized lift | | 3163.00 | 3163.00 |
| W4215 | | Travel per mile orthotist prosthetist | | 0.45 | 0.45 |
| W5000 | | Smoking cessation program with fda drugs | | 1150.00 | 1150.00 |
| 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) | NRC | 2.00 | 2.00 |
| Z0180 | | Residential care/assisted living facility, per diem | | 115.00 | 115.00 |
| Z0430 | | detox program assessment | | 192.48 | 192.48 |
| Z0450 | | Partial hospitalization detox all inclusive per diem; ASAM 2.5; 4-8 hrs/day, 5-7 days/week | | 427.40 | 427.40 |
| Z0460 | | Intensive outpt detox all inclusive per diem; ASAM 2.1; 3-4 hrs per day, min 3 days/week | | 273.80 | 273.80 |
| Z0470 | | Case Management coordination for detox service plan; ASAM level 1 only | | 13.50 | 13.50 |
| 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 mgmt | | 557.00 | 557.00 |
| Z1000 | | Catastrophic claim life care planning, per hr | | 100.00 | 100.00 |
| Z5601 | | Personal Emergency response system installation and/or activation | | 250.00 | 250.00 |
| Z5602 | | Personal Emergency response system monthly service fee | | 34.95 | 34.95 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | INITIAL UNIT NON-FAC FEE | INITIAL UNIT FACILITY FEE | SUBSEQUENT NON-FAC FEE | SUBSEQUENT FACILITY FEE |
|-------|-----------------------------|------------------------------|---------------------------|----------------------------|
| 90901 | 54.43 | 28.35 | 38.13 | 25.10 |
| 90912 | TBD | TBD | TBD | TBD |
| 90913 | TBD | TBD | TBD | TBD |
| 92507 | 109.52 | 109.52 | 89.04 | 89.04 |
| 92508 | 32.63 | 32.63 | 24.95 | 24.95 |
| 92520 | 107.16 | 56.88 | 73.64 | 48.50 |
| 92521 | 157.09 | 157.09 | 124.50 | 124.50 |
| 92522 | 127.72 | 127.72 | 103.98 | 103.98 |
| 92523 | 271.05 | 271.05 | 214.49 | 214.49 |
| 92524 | 123.49 | 123.49 | 101.61 | 101.61 |
| 92526 | 119.47 | 119.47 | 95.02 | 95.02 |
| 92597 | 101.48 | 101.48 | 84.26 | 84.26 |
| 92605 | 131.19 | 125.61 | 112.57 | 109.78 |
| 92606 | 115.66 | 100.30 | 95.41 | 87.73 |
| 92607 | 179.90 | 179.90 | 138.70 | 138.70 |
| 92608 | 71.48 | 71.48 | 54.02 | 54.02 |
| 92609 | 149.94 | 149.94 | 114.32 | 114.32 |
| 92610 | 119.81 | 101.65 | 94.44 | 85.36 |
| 92611 | 124.72 | 124.72 | 98.42 | 98.42 |
| 92612 | 258.00 | 95.98 | 163.02 | 82.02 |
| 92614 | 193.33 | 94.17 | 130.94 | 81.36 |
| 92616 | 280.77 | 140.63 | 190.91 | 120.85 |
| 92618 | 47.61 | 46.68 | 41.33 | 40.86 |
| 95851 | 28.19 | 10.96 | 18.41 | 9.80 |
| 95852 | 25.18 | 8.42 | 15.64 | 7.26 |
| 95992 | 61.53 | 53.15 | 50.83 | 46.64 |
| 96105 | 145.58 | 145.58 | 119.51 | 119.51 |
| 96125 | 152.73 | 152.73 | 121.31 | 121.31 |
| 97010 | 0.00 | 0.00 | 0.00 | 0.00 |
| 97012 | 20.65 | 20.65 | 16.93 | 16.93 |
| 97014 | 20.36 | 20.36 | 15.00 | 15.00 |
| 97016 | 17.56 | 17.56 | 13.61 | 13.61 |
| 97018 | 9.61 | 9.61 | 6.58 | 6.58 |
| 97022 | 24.50 | 24.50 | 16.82 | 16.82 |
| 97024 | 9.61 | 9.61 | 6.58 | 6.58 |
| 97026 | 8.68 | 8.68 | 6.12 | 6.12 |
| 97028 | 11.09 | 11.09 | 7.83 | 7.83 |
| 97032 | 20.65 | 20.65 | 16.93 | 16.93 |
| 97033 | 28.61 | 28.61 | 21.16 | 21.16 |
| 97034 | 20.95 | 20.95 | 16.06 | 16.06 |
| 97035 | 19.09 | 19.09 | 15.13 | 15.13 |
| 97036 | 47.32 | 47.32 | 31.02 | 31.02 |
| 97039 | 0.00 | 0.00 | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT | INITIAL UNIT NON-FAC FEE | INITIAL UNIT FACILITY FEE | SUBSEQUENT NON-FAC FEE | SUBSEQUENT FACILITY FEE |
|-------|-----------------------------|------------------------------|---------------------------|----------------------------|
| 97110 | 42.49 | 42.49 | 33.18 | 33.18 |
| 97112 | 48.29 | 48.29 | 37.35 | 37.35 |
| 97113 | 53.32 | 53.32 | 39.36 | 39.36 |
| 97116 | 42.02 | 42.02 | 32.95 | 32.95 |
| 97124 | 39.23 | 39.23 | 28.75 | 28.75 |
| 97129 | TBD | TBD | TBD | TBD |
| 97130 | TBD | TBD | TBD | TBD |
| 97139 | 0.00 | 0.00 | 0.00 | 0.00 |
| 97140 | 38.64 | 38.64 | 30.49 | 30.49 |
| 97150 | 25.48 | 25.48 | 20.35 | 20.35 |
| 97161 | 117.01 | 117.01 | 90.24 | 90.24 |
| 97162 | 117.01 | 117.01 | 90.24 | 90.24 |
| 97163 | 117.01 | 117.01 | 90.24 | 90.24 |
| 97164 | 79.18 | 79.18 | 59.39 | 59.39 |
| 97165 | 125.39 | 125.39 | 94.43 | 94.43 |
| 97166 | 125.39 | 125.39 | 94.43 | 94.43 |
| 97167 | 125.39 | 125.39 | 94.43 | 94.43 |
| 97168 | 85.70 | 85.70 | 62.65 | 62.65 |
| 97530 | 54.55 | 54.55 | 38.96 | 38.96 |
| 97533 | 58.44 | 58.44 | 41.92 | 41.92 |
| 97535 | 47.15 | 47.15 | 35.51 | 35.51 |
| 97537 | 45.41 | 45.41 | 35.40 | 35.40 |
| 97542 | 45.87 | 45.87 | 35.63 | 35.63 |
| 97597 | 119.56 | 33.90 | 73.24 | 30.40 |
| 97598 | 37.84 | 15.95 | 25.27 | 14.32 |
| 97602 | 150.22 | 84.71 | 113.31 | 76.92 |
| 97605 | 60.14 | 36.86 | 44.54 | 32.90 |
| 97606 | 70.59 | 39.86 | 51.04 | 35.67 |
| 97607 | 60.83 | 39.57 | 45.01 | 35.22 |
| 97608 | 72.00 | 43.61 | 51.84 | 38.81 |
| 97610 | 299.06 | 23.91 | 158.92 | 21.35 |
| 97750 | 48.08 | 48.08 | 35.97 | 35.97 |
| 97755 | 52.98 | 52.98 | 42.74 | 42.74 |
| 97760 | 65.05 | 65.05 | 45.73 | 45.73 |
| 97761 | 56.20 | 56.20 | 41.30 | 41.30 |
| 97763 | 68.69 | 68.69 | 47.04 | 47.04 |
| 97799 | 0.00 | 0.00 | 0.00 | 0.00 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 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 |
| 00454 | 3 |
| 00470 | 6 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 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 |
| 00541 | 15 |
| 00542 | 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 |
| 00625 | 13 |
| 00626 | 15 |
| 00630 | 8 |
| 00632 | 7 |
| 00635 | 4 |
| 00640 | 3 |
| 00670 | 13 |
| 00700 | 4 |
| 00702 | 4 |
| 00730 | 5 |
| 00731 | 5 |
| 00732 | 6 |
| 00750 | 4 |
| 00752 | 6 |
| 00754 | 7 |
| 00756 | 7 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 00770 | 15 |
| 00790 | 7 |
| 00792 | 13 |
| 00794 | 8 |
| 00796 | 30 |
| 00797 | 11 |
| 00800 | 4 |
| 00802 | 5 |
| 00811 | 4 |
| 00812 | 3 |
| 00813 | 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
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 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 |
| 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 |
| 01392 | 4 |
| 01400 | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 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 |
| 01710 | 3 |
| 01712 | 5 |
| 01714 | 5 |
| 01716 | 5 |
| 01730 | 3 |
| 01732 | 3 |
| 01740 | 4 |
| 01742 | 5 |
| 01744 | 5 |
| 01756 | 6 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 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 |
| 01965 | 4 |
| 01966 | 4 |
| 01967 | 5 |
| 01968 | 2 |
| 01969 | 5 |
| 01990 | 7 |
| 01991 | 3 |
| 01992 | 5 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CODE | BASE |
|-------|------|
| | UNIT |
| 01996 | 3 |
| 01999 | 0 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 10004 | | 3 |
| 10005 | | 1 |
| 10006 | | 3 |
| 10007 | | 1 |
| 10008 | | 3 |
| 10009 | | 1 |
| 10010 | | 3 |
| 10011 | | 1 |
| 10012 | | 3 |
| 10021 | | 1 |
| 10030 | | 2 |
| 10035 | | 1 |
| 10036 | | 2 |
| 10040 | | 1 |
| 10060 | | 1 |
| 10061 | | 1 |
| 10080 | | 1 |
| 10081 | | 1 |
| 10120 | | 10 |
| 10121 | | 10 |
| 10140 | | 2 |
| 10160 | | 3 |
| 10180 | | 2 |
| 11000 | | 1 |
| 11001 | | 1 |
| 11004 | | 1 |
| 11005 | | 1 |
| 11006 | | 1 |
| 11008 | | 1 |
| 11010 | | 2 |
| 11011 | | 2 |
| 11012 | | 2 |
| 11042 | | 1 |
| 11043 | | 1 |
| 11044 | | 1 |
| 11045 | | 12 |
| 11046 | | 10 |
| 11047 | | 10 |
| 11055 | | 1 |
| 11056 | | 1 |
| 11057 | | 1 |
| 11102 | | 1 |
| 11103 | | 6 |
| 11104 | | 1 |
| 11105 | | 3 |
| 11106 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 11107 | | 2 |
| 11200 | | 1 |
| 11201 | | 1 |
| 11300 | | 5 |
| 11301 | | 6 |
| 11302 | | 4 |
| 11303 | | 3 |
| 11305 | | 4 |
| 11306 | | 4 |
| 11307 | | 3 |
| 11308 | | 4 |
| 11310 | | 4 |
| 11311 | | 4 |
| 11312 | | 3 |
| 11313 | | 3 |
| 11400 | | 3 |
| 11401 | | 3 |
| 11402 | | 3 |
| 11403 | | 2 |
| 11404 | | 2 |
| 11406 | | 2 |
| 11420 | | 3 |
| 11421 | | 3 |
| 11422 | | 3 |
| 11423 | | 2 |
| 11424 | | 2 |
| 11426 | | 2 |
| 11440 | | 4 |
| 11441 | | 3 |
| 11442 | | 3 |
| 11443 | | 2 |
| 11444 | | 2 |
| 11446 | | 2 |
| 11450 | | 1 |
| 11451 | | 1 |
| 11462 | | 1 |
| 11463 | | 1 |
| 11470 | | 3 |
| 11471 | | 2 |
| 11600 | | 2 |
| 11601 | | 2 |
| 11602 | | 3 |
| 11603 | | 2 |
| 11604 | | 2 |
| 11606 | | 2 |
| 11620 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 11621 | | 2 |
| 11622 | | 2 |
| 11623 | | 2 |
| 11624 | | 2 |
| 11626 | | 2 |
| 11640 | | 2 |
| 11641 | | 2 |
| 11642 | | 3 |
| 11643 | | 2 |
| 11644 | | 2 |
| 11646 | | 2 |
| 11719 | | 1 |
| 11720 | | 1 |
| 11721 | | 1 |
| 11730 | | 1 |
| 11732 | | 9 |
| 11740 | | 3 |
| 11750 | | 6 |
| 11755 | | 4 |
| 11760 | | 4 |
| 11762 | | 2 |
| 11765 | | 4 |
| 11770 | | 1 |
| 11771 | | 1 |
| 11772 | | 1 |
| 11900 | | 1 |
| 11901 | | 1 |
| 11920 | | 1 |
| 11921 | | 1 |
| 11922 | | 1 |
| 11950 | | 1 |
| 11951 | | 1 |
| 11952 | | 1 |
| 11954 | | 1 |
| 11960 | | 3 |
| 11970 | | 2 |
| 11971 | | 2 |
| 11976 | | 1 |
| 11980 | | 1 |
| 11981 | | 1 |
| 11982 | | 1 |
| 11983 | | 1 |
| 12001 | | 1 |
| 12002 | | 1 |
| 12004 | | 1 |
| 12005 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 12006 | | 1 |
| 12007 | | 1 |
| 12011 | | 1 |
| 12013 | | 1 |
| 12014 | | 1 |
| 12015 | | 1 |
| 12016 | | 1 |
| 12017 | | 1 |
| 12018 | | 1 |
| 12020 | | 2 |
| 12021 | | 3 |
| 12031 | | 1 |
| 12032 | | 1 |
| 12034 | | 1 |
| 12035 | | 1 |
| 12036 | | 1 |
| 12037 | | 1 |
| 12041 | | 1 |
| 12042 | | 1 |
| 12044 | | 1 |
| 12045 | | 1 |
| 12046 | | 1 |
| 12047 | | 1 |
| 12051 | | 1 |
| 12052 | | 1 |
| 12053 | | 1 |
| 12054 | | 1 |
| 12055 | | 1 |
| 12056 | | 1 |
| 12057 | | 1 |
| 13100 | | 1 |
| 13101 | | 1 |
| 13102 | | 9 |
| 13120 | | 1 |
| 13121 | | 1 |
| 13122 | | 9 |
| 13131 | | 1 |
| 13132 | | 1 |
| 13133 | | 7 |
| 13151 | | 1 |
| 13152 | | 1 |
| 13153 | | 2 |
| 13160 | | 2 |
| 14000 | | 2 |
| 14001 | | 2 |
| 14020 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 14021 | | 3 |
| 14040 | | 4 |
| 14041 | | 3 |
| 14060 | | 4 |
| 14061 | | 2 |
| 14301 | | 2 |
| 14302 | | 8 |
| 14350 | | 2 |
| 15002 | | 1 |
| 15003 | | 60 |
| 15004 | | 1 |
| 15005 | | 19 |
| 15040 | | 1 |
| 15050 | | 1 |
| 15100 | | 1 |
| 15101 | | 40 |
| 15110 | | 1 |
| 15111 | | 5 |
| 15115 | | 1 |
| 15116 | | 2 |
| 15120 | | 1 |
| 15121 | | 8 |
| 15130 | | 1 |
| 15131 | | 2 |
| 15135 | | 1 |
| 15136 | | 1 |
| 15150 | | 1 |
| 15151 | | 1 |
| 15152 | | 5 |
| 15155 | | 1 |
| 15156 | | 1 |
| 15157 | | 1 |
| 15200 | | 1 |
| 15201 | | 9 |
| 15220 | | 1 |
| 15221 | | 9 |
| 15240 | | 1 |
| 15241 | | 9 |
| 15260 | | 1 |
| 15261 | | 6 |
| 15271 | | 1 |
| 15272 | | 3 |
| 15273 | | 1 |
| 15274 | | 60 |
| 15275 | | 1 |
| 15276 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 15277 | | 1 |
| 15278 | | 15 |
| 15570 | | 2 |
| 15572 | | 2 |
| 15574 | | 2 |
| 15576 | | 2 |
| 15600 | | 2 |
| 15610 | | 2 |
| 15620 | | 2 |
| 15630 | | 2 |
| 15650 | | 1 |
| 15730 | | 1 |
| 15731 | | 1 |
| 15733 | | 3 |
| 15734 | | 4 |
| 15736 | | 2 |
| 15738 | | 4 |
| 15740 | | 3 |
| 15750 | | 2 |
| 15756 | | 2 |
| 15757 | | 2 |
| 15758 | | 2 |
| 15760 | | 2 |
| 15769 | | TBD |
| 15770 | | 2 |
| 15771 | | TBD |
| 15772 | | TBD |
| 15773 | | TBD |
| 15774 | | TBD |
| 15775 | | 1 |
| 15776 | | 1 |
| 15777 | | 1 |
| 15780 | | 1 |
| 15781 | | 1 |
| 15782 | | 1 |
| 15783 | | 1 |
| 15786 | | 1 |
| 15787 | | 2 |
| 15788 | | 1 |
| 15789 | | 1 |
| 15792 | | 1 |
| 15793 | | 1 |
| 15819 | | 1 |
| 15820 | | 1 |
| 15821 | | 1 |
| 15822 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 15823 | | 1 |
| 15830 | | 1 |
| 15832 | | 1 |
| 15833 | | 1 |
| 15834 | | 1 |
| 15835 | | 1 |
| 15836 | | 1 |
| 15837 | | 2 |
| 15838 | | 1 |
| 15839 | | 2 |
| 15840 | | 1 |
| 15841 | | 2 |
| 15842 | | 2 |
| 15845 | | 2 |
| 15847 | | 1 |
| 15850 | | 1 |
| 15851 | | 1 |
| 15852 | | 1 |
| 15860 | | 1 |
| 15920 | | 1 |
| 15922 | | 1 |
| 15931 | | 1 |
| 15933 | | 1 |
| 15934 | | 1 |
| 15935 | | 1 |
| 15936 | | 1 |
| 15937 | | 1 |
| 15940 | | 2 |
| 15941 | | 2 |
| 15944 | | 2 |
| 15945 | | 2 |
| 15946 | | 2 |
| 15950 | | 2 |
| 15951 | | 2 |
| 15952 | | 2 |
| 15953 | | 2 |
| 15956 | | 2 |
| 15958 | | 2 |
| 15999 | | 1 |
| 16000 | | 1 |
| 16020 | | 1 |
| 16025 | | 1 |
| 16030 | | 1 |
| 16035 | | 1 |
| 16036 | | 10 |
| 17000 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 17003 | | 13 |
| 17004 | | 1 |
| 17106 | | 1 |
| 17107 | | 1 |
| 17108 | | 1 |
| 17110 | | 1 |
| 17111 | | 1 |
| 17250 | | 4 |
| 17260 | | 7 |
| 17261 | | 7 |
| 17262 | | 6 |
| 17263 | | 5 |
| 17264 | | 3 |
| 17266 | | 2 |
| 17270 | | 6 |
| 17271 | | 4 |
| 17272 | | 5 |
| 17273 | | 4 |
| 17274 | | 4 |
| 17276 | | 3 |
| 17280 | | 6 |
| 17281 | | 6 |
| 17282 | | 5 |
| 17283 | | 4 |
| 17284 | | 3 |
| 17286 | | 3 |
| 17311 | | 4 |
| 17312 | | 6 |
| 17313 | | 3 |
| 17314 | | 4 |
| 17315 | | 15 |
| 17340 | | 1 |
| 17360 | | 1 |
| 17999 | | 1 |
| 19000 | | 2 |
| 19001 | | 5 |
| 19020 | | 2 |
| 19030 | | 1 |
| 19081 | | 1 |
| 19082 | | 2 |
| 19083 | | 1 |
| 19084 | | 2 |
| 19085 | | 1 |
| 19086 | | 2 |
| 19100 | | 4 |
| 19101 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 19105 | | 2 |
| 19110 | | 1 |
| 19112 | | 2 |
| 19120 | | 1 |
| 19125 | | 1 |
| 19126 | | 3 |
| 19281 | | 1 |
| 19282 | | 2 |
| 19283 | | 1 |
| 19284 | | 2 |
| 19285 | | 1 |
| 19286 | | 2 |
| 19287 | | 1 |
| 19288 | | 2 |
| 19294 | | 2 |
| 19296 | | 1 |
| 19297 | | 2 |
| 19298 | | 1 |
| 19300 | | 1 |
| 19301 | | 1 |
| 19302 | | 1 |
| 19303 | | 1 |
| 19305 | | 1 |
| 19306 | | 1 |
| 19307 | | 1 |
| 19316 | | 1 |
| 19318 | | 1 |
| 19324 | | 1 |
| 19325 | | 1 |
| 19328 | | 1 |
| 19330 | | 1 |
| 19340 | | 1 |
| 19342 | | 1 |
| 19350 | | 1 |
| 19355 | | 1 |
| 19357 | | 1 |
| 19361 | | 1 |
| 19364 | | 1 |
| 19366 | | 1 |
| 19367 | | 1 |
| 19368 | | 1 |
| 19369 | | 1 |
| 19370 | | 1 |
| 19371 | | 1 |
| 19380 | | 1 |
| 19396 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 19499 | | 1 |
| 20100 | | 2 |
| 20101 | | 2 |
| 20102 | | 3 |
| 20103 | | 4 |
| 20150 | | 2 |
| 20200 | | 2 |
| 20205 | | 4 |
| 20206 | | 3 |
| 20220 | | 4 |
| 20225 | | 4 |
| 20240 | | 4 |
| 20245 | | 4 |
| 20250 | | 3 |
| 20251 | | 3 |
| 20500 | | 2 |
| 20501 | | 2 |
| 20520 | | 4 |
| 20525 | | 4 |
| 20526 | | 1 |
| 20527 | | 2 |
| 20550 | | 5 |
| 20551 | | 5 |
| 20552 | | 1 |
| 20553 | | 1 |
| 20555 | | 1 |
| 20560 | | TBD |
| 20561 | | TBD |
| 20600 | | 6 |
| 20604 | | 4 |
| 20605 | | 4 |
| 20606 | | 4 |
| 20610 | | 4 |
| 20611 | | 4 |
| 20612 | | 2 |
| 20615 | | 1 |
| 20650 | | 4 |
| 20660 | | 1 |
| 20661 | | 1 |
| 20662 | | 1 |
| 20663 | | 1 |
| 20664 | | 1 |
| 20665 | | 1 |
| 20670 | | 3 |
| 20680 | | 3 |
| 20690 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 20692 | | 2 |
| 20693 | | 2 |
| 20694 | | 2 |
| 20696 | | 2 |
| 20697 | | 4 |
| 20700 | | TBD |
| 20701 | | TBD |
| 20702 | | TBD |
| 20703 | | TBD |
| 20704 | | TBD |
| 20705 | | TBD |
| 20802 | | 1 |
| 20805 | | 1 |
| 20808 | | 1 |
| 20816 | | 3 |
| 20822 | | 3 |
| 20824 | | 1 |
| 20827 | | 1 |
| 20838 | | 1 |
| 20900 | | 2 |
| 20902 | | 2 |
| 20910 | | 1 |
| 20912 | | 1 |
| 20920 | | 1 |
| 20922 | | 1 |
| 20924 | | 2 |
| 20930 | | 1 |
| 20931 | | 1 |
| 20932 | | 1 |
| 20933 | | 1 |
| 20934 | | 1 |
| 20936 | | 1 |
| 20937 | | 1 |
| 20938 | | 1 |
| 20939 | | 1 |
| 20950 | | 2 |
| 20955 | | 1 |
| 20956 | | 1 |
| 20957 | | 1 |
| 20962 | | 1 |
| 20969 | | 2 |
| 20970 | | 1 |
| 20972 | | 2 |
| 20973 | | 1 |
| 20974 | | 1 |
| 20975 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 20979 | | 1 |
| 20982 | | 1 |
| 20983 | | 1 |
| 20985 | | 2 |
| 20999 | | 1 |
| 21010 | | 1 |
| 21011 | | 4 |
| 21012 | | 3 |
| 21013 | | 4 |
| 21014 | | 3 |
| 21015 | | 1 |
| 21016 | | 2 |
| 21025 | | 2 |
| 21026 | | 2 |
| 21029 | | 1 |
| 21030 | | 1 |
| 21031 | | 2 |
| 21032 | | 1 |
| 21034 | | 1 |
| 21040 | | 2 |
| 21044 | | 1 |
| 21045 | | 1 |
| 21046 | | 2 |
| 21047 | | 2 |
| 21048 | | 2 |
| 21049 | | 1 |
| 21050 | | 1 |
| 21060 | | 1 |
| 21070 | | 1 |
| 21073 | | 1 |
| 21076 | | 1 |
| 21077 | | 1 |
| 21079 | | 1 |
| 21080 | | 1 |
| 21081 | | 1 |
| 21082 | | 1 |
| 21083 | | 1 |
| 21084 | | 1 |
| 21085 | | 1 |
| 21086 | | 1 |
| 21087 | | 1 |
| 21088 | | 1 |
| 21089 | | 1 |
| 21100 | | 1 |
| 21110 | | 2 |
| 21116 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 21120 | | 1 |
| 21121 | | 1 |
| 21122 | | 1 |
| 21123 | | 1 |
| 21125 | | 2 |
| 21127 | | 2 |
| 21137 | | 1 |
| 21138 | | 1 |
| 21139 | | 1 |
| 21141 | | 1 |
| 21142 | | 1 |
| 21143 | | 1 |
| 21145 | | 1 |
| 21146 | | 1 |
| 21147 | | 1 |
| 21150 | | 1 |
| 21151 | | 1 |
| 21154 | | 1 |
| 21155 | | 1 |
| 21159 | | 1 |
| 21160 | | 1 |
| 21172 | | 1 |
| 21175 | | 1 |
| 21179 | | 1 |
| 21180 | | 1 |
| 21181 | | 1 |
| 21182 | | 1 |
| 21183 | | 1 |
| 21184 | | 1 |
| 21188 | | 1 |
| 21193 | | 1 |
| 21194 | | 1 |
| 21195 | | 1 |
| 21196 | | 1 |
| 21198 | | 1 |
| 21199 | | 1 |
| 21206 | | 1 |
| 21208 | | 1 |
| 21209 | | 1 |
| 21210 | | 2 |
| 21215 | | 2 |
| 21230 | | 2 |
| 21235 | | 2 |
| 21240 | | 1 |
| 21242 | | 1 |
| 21243 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 21244 | | 1 |
| 21245 | | 2 |
| 21246 | | 2 |
| 21247 | | 1 |
| 21248 | | 2 |
| 21249 | | 2 |
| 21255 | | 1 |
| 21256 | | 1 |
| 21260 | | 1 |
| 21261 | | 1 |
| 21263 | | 1 |
| 21267 | | 1 |
| 21268 | | 1 |
| 21270 | | 1 |
| 21275 | | 1 |
| 21280 | | 1 |
| 21282 | | 1 |
| 21295 | | 1 |
| 21296 | | 1 |
| 21299 | | 1 |
| 21310 | | 1 |
| 21315 | | 1 |
| 21320 | | 1 |
| 21325 | | 1 |
| 21330 | | 1 |
| 21335 | | 1 |
| 21336 | | 1 |
| 21337 | | 1 |
| 21338 | | 1 |
| 21339 | | 1 |
| 21340 | | 1 |
| 21343 | | 1 |
| 21344 | | 1 |
| 21345 | | 1 |
| 21346 | | 1 |
| 21347 | | 1 |
| 21348 | | 1 |
| 21355 | | 1 |
| 21356 | | 1 |
| 21360 | | 1 |
| 21365 | | 1 |
| 21366 | | 1 |
| 21385 | | 1 |
| 21386 | | 1 |
| 21387 | | 1 |
| 21390 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 21395 | | 1 |
| 21400 | | 1 |
| 21401 | | 1 |
| 21406 | | 1 |
| 21407 | | 1 |
| 21408 | | 1 |
| 21421 | | 1 |
| 21422 | | 1 |
| 21423 | | 1 |
| 21431 | | 1 |
| 21432 | | 1 |
| 21433 | | 1 |
| 21435 | | 1 |
| 21436 | | 1 |
| 21440 | | 2 |
| 21445 | | 2 |
| 21450 | | 1 |
| 21451 | | 1 |
| 21452 | | 1 |
| 21453 | | 1 |
| 21454 | | 1 |
| 21461 | | 1 |
| 21462 | | 1 |
| 21465 | | 1 |
| 21470 | | 1 |
| 21480 | | 1 |
| 21485 | | 1 |
| 21490 | | 1 |
| 21497 | | 1 |
| 21499 | | 1 |
| 21501 | | 3 |
| 21502 | | 1 |
| 21510 | | 1 |
| 21550 | | 3 |
| 21552 | | 4 |
| 21554 | | 2 |
| 21555 | | 4 |
| 21556 | | 3 |
| 21557 | | 1 |
| 21558 | | 1 |
| 21600 | | 5 |
| 21601 | | TBD |
| 21602 | | TBD |
| 21603 | | TBD |
| 21610 | | 1 |
| 21615 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 21616 | | 1 |
| 21620 | | 1 |
| 21627 | | 1 |
| 21630 | | 1 |
| 21632 | | 1 |
| 21685 | | 1 |
| 21700 | | 1 |
| 21705 | | 1 |
| 21720 | | 1 |
| 21725 | | 1 |
| 21740 | | 1 |
| 21742 | | 1 |
| 21743 | | 1 |
| 21750 | | 1 |
| 21811 | | 1 |
| 21812 | | 1 |
| 21813 | | 1 |
| 21820 | | 1 |
| 21825 | | 1 |
| 21899 | | 1 |
| 21920 | | 3 |
| 21925 | | 3 |
| 21930 | | 5 |
| 21931 | | 3 |
| 21932 | | 4 |
| 21933 | | 3 |
| 21935 | | 1 |
| 21936 | | 1 |
| 22010 | | 2 |
| 22015 | | 2 |
| 22100 | | 1 |
| 22101 | | 1 |
| 22102 | | 1 |
| 22103 | | 3 |
| 22110 | | 1 |
| 22112 | | 1 |
| 22114 | | 1 |
| 22116 | | 3 |
| 22206 | | 1 |
| 22207 | | 1 |
| 22208 | | 6 |
| 22210 | | 1 |
| 22212 | | 1 |
| 22214 | | 1 |
| 22216 | | 6 |
| 22220 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 22222 | | 1 |
| 22224 | | 1 |
| 22226 | | 4 |
| 22310 | | 1 |
| 22315 | | 1 |
| 22318 | | 1 |
| 22319 | | 1 |
| 22325 | | 1 |
| 22326 | | 1 |
| 22327 | | 1 |
| 22328 | | 6 |
| 22505 | | 1 |
| 22510 | | 1 |
| 22511 | | 1 |
| 22512 | | 5 |
| 22513 | | 1 |
| 22514 | | 1 |
| 22515 | | 5 |
| 22526 | | 1 |
| 22527 | | 1 |
| 22532 | | 1 |
| 22533 | | 1 |
| 22534 | | 3 |
| 22548 | | 1 |
| 22551 | | 1 |
| 22552 | | 5 |
| 22554 | | 1 |
| 22556 | | 1 |
| 22558 | | 1 |
| 22585 | | 7 |
| 22586 | | 1 |
| 22590 | | 1 |
| 22595 | | 1 |
| 22600 | | 1 |
| 22610 | | 1 |
| 22612 | | 1 |
| 22614 | | 13 |
| 22630 | | 1 |
| 22632 | | 4 |
| 22633 | | 1 |
| 22634 | | 4 |
| 22800 | | 1 |
| 22802 | | 1 |
| 22804 | | 1 |
| 22808 | | 1 |
| 22810 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 22812 | | 1 |
| 22818 | | 1 |
| 22819 | | 1 |
| 22830 | | 1 |
| 22840 | | 1 |
| 22841 | | 1 |
| 22842 | | 1 |
| 22843 | | 1 |
| 22844 | | 1 |
| 22845 | | 1 |
| 22846 | | 1 |
| 22847 | | 1 |
| 22848 | | 1 |
| 22849 | | 1 |
| 22850 | | 1 |
| 22852 | | 1 |
| 22853 | | 5 |
| 22854 | | 5 |
| 22855 | | 1 |
| 22856 | | 1 |
| 22857 | | 1 |
| 22858 | | 1 |
| 22859 | | 5 |
| 22861 | | 1 |
| 22862 | | 1 |
| 22864 | | 1 |
| 22865 | | 1 |
| 22867 | | 1 |
| 22868 | | 1 |
| 22869 | | 1 |
| 22870 | | 1 |
| 22899 | | 1 |
| 22900 | | 3 |
| 22901 | | 2 |
| 22902 | | 4 |
| 22903 | | 3 |
| 22904 | | 1 |
| 22905 | | 1 |
| 22999 | | 1 |
| 23000 | | 1 |
| 23020 | | 1 |
| 23030 | | 2 |
| 23031 | | 1 |
| 23035 | | 1 |
| 23040 | | 1 |
| 23044 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 23065 | | 2 |
| 23066 | | 2 |
| 23071 | | 2 |
| 23073 | | 2 |
| 23075 | | 3 |
| 23076 | | 2 |
| 23077 | | 1 |
| 23078 | | 1 |
| 23100 | | 1 |
| 23101 | | 2 |
| 23105 | | 1 |
| 23106 | | 1 |
| 23107 | | 1 |
| 23120 | | 1 |
| 23125 | | 1 |
| 23130 | | 1 |
| 23140 | | 1 |
| 23145 | | 1 |
| 23146 | | 1 |
| 23150 | | 1 |
| 23155 | | 1 |
| 23156 | | 1 |
| 23170 | | 1 |
| 23172 | | 1 |
| 23174 | | 1 |
| 23180 | | 1 |
| 23182 | | 1 |
| 23184 | | 1 |
| 23190 | | 1 |
| 23195 | | 1 |
| 23200 | | 1 |
| 23210 | | 1 |
| 23220 | | 1 |
| 23330 | | 2 |
| 23333 | | 1 |
| 23334 | | 1 |
| 23335 | | 1 |
| 23350 | | 1 |
| 23395 | | 1 |
| 23397 | | 1 |
| 23400 | | 1 |
| 23405 | | 2 |
| 23406 | | 1 |
| 23410 | | 1 |
| 23412 | | 1 |
| 23415 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 23420 | | 1 |
| 23430 | | 1 |
| 23440 | | 1 |
| 23450 | | 1 |
| 23455 | | 1 |
| 23460 | | 1 |
| 23462 | | 1 |
| 23465 | | 1 |
| 23466 | | 1 |
| 23470 | | 1 |
| 23472 | | 1 |
| 23473 | | 1 |
| 23474 | | 1 |
| 23480 | | 1 |
| 23485 | | 1 |
| 23490 | | 1 |
| 23491 | | 1 |
| 23500 | | 1 |
| 23505 | | 1 |
| 23515 | | 1 |
| 23520 | | 1 |
| 23525 | | 1 |
| 23530 | | 1 |
| 23532 | | 1 |
| 23540 | | 1 |
| 23545 | | 1 |
| 23550 | | 1 |
| 23552 | | 1 |
| 23570 | | 1 |
| 23575 | | 1 |
| 23585 | | 1 |
| 23600 | | 1 |
| 23605 | | 1 |
| 23615 | | 1 |
| 23616 | | 1 |
| 23620 | | 1 |
| 23625 | | 1 |
| 23630 | | 1 |
| 23650 | | 1 |
| 23655 | | 1 |
| 23660 | | 1 |
| 23665 | | 1 |
| 23670 | | 1 |
| 23675 | | 1 |
| 23680 | | 1 |
| 23700 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 23800 | | 1 |
| 23802 | | 1 |
| 23900 | | 1 |
| 23920 | | 1 |
| 23921 | | 1 |
| 23929 | | 1 |
| 23930 | | 2 |
| 23931 | | 2 |
| 23935 | | 2 |
| 24000 | | 1 |
| 24006 | | 1 |
| 24065 | | 2 |
| 24066 | | 2 |
| 24071 | | 3 |
| 24073 | | 3 |
| 24075 | | 5 |
| 24076 | | 4 |
| 24077 | | 1 |
| 24079 | | 1 |
| 24100 | | 1 |
| 24101 | | 1 |
| 24102 | | 1 |
| 24105 | | 1 |
| 24110 | | 1 |
| 24115 | | 1 |
| 24116 | | 1 |
| 24120 | | 1 |
| 24125 | | 1 |
| 24126 | | 1 |
| 24130 | | 1 |
| 24134 | | 1 |
| 24136 | | 1 |
| 24138 | | 1 |
| 24140 | | 1 |
| 24145 | | 1 |
| 24147 | | 1 |
| 24149 | | 1 |
| 24150 | | 1 |
| 24152 | | 1 |
| 24155 | | 1 |
| 24160 | | 1 |
| 24164 | | 1 |
| 24200 | | 3 |
| 24201 | | 3 |
| 24220 | | 1 |
| 24300 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 24301 | | 2 |
| 24305 | | 4 |
| 24310 | | 3 |
| 24320 | | 2 |
| 24330 | | 1 |
| 24331 | | 1 |
| 24332 | | 1 |
| 24340 | | 1 |
| 24341 | | 2 |
| 24342 | | 2 |
| 24343 | | 1 |
| 24344 | | 1 |
| 24345 | | 1 |
| 24346 | | 1 |
| 24357 | | 2 |
| 24358 | | 2 |
| 24359 | | 2 |
| 24360 | | 1 |
| 24361 | | 1 |
| 24362 | | 1 |
| 24363 | | 1 |
| 24365 | | 1 |
| 24366 | | 1 |
| 24370 | | 1 |
| 24371 | | 1 |
| 24400 | | 1 |
| 24410 | | 1 |
| 24420 | | 1 |
| 24430 | | 1 |
| 24435 | | 1 |
| 24470 | | 1 |
| 24495 | | 1 |
| 24498 | | 1 |
| 24500 | | 1 |
| 24505 | | 1 |
| 24515 | | 1 |
| 24516 | | 1 |
| 24530 | | 1 |
| 24535 | | 1 |
| 24538 | | 1 |
| 24545 | | 1 |
| 24546 | | 1 |
| 24560 | | 1 |
| 24565 | | 1 |
| 24566 | | 1 |
| 24575 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 24576 | | 1 |
| 24577 | | 1 |
| 24579 | | 1 |
| 24582 | | 1 |
| 24586 | | 1 |
| 24587 | | 1 |
| 24600 | | 1 |
| 24605 | | 1 |
| 24615 | | 1 |
| 24620 | | 1 |
| 24635 | | 1 |
| 24640 | | 1 |
| 24650 | | 1 |
| 24655 | | 1 |
| 24665 | | 1 |
| 24666 | | 1 |
| 24670 | | 1 |
| 24675 | | 1 |
| 24685 | | 1 |
| 24800 | | 1 |
| 24802 | | 1 |
| 24900 | | 1 |
| 24920 | | 1 |
| 24925 | | 1 |
| 24930 | | 1 |
| 24931 | | 1 |
| 24935 | | 1 |
| 24940 | | 1 |
| 24999 | | 1 |
| 25000 | | 2 |
| 25001 | | 1 |
| 25020 | | 1 |
| 25023 | | 1 |
| 25024 | | 1 |
| 25025 | | 1 |
| 25028 | | 4 |
| 25031 | | 2 |
| 25035 | | 2 |
| 25040 | | 1 |
| 25065 | | 3 |
| 25066 | | 2 |
| 25071 | | 3 |
| 25073 | | 3 |
| 25075 | | 6 |
| 25076 | | 5 |
| 25077 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 25078 | | 1 |
| 25085 | | 1 |
| 25100 | | 1 |
| 25101 | | 1 |
| 25105 | | 1 |
| 25107 | | 1 |
| 25109 | | 4 |
| 25110 | | 3 |
| 25111 | | 1 |
| 25112 | | 1 |
| 25115 | | 1 |
| 25116 | | 1 |
| 25118 | | 5 |
| 25119 | | 1 |
| 25120 | | 1 |
| 25125 | | 1 |
| 25126 | | 1 |
| 25130 | | 1 |
| 25135 | | 1 |
| 25136 | | 1 |
| 25145 | | 1 |
| 25150 | | 1 |
| 25151 | | 1 |
| 25170 | | 1 |
| 25210 | | 2 |
| 25215 | | 1 |
| 25230 | | 1 |
| 25240 | | 1 |
| 25246 | | 1 |
| 25248 | | 3 |
| 25250 | | 1 |
| 25251 | | 1 |
| 25259 | | 1 |
| 25260 | | 9 |
| 25263 | | 4 |
| 25265 | | 4 |
| 25270 | | 8 |
| 25272 | | 4 |
| 25274 | | 4 |
| 25275 | | 2 |
| 25280 | | 9 |
| 25290 | | 12 |
| 25295 | | 9 |
| 25300 | | 1 |
| 25301 | | 1 |
| 25310 | | 5 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 25312 | | 5 |
| 25315 | | 1 |
| 25316 | | 1 |
| 25320 | | 1 |
| 25332 | | 1 |
| 25335 | | 1 |
| 25337 | | 1 |
| 25350 | | 1 |
| 25355 | | 1 |
| 25360 | | 1 |
| 25365 | | 1 |
| 25370 | | 1 |
| 25375 | | 1 |
| 25390 | | 1 |
| 25391 | | 1 |
| 25392 | | 1 |
| 25393 | | 1 |
| 25394 | | 1 |
| 25400 | | 1 |
| 25405 | | 1 |
| 25415 | | 1 |
| 25420 | | 1 |
| 25425 | | 1 |
| 25426 | | 1 |
| 25430 | | 1 |
| 25431 | | 1 |
| 25440 | | 1 |
| 25441 | | 1 |
| 25442 | | 1 |
| 25443 | | 1 |
| 25444 | | 1 |
| 25445 | | 1 |
| 25446 | | 1 |
| 25447 | | 4 |
| 25449 | | 1 |
| 25450 | | 1 |
| 25455 | | 1 |
| 25490 | | 1 |
| 25491 | | 1 |
| 25492 | | 1 |
| 25500 | | 1 |
| 25505 | | 1 |
| 25515 | | 1 |
| 25520 | | 1 |
| 25525 | | 1 |
| 25526 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 25530 | | 1 |
| 25535 | | 1 |
| 25545 | | 1 |
| 25560 | | 1 |
| 25565 | | 1 |
| 25574 | | 1 |
| 25575 | | 1 |
| 25600 | | 1 |
| 25605 | | 1 |
| 25606 | | 1 |
| 25607 | | 1 |
| 25608 | | 1 |
| 25609 | | 1 |
| 25622 | | 1 |
| 25624 | | 1 |
| 25628 | | 1 |
| 25630 | | 1 |
| 25635 | | 1 |
| 25645 | | 1 |
| 25650 | | 1 |
| 25651 | | 1 |
| 25652 | | 1 |
| 25660 | | 1 |
| 25670 | | 1 |
| 25671 | | 1 |
| 25675 | | 1 |
| 25676 | | 1 |
| 25680 | | 1 |
| 25685 | | 1 |
| 25690 | | 1 |
| 25695 | | 1 |
| 25800 | | 1 |
| 25805 | | 1 |
| 25810 | | 1 |
| 25820 | | 1 |
| 25825 | | 1 |
| 25830 | | 1 |
| 25900 | | 1 |
| 25905 | | 1 |
| 25907 | | 1 |
| 25909 | | 1 |
| 25915 | | 1 |
| 25920 | | 1 |
| 25922 | | 1 |
| 25924 | | 1 |
| 25927 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 25929 | | 1 |
| 25931 | | 1 |
| 25999 | | 1 |
| 26010 | | 2 |
| 26011 | | 3 |
| 26020 | | 4 |
| 26025 | | 1 |
| 26030 | | 1 |
| 26034 | | 2 |
| 26035 | | 1 |
| 26037 | | 1 |
| 26040 | | 1 |
| 26045 | | 1 |
| 26055 | | 5 |
| 26060 | | 5 |
| 26070 | | 2 |
| 26075 | | 4 |
| 26080 | | 4 |
| 26100 | | 1 |
| 26105 | | 2 |
| 26110 | | 3 |
| 26111 | | 4 |
| 26113 | | 4 |
| 26115 | | 4 |
| 26116 | | 2 |
| 26117 | | 2 |
| 26118 | | 1 |
| 26121 | | 1 |
| 26123 | | 1 |
| 26125 | | 4 |
| 26130 | | 1 |
| 26135 | | 4 |
| 26140 | | 3 |
| 26145 | | 6 |
| 26160 | | 5 |
| 26170 | | 5 |
| 26180 | | 4 |
| 26185 | | 1 |
| 26200 | | 2 |
| 26205 | | 1 |
| 26210 | | 2 |
| 26215 | | 2 |
| 26230 | | 2 |
| 26235 | | 2 |
| 26236 | | 2 |
| 26250 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 26260 | | 1 |
| 26262 | | 1 |
| 26320 | | 4 |
| 26340 | | 4 |
| 26341 | | 2 |
| 26350 | | 6 |
| 26352 | | 2 |
| 26356 | | 4 |
| 26357 | | 2 |
| 26358 | | 2 |
| 26370 | | 3 |
| 26372 | | 1 |
| 26373 | | 2 |
| 26390 | | 2 |
| 26392 | | 2 |
| 26410 | | 4 |
| 26412 | | 3 |
| 26415 | | 2 |
| 26416 | | 2 |
| 26418 | | 4 |
| 26420 | | 4 |
| 26426 | | 4 |
| 26428 | | 2 |
| 26432 | | 2 |
| 26433 | | 2 |
| 26434 | | 2 |
| 26437 | | 4 |
| 26440 | | 6 |
| 26442 | | 5 |
| 26445 | | 5 |
| 26449 | | 5 |
| 26450 | | 6 |
| 26455 | | 6 |
| 26460 | | 4 |
| 26471 | | 4 |
| 26474 | | 4 |
| 26476 | | 4 |
| 26477 | | 4 |
| 26478 | | 6 |
| 26479 | | 4 |
| 26480 | | 4 |
| 26483 | | 4 |
| 26485 | | 4 |
| 26489 | | 3 |
| 26490 | | 3 |
| 26492 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 26494 | | 1 |
| 26496 | | 1 |
| 26497 | | 2 |
| 26498 | | 1 |
| 26499 | | 2 |
| 26500 | | 4 |
| 26502 | | 3 |
| 26508 | | 1 |
| 26510 | | 4 |
| 26516 | | 1 |
| 26517 | | 1 |
| 26518 | | 1 |
| 26520 | | 4 |
| 26525 | | 4 |
| 26530 | | 4 |
| 26531 | | 4 |
| 26535 | | 4 |
| 26536 | | 4 |
| 26540 | | 4 |
| 26541 | | 4 |
| 26542 | | 4 |
| 26545 | | 4 |
| 26546 | | 2 |
| 26548 | | 3 |
| 26550 | | 1 |
| 26551 | | 1 |
| 26553 | | 1 |
| 26554 | | 1 |
| 26555 | | 2 |
| 26556 | | 2 |
| 26560 | | 2 |
| 26561 | | 2 |
| 26562 | | 2 |
| 26565 | | 3 |
| 26567 | | 3 |
| 26568 | | 2 |
| 26580 | | 1 |
| 26587 | | 2 |
| 26590 | | 2 |
| 26591 | | 4 |
| 26593 | | 9 |
| 26596 | | 1 |
| 26600 | | 2 |
| 26605 | | 3 |
| 26607 | | 2 |
| 26608 | | 5 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 26615 | | 4 |
| 26641 | | 1 |
| 26645 | | 1 |
| 26650 | | 1 |
| 26665 | | 1 |
| 26670 | | 2 |
| 26675 | | 4 |
| 26676 | | 3 |
| 26685 | | 3 |
| 26686 | | 3 |
| 26700 | | 3 |
| 26705 | | 3 |
| 26706 | | 4 |
| 26715 | | 4 |
| 26720 | | 4 |
| 26725 | | 4 |
| 26727 | | 4 |
| 26735 | | 4 |
| 26740 | | 3 |
| 26742 | | 3 |
| 26746 | | 3 |
| 26750 | | 3 |
| 26755 | | 3 |
| 26756 | | 3 |
| 26765 | | 5 |
| 26770 | | 3 |
| 26775 | | 4 |
| 26776 | | 4 |
| 26785 | | 3 |
| 26820 | | 1 |
| 26841 | | 1 |
| 26842 | | 1 |
| 26843 | | 2 |
| 26844 | | 2 |
| 26850 | | 5 |
| 26852 | | 2 |
| 26860 | | 1 |
| 26861 | | 4 |
| 26862 | | 1 |
| 26863 | | 3 |
| 26910 | | 4 |
| 26951 | | 8 |
| 26952 | | 5 |
| 26989 | | 1 |
| 26990 | | 2 |
| 26991 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 26992 | | 2 |
| 27000 | | 1 |
| 27001 | | 1 |
| 27003 | | 1 |
| 27005 | | 1 |
| 27006 | | 1 |
| 27025 | | 1 |
| 27027 | | 1 |
| 27030 | | 1 |
| 27033 | | 1 |
| 27035 | | 1 |
| 27036 | | 1 |
| 27040 | | 2 |
| 27041 | | 3 |
| 27043 | | 3 |
| 27045 | | 3 |
| 27047 | | 4 |
| 27048 | | 2 |
| 27049 | | 1 |
| 27050 | | 1 |
| 27052 | | 1 |
| 27054 | | 1 |
| 27057 | | 1 |
| 27059 | | 1 |
| 27060 | | 1 |
| 27062 | | 1 |
| 27065 | | 1 |
| 27066 | | 1 |
| 27067 | | 1 |
| 27070 | | 1 |
| 27071 | | 1 |
| 27075 | | 1 |
| 27076 | | 1 |
| 27077 | | 1 |
| 27078 | | 1 |
| 27080 | | 1 |
| 27086 | | 1 |
| 27087 | | 1 |
| 27090 | | 1 |
| 27091 | | 1 |
| 27093 | | 1 |
| 27095 | | 1 |
| 27096 | | 1 |
| 27097 | | 1 |
| 27098 | | 1 |
| 27100 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27105 | | 1 |
| 27110 | | 1 |
| 27111 | | 1 |
| 27120 | | 1 |
| 27122 | | 1 |
| 27125 | | 1 |
| 27130 | | 1 |
| 27132 | | 1 |
| 27134 | | 1 |
| 27137 | | 1 |
| 27138 | | 1 |
| 27140 | | 1 |
| 27146 | | 1 |
| 27147 | | 1 |
| 27151 | | 1 |
| 27156 | | 1 |
| 27158 | | 1 |
| 27161 | | 1 |
| 27165 | | 1 |
| 27170 | | 1 |
| 27175 | | 1 |
| 27176 | | 1 |
| 27177 | | 1 |
| 27178 | | 1 |
| 27179 | | 1 |
| 27181 | | 1 |
| 27185 | | 1 |
| 27187 | | 1 |
| 27197 | | 1 |
| 27198 | | 1 |
| 27200 | | 1 |
| 27202 | | 1 |
| 27215 | | 1 |
| 27216 | | 1 |
| 27217 | | 1 |
| 27218 | | 1 |
| 27220 | | 1 |
| 27222 | | 1 |
| 27226 | | 1 |
| 27227 | | 1 |
| 27228 | | 1 |
| 27230 | | 1 |
| 27232 | | 1 |
| 27235 | | 1 |
| 27236 | | 1 |
| 27238 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27240 | | 1 |
| 27244 | | 1 |
| 27245 | | 1 |
| 27246 | | 1 |
| 27248 | | 1 |
| 27250 | | 1 |
| 27252 | | 1 |
| 27253 | | 1 |
| 27254 | | 1 |
| 27256 | | 1 |
| 27257 | | 1 |
| 27258 | | 1 |
| 27259 | | 1 |
| 27265 | | 1 |
| 27266 | | 1 |
| 27267 | | 1 |
| 27268 | | 1 |
| 27269 | | 1 |
| 27275 | | 2 |
| 27279 | | 1 |
| 27280 | | 1 |
| 27282 | | 1 |
| 27284 | | 1 |
| 27286 | | 1 |
| 27290 | | 1 |
| 27295 | | 1 |
| 27299 | | 1 |
| 27301 | | 3 |
| 27303 | | 2 |
| 27305 | | 1 |
| 27306 | | 1 |
| 27307 | | 1 |
| 27310 | | 1 |
| 27323 | | 2 |
| 27324 | | 3 |
| 27325 | | 1 |
| 27326 | | 1 |
| 27327 | | 5 |
| 27328 | | 4 |
| 27329 | | 1 |
| 27330 | | 1 |
| 27331 | | 1 |
| 27332 | | 1 |
| 27333 | | 1 |
| 27334 | | 1 |
| 27335 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27337 | | 4 |
| 27339 | | 4 |
| 27340 | | 1 |
| 27345 | | 1 |
| 27347 | | 1 |
| 27350 | | 1 |
| 27355 | | 1 |
| 27356 | | 1 |
| 27357 | | 1 |
| 27358 | | 1 |
| 27360 | | 2 |
| 27364 | | 1 |
| 27365 | | 1 |
| 27369 | | 2 |
| 27372 | | 2 |
| 27380 | | 2 |
| 27381 | | 2 |
| 27385 | | 2 |
| 27386 | | 2 |
| 27390 | | 1 |
| 27391 | | 1 |
| 27392 | | 1 |
| 27393 | | 1 |
| 27394 | | 1 |
| 27395 | | 1 |
| 27396 | | 1 |
| 27397 | | 1 |
| 27400 | | 1 |
| 27403 | | 1 |
| 27405 | | 2 |
| 27407 | | 2 |
| 27409 | | 1 |
| 27412 | | 1 |
| 27415 | | 1 |
| 27416 | | 1 |
| 27418 | | 1 |
| 27420 | | 1 |
| 27422 | | 1 |
| 27424 | | 1 |
| 27425 | | 1 |
| 27427 | | 1 |
| 27428 | | 1 |
| 27429 | | 1 |
| 27430 | | 1 |
| 27435 | | 1 |
| 27437 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27438 | | 1 |
| 27440 | | 1 |
| 27441 | | 1 |
| 27442 | | 1 |
| 27443 | | 1 |
| 27445 | | 1 |
| 27446 | | 1 |
| 27447 | | 1 |
| 27448 | | 1 |
| 27450 | | 1 |
| 27454 | | 1 |
| 27455 | | 1 |
| 27457 | | 1 |
| 27465 | | 1 |
| 27466 | | 1 |
| 27468 | | 1 |
| 27470 | | 1 |
| 27472 | | 1 |
| 27475 | | 1 |
| 27477 | | 1 |
| 27479 | | 1 |
| 27485 | | 1 |
| 27486 | | 1 |
| 27487 | | 1 |
| 27488 | | 1 |
| 27495 | | 1 |
| 27496 | | 1 |
| 27497 | | 1 |
| 27498 | | 1 |
| 27499 | | 1 |
| 27500 | | 1 |
| 27501 | | 1 |
| 27502 | | 1 |
| 27503 | | 1 |
| 27506 | | 1 |
| 27507 | | 1 |
| 27508 | | 1 |
| 27509 | | 1 |
| 27510 | | 1 |
| 27511 | | 1 |
| 27513 | | 1 |
| 27514 | | 1 |
| 27516 | | 1 |
| 27517 | | 1 |
| 27519 | | 1 |
| 27520 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27524 | | 1 |
| 27530 | | 1 |
| 27532 | | 1 |
| 27535 | | 1 |
| 27536 | | 1 |
| 27538 | | 1 |
| 27540 | | 1 |
| 27550 | | 1 |
| 27552 | | 1 |
| 27556 | | 1 |
| 27557 | | 1 |
| 27558 | | 1 |
| 27560 | | 1 |
| 27562 | | 1 |
| 27566 | | 1 |
| 27570 | | 1 |
| 27580 | | 1 |
| 27590 | | 1 |
| 27591 | | 1 |
| 27592 | | 1 |
| 27594 | | 1 |
| 27596 | | 1 |
| 27598 | | 1 |
| 27599 | | 1 |
| 27600 | | 1 |
| 27601 | | 1 |
| 27602 | | 1 |
| 27603 | | 2 |
| 27604 | | 2 |
| 27605 | | 1 |
| 27606 | | 1 |
| 27607 | | 2 |
| 27610 | | 1 |
| 27612 | | 1 |
| 27613 | | 4 |
| 27614 | | 3 |
| 27615 | | 1 |
| 27616 | | 1 |
| 27618 | | 4 |
| 27619 | | 4 |
| 27620 | | 1 |
| 27625 | | 1 |
| 27626 | | 1 |
| 27630 | | 2 |
| 27632 | | 4 |
| 27634 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27635 | | 1 |
| 27637 | | 1 |
| 27638 | | 1 |
| 27640 | | 1 |
| 27641 | | 1 |
| 27645 | | 1 |
| 27646 | | 1 |
| 27647 | | 1 |
| 27648 | | 1 |
| 27650 | | 1 |
| 27652 | | 1 |
| 27654 | | 1 |
| 27656 | | 1 |
| 27658 | | 2 |
| 27659 | | 2 |
| 27664 | | 2 |
| 27665 | | 2 |
| 27675 | | 1 |
| 27676 | | 1 |
| 27680 | | 3 |
| 27681 | | 1 |
| 27685 | | 2 |
| 27686 | | 3 |
| 27687 | | 1 |
| 27690 | | 2 |
| 27691 | | 2 |
| 27692 | | 4 |
| 27695 | | 1 |
| 27696 | | 1 |
| 27698 | | 2 |
| 27700 | | 1 |
| 27702 | | 1 |
| 27703 | | 1 |
| 27704 | | 1 |
| 27705 | | 1 |
| 27707 | | 1 |
| 27709 | | 1 |
| 27712 | | 1 |
| 27715 | | 1 |
| 27720 | | 1 |
| 27722 | | 1 |
| 27724 | | 1 |
| 27725 | | 1 |
| 27726 | | 1 |
| 27727 | | 1 |
| 27730 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27732 | | 1 |
| 27734 | | 1 |
| 27740 | | 1 |
| 27742 | | 1 |
| 27745 | | 1 |
| 27750 | | 1 |
| 27752 | | 1 |
| 27756 | | 1 |
| 27758 | | 1 |
| 27759 | | 1 |
| 27760 | | 1 |
| 27762 | | 1 |
| 27766 | | 1 |
| 27767 | | 1 |
| 27768 | | 1 |
| 27769 | | 1 |
| 27780 | | 1 |
| 27781 | | 1 |
| 27784 | | 1 |
| 27786 | | 1 |
| 27788 | | 1 |
| 27792 | | 1 |
| 27808 | | 1 |
| 27810 | | 1 |
| 27814 | | 1 |
| 27816 | | 1 |
| 27818 | | 1 |
| 27822 | | 1 |
| 27823 | | 1 |
| 27824 | | 1 |
| 27825 | | 1 |
| 27826 | | 1 |
| 27827 | | 1 |
| 27828 | | 1 |
| 27829 | | 1 |
| 27830 | | 1 |
| 27831 | | 1 |
| 27832 | | 1 |
| 27840 | | 1 |
| 27842 | | 1 |
| 27846 | | 1 |
| 27848 | | 1 |
| 27860 | | 1 |
| 27870 | | 1 |
| 27871 | | 1 |
| 27880 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 27881 | | 1 |
| 27882 | | 1 |
| 27884 | | 1 |
| 27886 | | 1 |
| 27888 | | 1 |
| 27889 | | 1 |
| 27892 | | 1 |
| 27893 | | 1 |
| 27894 | | 1 |
| 27899 | | 1 |
| 28001 | | 2 |
| 28002 | | 3 |
| 28003 | | 2 |
| 28005 | | 3 |
| 28008 | | 2 |
| 28010 | | 4 |
| 28011 | | 4 |
| 28020 | | 2 |
| 28022 | | 4 |
| 28024 | | 4 |
| 28035 | | 1 |
| 28039 | | 3 |
| 28041 | | 3 |
| 28043 | | 4 |
| 28045 | | 4 |
| 28046 | | 1 |
| 28047 | | 1 |
| 28050 | | 2 |
| 28052 | | 2 |
| 28054 | | 2 |
| 28055 | | 1 |
| 28060 | | 1 |
| 28062 | | 1 |
| 28070 | | 2 |
| 28072 | | 4 |
| 28080 | | 4 |
| 28086 | | 2 |
| 28088 | | 2 |
| 28090 | | 2 |
| 28092 | | 2 |
| 28100 | | 1 |
| 28102 | | 1 |
| 28103 | | 1 |
| 28104 | | 2 |
| 28106 | | 1 |
| 28107 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 28108 | | 2 |
| 28110 | | 1 |
| 28111 | | 1 |
| 28112 | | 4 |
| 28113 | | 1 |
| 28114 | | 1 |
| 28116 | | 1 |
| 28118 | | 1 |
| 28119 | | 1 |
| 28120 | | 2 |
| 28122 | | 4 |
| 28124 | | 4 |
| 28126 | | 4 |
| 28130 | | 1 |
| 28140 | | 4 |
| 28150 | | 4 |
| 28153 | | 6 |
| 28160 | | 5 |
| 28171 | | 1 |
| 28173 | | 2 |
| 28175 | | 2 |
| 28190 | | 3 |
| 28192 | | 2 |
| 28193 | | 2 |
| 28200 | | 4 |
| 28202 | | 2 |
| 28208 | | 4 |
| 28210 | | 2 |
| 28220 | | 1 |
| 28222 | | 1 |
| 28225 | | 1 |
| 28226 | | 1 |
| 28230 | | 1 |
| 28232 | | 6 |
| 28234 | | 6 |
| 28238 | | 1 |
| 28240 | | 1 |
| 28250 | | 1 |
| 28260 | | 1 |
| 28261 | | 1 |
| 28262 | | 1 |
| 28264 | | 1 |
| 28270 | | 6 |
| 28272 | | 6 |
| 28280 | | 1 |
| 28285 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 28286 | | 1 |
| 28288 | | 5 |
| 28289 | | 1 |
| 28291 | | 1 |
| 28292 | | 1 |
| 28295 | | 1 |
| 28296 | | 1 |
| 28297 | | 1 |
| 28298 | | 1 |
| 28299 | | 1 |
| 28300 | | 1 |
| 28302 | | 1 |
| 28304 | | 1 |
| 28305 | | 1 |
| 28306 | | 1 |
| 28307 | | 1 |
| 28308 | | 4 |
| 28309 | | 1 |
| 28310 | | 1 |
| 28312 | | 4 |
| 28313 | | 4 |
| 28315 | | 1 |
| 28320 | | 1 |
| 28322 | | 2 |
| 28340 | | 2 |
| 28341 | | 2 |
| 28344 | | 1 |
| 28345 | | 2 |
| 28360 | | 1 |
| 28400 | | 1 |
| 28405 | | 1 |
| 28406 | | 1 |
| 28415 | | 1 |
| 28420 | | 1 |
| 28430 | | 1 |
| 28435 | | 1 |
| 28436 | | 1 |
| 28445 | | 1 |
| 28446 | | 1 |
| 28450 | | 2 |
| 28455 | | 3 |
| 28456 | | 2 |
| 28465 | | 3 |
| 28470 | | 2 |
| 28475 | | 5 |
| 28476 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 28485 | | 5 |
| 28490 | | 1 |
| 28495 | | 1 |
| 28496 | | 1 |
| 28505 | | 1 |
| 28510 | | 4 |
| 28515 | | 4 |
| 28525 | | 4 |
| 28530 | | 1 |
| 28531 | | 1 |
| 28540 | | 1 |
| 28545 | | 1 |
| 28546 | | 1 |
| 28555 | | 1 |
| 28570 | | 1 |
| 28575 | | 1 |
| 28576 | | 1 |
| 28585 | | 1 |
| 28600 | | 2 |
| 28605 | | 2 |
| 28606 | | 3 |
| 28615 | | 5 |
| 28630 | | 2 |
| 28635 | | 2 |
| 28636 | | 4 |
| 28645 | | 4 |
| 28660 | | 4 |
| 28665 | | 4 |
| 28666 | | 4 |
| 28675 | | 4 |
| 28705 | | 1 |
| 28715 | | 1 |
| 28725 | | 1 |
| 28730 | | 1 |
| 28735 | | 1 |
| 28737 | | 1 |
| 28740 | | 5 |
| 28750 | | 1 |
| 28755 | | 1 |
| 28760 | | 1 |
| 28800 | | 1 |
| 28805 | | 1 |
| 28810 | | 6 |
| 28820 | | 6 |
| 28825 | | 10 |
| 28890 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 28899 | | 1 |
| 29000 | | 1 |
| 29010 | | 1 |
| 29015 | | 1 |
| 29035 | | 1 |
| 29040 | | 1 |
| 29044 | | 1 |
| 29046 | | 1 |
| 29049 | | 1 |
| 29055 | | 1 |
| 29058 | | 1 |
| 29065 | | 1 |
| 29075 | | 1 |
| 29085 | | 1 |
| 29086 | | 2 |
| 29105 | | 1 |
| 29125 | | 1 |
| 29126 | | 1 |
| 29130 | | 3 |
| 29131 | | 2 |
| 29200 | | 1 |
| 29240 | | 1 |
| 29260 | | 1 |
| 29280 | | 2 |
| 29305 | | 1 |
| 29325 | | 1 |
| 29345 | | 1 |
| 29355 | | 1 |
| 29358 | | 1 |
| 29365 | | 1 |
| 29405 | | 1 |
| 29425 | | 1 |
| 29435 | | 1 |
| 29440 | | 1 |
| 29445 | | 1 |
| 29450 | | 1 |
| 29505 | | 1 |
| 29515 | | 1 |
| 29520 | | 1 |
| 29530 | | 1 |
| 29540 | | 1 |
| 29550 | | 1 |
| 29580 | | 1 |
| 29581 | | 1 |
| 29584 | | 1 |
| 29700 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 29705 | | 1 |
| 29710 | | 1 |
| 29720 | | 1 |
| 29730 | | 1 |
| 29740 | | 1 |
| 29750 | | 1 |
| 29799 | | 1 |
| 29800 | | 1 |
| 29804 | | 1 |
| 29805 | | 1 |
| 29806 | | 1 |
| 29807 | | 1 |
| 29819 | | 1 |
| 29820 | | 1 |
| 29821 | | 1 |
| 29822 | | 1 |
| 29823 | | 1 |
| 29824 | | 1 |
| 29825 | | 1 |
| 29826 | | 1 |
| 29827 | | 1 |
| 29828 | | 1 |
| 29830 | | 1 |
| 29834 | | 1 |
| 29835 | | 1 |
| 29836 | | 1 |
| 29837 | | 1 |
| 29838 | | 1 |
| 29840 | | 1 |
| 29843 | | 1 |
| 29844 | | 1 |
| 29845 | | 1 |
| 29846 | | 1 |
| 29847 | | 1 |
| 29848 | | 1 |
| 29850 | | 1 |
| 29851 | | 1 |
| 29855 | | 1 |
| 29856 | | 1 |
| 29860 | | 1 |
| 29861 | | 1 |
| 29862 | | 1 |
| 29863 | | 1 |
| 29866 | | 1 |
| 29867 | | 1 |
| 29868 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 29870 | | 1 |
| 29871 | | 1 |
| 29873 | | 1 |
| 29874 | | 1 |
| 29875 | | 1 |
| 29876 | | 1 |
| 29877 | | 1 |
| 29879 | | 1 |
| 29880 | | 1 |
| 29881 | | 1 |
| 29882 | | 1 |
| 29883 | | 1 |
| 29884 | | 1 |
| 29885 | | 1 |
| 29886 | | 1 |
| 29887 | | 1 |
| 29888 | | 1 |
| 29889 | | 1 |
| 29891 | | 1 |
| 29892 | | 1 |
| 29893 | | 1 |
| 29894 | | 1 |
| 29895 | | 1 |
| 29897 | | 1 |
| 29898 | | 1 |
| 29899 | | 1 |
| 29900 | | 2 |
| 29901 | | 2 |
| 29902 | | 2 |
| 29904 | | 1 |
| 29905 | | 1 |
| 29906 | | 1 |
| 29907 | | 1 |
| 29914 | | 1 |
| 29915 | | 1 |
| 29916 | | 1 |
| 29999 | | 1 |
| 30000 | | 1 |
| 30020 | | 1 |
| 30100 | | 2 |
| 30110 | | 1 |
| 30115 | | 1 |
| 30117 | | 2 |
| 30118 | | 1 |
| 30120 | | 1 |
| 30124 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 30125 | | 1 |
| 30130 | | 1 |
| 30140 | | 1 |
| 30150 | | 1 |
| 30160 | | 1 |
| 30200 | | 1 |
| 30210 | | 1 |
| 30220 | | 1 |
| 30300 | | 1 |
| 30310 | | 1 |
| 30320 | | 1 |
| 30400 | | 1 |
| 30410 | | 1 |
| 30420 | | 1 |
| 30430 | | 1 |
| 30435 | | 1 |
| 30450 | | 1 |
| 30460 | | 1 |
| 30462 | | 1 |
| 30465 | | 1 |
| 30520 | | 1 |
| 30540 | | 1 |
| 30545 | | 1 |
| 30560 | | 1 |
| 30580 | | 2 |
| 30600 | | 1 |
| 30620 | | 1 |
| 30630 | | 1 |
| 30801 | | 1 |
| 30802 | | 1 |
| 30901 | | 1 |
| 30903 | | 1 |
| 30905 | | 1 |
| 30906 | | 1 |
| 30915 | | 1 |
| 30920 | | 1 |
| 30930 | | 1 |
| 30999 | | 1 |
| 31000 | | 1 |
| 31002 | | 1 |
| 31020 | | 1 |
| 31030 | | 1 |
| 31032 | | 1 |
| 31040 | | 1 |
| 31050 | | 1 |
| 31051 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 31070 | | 1 |
| 31075 | | 1 |
| 31080 | | 1 |
| 31081 | | 1 |
| 31084 | | 1 |
| 31085 | | 1 |
| 31086 | | 1 |
| 31087 | | 1 |
| 31090 | | 1 |
| 31200 | | 1 |
| 31201 | | 1 |
| 31205 | | 1 |
| 31225 | | 1 |
| 31230 | | 1 |
| 31231 | | 1 |
| 31233 | | 1 |
| 31235 | | 1 |
| 31237 | | 1 |
| 31238 | | 1 |
| 31239 | | 1 |
| 31240 | | 1 |
| 31241 | | 1 |
| 31253 | | 1 |
| 31254 | | 1 |
| 31255 | | 1 |
| 31256 | | 1 |
| 31257 | | 1 |
| 31259 | | 1 |
| 31267 | | 1 |
| 31276 | | 1 |
| 31287 | | 1 |
| 31288 | | 1 |
| 31290 | | 1 |
| 31291 | | 1 |
| 31292 | | 1 |
| 31293 | | 1 |
| 31294 | | 1 |
| 31295 | | 1 |
| 31296 | | 1 |
| 31297 | | 1 |
| 31298 | | 1 |
| 31299 | | 1 |
| 31300 | | 1 |
| 31360 | | 1 |
| 31365 | | 1 |
| 31367 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 31368 | | 1 |
| 31370 | | 1 |
| 31375 | | 1 |
| 31380 | | 1 |
| 31382 | | 1 |
| 31390 | | 1 |
| 31395 | | 1 |
| 31400 | | 1 |
| 31420 | | 1 |
| 31500 | | 2 |
| 31502 | | 1 |
| 31505 | | 1 |
| 31510 | | 1 |
| 31511 | | 1 |
| 31512 | | 1 |
| 31513 | | 1 |
| 31515 | | 1 |
| 31520 | | 1 |
| 31525 | | 1 |
| 31526 | | 1 |
| 31527 | | 1 |
| 31528 | | 1 |
| 31529 | | 1 |
| 31530 | | 1 |
| 31531 | | 1 |
| 31535 | | 1 |
| 31536 | | 1 |
| 31540 | | 1 |
| 31541 | | 1 |
| 31545 | | 1 |
| 31546 | | 1 |
| 31551 | | 1 |
| 31552 | | 1 |
| 31553 | | 1 |
| 31554 | | 1 |
| 31560 | | 1 |
| 31561 | | 1 |
| 31570 | | 1 |
| 31571 | | 1 |
| 31572 | | 1 |
| 31573 | | 1 |
| 31574 | | 1 |
| 31575 | | 1 |
| 31576 | | 1 |
| 31577 | | 1 |
| 31578 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 31579 | | 1 |
| 31580 | | 1 |
| 31584 | | 1 |
| 31587 | | 1 |
| 31590 | | 1 |
| 31591 | | 1 |
| 31592 | | 1 |
| 31599 | | 1 |
| 31600 | | 1 |
| 31601 | | 1 |
| 31603 | | 1 |
| 31605 | | 1 |
| 31610 | | 1 |
| 31611 | | 1 |
| 31612 | | 1 |
| 31613 | | 1 |
| 31614 | | 1 |
| 31615 | | 1 |
| 31622 | | 1 |
| 31623 | | 1 |
| 31624 | | 1 |
| 31625 | | 1 |
| 31626 | | 1 |
| 31627 | | 1 |
| 31628 | | 1 |
| 31629 | | 1 |
| 31630 | | 1 |
| 31631 | | 1 |
| 31632 | | 2 |
| 31633 | | 2 |
| 31634 | | 1 |
| 31635 | | 1 |
| 31636 | | 1 |
| 31637 | | 2 |
| 31638 | | 1 |
| 31640 | | 1 |
| 31641 | | 1 |
| 31643 | | 1 |
| 31645 | | 1 |
| 31646 | | 2 |
| 31647 | | 1 |
| 31648 | | 1 |
| 31649 | | 2 |
| 31651 | | 3 |
| 31652 | | 1 |
| 31653 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 31654 | | 1 |
| 31660 | | 1 |
| 31661 | | 1 |
| 31717 | | 1 |
| 31720 | | 1 |
| 31725 | | 1 |
| 31730 | | 1 |
| 31750 | | 1 |
| 31755 | | 1 |
| 31760 | | 1 |
| 31766 | | 1 |
| 31770 | | 2 |
| 31775 | | 1 |
| 31780 | | 1 |
| 31781 | | 1 |
| 31785 | | 1 |
| 31786 | | 1 |
| 31800 | | 1 |
| 31805 | | 1 |
| 31820 | | 1 |
| 31825 | | 1 |
| 31830 | | 1 |
| 31899 | | 1 |
| 32035 | | 1 |
| 32036 | | 1 |
| 32096 | | 1 |
| 32097 | | 1 |
| 32098 | | 1 |
| 32100 | | 1 |
| 32110 | | 1 |
| 32120 | | 1 |
| 32124 | | 1 |
| 32140 | | 1 |
| 32141 | | 1 |
| 32150 | | 1 |
| 32151 | | 1 |
| 32160 | | 1 |
| 32200 | | 2 |
| 32215 | | 1 |
| 32220 | | 1 |
| 32225 | | 1 |
| 32310 | | 1 |
| 32320 | | 1 |
| 32400 | | 2 |
| 32405 | | 2 |
| 32440 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 32442 | | 1 |
| 32445 | | 1 |
| 32480 | | 1 |
| 32482 | | 1 |
| 32484 | | 2 |
| 32486 | | 1 |
| 32488 | | 1 |
| 32491 | | 1 |
| 32501 | | 1 |
| 32503 | | 1 |
| 32504 | | 1 |
| 32505 | | 1 |
| 32506 | | 3 |
| 32507 | | 2 |
| 32540 | | 1 |
| 32550 | | 2 |
| 32551 | | 2 |
| 32552 | | 2 |
| 32553 | | 1 |
| 32554 | | 2 |
| 32555 | | 2 |
| 32556 | | 2 |
| 32557 | | 2 |
| 32560 | | 1 |
| 32561 | | 1 |
| 32562 | | 1 |
| 32601 | | 1 |
| 32604 | | 1 |
| 32606 | | 1 |
| 32607 | | 1 |
| 32608 | | 1 |
| 32609 | | 1 |
| 32650 | | 1 |
| 32651 | | 1 |
| 32652 | | 1 |
| 32653 | | 1 |
| 32654 | | 1 |
| 32655 | | 1 |
| 32656 | | 1 |
| 32658 | | 1 |
| 32659 | | 1 |
| 32661 | | 1 |
| 32662 | | 1 |
| 32663 | | 1 |
| 32664 | | 1 |
| 32665 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 32666 | | 1 |
| 32667 | | 3 |
| 32668 | | 2 |
| 32669 | | 2 |
| 32670 | | 1 |
| 32671 | | 1 |
| 32672 | | 1 |
| 32673 | | 1 |
| 32674 | | 1 |
| 32701 | | 1 |
| 32800 | | 1 |
| 32810 | | 1 |
| 32815 | | 1 |
| 32820 | | 1 |
| 32850 | | 1 |
| 32851 | | 1 |
| 32852 | | 1 |
| 32853 | | 1 |
| 32854 | | 1 |
| 32855 | | 1 |
| 32856 | | 1 |
| 32900 | | 1 |
| 32905 | | 1 |
| 32906 | | 1 |
| 32940 | | 1 |
| 32960 | | 1 |
| 32994 | | 1 |
| 32997 | | 1 |
| 32998 | | 1 |
| 32999 | | 1 |
| 33016 | | TBD |
| 33017 | | TBD |
| 33018 | | TBD |
| 33019 | | TBD |
| 33020 | | 1 |
| 33025 | | 1 |
| 33030 | | 1 |
| 33031 | | 1 |
| 33050 | | 1 |
| 33120 | | 1 |
| 33130 | | 1 |
| 33140 | | 1 |
| 33141 | | 1 |
| 33202 | | 1 |
| 33203 | | 1 |
| 33206 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33207 | | 1 |
| 33208 | | 1 |
| 33210 | | 1 |
| 33211 | | 1 |
| 33212 | | 1 |
| 33213 | | 1 |
| 33214 | | 1 |
| 33215 | | 2 |
| 33216 | | 1 |
| 33217 | | 1 |
| 33218 | | 1 |
| 33220 | | 1 |
| 33221 | | 1 |
| 33222 | | 1 |
| 33223 | | 1 |
| 33224 | | 1 |
| 33225 | | 1 |
| 33226 | | 1 |
| 33227 | | 1 |
| 33228 | | 1 |
| 33229 | | 1 |
| 33230 | | 1 |
| 33231 | | 1 |
| 33233 | | 1 |
| 33234 | | 1 |
| 33235 | | 1 |
| 33236 | | 1 |
| 33237 | | 1 |
| 33238 | | 1 |
| 33240 | | 1 |
| 33241 | | 1 |
| 33243 | | 1 |
| 33244 | | 1 |
| 33249 | | 1 |
| 33250 | | 1 |
| 33251 | | 1 |
| 33254 | | 1 |
| 33255 | | 1 |
| 33256 | | 1 |
| 33257 | | 1 |
| 33258 | | 1 |
| 33259 | | 1 |
| 33261 | | 1 |
| 33262 | | 1 |
| 33263 | | 1 |
| 33264 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33265 | | 1 |
| 33266 | | 1 |
| 33270 | | 1 |
| 33271 | | 1 |
| 33272 | | 1 |
| 33273 | | 1 |
| 33274 | | 1 |
| 33275 | | 1 |
| 33285 | | 1 |
| 33286 | | 1 |
| 33289 | | 1 |
| 33300 | | 1 |
| 33305 | | 1 |
| 33310 | | 1 |
| 33315 | | 1 |
| 33320 | | 1 |
| 33321 | | 1 |
| 33322 | | 1 |
| 33330 | | 1 |
| 33335 | | 1 |
| 33340 | | 1 |
| 33361 | | 1 |
| 33362 | | 1 |
| 33363 | | 1 |
| 33364 | | 1 |
| 33365 | | 1 |
| 33366 | | 1 |
| 33367 | | 1 |
| 33368 | | 1 |
| 33369 | | 1 |
| 33390 | | 1 |
| 33391 | | 1 |
| 33404 | | 1 |
| 33405 | | 1 |
| 33406 | | 1 |
| 33410 | | 1 |
| 33411 | | 1 |
| 33412 | | 1 |
| 33413 | | 1 |
| 33414 | | 1 |
| 33415 | | 1 |
| 33416 | | 1 |
| 33417 | | 1 |
| 33418 | | 1 |
| 33419 | | 1 |
| 33420 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33422 | | 1 |
| 33425 | | 1 |
| 33426 | | 1 |
| 33427 | | 1 |
| 33430 | | 1 |
| 33440 | | 1 |
| 33460 | | 1 |
| 33463 | | 1 |
| 33464 | | 1 |
| 33465 | | 1 |
| 33468 | | 1 |
| 33470 | | 1 |
| 33471 | | 1 |
| 33474 | | 1 |
| 33475 | | 1 |
| 33476 | | 1 |
| 33477 | | 1 |
| 33478 | | 1 |
| 33496 | | 1 |
| 33500 | | 1 |
| 33501 | | 1 |
| 33502 | | 1 |
| 33503 | | 1 |
| 33504 | | 1 |
| 33505 | | 1 |
| 33506 | | 1 |
| 33507 | | 1 |
| 33508 | | 1 |
| 33510 | | 1 |
| 33511 | | 1 |
| 33512 | | 1 |
| 33513 | | 1 |
| 33514 | | 1 |
| 33516 | | 1 |
| 33517 | | 1 |
| 33518 | | 1 |
| 33519 | | 1 |
| 33521 | | 1 |
| 33522 | | 1 |
| 33523 | | 1 |
| 33530 | | 1 |
| 33533 | | 1 |
| 33534 | | 1 |
| 33535 | | 1 |
| 33536 | | 1 |
| 33542 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33545 | | 1 |
| 33548 | | 1 |
| 33572 | | 3 |
| 33600 | | 1 |
| 33602 | | 1 |
| 33606 | | 1 |
| 33608 | | 1 |
| 33610 | | 1 |
| 33611 | | 1 |
| 33612 | | 1 |
| 33615 | | 1 |
| 33617 | | 1 |
| 33619 | | 1 |
| 33620 | | 1 |
| 33621 | | 1 |
| 33622 | | 1 |
| 33641 | | 1 |
| 33645 | | 1 |
| 33647 | | 1 |
| 33660 | | 1 |
| 33665 | | 1 |
| 33670 | | 1 |
| 33675 | | 1 |
| 33676 | | 1 |
| 33677 | | 1 |
| 33681 | | 1 |
| 33684 | | 1 |
| 33688 | | 1 |
| 33690 | | 1 |
| 33692 | | 1 |
| 33694 | | 1 |
| 33697 | | 1 |
| 33702 | | 1 |
| 33710 | | 1 |
| 33720 | | 1 |
| 33722 | | 1 |
| 33724 | | 1 |
| 33726 | | 1 |
| 33730 | | 1 |
| 33732 | | 1 |
| 33735 | | 1 |
| 33736 | | 1 |
| 33737 | | 1 |
| 33750 | | 1 |
| 33755 | | 1 |
| 33762 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33764 | | 1 |
| 33766 | | 1 |
| 33767 | | 1 |
| 33768 | | 1 |
| 33770 | | 1 |
| 33771 | | 1 |
| 33774 | | 1 |
| 33775 | | 1 |
| 33776 | | 1 |
| 33777 | | 1 |
| 33778 | | 1 |
| 33779 | | 1 |
| 33780 | | 1 |
| 33781 | | 1 |
| 33782 | | 1 |
| 33783 | | 1 |
| 33786 | | 1 |
| 33788 | | 1 |
| 33800 | | 1 |
| 33802 | | 1 |
| 33803 | | 1 |
| 33813 | | 1 |
| 33814 | | 1 |
| 33820 | | 1 |
| 33822 | | 1 |
| 33824 | | 1 |
| 33840 | | 1 |
| 33845 | | 1 |
| 33851 | | 1 |
| 33852 | | 1 |
| 33853 | | 1 |
| 33858 | | TBD |
| 33859 | | TBD |
| 33863 | | 1 |
| 33864 | | 1 |
| 33866 | | 1 |
| 33871 | | TBD |
| 33875 | | 1 |
| 33877 | | 1 |
| 33880 | | 1 |
| 33881 | | 1 |
| 33883 | | 1 |
| 33884 | | 2 |
| 33886 | | 1 |
| 33889 | | 1 |
| 33891 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33910 | | 1 |
| 33915 | | 1 |
| 33916 | | 1 |
| 33917 | | 1 |
| 33920 | | 1 |
| 33922 | | 1 |
| 33924 | | 1 |
| 33925 | | 1 |
| 33926 | | 1 |
| 33927 | | 1 |
| 33928 | | 1 |
| 33929 | | 1 |
| 33930 | | 1 |
| 33933 | | 1 |
| 33935 | | 1 |
| 33940 | | 1 |
| 33944 | | 1 |
| 33945 | | 1 |
| 33946 | | 1 |
| 33947 | | 1 |
| 33948 | | 1 |
| 33949 | | 1 |
| 33951 | | 1 |
| 33952 | | 1 |
| 33953 | | 1 |
| 33954 | | 1 |
| 33955 | | 1 |
| 33956 | | 1 |
| 33957 | | 1 |
| 33958 | | 1 |
| 33959 | | 1 |
| 33962 | | 1 |
| 33963 | | 1 |
| 33964 | | 1 |
| 33965 | | 1 |
| 33966 | | 1 |
| 33967 | | 1 |
| 33968 | | 1 |
| 33969 | | 1 |
| 33970 | | 1 |
| 33971 | | 1 |
| 33973 | | 1 |
| 33974 | | 1 |
| 33975 | | 1 |
| 33976 | | 1 |
| 33977 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 33978 | | 1 |
| 33979 | | 1 |
| 33980 | | 1 |
| 33981 | | 1 |
| 33982 | | 1 |
| 33983 | | 1 |
| 33984 | | 1 |
| 33985 | | 1 |
| 33986 | | 1 |
| 33987 | | 1 |
| 33988 | | 1 |
| 33989 | | 1 |
| 33990 | | 1 |
| 33991 | | 1 |
| 33992 | | 1 |
| 33993 | | 1 |
| 33999 | | 1 |
| 34001 | | 1 |
| 34051 | | 1 |
| 34101 | | 1 |
| 34111 | | 2 |
| 34151 | | 2 |
| 34201 | | 1 |
| 34203 | | 1 |
| 34401 | | 1 |
| 34421 | | 1 |
| 34451 | | 1 |
| 34471 | | 1 |
| 34490 | | 1 |
| 34501 | | 1 |
| 34502 | | 1 |
| 34510 | | 2 |
| 34520 | | 1 |
| 34530 | | 1 |
| 34701 | | 1 |
| 34702 | | 1 |
| 34703 | | 1 |
| 34704 | | 1 |
| 34705 | | 1 |
| 34706 | | 1 |
| 34707 | | 1 |
| 34708 | | 1 |
| 34709 | | 3 |
| 34710 | | 1 |
| 34711 | | 2 |
| 34712 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 34713 | | 2 |
| 34714 | | 2 |
| 34715 | | 2 |
| 34716 | | 2 |
| 34717 | | TBD |
| 34718 | | TBD |
| 34808 | | 1 |
| 34812 | | 1 |
| 34813 | | 1 |
| 34820 | | 1 |
| 34830 | | 1 |
| 34831 | | 1 |
| 34832 | | 1 |
| 34833 | | 1 |
| 34834 | | 1 |
| 34839 | | 1 |
| 34841 | | 1 |
| 34842 | | 1 |
| 34843 | | 1 |
| 34844 | | 1 |
| 34845 | | 1 |
| 34846 | | 1 |
| 34847 | | 1 |
| 34848 | | 1 |
| 35001 | | 1 |
| 35002 | | 1 |
| 35005 | | 1 |
| 35011 | | 1 |
| 35013 | | 1 |
| 35021 | | 1 |
| 35022 | | 1 |
| 35045 | | 2 |
| 35081 | | 1 |
| 35082 | | 1 |
| 35091 | | 1 |
| 35092 | | 1 |
| 35102 | | 1 |
| 35103 | | 1 |
| 35111 | | 1 |
| 35112 | | 1 |
| 35121 | | 1 |
| 35122 | | 1 |
| 35131 | | 1 |
| 35132 | | 1 |
| 35141 | | 1 |
| 35142 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 35151 | | 1 |
| 35152 | | 1 |
| 35180 | | 2 |
| 35182 | | 2 |
| 35184 | | 2 |
| 35188 | | 2 |
| 35189 | | 1 |
| 35190 | | 2 |
| 35201 | | 2 |
| 35206 | | 2 |
| 35207 | | 3 |
| 35211 | | 3 |
| 35216 | | 2 |
| 35221 | | 3 |
| 35226 | | 3 |
| 35231 | | 2 |
| 35236 | | 2 |
| 35241 | | 2 |
| 35246 | | 2 |
| 35251 | | 2 |
| 35256 | | 2 |
| 35261 | | 1 |
| 35266 | | 2 |
| 35271 | | 2 |
| 35276 | | 2 |
| 35281 | | 2 |
| 35286 | | 2 |
| 35301 | | 2 |
| 35302 | | 1 |
| 35303 | | 1 |
| 35304 | | 1 |
| 35305 | | 1 |
| 35306 | | 2 |
| 35311 | | 1 |
| 35321 | | 1 |
| 35331 | | 1 |
| 35341 | | 3 |
| 35351 | | 1 |
| 35355 | | 1 |
| 35361 | | 1 |
| 35363 | | 1 |
| 35371 | | 1 |
| 35372 | | 1 |
| 35390 | | 1 |
| 35400 | | 1 |
| 35500 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 35501 | | 1 |
| 35506 | | 1 |
| 35508 | | 1 |
| 35509 | | 1 |
| 35510 | | 1 |
| 35511 | | 1 |
| 35512 | | 1 |
| 35515 | | 1 |
| 35516 | | 1 |
| 35518 | | 1 |
| 35521 | | 1 |
| 35522 | | 1 |
| 35523 | | 1 |
| 35525 | | 1 |
| 35526 | | 1 |
| 35531 | | 2 |
| 35533 | | 1 |
| 35535 | | 1 |
| 35536 | | 1 |
| 35537 | | 1 |
| 35538 | | 1 |
| 35539 | | 1 |
| 35540 | | 1 |
| 35556 | | 1 |
| 35558 | | 1 |
| 35560 | | 1 |
| 35563 | | 1 |
| 35565 | | 1 |
| 35566 | | 1 |
| 35570 | | 1 |
| 35571 | | 2 |
| 35572 | | 2 |
| 35583 | | 1 |
| 35585 | | 2 |
| 35587 | | 2 |
| 35600 | | 2 |
| 35601 | | 1 |
| 35606 | | 1 |
| 35612 | | 1 |
| 35616 | | 1 |
| 35621 | | 1 |
| 35623 | | 1 |
| 35626 | | 3 |
| 35631 | | 4 |
| 35632 | | 1 |
| 35633 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 35634 | | 1 |
| 35636 | | 1 |
| 35637 | | 1 |
| 35638 | | 1 |
| 35642 | | 1 |
| 35645 | | 1 |
| 35646 | | 1 |
| 35647 | | 1 |
| 35650 | | 1 |
| 35654 | | 1 |
| 35656 | | 1 |
| 35661 | | 1 |
| 35663 | | 1 |
| 35665 | | 1 |
| 35666 | | 2 |
| 35671 | | 2 |
| 35681 | | 1 |
| 35682 | | 1 |
| 35683 | | 1 |
| 35685 | | 2 |
| 35686 | | 1 |
| 35691 | | 1 |
| 35693 | | 1 |
| 35694 | | 1 |
| 35695 | | 1 |
| 35697 | | 2 |
| 35700 | | 2 |
| 35701 | | 1 |
| 35702 | | TBD |
| 35703 | | TBD |
| 35800 | | 2 |
| 35820 | | 2 |
| 35840 | | 2 |
| 35860 | | 2 |
| 35870 | | 1 |
| 35875 | | 2 |
| 35876 | | 2 |
| 35879 | | 2 |
| 35881 | | 2 |
| 35883 | | 1 |
| 35884 | | 1 |
| 35901 | | 1 |
| 35903 | | 2 |
| 35905 | | 1 |
| 35907 | | 1 |
| 36000 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 36002 | | 2 |
| 36005 | | 2 |
| 36010 | | 2 |
| 36011 | | 4 |
| 36012 | | 4 |
| 36013 | | 2 |
| 36014 | | 2 |
| 36015 | | 4 |
| 36100 | | 2 |
| 36140 | | 3 |
| 36160 | | 2 |
| 36200 | | 2 |
| 36215 | | 6 |
| 36216 | | 4 |
| 36217 | | 2 |
| 36218 | | 6 |
| 36221 | | 1 |
| 36222 | | 1 |
| 36223 | | 1 |
| 36224 | | 1 |
| 36225 | | 1 |
| 36226 | | 1 |
| 36227 | | 1 |
| 36228 | | 4 |
| 36245 | | 6 |
| 36246 | | 4 |
| 36247 | | 3 |
| 36248 | | 6 |
| 36251 | | 1 |
| 36252 | | 1 |
| 36253 | | 1 |
| 36254 | | 1 |
| 36260 | | 1 |
| 36261 | | 1 |
| 36262 | | 1 |
| 36299 | | 1 |
| 36400 | | 1 |
| 36405 | | 1 |
| 36406 | | 1 |
| 36410 | | 3 |
| 36415 | | 2 |
| 36416 | | 5 |
| 36420 | | 2 |
| 36425 | | 2 |
| 36430 | | 1 |
| 36440 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 36450 | | 1 |
| 36455 | | 1 |
| 36456 | | 1 |
| 36460 | | 2 |
| 36465 | | 1 |
| 36466 | | 1 |
| 36468 | | 2 |
| 36470 | | 1 |
| 36471 | | 1 |
| 36473 | | 1 |
| 36474 | | 2 |
| 36475 | | 1 |
| 36476 | | 2 |
| 36478 | | 1 |
| 36479 | | 2 |
| 36481 | | 1 |
| 36482 | | 1 |
| 36483 | | 2 |
| 36500 | | 4 |
| 36510 | | 1 |
| 36511 | | 1 |
| 36512 | | 1 |
| 36513 | | 1 |
| 36514 | | 1 |
| 36516 | | 1 |
| 36522 | | 1 |
| 36555 | | 2 |
| 36556 | | 2 |
| 36557 | | 2 |
| 36558 | | 2 |
| 36560 | | 2 |
| 36561 | | 2 |
| 36563 | | 1 |
| 36565 | | 1 |
| 36566 | | 1 |
| 36568 | | 2 |
| 36569 | | 2 |
| 36570 | | 2 |
| 36571 | | 2 |
| 36573 | | 1 |
| 36575 | | 2 |
| 36576 | | 2 |
| 36578 | | 2 |
| 36580 | | 2 |
| 36581 | | 2 |
| 36582 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 36583 | | 2 |
| 36584 | | 2 |
| 36585 | | 2 |
| 36589 | | 2 |
| 36590 | | 2 |
| 36591 | | 2 |
| 36592 | | 1 |
| 36593 | | 2 |
| 36595 | | 2 |
| 36596 | | 2 |
| 36597 | | 2 |
| 36598 | | 2 |
| 36600 | | 4 |
| 36620 | | 3 |
| 36625 | | 2 |
| 36640 | | 1 |
| 36660 | | 1 |
| 36680 | | 1 |
| 36800 | | 1 |
| 36810 | | 1 |
| 36815 | | 1 |
| 36818 | | 1 |
| 36819 | | 1 |
| 36820 | | 1 |
| 36821 | | 2 |
| 36823 | | 1 |
| 36825 | | 1 |
| 36830 | | 2 |
| 36831 | | 1 |
| 36832 | | 2 |
| 36833 | | 1 |
| 36835 | | 1 |
| 36838 | | 1 |
| 36860 | | 2 |
| 36861 | | 2 |
| 36901 | | 1 |
| 36902 | | 1 |
| 36903 | | 1 |
| 36904 | | 1 |
| 36905 | | 1 |
| 36906 | | 1 |
| 36907 | | 1 |
| 36908 | | 1 |
| 36909 | | 1 |
| 37140 | | 1 |
| 37145 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 37160 | | 1 |
| 37180 | | 1 |
| 37181 | | 1 |
| 37182 | | 1 |
| 37183 | | 1 |
| 37184 | | 1 |
| 37185 | | 2 |
| 37186 | | 2 |
| 37187 | | 1 |
| 37188 | | 1 |
| 37191 | | 1 |
| 37192 | | 1 |
| 37193 | | 1 |
| 37195 | | 1 |
| 37197 | | 2 |
| 37200 | | 2 |
| 37211 | | 1 |
| 37212 | | 1 |
| 37213 | | 1 |
| 37214 | | 1 |
| 37215 | | 1 |
| 37216 | | 1 |
| 37217 | | 1 |
| 37218 | | 1 |
| 37220 | | 2 |
| 37221 | | 2 |
| 37222 | | 2 |
| 37223 | | 2 |
| 37224 | | 2 |
| 37225 | | 2 |
| 37226 | | 2 |
| 37227 | | 2 |
| 37228 | | 2 |
| 37229 | | 2 |
| 37230 | | 2 |
| 37231 | | 2 |
| 37232 | | 2 |
| 37233 | | 2 |
| 37234 | | 2 |
| 37235 | | 2 |
| 37236 | | 1 |
| 37237 | | 2 |
| 37238 | | 1 |
| 37239 | | 2 |
| 37241 | | 2 |
| 37242 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 37243 | | 1 |
| 37244 | | 2 |
| 37246 | | 1 |
| 37247 | | 2 |
| 37248 | | 1 |
| 37249 | | 3 |
| 37252 | | 1 |
| 37253 | | 5 |
| 37500 | | 1 |
| 37501 | | 1 |
| 37565 | | 1 |
| 37600 | | 1 |
| 37605 | | 1 |
| 37606 | | 1 |
| 37607 | | 1 |
| 37609 | | 1 |
| 37615 | | 2 |
| 37616 | | 1 |
| 37617 | | 3 |
| 37618 | | 2 |
| 37619 | | 1 |
| 37650 | | 1 |
| 37660 | | 1 |
| 37700 | | 1 |
| 37718 | | 1 |
| 37722 | | 1 |
| 37735 | | 1 |
| 37760 | | 1 |
| 37761 | | 1 |
| 37765 | | 1 |
| 37766 | | 1 |
| 37780 | | 1 |
| 37785 | | 1 |
| 37788 | | 1 |
| 37790 | | 1 |
| 37799 | | 1 |
| 38100 | | 1 |
| 38101 | | 1 |
| 38102 | | 1 |
| 38115 | | 1 |
| 38120 | | 1 |
| 38129 | | 1 |
| 38200 | | 1 |
| 38204 | | 1 |
| 38205 | | 1 |
| 38206 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 38207 | | 1 |
| 38208 | | 1 |
| 38209 | | 1 |
| 38210 | | 1 |
| 38211 | | 1 |
| 38212 | | 1 |
| 38213 | | 1 |
| 38214 | | 1 |
| 38215 | | 1 |
| 38220 | | 1 |
| 38221 | | 1 |
| 38222 | | 1 |
| 38230 | | 1 |
| 38232 | | 1 |
| 38240 | | 1 |
| 38241 | | 1 |
| 38242 | | 1 |
| 38243 | | 1 |
| 38300 | | 1 |
| 38305 | | 1 |
| 38308 | | 1 |
| 38380 | | 1 |
| 38381 | | 1 |
| 38382 | | 1 |
| 38500 | | 2 |
| 38505 | | 3 |
| 38510 | | 1 |
| 38520 | | 1 |
| 38525 | | 1 |
| 38530 | | 1 |
| 38531 | | 1 |
| 38542 | | 1 |
| 38550 | | 1 |
| 38555 | | 1 |
| 38562 | | 1 |
| 38564 | | 1 |
| 38570 | | 1 |
| 38571 | | 1 |
| 38572 | | 1 |
| 38573 | | 1 |
| 38589 | | 1 |
| 38700 | | 1 |
| 38720 | | 1 |
| 38724 | | 1 |
| 38740 | | 1 |
| 38745 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 38746 | | 1 |
| 38747 | | 1 |
| 38760 | | 1 |
| 38765 | | 1 |
| 38770 | | 1 |
| 38780 | | 1 |
| 38790 | | 1 |
| 38792 | | 1 |
| 38794 | | 1 |
| 38900 | | 1 |
| 38999 | | 1 |
| 39000 | | 1 |
| 39010 | | 1 |
| 39200 | | 1 |
| 39220 | | 1 |
| 39401 | | 1 |
| 39402 | | 1 |
| 39499 | | 1 |
| 39501 | | 1 |
| 39503 | | 1 |
| 39540 | | 1 |
| 39541 | | 1 |
| 39545 | | 1 |
| 39560 | | 1 |
| 39561 | | 1 |
| 39599 | | 1 |
| 40490 | | 3 |
| 40500 | | 2 |
| 40510 | | 2 |
| 40520 | | 2 |
| 40525 | | 2 |
| 40527 | | 2 |
| 40530 | | 2 |
| 40650 | | 2 |
| 40652 | | 2 |
| 40654 | | 2 |
| 40700 | | 1 |
| 40701 | | 1 |
| 40702 | | 1 |
| 40720 | | 1 |
| 40761 | | 1 |
| 40799 | | 1 |
| 40800 | | 2 |
| 40801 | | 2 |
| 40804 | | 2 |
| 40805 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 40806 | | 2 |
| 40808 | | 4 |
| 40810 | | 4 |
| 40812 | | 4 |
| 40814 | | 4 |
| 40816 | | 2 |
| 40818 | | 2 |
| 40819 | | 2 |
| 40820 | | 5 |
| 40830 | | 2 |
| 40831 | | 2 |
| 40840 | | 1 |
| 40842 | | 1 |
| 40843 | | 1 |
| 40844 | | 1 |
| 40845 | | 1 |
| 40899 | | 1 |
| 41000 | | 2 |
| 41005 | | 2 |
| 41006 | | 2 |
| 41007 | | 2 |
| 41008 | | 2 |
| 41009 | | 2 |
| 41010 | | 1 |
| 41015 | | 2 |
| 41016 | | 2 |
| 41017 | | 2 |
| 41018 | | 2 |
| 41019 | | 1 |
| 41100 | | 3 |
| 41105 | | 3 |
| 41108 | | 2 |
| 41110 | | 2 |
| 41112 | | 2 |
| 41113 | | 2 |
| 41114 | | 2 |
| 41115 | | 1 |
| 41116 | | 2 |
| 41120 | | 1 |
| 41130 | | 1 |
| 41135 | | 1 |
| 41140 | | 1 |
| 41145 | | 1 |
| 41150 | | 1 |
| 41153 | | 1 |
| 41155 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 41250 | | 2 |
| 41251 | | 2 |
| 41252 | | 2 |
| 41510 | | 1 |
| 41512 | | 1 |
| 41520 | | 1 |
| 41530 | | 1 |
| 41599 | | 1 |
| 41800 | | 2 |
| 41805 | | 3 |
| 41806 | | 3 |
| 41820 | | 4 |
| 41821 | | 2 |
| 41822 | | 1 |
| 41823 | | 1 |
| 41825 | | 2 |
| 41826 | | 2 |
| 41827 | | 2 |
| 41828 | | 4 |
| 41830 | | 2 |
| 41850 | | 2 |
| 41870 | | 2 |
| 41872 | | 4 |
| 41874 | | 4 |
| 41899 | | 1 |
| 42000 | | 1 |
| 42100 | | 3 |
| 42104 | | 3 |
| 42106 | | 2 |
| 42107 | | 2 |
| 42120 | | 1 |
| 42140 | | 1 |
| 42145 | | 1 |
| 42160 | | 2 |
| 42180 | | 1 |
| 42182 | | 1 |
| 42200 | | 1 |
| 42205 | | 1 |
| 42210 | | 1 |
| 42215 | | 1 |
| 42220 | | 1 |
| 42225 | | 1 |
| 42226 | | 1 |
| 42227 | | 1 |
| 42235 | | 1 |
| 42260 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 42280 | | 1 |
| 42281 | | 1 |
| 42299 | | 1 |
| 42300 | | 2 |
| 42305 | | 2 |
| 42310 | | 2 |
| 42320 | | 2 |
| 42330 | | 2 |
| 42335 | | 2 |
| 42340 | | 1 |
| 42400 | | 2 |
| 42405 | | 2 |
| 42408 | | 1 |
| 42409 | | 1 |
| 42410 | | 1 |
| 42415 | | 1 |
| 42420 | | 1 |
| 42425 | | 1 |
| 42426 | | 1 |
| 42440 | | 1 |
| 42450 | | 2 |
| 42500 | | 2 |
| 42505 | | 2 |
| 42507 | | 1 |
| 42509 | | 1 |
| 42510 | | 1 |
| 42550 | | 2 |
| 42600 | | 2 |
| 42650 | | 2 |
| 42660 | | 2 |
| 42665 | | 2 |
| 42699 | | 1 |
| 42700 | | 2 |
| 42720 | | 1 |
| 42725 | | 1 |
| 42800 | | 3 |
| 42804 | | 3 |
| 42806 | | 1 |
| 42808 | | 2 |
| 42809 | | 1 |
| 42810 | | 1 |
| 42815 | | 1 |
| 42820 | | 1 |
| 42821 | | 1 |
| 42825 | | 1 |
| 42826 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 42830 | | 1 |
| 42831 | | 1 |
| 42835 | | 1 |
| 42836 | | 1 |
| 42842 | | 1 |
| 42844 | | 1 |
| 42845 | | 1 |
| 42860 | | 1 |
| 42870 | | 1 |
| 42890 | | 1 |
| 42892 | | 1 |
| 42894 | | 1 |
| 42900 | | 1 |
| 42950 | | 1 |
| 42953 | | 1 |
| 42955 | | 1 |
| 42960 | | 1 |
| 42961 | | 1 |
| 42962 | | 1 |
| 42970 | | 1 |
| 42971 | | 1 |
| 42972 | | 1 |
| 42999 | | 1 |
| 43020 | | 1 |
| 43030 | | 1 |
| 43045 | | 1 |
| 43100 | | 1 |
| 43101 | | 1 |
| 43107 | | 1 |
| 43108 | | 1 |
| 43112 | | 1 |
| 43113 | | 1 |
| 43116 | | 1 |
| 43117 | | 1 |
| 43118 | | 1 |
| 43121 | | 1 |
| 43122 | | 1 |
| 43123 | | 1 |
| 43124 | | 1 |
| 43130 | | 1 |
| 43135 | | 1 |
| 43180 | | 1 |
| 43191 | | 1 |
| 43192 | | 1 |
| 43193 | | 1 |
| 43194 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 43195 | | 1 |
| 43196 | | 1 |
| 43197 | | 1 |
| 43198 | | 1 |
| 43200 | | 1 |
| 43201 | | 1 |
| 43202 | | 1 |
| 43204 | | 1 |
| 43205 | | 1 |
| 43206 | | 1 |
| 43210 | | 1 |
| 43211 | | 1 |
| 43212 | | 1 |
| 43213 | | 1 |
| 43214 | | 1 |
| 43215 | | 1 |
| 43216 | | 1 |
| 43217 | | 1 |
| 43220 | | 1 |
| 43226 | | 1 |
| 43227 | | 1 |
| 43229 | | 1 |
| 43231 | | 1 |
| 43232 | | 1 |
| 43233 | | 1 |
| 43235 | | 1 |
| 43236 | | 1 |
| 43237 | | 1 |
| 43238 | | 1 |
| 43239 | | 1 |
| 43240 | | 1 |
| 43241 | | 1 |
| 43242 | | 1 |
| 43243 | | 1 |
| 43244 | | 1 |
| 43245 | | 1 |
| 43246 | | 1 |
| 43247 | | 1 |
| 43248 | | 1 |
| 43249 | | 1 |
| 43250 | | 1 |
| 43251 | | 1 |
| 43252 | | 1 |
| 43253 | | 1 |
| 43254 | | 1 |
| 43255 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 43257 | | 1 |
| 43259 | | 1 |
| 43260 | | 1 |
| 43261 | | 1 |
| 43262 | | 2 |
| 43263 | | 1 |
| 43264 | | 1 |
| 43265 | | 1 |
| 43266 | | 1 |
| 43270 | | 1 |
| 43273 | | 1 |
| 43274 | | 2 |
| 43275 | | 1 |
| 43276 | | 2 |
| 43277 | | 3 |
| 43278 | | 1 |
| 43279 | | 1 |
| 43280 | | 1 |
| 43281 | | 1 |
| 43282 | | 1 |
| 43283 | | 1 |
| 43284 | | 1 |
| 43285 | | 1 |
| 43286 | | 1 |
| 43287 | | 1 |
| 43288 | | 1 |
| 43289 | | 1 |
| 43300 | | 1 |
| 43305 | | 1 |
| 43310 | | 1 |
| 43312 | | 1 |
| 43313 | | 1 |
| 43314 | | 1 |
| 43320 | | 1 |
| 43325 | | 1 |
| 43327 | | 1 |
| 43328 | | 1 |
| 43330 | | 1 |
| 43331 | | 1 |
| 43332 | | 1 |
| 43333 | | 1 |
| 43334 | | 1 |
| 43335 | | 1 |
| 43336 | | 1 |
| 43337 | | 1 |
| 43338 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 43340 | | 1 |
| 43341 | | 1 |
| 43351 | | 1 |
| 43352 | | 1 |
| 43360 | | 1 |
| 43361 | | 1 |
| 43400 | | 1 |
| 43405 | | 1 |
| 43410 | | 1 |
| 43415 | | 1 |
| 43420 | | 1 |
| 43425 | | 1 |
| 43450 | | 1 |
| 43453 | | 1 |
| 43460 | | 1 |
| 43496 | | 1 |
| 43499 | | 1 |
| 43500 | | 1 |
| 43501 | | 1 |
| 43502 | | 1 |
| 43510 | | 1 |
| 43520 | | 1 |
| 43605 | | 1 |
| 43610 | | 2 |
| 43611 | | 2 |
| 43620 | | 1 |
| 43621 | | 1 |
| 43622 | | 1 |
| 43631 | | 1 |
| 43632 | | 1 |
| 43633 | | 1 |
| 43634 | | 1 |
| 43635 | | 1 |
| 43640 | | 1 |
| 43641 | | 1 |
| 43644 | | 1 |
| 43645 | | 1 |
| 43647 | | 1 |
| 43648 | | 1 |
| 43651 | | 1 |
| 43652 | | 1 |
| 43653 | | 1 |
| 43659 | | 1 |
| 43752 | | 2 |
| 43753 | | 1 |
| 43754 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 43755 | | 1 |
| 43756 | | 1 |
| 43757 | | 1 |
| 43761 | | 2 |
| 43762 | | 2 |
| 43763 | | 2 |
| 43770 | | 1 |
| 43771 | | 1 |
| 43772 | | 1 |
| 43773 | | 1 |
| 43774 | | 1 |
| 43775 | | 1 |
| 43800 | | 1 |
| 43810 | | 1 |
| 43820 | | 1 |
| 43825 | | 1 |
| 43830 | | 1 |
| 43831 | | 1 |
| 43832 | | 1 |
| 43840 | | 2 |
| 43842 | | 1 |
| 43843 | | 1 |
| 43845 | | 1 |
| 43846 | | 1 |
| 43847 | | 1 |
| 43848 | | 1 |
| 43850 | | 1 |
| 43855 | | 1 |
| 43860 | | 1 |
| 43865 | | 1 |
| 43870 | | 1 |
| 43880 | | 1 |
| 43881 | | 1 |
| 43882 | | 1 |
| 43886 | | 1 |
| 43887 | | 1 |
| 43888 | | 1 |
| 43999 | | 1 |
| 44005 | | 1 |
| 44010 | | 1 |
| 44015 | | 1 |
| 44020 | | 2 |
| 44021 | | 1 |
| 44025 | | 1 |
| 44050 | | 1 |
| 44055 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 44100 | | 1 |
| 44110 | | 1 |
| 44111 | | 1 |
| 44120 | | 1 |
| 44121 | | 4 |
| 44125 | | 1 |
| 44126 | | 1 |
| 44127 | | 1 |
| 44128 | | 2 |
| 44130 | | 3 |
| 44132 | | 1 |
| 44133 | | 1 |
| 44135 | | 1 |
| 44136 | | 1 |
| 44137 | | 1 |
| 44139 | | 1 |
| 44140 | | 2 |
| 44141 | | 1 |
| 44143 | | 1 |
| 44144 | | 1 |
| 44145 | | 1 |
| 44146 | | 1 |
| 44147 | | 1 |
| 44150 | | 1 |
| 44151 | | 1 |
| 44155 | | 1 |
| 44156 | | 1 |
| 44157 | | 1 |
| 44158 | | 1 |
| 44160 | | 1 |
| 44180 | | 1 |
| 44186 | | 1 |
| 44187 | | 1 |
| 44188 | | 1 |
| 44202 | | 1 |
| 44203 | | 2 |
| 44204 | | 2 |
| 44205 | | 1 |
| 44206 | | 1 |
| 44207 | | 1 |
| 44208 | | 1 |
| 44210 | | 1 |
| 44211 | | 1 |
| 44212 | | 1 |
| 44213 | | 1 |
| 44227 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 44238 | | 1 |
| 44300 | | 1 |
| 44310 | | 2 |
| 44312 | | 1 |
| 44314 | | 1 |
| 44316 | | 1 |
| 44320 | | 1 |
| 44322 | | 1 |
| 44340 | | 1 |
| 44345 | | 1 |
| 44346 | | 1 |
| 44360 | | 1 |
| 44361 | | 1 |
| 44363 | | 1 |
| 44364 | | 1 |
| 44365 | | 1 |
| 44366 | | 1 |
| 44369 | | 1 |
| 44370 | | 1 |
| 44372 | | 1 |
| 44373 | | 1 |
| 44376 | | 1 |
| 44377 | | 1 |
| 44378 | | 1 |
| 44379 | | 1 |
| 44380 | | 1 |
| 44381 | | 1 |
| 44382 | | 1 |
| 44384 | | 1 |
| 44385 | | 1 |
| 44386 | | 1 |
| 44388 | | 1 |
| 44389 | | 1 |
| 44390 | | 1 |
| 44391 | | 1 |
| 44392 | | 1 |
| 44394 | | 1 |
| 44401 | | 1 |
| 44402 | | 1 |
| 44403 | | 1 |
| 44404 | | 1 |
| 44405 | | 1 |
| 44406 | | 1 |
| 44407 | | 1 |
| 44408 | | 1 |
| 44500 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 44602 | | 1 |
| 44603 | | 1 |
| 44604 | | 1 |
| 44605 | | 1 |
| 44615 | | 4 |
| 44620 | | 2 |
| 44625 | | 1 |
| 44626 | | 1 |
| 44640 | | 2 |
| 44650 | | 2 |
| 44660 | | 1 |
| 44661 | | 1 |
| 44680 | | 1 |
| 44700 | | 1 |
| 44701 | | 1 |
| 44705 | | 1 |
| 44715 | | 1 |
| 44720 | | 2 |
| 44721 | | 2 |
| 44799 | | 1 |
| 44800 | | 1 |
| 44820 | | 1 |
| 44850 | | 1 |
| 44899 | | 1 |
| 44900 | | 1 |
| 44950 | | 1 |
| 44955 | | 1 |
| 44960 | | 1 |
| 44970 | | 1 |
| 44979 | | 1 |
| 45000 | | 1 |
| 45005 | | 1 |
| 45020 | | 1 |
| 45100 | | 2 |
| 45108 | | 1 |
| 45110 | | 1 |
| 45111 | | 1 |
| 45112 | | 1 |
| 45113 | | 1 |
| 45114 | | 1 |
| 45116 | | 1 |
| 45119 | | 1 |
| 45120 | | 1 |
| 45121 | | 1 |
| 45123 | | 1 |
| 45126 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 45130 | | 1 |
| 45135 | | 1 |
| 45136 | | 1 |
| 45150 | | 1 |
| 45160 | | 1 |
| 45171 | | 2 |
| 45172 | | 2 |
| 45190 | | 1 |
| 45300 | | 1 |
| 45303 | | 1 |
| 45305 | | 1 |
| 45307 | | 1 |
| 45308 | | 1 |
| 45309 | | 1 |
| 45315 | | 1 |
| 45317 | | 1 |
| 45320 | | 1 |
| 45321 | | 1 |
| 45327 | | 1 |
| 45330 | | 1 |
| 45331 | | 1 |
| 45332 | | 1 |
| 45333 | | 1 |
| 45334 | | 1 |
| 45335 | | 1 |
| 45337 | | 1 |
| 45338 | | 1 |
| 45340 | | 1 |
| 45341 | | 1 |
| 45342 | | 1 |
| 45346 | | 1 |
| 45347 | | 1 |
| 45349 | | 1 |
| 45350 | | 1 |
| 45378 | | 1 |
| 45379 | | 1 |
| 45380 | | 1 |
| 45381 | | 1 |
| 45382 | | 1 |
| 45384 | | 1 |
| 45385 | | 1 |
| 45386 | | 1 |
| 45388 | | 1 |
| 45389 | | 1 |
| 45390 | | 1 |
| 45391 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 45392 | | 1 |
| 45393 | | 1 |
| 45395 | | 1 |
| 45397 | | 1 |
| 45398 | | 1 |
| 45399 | | 1 |
| 45400 | | 1 |
| 45402 | | 1 |
| 45499 | | 1 |
| 45500 | | 1 |
| 45505 | | 1 |
| 45520 | | 1 |
| 45540 | | 1 |
| 45541 | | 1 |
| 45550 | | 1 |
| 45560 | | 1 |
| 45562 | | 1 |
| 45563 | | 1 |
| 45800 | | 1 |
| 45805 | | 1 |
| 45820 | | 1 |
| 45825 | | 1 |
| 45900 | | 1 |
| 45905 | | 1 |
| 45910 | | 1 |
| 45915 | | 1 |
| 45990 | | 1 |
| 45999 | | 1 |
| 46020 | | 2 |
| 46030 | | 1 |
| 46040 | | 2 |
| 46045 | | 2 |
| 46050 | | 2 |
| 46060 | | 2 |
| 46070 | | 1 |
| 46080 | | 1 |
| 46083 | | 2 |
| 46200 | | 1 |
| 46220 | | 1 |
| 46221 | | 1 |
| 46230 | | 1 |
| 46250 | | 1 |
| 46255 | | 1 |
| 46257 | | 1 |
| 46258 | | 1 |
| 46260 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 46261 | | 1 |
| 46262 | | 1 |
| 46270 | | 1 |
| 46275 | | 1 |
| 46280 | | 1 |
| 46285 | | 1 |
| 46288 | | 1 |
| 46320 | | 2 |
| 46500 | | 1 |
| 46505 | | 1 |
| 46600 | | 1 |
| 46601 | | 1 |
| 46604 | | 1 |
| 46606 | | 1 |
| 46607 | | 1 |
| 46608 | | 1 |
| 46610 | | 1 |
| 46611 | | 1 |
| 46612 | | 1 |
| 46614 | | 1 |
| 46615 | | 1 |
| 46700 | | 1 |
| 46705 | | 1 |
| 46706 | | 1 |
| 46707 | | 1 |
| 46710 | | 1 |
| 46712 | | 1 |
| 46715 | | 1 |
| 46716 | | 1 |
| 46730 | | 1 |
| 46735 | | 1 |
| 46740 | | 1 |
| 46742 | | 1 |
| 46744 | | 1 |
| 46746 | | 1 |
| 46748 | | 1 |
| 46750 | | 1 |
| 46751 | | 1 |
| 46753 | | 1 |
| 46754 | | 1 |
| 46760 | | 1 |
| 46761 | | 1 |
| 46900 | | 1 |
| 46910 | | 1 |
| 46916 | | 1 |
| 46917 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 46922 | | 1 |
| 46924 | | 1 |
| 46930 | | 1 |
| 46940 | | 1 |
| 46942 | | 1 |
| 46945 | | 1 |
| 46946 | | 1 |
| 46947 | | 1 |
| 46948 | | TBD |
| 46999 | | 1 |
| 47000 | | 3 |
| 47001 | | 3 |
| 47010 | | 3 |
| 47015 | | 1 |
| 47100 | | 3 |
| 47120 | | 2 |
| 47122 | | 1 |
| 47125 | | 1 |
| 47130 | | 1 |
| 47133 | | 1 |
| 47135 | | 1 |
| 47140 | | 1 |
| 47141 | | 1 |
| 47142 | | 1 |
| 47143 | | 1 |
| 47144 | | 1 |
| 47145 | | 1 |
| 47146 | | 3 |
| 47147 | | 2 |
| 47300 | | 2 |
| 47350 | | 1 |
| 47360 | | 1 |
| 47361 | | 1 |
| 47362 | | 1 |
| 47370 | | 1 |
| 47371 | | 1 |
| 47379 | | 1 |
| 47380 | | 1 |
| 47381 | | 1 |
| 47382 | | 1 |
| 47383 | | 1 |
| 47399 | | 1 |
| 47400 | | 1 |
| 47420 | | 1 |
| 47425 | | 1 |
| 47460 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 47480 | | 1 |
| 47490 | | 1 |
| 47531 | | 2 |
| 47532 | | 1 |
| 47533 | | 1 |
| 47534 | | 2 |
| 47535 | | 1 |
| 47536 | | 2 |
| 47537 | | 1 |
| 47538 | | 2 |
| 47539 | | 2 |
| 47540 | | 2 |
| 47541 | | 1 |
| 47542 | | 2 |
| 47543 | | 1 |
| 47544 | | 1 |
| 47550 | | 1 |
| 47552 | | 1 |
| 47553 | | 1 |
| 47554 | | 1 |
| 47555 | | 1 |
| 47556 | | 1 |
| 47562 | | 1 |
| 47563 | | 1 |
| 47564 | | 1 |
| 47570 | | 1 |
| 47579 | | 1 |
| 47600 | | 1 |
| 47605 | | 1 |
| 47610 | | 1 |
| 47612 | | 1 |
| 47620 | | 1 |
| 47700 | | 1 |
| 47701 | | 1 |
| 47711 | | 1 |
| 47712 | | 1 |
| 47715 | | 1 |
| 47720 | | 1 |
| 47721 | | 1 |
| 47740 | | 1 |
| 47741 | | 1 |
| 47760 | | 1 |
| 47765 | | 1 |
| 47780 | | 1 |
| 47785 | | 1 |
| 47800 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 47801 | | 1 |
| 47802 | | 1 |
| 47900 | | 1 |
| 47999 | | 1 |
| 48000 | | 1 |
| 48001 | | 1 |
| 48020 | | 1 |
| 48100 | | 1 |
| 48102 | | 1 |
| 48105 | | 1 |
| 48120 | | 1 |
| 48140 | | 1 |
| 48145 | | 1 |
| 48146 | | 1 |
| 48148 | | 1 |
| 48150 | | 1 |
| 48152 | | 1 |
| 48153 | | 1 |
| 48154 | | 1 |
| 48155 | | 1 |
| 48160 | | 1 |
| 48400 | | 1 |
| 48500 | | 1 |
| 48510 | | 1 |
| 48520 | | 1 |
| 48540 | | 1 |
| 48545 | | 1 |
| 48547 | | 1 |
| 48548 | | 1 |
| 48550 | | 1 |
| 48551 | | 1 |
| 48552 | | 2 |
| 48554 | | 1 |
| 48556 | | 1 |
| 48999 | | 1 |
| 49000 | | 1 |
| 49002 | | 1 |
| 49010 | | 1 |
| 49013 | | TBD |
| 49014 | | TBD |
| 49020 | | 2 |
| 49040 | | 2 |
| 49060 | | 2 |
| 49062 | | 1 |
| 49082 | | 1 |
| 49083 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 49084 | | 1 |
| 49180 | | 2 |
| 49185 | | 2 |
| 49203 | | 1 |
| 49204 | | 1 |
| 49205 | | 1 |
| 49215 | | 1 |
| 49220 | | 1 |
| 49250 | | 1 |
| 49255 | | 1 |
| 49320 | | 1 |
| 49321 | | 1 |
| 49322 | | 1 |
| 49323 | | 1 |
| 49324 | | 1 |
| 49325 | | 1 |
| 49326 | | 1 |
| 49327 | | 1 |
| 49329 | | 1 |
| 49400 | | 1 |
| 49402 | | 1 |
| 49405 | | 2 |
| 49406 | | 2 |
| 49407 | | 1 |
| 49411 | | 1 |
| 49412 | | 1 |
| 49418 | | 1 |
| 49419 | | 1 |
| 49421 | | 1 |
| 49422 | | 1 |
| 49423 | | 2 |
| 49424 | | 3 |
| 49425 | | 1 |
| 49426 | | 1 |
| 49427 | | 1 |
| 49428 | | 1 |
| 49429 | | 1 |
| 49435 | | 1 |
| 49436 | | 1 |
| 49440 | | 1 |
| 49441 | | 1 |
| 49442 | | 1 |
| 49446 | | 1 |
| 49450 | | 1 |
| 49451 | | 1 |
| 49452 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 49460 | | 1 |
| 49465 | | 1 |
| 49491 | | 1 |
| 49492 | | 1 |
| 49495 | | 1 |
| 49496 | | 1 |
| 49500 | | 1 |
| 49501 | | 1 |
| 49505 | | 1 |
| 49507 | | 1 |
| 49520 | | 1 |
| 49521 | | 1 |
| 49525 | | 1 |
| 49540 | | 1 |
| 49550 | | 1 |
| 49553 | | 1 |
| 49555 | | 1 |
| 49557 | | 1 |
| 49560 | | 2 |
| 49561 | | 2 |
| 49565 | | 2 |
| 49566 | | 2 |
| 49568 | | 2 |
| 49570 | | 1 |
| 49572 | | 1 |
| 49580 | | 1 |
| 49582 | | 1 |
| 49585 | | 1 |
| 49587 | | 1 |
| 49590 | | 1 |
| 49600 | | 1 |
| 49605 | | 1 |
| 49606 | | 1 |
| 49610 | | 1 |
| 49611 | | 1 |
| 49650 | | 1 |
| 49651 | | 1 |
| 49652 | | 2 |
| 49653 | | 2 |
| 49654 | | 2 |
| 49655 | | 2 |
| 49656 | | 2 |
| 49657 | | 2 |
| 49659 | | 1 |
| 49900 | | 1 |
| 49904 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 49905 | | 1 |
| 49906 | | 1 |
| 49999 | | 1 |
| 50010 | | 1 |
| 50020 | | 1 |
| 50040 | | 1 |
| 50045 | | 1 |
| 50060 | | 1 |
| 50065 | | 1 |
| 50070 | | 1 |
| 50075 | | 1 |
| 50080 | | 1 |
| 50081 | | 1 |
| 50100 | | 1 |
| 50120 | | 1 |
| 50125 | | 1 |
| 50130 | | 1 |
| 50135 | | 1 |
| 50200 | | 1 |
| 50205 | | 1 |
| 50220 | | 1 |
| 50225 | | 1 |
| 50230 | | 1 |
| 50234 | | 1 |
| 50236 | | 1 |
| 50240 | | 1 |
| 50250 | | 1 |
| 50280 | | 1 |
| 50290 | | 1 |
| 50300 | | 1 |
| 50320 | | 1 |
| 50323 | | 1 |
| 50325 | | 1 |
| 50327 | | 2 |
| 50328 | | 1 |
| 50329 | | 1 |
| 50340 | | 1 |
| 50360 | | 1 |
| 50365 | | 1 |
| 50370 | | 1 |
| 50380 | | 1 |
| 50382 | | 1 |
| 50384 | | 1 |
| 50385 | | 1 |
| 50386 | | 1 |
| 50387 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 50389 | | 1 |
| 50390 | | 2 |
| 50391 | | 1 |
| 50396 | | 1 |
| 50400 | | 1 |
| 50405 | | 1 |
| 50430 | | 2 |
| 50431 | | 2 |
| 50432 | | 2 |
| 50433 | | 2 |
| 50434 | | 2 |
| 50435 | | 2 |
| 50436 | | 1 |
| 50437 | | 1 |
| 50500 | | 1 |
| 50520 | | 1 |
| 50525 | | 1 |
| 50526 | | 1 |
| 50540 | | 1 |
| 50541 | | 1 |
| 50542 | | 1 |
| 50543 | | 1 |
| 50544 | | 1 |
| 50545 | | 1 |
| 50546 | | 1 |
| 50547 | | 1 |
| 50548 | | 1 |
| 50549 | | 1 |
| 50551 | | 1 |
| 50553 | | 1 |
| 50555 | | 1 |
| 50557 | | 1 |
| 50561 | | 1 |
| 50562 | | 1 |
| 50570 | | 1 |
| 50572 | | 1 |
| 50574 | | 1 |
| 50575 | | 1 |
| 50576 | | 1 |
| 50580 | | 1 |
| 50590 | | 1 |
| 50592 | | 1 |
| 50593 | | 1 |
| 50600 | | 1 |
| 50605 | | 1 |
| 50606 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 50610 | | 1 |
| 50620 | | 1 |
| 50630 | | 1 |
| 50650 | | 1 |
| 50660 | | 1 |
| 50684 | | 1 |
| 50686 | | 2 |
| 50688 | | 2 |
| 50690 | | 2 |
| 50693 | | 2 |
| 50694 | | 2 |
| 50695 | | 2 |
| 50700 | | 1 |
| 50705 | | 2 |
| 50706 | | 2 |
| 50715 | | 1 |
| 50722 | | 1 |
| 50725 | | 1 |
| 50727 | | 1 |
| 50728 | | 1 |
| 50740 | | 1 |
| 50750 | | 1 |
| 50760 | | 1 |
| 50770 | | 1 |
| 50780 | | 1 |
| 50782 | | 1 |
| 50783 | | 1 |
| 50785 | | 1 |
| 50800 | | 1 |
| 50810 | | 1 |
| 50815 | | 1 |
| 50820 | | 1 |
| 50825 | | 1 |
| 50830 | | 1 |
| 50840 | | 1 |
| 50845 | | 1 |
| 50860 | | 1 |
| 50900 | | 1 |
| 50920 | | 2 |
| 50930 | | 2 |
| 50940 | | 1 |
| 50945 | | 1 |
| 50947 | | 1 |
| 50948 | | 1 |
| 50949 | | 1 |
| 50951 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 50953 | | 1 |
| 50955 | | 1 |
| 50957 | | 1 |
| 50961 | | 1 |
| 50970 | | 1 |
| 50972 | | 1 |
| 50974 | | 1 |
| 50976 | | 1 |
| 50980 | | 1 |
| 51020 | | 1 |
| 51030 | | 1 |
| 51040 | | 1 |
| 51045 | | 2 |
| 51050 | | 1 |
| 51060 | | 1 |
| 51065 | | 1 |
| 51080 | | 1 |
| 51100 | | 1 |
| 51101 | | 1 |
| 51102 | | 1 |
| 51500 | | 1 |
| 51520 | | 1 |
| 51525 | | 1 |
| 51530 | | 1 |
| 51535 | | 1 |
| 51550 | | 1 |
| 51555 | | 1 |
| 51565 | | 1 |
| 51570 | | 1 |
| 51575 | | 1 |
| 51580 | | 1 |
| 51585 | | 1 |
| 51590 | | 1 |
| 51595 | | 1 |
| 51596 | | 1 |
| 51597 | | 1 |
| 51600 | | 1 |
| 51605 | | 1 |
| 51610 | | 1 |
| 51700 | | 1 |
| 51701 | | 2 |
| 51702 | | 2 |
| 51703 | | 2 |
| 51705 | | 1 |
| 51710 | | 1 |
| 51715 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 51720 | | 1 |
| 51725 | | 1 |
| 51725 | 26 | 1 |
| 51725 | TC | 1 |
| 51726 | | 1 |
| 51726 | 26 | 1 |
| 51726 | TC | 1 |
| 51727 | | 1 |
| 51727 | 26 | 1 |
| 51727 | TC | 1 |
| 51728 | | 1 |
| 51728 | 26 | 1 |
| 51728 | TC | 1 |
| 51729 | | 1 |
| 51729 | 26 | 1 |
| 51729 | TC | 1 |
| 51736 | | 1 |
| 51736 | 26 | 1 |
| 51736 | TC | 1 |
| 51741 | | 1 |
| 51741 | 26 | 1 |
| 51741 | TC | 1 |
| 51784 | | 1 |
| 51784 | 26 | 1 |
| 51784 | TC | 1 |
| 51785 | | 1 |
| 51785 | 26 | 1 |
| 51785 | TC | 1 |
| 51792 | | 1 |
| 51792 | 26 | 1 |
| 51792 | TC | 1 |
| 51797 | | 1 |
| 51797 | 26 | 1 |
| 51797 | TC | 1 |
| 51798 | | 1 |
| 51800 | | 1 |
| 51820 | | 1 |
| 51840 | | 1 |
| 51841 | | 1 |
| 51845 | | 1 |
| 51860 | | 1 |
| 51865 | | 1 |
| 51880 | | 1 |
| 51900 | | 1 |
| 51920 | | 1 |
| 51925 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 51940 | | 1 |
| 51960 | | 1 |
| 51980 | | 1 |
| 51990 | | 1 |
| 51992 | | 1 |
| 51999 | | 1 |
| 52000 | | 1 |
| 52001 | | 1 |
| 52005 | | 2 |
| 52007 | | 1 |
| 52010 | | 1 |
| 52204 | | 1 |
| 52214 | | 1 |
| 52224 | | 1 |
| 52234 | | 1 |
| 52235 | | 1 |
| 52240 | | 1 |
| 52250 | | 1 |
| 52260 | | 1 |
| 52265 | | 1 |
| 52270 | | 1 |
| 52275 | | 1 |
| 52276 | | 1 |
| 52277 | | 1 |
| 52281 | | 1 |
| 52282 | | 1 |
| 52283 | | 1 |
| 52285 | | 1 |
| 52287 | | 1 |
| 52290 | | 1 |
| 52300 | | 1 |
| 52301 | | 1 |
| 52305 | | 1 |
| 52310 | | 1 |
| 52315 | | 2 |
| 52317 | | 1 |
| 52318 | | 1 |
| 52320 | | 1 |
| 52325 | | 1 |
| 52327 | | 1 |
| 52330 | | 1 |
| 52332 | | 1 |
| 52334 | | 1 |
| 52341 | | 1 |
| 52342 | | 1 |
| 52343 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 52344 | | 1 |
| 52345 | | 1 |
| 52346 | | 1 |
| 52351 | | 1 |
| 52352 | | 1 |
| 52353 | | 1 |
| 52354 | | 1 |
| 52355 | | 1 |
| 52356 | | 1 |
| 52400 | | 1 |
| 52402 | | 1 |
| 52441 | | 1 |
| 52442 | | 6 |
| 52450 | | 1 |
| 52500 | | 1 |
| 52601 | | 1 |
| 52630 | | 1 |
| 52640 | | 1 |
| 52647 | | 1 |
| 52648 | | 1 |
| 52649 | | 1 |
| 52700 | | 1 |
| 53000 | | 1 |
| 53010 | | 1 |
| 53020 | | 1 |
| 53025 | | 1 |
| 53040 | | 1 |
| 53060 | | 1 |
| 53080 | | 1 |
| 53085 | | 1 |
| 53200 | | 1 |
| 53210 | | 1 |
| 53215 | | 1 |
| 53220 | | 1 |
| 53230 | | 1 |
| 53235 | | 1 |
| 53240 | | 1 |
| 53250 | | 1 |
| 53260 | | 1 |
| 53265 | | 1 |
| 53270 | | 1 |
| 53275 | | 1 |
| 53400 | | 1 |
| 53405 | | 1 |
| 53410 | | 1 |
| 53415 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 53420 | | 1 |
| 53425 | | 1 |
| 53430 | | 1 |
| 53431 | | 1 |
| 53440 | | 1 |
| 53442 | | 1 |
| 53444 | | 1 |
| 53445 | | 1 |
| 53446 | | 1 |
| 53447 | | 1 |
| 53448 | | 1 |
| 53449 | | 1 |
| 53450 | | 1 |
| 53460 | | 1 |
| 53500 | | 1 |
| 53502 | | 1 |
| 53505 | | 1 |
| 53510 | | 1 |
| 53515 | | 1 |
| 53520 | | 1 |
| 53600 | | 1 |
| 53601 | | 1 |
| 53605 | | 1 |
| 53620 | | 1 |
| 53621 | | 1 |
| 53660 | | 1 |
| 53661 | | 1 |
| 53665 | | 1 |
| 53850 | | 1 |
| 53852 | | 1 |
| 53854 | | 1 |
| 53855 | | 1 |
| 53860 | | 1 |
| 53899 | | 1 |
| 54000 | | 1 |
| 54001 | | 1 |
| 54015 | | 1 |
| 54050 | | 1 |
| 54055 | | 1 |
| 54056 | | 1 |
| 54057 | | 1 |
| 54060 | | 1 |
| 54065 | | 1 |
| 54100 | | 2 |
| 54105 | | 2 |
| 54110 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 54111 | | 1 |
| 54112 | | 1 |
| 54115 | | 1 |
| 54120 | | 1 |
| 54125 | | 1 |
| 54130 | | 1 |
| 54135 | | 1 |
| 54150 | | 1 |
| 54160 | | 1 |
| 54161 | | 1 |
| 54162 | | 1 |
| 54163 | | 1 |
| 54164 | | 1 |
| 54200 | | 1 |
| 54205 | | 1 |
| 54220 | | 1 |
| 54230 | | 1 |
| 54231 | | 1 |
| 54235 | | 1 |
| 54240 | | 1 |
| 54240 | 26 | 1 |
| 54240 | TC | 1 |
| 54250 | | 1 |
| 54250 | 26 | 1 |
| 54250 | TC | 1 |
| 54300 | | 1 |
| 54304 | | 1 |
| 54308 | | 1 |
| 54312 | | 1 |
| 54316 | | 1 |
| 54318 | | 1 |
| 54322 | | 1 |
| 54324 | | 1 |
| 54326 | | 1 |
| 54328 | | 1 |
| 54332 | | 1 |
| 54336 | | 1 |
| 54340 | | 1 |
| 54344 | | 1 |
| 54348 | | 1 |
| 54352 | | 1 |
| 54360 | | 1 |
| 54380 | | 1 |
| 54385 | | 1 |
| 54390 | | 1 |
| 54400 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 54401 | | 1 |
| 54405 | | 1 |
| 54406 | | 1 |
| 54408 | | 1 |
| 54410 | | 1 |
| 54411 | | 1 |
| 54415 | | 1 |
| 54416 | | 1 |
| 54417 | | 1 |
| 54420 | | 1 |
| 54430 | | 1 |
| 54435 | | 1 |
| 54437 | | 1 |
| 54438 | | 1 |
| 54440 | | 1 |
| 54450 | | 1 |
| 54500 | | 1 |
| 54505 | | 1 |
| 54512 | | 1 |
| 54520 | | 1 |
| 54522 | | 1 |
| 54530 | | 1 |
| 54535 | | 1 |
| 54550 | | 1 |
| 54560 | | 1 |
| 54600 | | 1 |
| 54620 | | 1 |
| 54640 | | 1 |
| 54650 | | 1 |
| 54660 | | 1 |
| 54670 | | 1 |
| 54680 | | 1 |
| 54690 | | 1 |
| 54692 | | 1 |
| 54699 | | 1 |
| 54700 | | 1 |
| 54800 | | 1 |
| 54830 | | 1 |
| 54840 | | 1 |
| 54860 | | 1 |
| 54861 | | 1 |
| 54865 | | 1 |
| 54900 | | 1 |
| 54901 | | 1 |
| 55000 | | 1 |
| 55040 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 55041 | | 1 |
| 55060 | | 1 |
| 55100 | | 2 |
| 55110 | | 1 |
| 55120 | | 1 |
| 55150 | | 1 |
| 55175 | | 1 |
| 55180 | | 1 |
| 55200 | | 1 |
| 55250 | | 1 |
| 55300 | | 1 |
| 55400 | | 1 |
| 55500 | | 1 |
| 55520 | | 1 |
| 55530 | | 1 |
| 55535 | | 1 |
| 55540 | | 1 |
| 55550 | | 1 |
| 55559 | | 1 |
| 55600 | | 1 |
| 55605 | | 1 |
| 55650 | | 1 |
| 55680 | | 1 |
| 55700 | | 1 |
| 55705 | | 1 |
| 55706 | | 1 |
| 55720 | | 1 |
| 55725 | | 1 |
| 55801 | | 1 |
| 55810 | | 1 |
| 55812 | | 1 |
| 55815 | | 1 |
| 55821 | | 1 |
| 55831 | | 1 |
| 55840 | | 1 |
| 55842 | | 1 |
| 55845 | | 1 |
| 55860 | | 1 |
| 55862 | | 1 |
| 55865 | | 1 |
| 55866 | | 1 |
| 55870 | | 1 |
| 55873 | | 1 |
| 55874 | | 1 |
| 55875 | | 1 |
| 55876 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 55899 | | 1 |
| 55920 | | 1 |
| 56405 | | 2 |
| 56420 | | 1 |
| 56440 | | 1 |
| 56441 | | 1 |
| 56442 | | 1 |
| 56501 | | 1 |
| 56515 | | 1 |
| 56605 | | 1 |
| 56606 | | 6 |
| 56620 | | 1 |
| 56625 | | 1 |
| 56630 | | 1 |
| 56631 | | 1 |
| 56632 | | 1 |
| 56633 | | 1 |
| 56634 | | 1 |
| 56637 | | 1 |
| 56640 | | 1 |
| 56700 | | 1 |
| 56740 | | 1 |
| 56800 | | 1 |
| 56805 | | 1 |
| 56810 | | 1 |
| 56820 | | 1 |
| 56821 | | 1 |
| 57000 | | 1 |
| 57010 | | 1 |
| 57020 | | 1 |
| 57022 | | 1 |
| 57023 | | 1 |
| 57061 | | 1 |
| 57065 | | 1 |
| 57100 | | 3 |
| 57105 | | 2 |
| 57106 | | 1 |
| 57107 | | 1 |
| 57109 | | 1 |
| 57110 | | 1 |
| 57111 | | 1 |
| 57112 | | 1 |
| 57120 | | 1 |
| 57130 | | 1 |
| 57135 | | 2 |
| 57150 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 57155 | | 1 |
| 57156 | | 1 |
| 57160 | | 1 |
| 57170 | | 1 |
| 57180 | | 1 |
| 57200 | | 1 |
| 57210 | | 1 |
| 57220 | | 1 |
| 57230 | | 1 |
| 57240 | | 1 |
| 57250 | | 1 |
| 57260 | | 1 |
| 57265 | | 1 |
| 57267 | | 2 |
| 57268 | | 1 |
| 57270 | | 1 |
| 57280 | | 1 |
| 57282 | | 1 |
| 57283 | | 1 |
| 57284 | | 1 |
| 57285 | | 1 |
| 57287 | | 1 |
| 57288 | | 1 |
| 57289 | | 1 |
| 57291 | | 1 |
| 57292 | | 1 |
| 57295 | | 1 |
| 57296 | | 1 |
| 57300 | | 1 |
| 57305 | | 1 |
| 57307 | | 1 |
| 57308 | | 1 |
| 57310 | | 1 |
| 57311 | | 1 |
| 57320 | | 1 |
| 57330 | | 1 |
| 57335 | | 1 |
| 57400 | | 1 |
| 57410 | | 1 |
| 57415 | | 1 |
| 57420 | | 1 |
| 57421 | | 1 |
| 57423 | | 1 |
| 57425 | | 1 |
| 57426 | | 1 |
| 57452 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 57454 | | 1 |
| 57455 | | 1 |
| 57456 | | 1 |
| 57460 | | 1 |
| 57461 | | 1 |
| 57500 | | 1 |
| 57505 | | 1 |
| 57510 | | 1 |
| 57511 | | 1 |
| 57513 | | 1 |
| 57520 | | 1 |
| 57522 | | 1 |
| 57530 | | 1 |
| 57531 | | 1 |
| 57540 | | 1 |
| 57545 | | 1 |
| 57550 | | 1 |
| 57555 | | 1 |
| 57556 | | 1 |
| 57558 | | 1 |
| 57700 | | 1 |
| 57720 | | 1 |
| 57800 | | 1 |
| 58100 | | 1 |
| 58110 | | 1 |
| 58120 | | 1 |
| 58140 | | 1 |
| 58145 | | 1 |
| 58146 | | 1 |
| 58150 | | 1 |
| 58152 | | 1 |
| 58180 | | 1 |
| 58200 | | 1 |
| 58210 | | 1 |
| 58240 | | 1 |
| 58260 | | 1 |
| 58262 | | 1 |
| 58263 | | 1 |
| 58267 | | 1 |
| 58270 | | 1 |
| 58275 | | 1 |
| 58280 | | 1 |
| 58285 | | 1 |
| 58290 | | 1 |
| 58291 | | 1 |
| 58292 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 58293 | | 1 |
| 58294 | | 1 |
| 58300 | | 1 |
| 58301 | | 1 |
| 58321 | | 1 |
| 58322 | | 1 |
| 58323 | | 1 |
| 58340 | | 1 |
| 58345 | | 1 |
| 58346 | | 1 |
| 58350 | | 1 |
| 58353 | | 1 |
| 58356 | | 1 |
| 58400 | | 1 |
| 58410 | | 1 |
| 58520 | | 1 |
| 58540 | | 1 |
| 58541 | | 1 |
| 58542 | | 1 |
| 58543 | | 1 |
| 58544 | | 1 |
| 58545 | | 1 |
| 58546 | | 1 |
| 58548 | | 1 |
| 58550 | | 1 |
| 58552 | | 1 |
| 58553 | | 1 |
| 58554 | | 1 |
| 58555 | | 1 |
| 58558 | | 1 |
| 58559 | | 1 |
| 58560 | | 1 |
| 58561 | | 1 |
| 58562 | | 1 |
| 58563 | | 1 |
| 58565 | | 1 |
| 58570 | | 1 |
| 58571 | | 1 |
| 58572 | | 1 |
| 58573 | | 1 |
| 58575 | | 1 |
| 58578 | | 1 |
| 58579 | | 1 |
| 58600 | | 1 |
| 58605 | | 1 |
| 58611 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 58615 | | 1 |
| 58660 | | 1 |
| 58661 | | 1 |
| 58662 | | 1 |
| 58670 | | 1 |
| 58671 | | 1 |
| 58672 | | 1 |
| 58673 | | 1 |
| 58674 | | 1 |
| 58679 | | 1 |
| 58700 | | 1 |
| 58720 | | 1 |
| 58740 | | 1 |
| 58750 | | 1 |
| 58752 | | 1 |
| 58760 | | 1 |
| 58770 | | 1 |
| 58800 | | 1 |
| 58805 | | 1 |
| 58820 | | 1 |
| 58822 | | 1 |
| 58825 | | 1 |
| 58900 | | 1 |
| 58920 | | 1 |
| 58925 | | 1 |
| 58940 | | 1 |
| 58943 | | 1 |
| 58950 | | 1 |
| 58951 | | 1 |
| 58952 | | 1 |
| 58953 | | 1 |
| 58954 | | 1 |
| 58956 | | 1 |
| 58957 | | 1 |
| 58958 | | 1 |
| 58960 | | 1 |
| 58970 | | 1 |
| 58976 | | 2 |
| 58999 | | 1 |
| 59000 | | 2 |
| 59001 | | 2 |
| 59012 | | 2 |
| 59015 | | 2 |
| 59020 | | 2 |
| 59020 | 26 | 2 |
| 59020 | TC | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 59025 | | 3 |
| 59025 | 26 | 3 |
| 59025 | TC | 3 |
| 59030 | | 2 |
| 59050 | | 2 |
| 59051 | | 2 |
| 59070 | | 2 |
| 59072 | | 2 |
| 59074 | | 2 |
| 59076 | | 2 |
| 59100 | | 1 |
| 59120 | | 1 |
| 59121 | | 1 |
| 59130 | | 1 |
| 59135 | | 1 |
| 59136 | | 1 |
| 59140 | | 1 |
| 59150 | | 1 |
| 59151 | | 1 |
| 59160 | | 1 |
| 59200 | | 1 |
| 59300 | | 1 |
| 59320 | | 1 |
| 59325 | | 1 |
| 59350 | | 1 |
| 59400 | | 1 |
| 59409 | | 2 |
| 59410 | | 1 |
| 59412 | | 1 |
| 59414 | | 1 |
| 59425 | | 1 |
| 59426 | | 1 |
| 59430 | | 1 |
| 59510 | | 1 |
| 59514 | | 1 |
| 59515 | | 1 |
| 59525 | | 1 |
| 59610 | | 1 |
| 59612 | | 2 |
| 59614 | | 1 |
| 59618 | | 1 |
| 59620 | | 1 |
| 59622 | | 1 |
| 59812 | | 1 |
| 59820 | | 1 |
| 59821 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 59830 | | 1 |
| 59840 | | 1 |
| 59841 | | 1 |
| 59850 | | 1 |
| 59851 | | 1 |
| 59852 | | 1 |
| 59855 | | 1 |
| 59856 | | 1 |
| 59857 | | 1 |
| 59866 | | 1 |
| 59870 | | 1 |
| 59871 | | 1 |
| 59897 | | 1 |
| 59898 | | 1 |
| 59899 | | 1 |
| 60000 | | 1 |
| 60100 | | 3 |
| 60200 | | 2 |
| 60210 | | 1 |
| 60212 | | 1 |
| 60220 | | 1 |
| 60225 | | 1 |
| 60240 | | 1 |
| 60252 | | 1 |
| 60254 | | 1 |
| 60260 | | 1 |
| 60270 | | 1 |
| 60271 | | 1 |
| 60280 | | 1 |
| 60281 | | 1 |
| 60300 | | 2 |
| 60500 | | 1 |
| 60502 | | 1 |
| 60505 | | 1 |
| 60512 | | 1 |
| 60520 | | 1 |
| 60521 | | 1 |
| 60522 | | 1 |
| 60540 | | 1 |
| 60545 | | 1 |
| 60600 | | 1 |
| 60605 | | 1 |
| 60650 | | 1 |
| 60659 | | 1 |
| 60699 | | 1 |
| 61000 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 61001 | | 1 |
| 61020 | | 2 |
| 61026 | | 2 |
| 61050 | | 1 |
| 61055 | | 1 |
| 61070 | | 2 |
| 61105 | | 1 |
| 61107 | | 1 |
| 61108 | | 1 |
| 61120 | | 1 |
| 61140 | | 1 |
| 61150 | | 1 |
| 61151 | | 1 |
| 61154 | | 1 |
| 61156 | | 1 |
| 61210 | | 1 |
| 61215 | | 1 |
| 61250 | | 1 |
| 61253 | | 1 |
| 61304 | | 1 |
| 61305 | | 1 |
| 61312 | | 2 |
| 61313 | | 2 |
| 61314 | | 2 |
| 61315 | | 1 |
| 61316 | | 1 |
| 61320 | | 2 |
| 61321 | | 1 |
| 61322 | | 1 |
| 61323 | | 1 |
| 61330 | | 1 |
| 61333 | | 1 |
| 61340 | | 1 |
| 61343 | | 1 |
| 61345 | | 1 |
| 61450 | | 1 |
| 61458 | | 1 |
| 61460 | | 1 |
| 61500 | | 1 |
| 61501 | | 1 |
| 61510 | | 1 |
| 61512 | | 1 |
| 61514 | | 2 |
| 61516 | | 1 |
| 61517 | | 1 |
| 61518 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 61519 | | 1 |
| 61520 | | 1 |
| 61521 | | 1 |
| 61522 | | 1 |
| 61524 | | 2 |
| 61526 | | 1 |
| 61530 | | 1 |
| 61531 | | 1 |
| 61533 | | 2 |
| 61534 | | 1 |
| 61535 | | 2 |
| 61536 | | 1 |
| 61537 | | 1 |
| 61538 | | 1 |
| 61539 | | 1 |
| 61540 | | 1 |
| 61541 | | 1 |
| 61543 | | 1 |
| 61544 | | 1 |
| 61545 | | 1 |
| 61546 | | 1 |
| 61548 | | 1 |
| 61550 | | 1 |
| 61552 | | 1 |
| 61556 | | 1 |
| 61557 | | 1 |
| 61558 | | 1 |
| 61559 | | 1 |
| 61563 | | 2 |
| 61564 | | 1 |
| 61566 | | 1 |
| 61567 | | 1 |
| 61570 | | 1 |
| 61571 | | 1 |
| 61575 | | 1 |
| 61576 | | 1 |
| 61580 | | 1 |
| 61581 | | 1 |
| 61582 | | 1 |
| 61583 | | 1 |
| 61584 | | 1 |
| 61585 | | 1 |
| 61586 | | 1 |
| 61590 | | 1 |
| 61591 | | 1 |
| 61592 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 61595 | | 1 |
| 61596 | | 1 |
| 61597 | | 1 |
| 61598 | | 1 |
| 61600 | | 1 |
| 61601 | | 1 |
| 61605 | | 1 |
| 61606 | | 1 |
| 61607 | | 1 |
| 61608 | | 1 |
| 61611 | | 1 |
| 61613 | | 1 |
| 61615 | | 1 |
| 61616 | | 1 |
| 61618 | | 2 |
| 61619 | | 2 |
| 61623 | | 2 |
| 61624 | | 2 |
| 61626 | | 2 |
| 61630 | | 1 |
| 61635 | | 2 |
| 61640 | | 1 |
| 61641 | | 1 |
| 61642 | | 1 |
| 61645 | | 3 |
| 61650 | | 1 |
| 61651 | | 2 |
| 61680 | | 1 |
| 61682 | | 1 |
| 61684 | | 1 |
| 61686 | | 1 |
| 61690 | | 1 |
| 61692 | | 1 |
| 61697 | | 2 |
| 61698 | | 1 |
| 61700 | | 2 |
| 61702 | | 1 |
| 61703 | | 1 |
| 61705 | | 1 |
| 61708 | | 1 |
| 61710 | | 1 |
| 61711 | | 1 |
| 61720 | | 1 |
| 61735 | | 1 |
| 61750 | | 2 |
| 61751 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 61760 | | 1 |
| 61770 | | 1 |
| 61781 | | 1 |
| 61782 | | 1 |
| 61783 | | 1 |
| 61790 | | 1 |
| 61791 | | 1 |
| 61796 | | 1 |
| 61797 | | 4 |
| 61798 | | 1 |
| 61799 | | 4 |
| 61800 | | 1 |
| 61850 | | 1 |
| 61860 | | 1 |
| 61863 | | 1 |
| 61864 | | 1 |
| 61867 | | 1 |
| 61868 | | 2 |
| 61870 | | 1 |
| 61880 | | 1 |
| 61885 | | 1 |
| 61886 | | 1 |
| 61888 | | 1 |
| 62000 | | 1 |
| 62005 | | 1 |
| 62010 | | 1 |
| 62100 | | 1 |
| 62115 | | 1 |
| 62117 | | 1 |
| 62120 | | 1 |
| 62121 | | 1 |
| 62140 | | 1 |
| 62141 | | 1 |
| 62142 | | 2 |
| 62143 | | 2 |
| 62145 | | 2 |
| 62146 | | 2 |
| 62147 | | 1 |
| 62148 | | 1 |
| 62160 | | 1 |
| 62161 | | 1 |
| 62162 | | 1 |
| 62163 | | 1 |
| 62164 | | 1 |
| 62165 | | 1 |
| 62180 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 62190 | | 1 |
| 62192 | | 1 |
| 62194 | | 1 |
| 62200 | | 1 |
| 62201 | | 1 |
| 62220 | | 1 |
| 62223 | | 1 |
| 62225 | | 2 |
| 62230 | | 2 |
| 62252 | | 2 |
| 62252 | 26 | 2 |
| 62252 | TC | 2 |
| 62256 | | 1 |
| 62258 | | 1 |
| 62263 | | 1 |
| 62264 | | 1 |
| 62267 | | 2 |
| 62268 | | 1 |
| 62269 | | 2 |
| 62270 | | 2 |
| 62272 | | 1 |
| 62273 | | 2 |
| 62280 | | 1 |
| 62281 | | 1 |
| 62282 | | 1 |
| 62284 | | 1 |
| 62287 | | 1 |
| 62290 | | 5 |
| 62291 | | 4 |
| 62292 | | 1 |
| 62294 | | 1 |
| 62302 | | 1 |
| 62303 | | 1 |
| 62304 | | 1 |
| 62305 | | 1 |
| 62320 | | 1 |
| 62321 | | 1 |
| 62322 | | 1 |
| 62323 | | 1 |
| 62324 | | 1 |
| 62325 | | 1 |
| 62326 | | 1 |
| 62327 | | 1 |
| 62328 | | TBD |
| 62329 | | TBD |
| 62350 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 62351 | | 1 |
| 62355 | | 1 |
| 62360 | | 1 |
| 62361 | | 1 |
| 62362 | | 1 |
| 62365 | | 1 |
| 62367 | | 1 |
| 62368 | | 1 |
| 62369 | | 1 |
| 62370 | | 1 |
| 62380 | | 2 |
| 63001 | | 1 |
| 63003 | | 1 |
| 63005 | | 1 |
| 63011 | | 1 |
| 63012 | | 1 |
| 63015 | | 1 |
| 63016 | | 1 |
| 63017 | | 1 |
| 63020 | | 1 |
| 63030 | | 1 |
| 63035 | | 4 |
| 63040 | | 1 |
| 63042 | | 1 |
| 63043 | | 4 |
| 63044 | | 4 |
| 63045 | | 1 |
| 63046 | | 1 |
| 63047 | | 1 |
| 63048 | | 5 |
| 63050 | | 1 |
| 63051 | | 1 |
| 63055 | | 1 |
| 63056 | | 1 |
| 63057 | | 3 |
| 63064 | | 1 |
| 63066 | | 1 |
| 63075 | | 1 |
| 63076 | | 3 |
| 63077 | | 1 |
| 63078 | | 3 |
| 63081 | | 1 |
| 63082 | | 6 |
| 63085 | | 1 |
| 63086 | | 2 |
| 63087 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 63088 | | 4 |
| 63090 | | 1 |
| 63091 | | 3 |
| 63101 | | 1 |
| 63102 | | 1 |
| 63103 | | 3 |
| 63170 | | 1 |
| 63172 | | 1 |
| 63173 | | 1 |
| 63180 | | 1 |
| 63182 | | 1 |
| 63185 | | 1 |
| 63190 | | 1 |
| 63191 | | 1 |
| 63194 | | 1 |
| 63195 | | 1 |
| 63196 | | 1 |
| 63197 | | 1 |
| 63198 | | 1 |
| 63199 | | 1 |
| 63200 | | 1 |
| 63250 | | 1 |
| 63251 | | 1 |
| 63252 | | 1 |
| 63265 | | 1 |
| 63266 | | 1 |
| 63267 | | 1 |
| 63268 | | 1 |
| 63270 | | 1 |
| 63271 | | 1 |
| 63272 | | 1 |
| 63273 | | 1 |
| 63275 | | 1 |
| 63276 | | 1 |
| 63277 | | 1 |
| 63278 | | 1 |
| 63280 | | 1 |
| 63281 | | 1 |
| 63282 | | 1 |
| 63283 | | 1 |
| 63285 | | 1 |
| 63286 | | 1 |
| 63287 | | 1 |
| 63290 | | 1 |
| 63295 | | 1 |
| 63300 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 63301 | | 1 |
| 63302 | | 1 |
| 63303 | | 1 |
| 63304 | | 1 |
| 63305 | | 1 |
| 63306 | | 1 |
| 63307 | | 1 |
| 63308 | | 3 |
| 63600 | | 2 |
| 63610 | | 1 |
| 63620 | | 1 |
| 63621 | | 2 |
| 63650 | | 2 |
| 63655 | | 1 |
| 63661 | | 1 |
| 63662 | | 1 |
| 63663 | | 1 |
| 63664 | | 1 |
| 63685 | | 1 |
| 63688 | | 1 |
| 63700 | | 1 |
| 63702 | | 1 |
| 63704 | | 1 |
| 63706 | | 1 |
| 63707 | | 1 |
| 63709 | | 1 |
| 63710 | | 1 |
| 63740 | | 1 |
| 63741 | | 1 |
| 63744 | | 1 |
| 63746 | | 1 |
| 64400 | | 4 |
| 64405 | | 1 |
| 64408 | | 1 |
| 64415 | | 1 |
| 64416 | | 1 |
| 64417 | | 1 |
| 64418 | | 1 |
| 64420 | | 3 |
| 64421 | | 3 |
| 64425 | | 1 |
| 64430 | | 1 |
| 64435 | | 1 |
| 64445 | | 1 |
| 64446 | | 1 |
| 64447 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 64448 | | 1 |
| 64449 | | 1 |
| 64450 | | 10 |
| 64451 | | TBD |
| 64454 | | TBD |
| 64455 | | 1 |
| 64461 | | 1 |
| 64462 | | 1 |
| 64463 | | 1 |
| 64479 | | 1 |
| 64480 | | 4 |
| 64483 | | 1 |
| 64484 | | 4 |
| 64486 | | 1 |
| 64487 | | 1 |
| 64488 | | 1 |
| 64489 | | 1 |
| 64490 | | 1 |
| 64491 | | 1 |
| 64492 | | 1 |
| 64493 | | 1 |
| 64494 | | 1 |
| 64495 | | 1 |
| 64505 | | 1 |
| 64510 | | 1 |
| 64517 | | 1 |
| 64520 | | 1 |
| 64530 | | 1 |
| 64553 | | 1 |
| 64555 | | 2 |
| 64561 | | 1 |
| 64566 | | 1 |
| 64568 | | 1 |
| 64569 | | 1 |
| 64570 | | 1 |
| 64575 | | 2 |
| 64580 | | 2 |
| 64581 | | 2 |
| 64585 | | 2 |
| 64590 | | 1 |
| 64595 | | 1 |
| 64600 | | 2 |
| 64605 | | 1 |
| 64610 | | 1 |
| 64611 | | 1 |
| 64612 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 64615 | | 1 |
| 64616 | | 1 |
| 64617 | | 1 |
| 64620 | | 5 |
| 64624 | | TBD |
| 64625 | | TBD |
| 64630 | | 1 |
| 64632 | | 1 |
| 64633 | | 1 |
| 64634 | | 4 |
| 64635 | | 1 |
| 64636 | | 4 |
| 64640 | | 5 |
| 64642 | | 1 |
| 64643 | | 3 |
| 64644 | | 1 |
| 64645 | | 3 |
| 64646 | | 1 |
| 64647 | | 1 |
| 64650 | | 1 |
| 64653 | | 1 |
| 64680 | | 1 |
| 64681 | | 1 |
| 64702 | | 2 |
| 64704 | | 4 |
| 64708 | | 3 |
| 64712 | | 1 |
| 64713 | | 1 |
| 64714 | | 1 |
| 64716 | | 2 |
| 64718 | | 1 |
| 64719 | | 1 |
| 64721 | | 1 |
| 64722 | | 4 |
| 64726 | | 2 |
| 64727 | | 2 |
| 64732 | | 1 |
| 64734 | | 1 |
| 64736 | | 1 |
| 64738 | | 1 |
| 64740 | | 1 |
| 64742 | | 1 |
| 64744 | | 1 |
| 64746 | | 1 |
| 64755 | | 1 |
| 64760 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 64763 | | 1 |
| 64766 | | 1 |
| 64771 | | 2 |
| 64772 | | 2 |
| 64774 | | 2 |
| 64776 | | 1 |
| 64778 | | 1 |
| 64782 | | 2 |
| 64783 | | 2 |
| 64784 | | 3 |
| 64786 | | 1 |
| 64787 | | 4 |
| 64788 | | 5 |
| 64790 | | 1 |
| 64792 | | 2 |
| 64795 | | 2 |
| 64802 | | 1 |
| 64804 | | 1 |
| 64809 | | 1 |
| 64818 | | 1 |
| 64820 | | 4 |
| 64821 | | 1 |
| 64822 | | 1 |
| 64823 | | 1 |
| 64831 | | 1 |
| 64832 | | 3 |
| 64834 | | 1 |
| 64835 | | 1 |
| 64836 | | 1 |
| 64837 | | 2 |
| 64840 | | 1 |
| 64856 | | 2 |
| 64857 | | 2 |
| 64858 | | 1 |
| 64859 | | 2 |
| 64861 | | 1 |
| 64862 | | 1 |
| 64864 | | 2 |
| 64865 | | 1 |
| 64866 | | 1 |
| 64868 | | 1 |
| 64872 | | 1 |
| 64874 | | 1 |
| 64876 | | 1 |
| 64885 | | 1 |
| 64886 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 64890 | | 2 |
| 64891 | | 2 |
| 64892 | | 2 |
| 64893 | | 2 |
| 64895 | | 2 |
| 64896 | | 2 |
| 64897 | | 2 |
| 64898 | | 2 |
| 64901 | | 2 |
| 64902 | | 1 |
| 64905 | | 1 |
| 64907 | | 1 |
| 64910 | | 3 |
| 64911 | | 2 |
| 64912 | | 3 |
| 64913 | | 3 |
| 64999 | | 1 |
| 65091 | | 1 |
| 65093 | | 1 |
| 65101 | | 1 |
| 65103 | | 1 |
| 65105 | | 1 |
| 65110 | | 1 |
| 65112 | | 1 |
| 65114 | | 1 |
| 65125 | | 1 |
| 65130 | | 1 |
| 65135 | | 1 |
| 65140 | | 1 |
| 65150 | | 1 |
| 65155 | | 1 |
| 65175 | | 1 |
| 65205 | | 1 |
| 65210 | | 1 |
| 65220 | | 1 |
| 65222 | | 1 |
| 65235 | | 1 |
| 65260 | | 1 |
| 65265 | | 1 |
| 65270 | | 1 |
| 65272 | | 1 |
| 65273 | | 1 |
| 65275 | | 1 |
| 65280 | | 1 |
| 65285 | | 1 |
| 65286 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 65290 | | 1 |
| 65400 | | 1 |
| 65410 | | 1 |
| 65420 | | 1 |
| 65426 | | 1 |
| 65430 | | 1 |
| 65435 | | 1 |
| 65436 | | 1 |
| 65450 | | 1 |
| 65600 | | 1 |
| 65710 | | 1 |
| 65730 | | 1 |
| 65750 | | 1 |
| 65755 | | 1 |
| 65756 | | 1 |
| 65757 | | 1 |
| 65760 | | 1 |
| 65765 | | 1 |
| 65767 | | 1 |
| 65770 | | 1 |
| 65771 | | 1 |
| 65772 | | 1 |
| 65775 | | 1 |
| 65778 | | 1 |
| 65779 | | 1 |
| 65780 | | 1 |
| 65781 | | 1 |
| 65782 | | 1 |
| 65785 | | 1 |
| 65800 | | 1 |
| 65810 | | 1 |
| 65815 | | 1 |
| 65820 | | 1 |
| 65850 | | 1 |
| 65855 | | 1 |
| 65860 | | 1 |
| 65865 | | 1 |
| 65870 | | 1 |
| 65875 | | 1 |
| 65880 | | 1 |
| 65900 | | 1 |
| 65920 | | 1 |
| 65930 | | 1 |
| 66020 | | 1 |
| 66030 | | 1 |
| 66130 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 66150 | | 1 |
| 66155 | | 1 |
| 66160 | | 1 |
| 66170 | | 1 |
| 66172 | | 1 |
| 66174 | | 1 |
| 66175 | | 1 |
| 66179 | | 1 |
| 66180 | | 1 |
| 66183 | | 1 |
| 66184 | | 1 |
| 66185 | | 1 |
| 66225 | | 1 |
| 66250 | | 1 |
| 66500 | | 1 |
| 66505 | | 1 |
| 66600 | | 1 |
| 66605 | | 1 |
| 66625 | | 1 |
| 66630 | | 1 |
| 66635 | | 1 |
| 66680 | | 1 |
| 66682 | | 1 |
| 66700 | | 1 |
| 66710 | | 1 |
| 66711 | | 1 |
| 66720 | | 1 |
| 66740 | | 1 |
| 66761 | | 1 |
| 66762 | | 1 |
| 66770 | | 1 |
| 66820 | | 1 |
| 66821 | | 1 |
| 66825 | | 1 |
| 66830 | | 1 |
| 66840 | | 1 |
| 66850 | | 1 |
| 66852 | | 1 |
| 66920 | | 1 |
| 66930 | | 1 |
| 66940 | | 1 |
| 66982 | | 1 |
| 66983 | | 1 |
| 66984 | | 1 |
| 66985 | | 1 |
| 66986 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 66987 | | TBD |
| 66988 | | TBD |
| 66990 | | 1 |
| 66999 | | 1 |
| 67005 | | 1 |
| 67010 | | 1 |
| 67015 | | 1 |
| 67025 | | 1 |
| 67027 | | 1 |
| 67028 | | 1 |
| 67030 | | 1 |
| 67031 | | 1 |
| 67036 | | 1 |
| 67039 | | 1 |
| 67040 | | 1 |
| 67041 | | 1 |
| 67042 | | 1 |
| 67043 | | 1 |
| 67101 | | 1 |
| 67105 | | 1 |
| 67107 | | 1 |
| 67108 | | 1 |
| 67110 | | 1 |
| 67113 | | 1 |
| 67115 | | 1 |
| 67120 | | 1 |
| 67121 | | 1 |
| 67141 | | 1 |
| 67145 | | 1 |
| 67208 | | 1 |
| 67210 | | 1 |
| 67218 | | 1 |
| 67220 | | 1 |
| 67221 | | 1 |
| 67225 | | 1 |
| 67227 | | 1 |
| 67228 | | 1 |
| 67229 | | 1 |
| 67250 | | 1 |
| 67255 | | 1 |
| 67299 | | 1 |
| 67311 | | 1 |
| 67312 | | 1 |
| 67314 | | 1 |
| 67316 | | 1 |
| 67318 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 67320 | | 2 |
| 67331 | | 1 |
| 67332 | | 1 |
| 67334 | | 1 |
| 67335 | | 1 |
| 67340 | | 2 |
| 67343 | | 1 |
| 67345 | | 1 |
| 67346 | | 1 |
| 67399 | | 1 |
| 67400 | | 1 |
| 67405 | | 1 |
| 67412 | | 1 |
| 67413 | | 1 |
| 67414 | | 1 |
| 67415 | | 1 |
| 67420 | | 1 |
| 67430 | | 1 |
| 67440 | | 1 |
| 67445 | | 1 |
| 67450 | | 1 |
| 67500 | | 1 |
| 67505 | | 1 |
| 67515 | | 1 |
| 67550 | | 1 |
| 67560 | | 1 |
| 67570 | | 1 |
| 67599 | | 1 |
| 67700 | | 2 |
| 67710 | | 1 |
| 67715 | | 1 |
| 67800 | | 1 |
| 67801 | | 1 |
| 67805 | | 1 |
| 67808 | | 1 |
| 67810 | | 2 |
| 67820 | | 1 |
| 67825 | | 1 |
| 67830 | | 1 |
| 67835 | | 1 |
| 67840 | | 4 |
| 67850 | | 3 |
| 67875 | | 1 |
| 67880 | | 1 |
| 67882 | | 1 |
| 67900 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 67901 | | 1 |
| 67902 | | 1 |
| 67903 | | 1 |
| 67904 | | 1 |
| 67906 | | 1 |
| 67908 | | 1 |
| 67909 | | 1 |
| 67911 | | 4 |
| 67912 | | 1 |
| 67914 | | 2 |
| 67915 | | 2 |
| 67916 | | 2 |
| 67917 | | 2 |
| 67921 | | 2 |
| 67922 | | 2 |
| 67923 | | 2 |
| 67924 | | 2 |
| 67930 | | 2 |
| 67935 | | 2 |
| 67938 | | 2 |
| 67950 | | 2 |
| 67961 | | 4 |
| 67966 | | 4 |
| 67971 | | 1 |
| 67973 | | 1 |
| 67974 | | 1 |
| 67975 | | 1 |
| 67999 | | 1 |
| 68020 | | 1 |
| 68040 | | 1 |
| 68100 | | 1 |
| 68110 | | 1 |
| 68115 | | 1 |
| 68130 | | 1 |
| 68135 | | 1 |
| 68200 | | 1 |
| 68320 | | 1 |
| 68325 | | 1 |
| 68326 | | 2 |
| 68328 | | 2 |
| 68330 | | 1 |
| 68335 | | 1 |
| 68340 | | 1 |
| 68360 | | 1 |
| 68362 | | 1 |
| 68371 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 68399 | | 1 |
| 68400 | | 1 |
| 68420 | | 1 |
| 68440 | | 2 |
| 68500 | | 1 |
| 68505 | | 1 |
| 68510 | | 1 |
| 68520 | | 1 |
| 68525 | | 1 |
| 68530 | | 1 |
| 68540 | | 1 |
| 68550 | | 1 |
| 68700 | | 1 |
| 68705 | | 2 |
| 68720 | | 1 |
| 68745 | | 1 |
| 68750 | | 1 |
| 68760 | | 4 |
| 68761 | | 4 |
| 68770 | | 1 |
| 68801 | | 4 |
| 68810 | | 1 |
| 68811 | | 1 |
| 68815 | | 1 |
| 68816 | | 1 |
| 68840 | | 1 |
| 68850 | | 1 |
| 68899 | | 1 |
| 69000 | | 1 |
| 69005 | | 1 |
| 69020 | | 1 |
| 69100 | | 3 |
| 69105 | | 1 |
| 69110 | | 1 |
| 69120 | | 1 |
| 69140 | | 1 |
| 69145 | | 1 |
| 69150 | | 1 |
| 69155 | | 1 |
| 69200 | | 1 |
| 69205 | | 1 |
| 69209 | | 1 |
| 69210 | | 1 |
| 69220 | | 1 |
| 69222 | | 1 |
| 69300 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 69310 | | 1 |
| 69320 | | 1 |
| 69399 | | 1 |
| 69420 | | 1 |
| 69421 | | 1 |
| 69424 | | 1 |
| 69433 | | 1 |
| 69436 | | 1 |
| 69440 | | 1 |
| 69450 | | 1 |
| 69501 | | 1 |
| 69502 | | 1 |
| 69505 | | 1 |
| 69511 | | 1 |
| 69530 | | 1 |
| 69535 | | 1 |
| 69540 | | 1 |
| 69550 | | 1 |
| 69552 | | 1 |
| 69554 | | 1 |
| 69601 | | 1 |
| 69602 | | 1 |
| 69603 | | 1 |
| 69604 | | 1 |
| 69605 | | 1 |
| 69610 | | 1 |
| 69620 | | 1 |
| 69631 | | 1 |
| 69632 | | 1 |
| 69633 | | 1 |
| 69635 | | 1 |
| 69636 | | 1 |
| 69637 | | 1 |
| 69641 | | 1 |
| 69642 | | 1 |
| 69643 | | 1 |
| 69644 | | 1 |
| 69645 | | 1 |
| 69646 | | 1 |
| 69650 | | 1 |
| 69660 | | 1 |
| 69661 | | 1 |
| 69662 | | 1 |
| 69666 | | 1 |
| 69667 | | 1 |
| 69670 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 69676 | | 1 |
| 69700 | | 1 |
| 69710 | | 1 |
| 69711 | | 1 |
| 69714 | | 1 |
| 69715 | | 1 |
| 69717 | | 1 |
| 69718 | | 1 |
| 69720 | | 1 |
| 69725 | | 1 |
| 69740 | | 1 |
| 69745 | | 1 |
| 69799 | | 1 |
| 69801 | | 1 |
| 69805 | | 1 |
| 69806 | | 1 |
| 69905 | | 1 |
| 69910 | | 1 |
| 69915 | | 1 |
| 69930 | | 1 |
| 69949 | | 1 |
| 69950 | | 1 |
| 69955 | | 1 |
| 69960 | | 1 |
| 69970 | | 1 |
| 69979 | | 1 |
| 69990 | | 1 |
| 70010 | | 1 |
| 70015 | | 1 |
| 70015 | 26 | 1 |
| 70015 | TC | 1 |
| 70030 | | 2 |
| 70030 | 26 | 2 |
| 70030 | TC | 2 |
| 70100 | | 2 |
| 70100 | 26 | 2 |
| 70100 | TC | 2 |
| 70110 | | 2 |
| 70110 | 26 | 2 |
| 70110 | TC | 2 |
| 70120 | | 2 |
| 70120 | 26 | 2 |
| 70120 | TC | 2 |
| 70130 | | 2 |
| 70130 | 26 | 2 |
| 70130 | TC | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 70134 | | 1 |
| 70134 | 26 | 1 |
| 70134 | TC | 1 |
| 70140 | | 2 |
| 70140 | 26 | 2 |
| 70140 | TC | 2 |
| 70150 | | 1 |
| 70150 | 26 | 1 |
| 70150 | TC | 1 |
| 70160 | | 1 |
| 70160 | 26 | 1 |
| 70160 | TC | 1 |
| 70170 | | 2 |
| 70170 | 26 | 2 |
| 70170 | TC | 2 |
| 70190 | | 1 |
| 70190 | 26 | 1 |
| 70190 | TC | 1 |
| 70200 | | 2 |
| 70200 | 26 | 2 |
| 70200 | TC | 2 |
| 70210 | | 1 |
| 70210 | 26 | 1 |
| 70210 | TC | 1 |
| 70220 | | 1 |
| 70220 | 26 | 1 |
| 70220 | TC | 1 |
| 70240 | | 1 |
| 70240 | 26 | 1 |
| 70240 | TC | 1 |
| 70250 | | 2 |
| 70250 | 26 | 2 |
| 70250 | TC | 2 |
| 70260 | | 1 |
| 70260 | 26 | 1 |
| 70260 | TC | 1 |
| 70300 | | 1 |
| 70300 | 26 | 1 |
| 70300 | TC | 1 |
| 70310 | | 1 |
| 70310 | 26 | 1 |
| 70310 | TC | 1 |
| 70320 | | 1 |
| 70320 | 26 | 1 |
| 70320 | TC | 1 |
| 70328 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 70328 | 26 | 1 |
| 70328 | TC | 1 |
| 70330 | | 1 |
| 70330 | 26 | 1 |
| 70330 | TC | 1 |
| 70332 | | 2 |
| 70332 | 26 | 2 |
| 70332 | TC | 2 |
| 70336 | | 1 |
| 70336 | 26 | 1 |
| 70336 | TC | 1 |
| 70350 | | 1 |
| 70350 | 26 | 1 |
| 70350 | TC | 1 |
| 70355 | | 1 |
| 70355 | 26 | 1 |
| 70355 | TC | 1 |
| 70360 | | 2 |
| 70360 | 26 | 2 |
| 70360 | TC | 2 |
| 70370 | | 1 |
| 70370 | 26 | 1 |
| 70370 | TC | 1 |
| 70371 | | 1 |
| 70371 | 26 | 1 |
| 70371 | TC | 1 |
| 70380 | | 2 |
| 70380 | 26 | 2 |
| 70380 | TC | 2 |
| 70390 | | 2 |
| 70390 | 26 | 2 |
| 70390 | TC | 2 |
| 70450 | | 3 |
| 70450 | 26 | 3 |
| 70450 | TC | 3 |
| 70460 | | 1 |
| 70460 | 26 | 1 |
| 70460 | TC | 1 |
| 70470 | | 2 |
| 70470 | 26 | 2 |
| 70470 | TC | 2 |
| 70480 | | 1 |
| 70480 | 26 | 1 |
| 70480 | TC | 1 |
| 70481 | | 1 |
| 70481 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 70481 | TC | 1 |
| 70482 | | 1 |
| 70482 | 26 | 1 |
| 70482 | TC | 1 |
| 70486 | | 1 |
| 70486 | 26 | 1 |
| 70486 | TC | 1 |
| 70487 | | 1 |
| 70487 | 26 | 1 |
| 70487 | TC | 1 |
| 70488 | | 1 |
| 70488 | 26 | 1 |
| 70488 | TC | 1 |
| 70490 | | 1 |
| 70490 | 26 | 1 |
| 70490 | TC | 1 |
| 70491 | | 1 |
| 70491 | 26 | 1 |
| 70491 | TC | 1 |
| 70492 | | 1 |
| 70492 | 26 | 1 |
| 70492 | TC | 1 |
| 70496 | | 2 |
| 70496 | 26 | 2 |
| 70496 | TC | 2 |
| 70498 | | 2 |
| 70498 | 26 | 2 |
| 70498 | TC | 2 |
| 70540 | | 1 |
| 70540 | 26 | 1 |
| 70540 | TC | 1 |
| 70542 | | 1 |
| 70542 | 26 | 1 |
| 70542 | TC | 1 |
| 70543 | | 1 |
| 70543 | 26 | 1 |
| 70543 | TC | 1 |
| 70544 | | 2 |
| 70544 | 26 | 2 |
| 70544 | TC | 2 |
| 70545 | | 1 |
| 70545 | 26 | 1 |
| 70545 | TC | 1 |
| 70546 | | 1 |
| 70546 | 26 | 1 |
| 70546 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 70547 | | 1 |
| 70547 | 26 | 1 |
| 70547 | TC | 1 |
| 70548 | | 1 |
| 70548 | 26 | 1 |
| 70548 | TC | 1 |
| 70549 | | 1 |
| 70549 | 26 | 1 |
| 70549 | TC | 1 |
| 70551 | | 2 |
| 70551 | 26 | 2 |
| 70551 | TC | 2 |
| 70552 | | 2 |
| 70552 | 26 | 2 |
| 70552 | TC | 2 |
| 70553 | | 2 |
| 70553 | 26 | 2 |
| 70553 | TC | 2 |
| 70554 | | 1 |
| 70554 | 26 | 1 |
| 70554 | TC | 1 |
| 70555 | | 1 |
| 70555 | 26 | 1 |
| 70555 | TC | 1 |
| 70557 | 26 | 1 |
| 70558 | 26 | 1 |
| 70559 | 26 | 1 |
| 71045 | | 6 |
| 71045 | 26 | 6 |
| 71045 | TC | 6 |
| 71046 | | 4 |
| 71046 | 26 | 4 |
| 71046 | TC | 4 |
| 71047 | | 4 |
| 71047 | 26 | 4 |
| 71047 | TC | 4 |
| 71048 | | 1 |
| 71048 | 26 | 1 |
| 71048 | TC | 1 |
| 71100 | | 2 |
| 71100 | 26 | 2 |
| 71100 | TC | 2 |
| 71101 | | 2 |
| 71101 | 26 | 2 |
| 71101 | TC | 2 |
| 71110 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 71110 | 26 | 1 |
| 71110 | TC | 1 |
| 71111 | | 1 |
| 71111 | 26 | 1 |
| 71111 | TC | 1 |
| 71120 | | 1 |
| 71120 | 26 | 1 |
| 71120 | TC | 1 |
| 71130 | | 1 |
| 71130 | 26 | 1 |
| 71130 | TC | 1 |
| 71250 | | 2 |
| 71250 | 26 | 2 |
| 71250 | TC | 2 |
| 71260 | | 2 |
| 71260 | 26 | 2 |
| 71260 | TC | 2 |
| 71270 | | 1 |
| 71270 | 26 | 1 |
| 71270 | TC | 1 |
| 71275 | | 1 |
| 71275 | 26 | 1 |
| 71275 | TC | 1 |
| 71550 | | 1 |
| 71550 | 26 | 1 |
| 71550 | TC | 1 |
| 71551 | | 1 |
| 71551 | 26 | 1 |
| 71551 | TC | 1 |
| 71552 | | 1 |
| 71552 | 26 | 1 |
| 71552 | TC | 1 |
| 71555 | | 1 |
| 71555 | 26 | 1 |
| 71555 | TC | 1 |
| 72020 | | 4 |
| 72020 | 26 | 4 |
| 72020 | TC | 4 |
| 72040 | | 3 |
| 72040 | 26 | 3 |
| 72040 | TC | 3 |
| 72050 | | 1 |
| 72050 | 26 | 1 |
| 72050 | TC | 1 |
| 72052 | | 1 |
| 72052 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 72052 | TC | 1 |
| 72070 | | 1 |
| 72070 | 26 | 1 |
| 72070 | TC | 1 |
| 72072 | | 1 |
| 72072 | 26 | 1 |
| 72072 | TC | 1 |
| 72074 | | 1 |
| 72074 | 26 | 1 |
| 72074 | TC | 1 |
| 72080 | | 1 |
| 72080 | 26 | 1 |
| 72080 | TC | 1 |
| 72081 | | 1 |
| 72081 | 26 | 1 |
| 72081 | TC | 1 |
| 72082 | | 1 |
| 72082 | 26 | 1 |
| 72082 | TC | 1 |
| 72083 | | 1 |
| 72083 | 26 | 1 |
| 72083 | TC | 1 |
| 72084 | | 1 |
| 72084 | 26 | 1 |
| 72084 | TC | 1 |
| 72100 | | 2 |
| 72100 | 26 | 2 |
| 72100 | TC | 2 |
| 72110 | | 1 |
| 72110 | 26 | 1 |
| 72110 | TC | 1 |
| 72114 | | 1 |
| 72114 | 26 | 1 |
| 72114 | TC | 1 |
| 72120 | | 1 |
| 72120 | 26 | 1 |
| 72120 | TC | 1 |
| 72125 | | 1 |
| 72125 | 26 | 1 |
| 72125 | TC | 1 |
| 72126 | | 1 |
| 72126 | 26 | 1 |
| 72126 | TC | 1 |
| 72127 | | 1 |
| 72127 | 26 | 1 |
| 72127 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 72128 | | 1 |
| 72128 | 26 | 1 |
| 72128 | TC | 1 |
| 72129 | | 1 |
| 72129 | 26 | 1 |
| 72129 | TC | 1 |
| 72130 | | 1 |
| 72130 | 26 | 1 |
| 72130 | TC | 1 |
| 72131 | | 1 |
| 72131 | 26 | 1 |
| 72131 | TC | 1 |
| 72132 | | 1 |
| 72132 | 26 | 1 |
| 72132 | TC | 1 |
| 72133 | | 1 |
| 72133 | 26 | 1 |
| 72133 | TC | 1 |
| 72141 | | 1 |
| 72141 | 26 | 1 |
| 72141 | TC | 1 |
| 72142 | | 1 |
| 72142 | 26 | 1 |
| 72142 | TC | 1 |
| 72146 | | 1 |
| 72146 | 26 | 1 |
| 72146 | TC | 1 |
| 72147 | | 1 |
| 72147 | 26 | 1 |
| 72147 | TC | 1 |
| 72148 | | 1 |
| 72148 | 26 | 1 |
| 72148 | TC | 1 |
| 72149 | | 1 |
| 72149 | 26 | 1 |
| 72149 | TC | 1 |
| 72156 | | 1 |
| 72156 | 26 | 1 |
| 72156 | TC | 1 |
| 72157 | | 1 |
| 72157 | 26 | 1 |
| 72157 | TC | 1 |
| 72158 | | 1 |
| 72158 | 26 | 1 |
| 72158 | TC | 1 |
| 72159 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 72159 | 26 | 1 |
| 72159 | TC | 1 |
| 72170 | | 2 |
| 72170 | 26 | 2 |
| 72170 | TC | 2 |
| 72190 | | 1 |
| 72190 | 26 | 1 |
| 72190 | TC | 1 |
| 72191 | | 1 |
| 72191 | 26 | 1 |
| 72191 | TC | 1 |
| 72192 | | 1 |
| 72192 | 26 | 1 |
| 72192 | TC | 1 |
| 72193 | | 1 |
| 72193 | 26 | 1 |
| 72193 | TC | 1 |
| 72194 | | 1 |
| 72194 | 26 | 1 |
| 72194 | TC | 1 |
| 72195 | | 1 |
| 72195 | 26 | 1 |
| 72195 | TC | 1 |
| 72196 | | 1 |
| 72196 | 26 | 1 |
| 72196 | TC | 1 |
| 72197 | | 1 |
| 72197 | 26 | 1 |
| 72197 | TC | 1 |
| 72198 | | 1 |
| 72198 | 26 | 1 |
| 72198 | TC | 1 |
| 72200 | | 2 |
| 72200 | 26 | 2 |
| 72200 | TC | 2 |
| 72202 | | 1 |
| 72202 | 26 | 1 |
| 72202 | TC | 1 |
| 72220 | | 1 |
| 72220 | 26 | 1 |
| 72220 | TC | 1 |
| 72240 | | 1 |
| 72240 | 26 | 1 |
| 72240 | TC | 1 |
| 72255 | | 1 |
| 72255 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 72255 | TC | 1 |
| 72265 | | 1 |
| 72265 | 26 | 1 |
| 72265 | TC | 1 |
| 72270 | | 1 |
| 72270 | 26 | 1 |
| 72270 | TC | 1 |
| 72275 | | 3 |
| 72275 | 26 | 3 |
| 72275 | TC | 3 |
| 72285 | | 4 |
| 72285 | 26 | 4 |
| 72285 | TC | 4 |
| 72295 | | 5 |
| 72295 | 26 | 5 |
| 72295 | TC | 5 |
| 73000 | | 2 |
| 73000 | 26 | 2 |
| 73000 | TC | 2 |
| 73010 | | 2 |
| 73010 | 26 | 2 |
| 73010 | TC | 2 |
| 73020 | | 2 |
| 73020 | 26 | 2 |
| 73020 | TC | 2 |
| 73030 | | 4 |
| 73030 | 26 | 4 |
| 73030 | TC | 4 |
| 73040 | | 2 |
| 73040 | 26 | 2 |
| 73040 | TC | 2 |
| 73050 | | 1 |
| 73050 | 26 | 1 |
| 73050 | TC | 1 |
| 73060 | | 2 |
| 73060 | 26 | 2 |
| 73060 | TC | 2 |
| 73070 | | 2 |
| 73070 | 26 | 2 |
| 73070 | TC | 2 |
| 73080 | | 2 |
| 73080 | 26 | 2 |
| 73080 | TC | 2 |
| 73085 | | 2 |
| 73085 | 26 | 2 |
| 73085 | TC | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 73090 | | 2 |
| 73090 | 26 | 2 |
| 73090 | TC | 2 |
| 73092 | | 2 |
| 73092 | 26 | 2 |
| 73092 | TC | 2 |
| 73100 | | 2 |
| 73100 | 26 | 2 |
| 73100 | TC | 2 |
| 73110 | | 3 |
| 73110 | 26 | 3 |
| 73110 | TC | 3 |
| 73115 | | 2 |
| 73115 | 26 | 2 |
| 73115 | TC | 2 |
| 73120 | | 3 |
| 73120 | 26 | 3 |
| 73120 | TC | 3 |
| 73130 | | 3 |
| 73130 | 26 | 3 |
| 73130 | TC | 3 |
| 73140 | | 3 |
| 73140 | 26 | 3 |
| 73140 | TC | 3 |
| 73200 | | 2 |
| 73200 | 26 | 2 |
| 73200 | TC | 2 |
| 73201 | | 2 |
| 73201 | 26 | 2 |
| 73201 | TC | 2 |
| 73202 | | 2 |
| 73202 | 26 | 2 |
| 73202 | TC | 2 |
| 73206 | | 2 |
| 73206 | 26 | 2 |
| 73206 | TC | 2 |
| 73218 | | 2 |
| 73218 | 26 | 2 |
| 73218 | TC | 2 |
| 73219 | | 2 |
| 73219 | 26 | 2 |
| 73219 | TC | 2 |
| 73220 | | 2 |
| 73220 | 26 | 2 |
| 73220 | TC | 2 |
| 73221 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 73221 | 26 | 2 |
| 73221 | TC | 2 |
| 73222 | | 2 |
| 73222 | 26 | 2 |
| 73222 | TC | 2 |
| 73223 | | 2 |
| 73223 | 26 | 2 |
| 73223 | TC | 2 |
| 73225 | | 2 |
| 73225 | 26 | 2 |
| 73225 | TC | 2 |
| 73501 | | 2 |
| 73501 | 26 | 2 |
| 73501 | TC | 2 |
| 73502 | | 2 |
| 73502 | 26 | 2 |
| 73502 | TC | 2 |
| 73503 | | 2 |
| 73503 | 26 | 2 |
| 73503 | TC | 2 |
| 73521 | | 2 |
| 73521 | 26 | 2 |
| 73521 | TC | 2 |
| 73522 | | 2 |
| 73522 | 26 | 2 |
| 73522 | TC | 2 |
| 73523 | | 2 |
| 73523 | 26 | 2 |
| 73523 | TC | 2 |
| 73525 | | 2 |
| 73525 | 26 | 2 |
| 73525 | TC | 2 |
| 73551 | | 2 |
| 73551 | 26 | 2 |
| 73551 | TC | 2 |
| 73552 | | 2 |
| 73552 | 26 | 2 |
| 73552 | TC | 2 |
| 73560 | | 4 |
| 73560 | 26 | 4 |
| 73560 | TC | 4 |
| 73562 | | 4 |
| 73562 | 26 | 4 |
| 73562 | TC | 4 |
| 73564 | | 4 |
| 73564 | 26 | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 73564 | TC | 4 |
| 73565 | | 1 |
| 73565 | 26 | 1 |
| 73565 | TC | 1 |
| 73580 | | 2 |
| 73580 | 26 | 2 |
| 73580 | TC | 2 |
| 73590 | | 3 |
| 73590 | 26 | 3 |
| 73590 | TC | 3 |
| 73592 | | 2 |
| 73592 | 26 | 2 |
| 73592 | TC | 2 |
| 73600 | | 3 |
| 73600 | 26 | 3 |
| 73600 | TC | 3 |
| 73610 | | 3 |
| 73610 | 26 | 3 |
| 73610 | TC | 3 |
| 73615 | | 2 |
| 73615 | 26 | 2 |
| 73615 | TC | 2 |
| 73620 | | 3 |
| 73620 | 26 | 3 |
| 73620 | TC | 3 |
| 73630 | | 3 |
| 73630 | 26 | 3 |
| 73630 | TC | 3 |
| 73650 | | 2 |
| 73650 | 26 | 2 |
| 73650 | TC | 2 |
| 73660 | | 2 |
| 73660 | 26 | 2 |
| 73660 | TC | 2 |
| 73700 | | 2 |
| 73700 | 26 | 2 |
| 73700 | TC | 2 |
| 73701 | | 2 |
| 73701 | 26 | 2 |
| 73701 | TC | 2 |
| 73702 | | 2 |
| 73702 | 26 | 2 |
| 73702 | TC | 2 |
| 73706 | | 2 |
| 73706 | 26 | 2 |
| 73706 | TC | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 73718 | | 2 |
| 73718 | 26 | 2 |
| 73718 | TC | 2 |
| 73719 | | 2 |
| 73719 | 26 | 2 |
| 73719 | TC | 2 |
| 73720 | | 2 |
| 73720 | 26 | 2 |
| 73720 | TC | 2 |
| 73721 | | 3 |
| 73721 | 26 | 3 |
| 73721 | TC | 3 |
| 73722 | | 2 |
| 73722 | 26 | 2 |
| 73722 | TC | 2 |
| 73723 | | 2 |
| 73723 | 26 | 2 |
| 73723 | TC | 2 |
| 73725 | | 2 |
| 73725 | 26 | 2 |
| 73725 | TC | 2 |
| 74018 | | 4 |
| 74018 | 26 | 4 |
| 74018 | TC | 4 |
| 74019 | | 2 |
| 74019 | 26 | 2 |
| 74019 | TC | 2 |
| 74021 | | 2 |
| 74021 | 26 | 2 |
| 74021 | TC | 2 |
| 74022 | | 2 |
| 74022 | 26 | 2 |
| 74022 | TC | 2 |
| 74150 | | 1 |
| 74150 | 26 | 1 |
| 74150 | TC | 1 |
| 74160 | | 1 |
| 74160 | 26 | 1 |
| 74160 | TC | 1 |
| 74170 | | 1 |
| 74170 | 26 | 1 |
| 74170 | TC | 1 |
| 74174 | | 1 |
| 74174 | 26 | 1 |
| 74174 | TC | 1 |
| 74175 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 74175 | 26 | 1 |
| 74175 | TC | 1 |
| 74176 | | 2 |
| 74176 | 26 | 2 |
| 74176 | TC | 2 |
| 74177 | | 2 |
| 74177 | 26 | 2 |
| 74177 | TC | 2 |
| 74178 | | 1 |
| 74178 | 26 | 1 |
| 74178 | TC | 1 |
| 74181 | | 1 |
| 74181 | 26 | 1 |
| 74181 | TC | 1 |
| 74182 | | 1 |
| 74182 | 26 | 1 |
| 74182 | TC | 1 |
| 74183 | | 1 |
| 74183 | 26 | 1 |
| 74183 | TC | 1 |
| 74185 | | 1 |
| 74185 | 26 | 1 |
| 74185 | TC | 1 |
| 74190 | | 1 |
| 74190 | 26 | 1 |
| 74190 | TC | 1 |
| 74210 | | 1 |
| 74210 | 26 | 1 |
| 74210 | TC | 1 |
| 74220 | | 1 |
| 74220 | 26 | 1 |
| 74220 | TC | 1 |
| 74221 | | TBD |
| 74221 | TC | TBD |
| 74221 | 26 | TBD |
| 74230 | | 1 |
| 74230 | 26 | 1 |
| 74230 | TC | 1 |
| 74235 | | 1 |
| 74235 | 26 | 1 |
| 74235 | TC | 1 |
| 74240 | | 2 |
| 74240 | 26 | 2 |
| 74240 | TC | 2 |
| 74246 | | 1 |
| 74246 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 74246 | TC | 1 |
| 74248 | | TBD |
| 74250 | | 1 |
| 74250 | 26 | 1 |
| 74250 | TC | 1 |
| 74251 | | 1 |
| 74251 | 26 | 1 |
| 74251 | TC | 1 |
| 74261 | | 1 |
| 74261 | 26 | 1 |
| 74261 | TC | 1 |
| 74262 | | 1 |
| 74262 | 26 | 1 |
| 74262 | TC | 1 |
| 74263 | | 1 |
| 74263 | 26 | 1 |
| 74263 | TC | 1 |
| 74270 | | 1 |
| 74270 | 26 | 1 |
| 74270 | TC | 1 |
| 74280 | | 1 |
| 74280 | 26 | 1 |
| 74280 | TC | 1 |
| 74283 | | 1 |
| 74283 | 26 | 1 |
| 74283 | TC | 1 |
| 74290 | | 1 |
| 74290 | 26 | 1 |
| 74290 | TC | 1 |
| 74300 | | 1 |
| 74300 | 26 | 1 |
| 74300 | TC | 1 |
| 74301 | | 1 |
| 74301 | 26 | 1 |
| 74301 | TC | 1 |
| 74328 | 26 | 1 |
| 74329 | 26 | 1 |
| 74330 | 26 | 1 |
| 74340 | | 1 |
| 74340 | 26 | 1 |
| 74340 | TC | 1 |
| 74355 | | 1 |
| 74355 | 26 | 1 |
| 74355 | TC | 1 |
| 74360 | | 1 |
| 74360 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 74360 | TC | 1 |
| 74363 | | 2 |
| 74363 | 26 | 2 |
| 74363 | TC | 2 |
| 74400 | | 1 |
| 74400 | 26 | 1 |
| 74400 | TC | 1 |
| 74410 | | 1 |
| 74410 | 26 | 1 |
| 74410 | TC | 1 |
| 74415 | | 1 |
| 74415 | 26 | 1 |
| 74415 | TC | 1 |
| 74420 | | 2 |
| 74420 | 26 | 2 |
| 74420 | TC | 2 |
| 74425 | | 2 |
| 74425 | 26 | 2 |
| 74425 | TC | 2 |
| 74430 | | 1 |
| 74430 | 26 | 1 |
| 74430 | TC | 1 |
| 74440 | | 1 |
| 74440 | 26 | 1 |
| 74440 | TC | 1 |
| 74445 | | 1 |
| 74445 | 26 | 1 |
| 74445 | TC | 1 |
| 74450 | | 1 |
| 74450 | 26 | 1 |
| 74450 | TC | 1 |
| 74455 | | 1 |
| 74455 | 26 | 1 |
| 74455 | TC | 1 |
| 74470 | | 2 |
| 74470 | 26 | 2 |
| 74470 | TC | 2 |
| 74485 | | 2 |
| 74485 | 26 | 2 |
| 74485 | TC | 2 |
| 74710 | | 1 |
| 74710 | 26 | 1 |
| 74710 | TC | 1 |
| 74712 | | 1 |
| 74712 | 26 | 1 |
| 74712 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 74713 | | 2 |
| 74713 | 26 | 2 |
| 74713 | TC | 2 |
| 74740 | | 1 |
| 74740 | 26 | 1 |
| 74740 | TC | 1 |
| 74742 | | 2 |
| 74742 | 26 | 2 |
| 74742 | TC | 2 |
| 74775 | | 1 |
| 74775 | 26 | 1 |
| 74775 | TC | 1 |
| 75557 | | 1 |
| 75557 | 26 | 1 |
| 75557 | TC | 1 |
| 75559 | | 1 |
| 75559 | 26 | 1 |
| 75559 | TC | 1 |
| 75561 | | 1 |
| 75561 | 26 | 1 |
| 75561 | TC | 1 |
| 75563 | | 1 |
| 75563 | 26 | 1 |
| 75563 | TC | 1 |
| 75565 | | 1 |
| 75565 | 26 | 1 |
| 75565 | TC | 1 |
| 75571 | | 1 |
| 75571 | 26 | 1 |
| 75571 | TC | 1 |
| 75572 | | 1 |
| 75572 | 26 | 1 |
| 75572 | TC | 1 |
| 75573 | | 1 |
| 75573 | 26 | 1 |
| 75573 | TC | 1 |
| 75574 | | 1 |
| 75574 | 26 | 1 |
| 75574 | TC | 1 |
| 75600 | | 1 |
| 75600 | 26 | 1 |
| 75600 | TC | 1 |
| 75605 | | 1 |
| 75605 | 26 | 1 |
| 75605 | TC | 1 |
| 75625 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 75625 | 26 | 1 |
| 75625 | TC | 1 |
| 75630 | | 1 |
| 75630 | 26 | 1 |
| 75630 | TC | 1 |
| 75635 | | 1 |
| 75635 | 26 | 1 |
| 75635 | TC | 1 |
| 75705 | | 20 |
| 75705 | 26 | 20 |
| 75705 | TC | 20 |
| 75710 | | 2 |
| 75710 | 26 | 2 |
| 75710 | TC | 2 |
| 75716 | | 1 |
| 75716 | 26 | 1 |
| 75716 | TC | 1 |
| 75726 | | 3 |
| 75726 | 26 | 3 |
| 75726 | TC | 3 |
| 75731 | | 1 |
| 75731 | 26 | 1 |
| 75731 | TC | 1 |
| 75733 | | 1 |
| 75733 | 26 | 1 |
| 75733 | TC | 1 |
| 75736 | | 2 |
| 75736 | 26 | 2 |
| 75736 | TC | 2 |
| 75741 | | 1 |
| 75741 | 26 | 1 |
| 75741 | TC | 1 |
| 75743 | | 1 |
| 75743 | 26 | 1 |
| 75743 | TC | 1 |
| 75746 | | 1 |
| 75746 | 26 | 1 |
| 75746 | TC | 1 |
| 75756 | | 2 |
| 75756 | 26 | 2 |
| 75756 | TC | 2 |
| 75774 | | 7 |
| 75774 | 26 | 7 |
| 75774 | TC | 7 |
| 75801 | | 1 |
| 75801 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 75801 | TC | 1 |
| 75803 | | 1 |
| 75803 | 26 | 1 |
| 75803 | TC | 1 |
| 75805 | | 1 |
| 75805 | 26 | 1 |
| 75805 | TC | 1 |
| 75807 | | 1 |
| 75807 | 26 | 1 |
| 75807 | TC | 1 |
| 75809 | | 1 |
| 75809 | 26 | 1 |
| 75809 | TC | 1 |
| 75810 | | 1 |
| 75810 | 26 | 1 |
| 75810 | TC | 1 |
| 75820 | | 2 |
| 75820 | 26 | 2 |
| 75820 | TC | 2 |
| 75822 | | 1 |
| 75822 | 26 | 1 |
| 75822 | TC | 1 |
| 75825 | | 1 |
| 75825 | 26 | 1 |
| 75825 | TC | 1 |
| 75827 | | 1 |
| 75827 | 26 | 1 |
| 75827 | TC | 1 |
| 75831 | | 1 |
| 75831 | 26 | 1 |
| 75831 | TC | 1 |
| 75833 | | 1 |
| 75833 | 26 | 1 |
| 75833 | TC | 1 |
| 75840 | | 1 |
| 75840 | 26 | 1 |
| 75840 | TC | 1 |
| 75842 | | 1 |
| 75842 | 26 | 1 |
| 75842 | TC | 1 |
| 75860 | | 2 |
| 75860 | 26 | 2 |
| 75860 | TC | 2 |
| 75870 | | 1 |
| 75870 | 26 | 1 |
| 75870 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 75872 | | 1 |
| 75872 | 26 | 1 |
| 75872 | TC | 1 |
| 75880 | | 1 |
| 75880 | 26 | 1 |
| 75880 | TC | 1 |
| 75885 | | 1 |
| 75885 | 26 | 1 |
| 75885 | TC | 1 |
| 75887 | | 1 |
| 75887 | 26 | 1 |
| 75887 | TC | 1 |
| 75889 | | 1 |
| 75889 | 26 | 1 |
| 75889 | TC | 1 |
| 75891 | | 1 |
| 75891 | 26 | 1 |
| 75891 | TC | 1 |
| 75893 | | 2 |
| 75893 | 26 | 2 |
| 75893 | TC | 2 |
| 75894 | | 2 |
| 75894 | 26 | 2 |
| 75894 | TC | 2 |
| 75898 | | 2 |
| 75898 | 26 | 2 |
| 75898 | TC | 2 |
| 75901 | | 1 |
| 75901 | 26 | 1 |
| 75901 | TC | 1 |
| 75902 | | 2 |
| 75902 | 26 | 2 |
| 75902 | TC | 2 |
| 75956 | 26 | 1 |
| 75957 | 26 | 1 |
| 75958 | 26 | 2 |
| 75959 | 26 | 1 |
| 75970 | | 1 |
| 75970 | 26 | 1 |
| 75970 | TC | 1 |
| 75984 | | 2 |
| 75984 | 26 | 2 |
| 75984 | TC | 2 |
| 75989 | | 2 |
| 75989 | 26 | 2 |
| 75989 | TC | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76000 | | 3 |
| 76000 | 26 | 3 |
| 76000 | TC | 3 |
| 76010 | | 2 |
| 76010 | 26 | 2 |
| 76010 | TC | 2 |
| 76080 | | 3 |
| 76080 | 26 | 3 |
| 76080 | TC | 3 |
| 76098 | | 3 |
| 76098 | 26 | 3 |
| 76098 | TC | 3 |
| 76100 | | 2 |
| 76100 | 26 | 2 |
| 76100 | TC | 2 |
| 76101 | | 1 |
| 76101 | 26 | 1 |
| 76101 | TC | 1 |
| 76102 | | 1 |
| 76102 | 26 | 1 |
| 76102 | TC | 1 |
| 76120 | | 1 |
| 76120 | 26 | 1 |
| 76120 | TC | 1 |
| 76125 | | 1 |
| 76125 | 26 | 1 |
| 76125 | TC | 1 |
| 76140 | | 1 |
| 76376 | | 2 |
| 76376 | 26 | 2 |
| 76376 | TC | 2 |
| 76377 | | 2 |
| 76377 | 26 | 2 |
| 76377 | TC | 2 |
| 76380 | | 2 |
| 76380 | 26 | 2 |
| 76380 | TC | 2 |
| 76390 | | 1 |
| 76390 | 26 | 1 |
| 76390 | TC | 1 |
| 76391 | | 1 |
| 76391 | 26 | 1 |
| 76391 | TC | 1 |
| 76496 | | 1 |
| 76496 | 26 | 1 |
| 76496 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76497 | | 1 |
| 76497 | 26 | 1 |
| 76497 | TC | 1 |
| 76498 | | 1 |
| 76498 | 26 | 1 |
| 76498 | TC | 1 |
| 76499 | | 1 |
| 76499 | 26 | 1 |
| 76499 | TC | 1 |
| 76506 | | 1 |
| 76506 | 26 | 1 |
| 76506 | TC | 1 |
| 76510 | | 2 |
| 76510 | 26 | 2 |
| 76510 | TC | 2 |
| 76511 | | 2 |
| 76511 | 26 | 2 |
| 76511 | TC | 2 |
| 76512 | | 2 |
| 76512 | 26 | 2 |
| 76512 | TC | 2 |
| 76513 | | 2 |
| 76513 | 26 | 2 |
| 76513 | TC | 2 |
| 76514 | | 1 |
| 76514 | 26 | 1 |
| 76514 | TC | 1 |
| 76516 | | 1 |
| 76516 | 26 | 1 |
| 76516 | TC | 1 |
| 76519 | | 2 |
| 76519 | 26 | 2 |
| 76519 | TC | 2 |
| 76529 | | 2 |
| 76529 | 26 | 2 |
| 76529 | TC | 2 |
| 76536 | | 1 |
| 76536 | 26 | 1 |
| 76536 | TC | 1 |
| 76604 | | 1 |
| 76604 | 26 | 1 |
| 76604 | TC | 1 |
| 76641 | | 2 |
| 76641 | 26 | 2 |
| 76641 | TC | 2 |
| 76642 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76642 | 26 | 2 |
| 76642 | TC | 2 |
| 76700 | | 1 |
| 76700 | 26 | 1 |
| 76700 | TC | 1 |
| 76705 | | 2 |
| 76705 | 26 | 2 |
| 76705 | TC | 2 |
| 76706 | | 1 |
| 76706 | 26 | 1 |
| 76706 | TC | 1 |
| 76770 | | 1 |
| 76770 | 26 | 1 |
| 76770 | TC | 1 |
| 76775 | | 2 |
| 76775 | 26 | 2 |
| 76775 | TC | 2 |
| 76776 | | 2 |
| 76776 | 26 | 2 |
| 76776 | TC | 2 |
| 76800 | | 1 |
| 76800 | 26 | 1 |
| 76800 | TC | 1 |
| 76801 | | 1 |
| 76801 | 26 | 1 |
| 76801 | TC | 1 |
| 76802 | | 2 |
| 76802 | 26 | 2 |
| 76802 | TC | 2 |
| 76805 | | 1 |
| 76805 | 26 | 1 |
| 76805 | TC | 1 |
| 76810 | | 2 |
| 76810 | 26 | 2 |
| 76810 | TC | 2 |
| 76811 | | 1 |
| 76811 | 26 | 1 |
| 76811 | TC | 1 |
| 76812 | | 2 |
| 76812 | 26 | 2 |
| 76812 | TC | 2 |
| 76813 | | 1 |
| 76813 | 26 | 1 |
| 76813 | TC | 1 |
| 76814 | | 2 |
| 76814 | 26 | 2 |

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2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76814 | TC | 2 |
| 76815 | | 1 |
| 76815 | 26 | 1 |
| 76815 | TC | 1 |
| 76816 | | 3 |
| 76816 | 26 | 3 |
| 76816 | TC | 3 |
| 76817 | | 1 |
| 76817 | 26 | 1 |
| 76817 | TC | 1 |
| 76818 | | 3 |
| 76818 | 26 | 3 |
| 76818 | TC | 3 |
| 76819 | | 3 |
| 76819 | 26 | 3 |
| 76819 | TC | 3 |
| 76820 | | 3 |
| 76820 | 26 | 3 |
| 76820 | TC | 3 |
| 76821 | | 3 |
| 76821 | 26 | 3 |
| 76821 | TC | 3 |
| 76825 | | 3 |
| 76825 | 26 | 3 |
| 76825 | TC | 3 |
| 76826 | | 3 |
| 76826 | 26 | 3 |
| 76826 | TC | 3 |
| 76827 | | 3 |
| 76827 | 26 | 3 |
| 76827 | TC | 3 |
| 76828 | | 3 |
| 76828 | 26 | 3 |
| 76828 | TC | 3 |
| 76830 | | 1 |
| 76830 | 26 | 1 |
| 76830 | TC | 1 |
| 76831 | | 1 |
| 76831 | 26 | 1 |
| 76831 | TC | 1 |
| 76856 | | 1 |
| 76856 | 26 | 1 |
| 76856 | TC | 1 |
| 76857 | | 1 |
| 76857 | 26 | 1 |
| 76857 | TC | 1 |

Ohio Bureau of Workers' Compensation
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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76870 | | 1 |
| 76870 | 26 | 1 |
| 76870 | TC | 1 |
| 76872 | | 1 |
| 76872 | 26 | 1 |
| 76872 | TC | 1 |
| 76873 | | 1 |
| 76873 | 26 | 1 |
| 76873 | TC | 1 |
| 76881 | | 2 |
| 76881 | 26 | 2 |
| 76881 | TC | 2 |
| 76882 | | 2 |
| 76882 | 26 | 2 |
| 76882 | TC | 2 |
| 76885 | | 1 |
| 76885 | 26 | 1 |
| 76885 | TC | 1 |
| 76886 | | 1 |
| 76886 | 26 | 1 |
| 76886 | TC | 1 |
| 76932 | | 1 |
| 76932 | 26 | 1 |
| 76932 | TC | 1 |
| 76936 | | 1 |
| 76936 | 26 | 1 |
| 76936 | TC | 1 |
| 76937 | | 2 |
| 76937 | 26 | 2 |
| 76937 | TC | 2 |
| 76940 | | 1 |
| 76940 | 26 | 1 |
| 76940 | TC | 1 |
| 76941 | | 3 |
| 76941 | 26 | 3 |
| 76941 | TC | 3 |
| 76942 | | 1 |
| 76942 | 26 | 1 |
| 76942 | TC | 1 |
| 76945 | | 1 |
| 76945 | 26 | 1 |
| 76945 | TC | 1 |
| 76946 | | 1 |
| 76946 | 26 | 1 |
| 76946 | TC | 1 |
| 76948 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 76948 | 26 | 1 |
| 76948 | TC | 1 |
| 76965 | | 2 |
| 76965 | 26 | 2 |
| 76965 | TC | 2 |
| 76970 | | 2 |
| 76970 | 26 | 2 |
| 76970 | TC | 2 |
| 76975 | | 1 |
| 76975 | 26 | 1 |
| 76975 | TC | 1 |
| 76977 | | 1 |
| 76977 | 26 | 1 |
| 76977 | TC | 1 |
| 76978 | | 1 |
| 76978 | 26 | 1 |
| 76978 | TC | 1 |
| 76979 | | 3 |
| 76979 | 26 | 3 |
| 76979 | TC | 3 |
| 76981 | | 1 |
| 76981 | 26 | 1 |
| 76981 | TC | 1 |
| 76982 | | 1 |
| 76982 | 26 | 1 |
| 76982 | TC | 1 |
| 76983 | | 3 |
| 76983 | 26 | 3 |
| 76983 | TC | 3 |
| 76998 | | 1 |
| 76998 | 26 | 1 |
| 76998 | TC | 1 |
| 76999 | | 1 |
| 76999 | 26 | 1 |
| 76999 | TC | 1 |
| 77001 | | 2 |
| 77001 | 26 | 2 |
| 77001 | TC | 2 |
| 77002 | | 1 |
| 77002 | 26 | 1 |
| 77002 | TC | 1 |
| 77003 | | 1 |
| 77003 | 26 | 1 |
| 77003 | TC | 1 |
| 77011 | | 1 |
| 77011 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77011 | TC | 1 |
| 77012 | | 1 |
| 77012 | 26 | 1 |
| 77012 | TC | 1 |
| 77013 | | 1 |
| 77013 | 26 | 1 |
| 77013 | TC | 1 |
| 77014 | | 2 |
| 77014 | 26 | 2 |
| 77014 | TC | 2 |
| 77021 | | 1 |
| 77021 | 26 | 1 |
| 77021 | TC | 1 |
| 77022 | | 1 |
| 77022 | 26 | 1 |
| 77022 | TC | 1 |
| 77046 | | 1 |
| 77046 | 26 | 1 |
| 77046 | TC | 1 |
| 77047 | | 1 |
| 77047 | 26 | 1 |
| 77047 | TC | 1 |
| 77048 | | 1 |
| 77048 | 26 | 1 |
| 77048 | TC | 1 |
| 77049 | | 1 |
| 77049 | 26 | 1 |
| 77049 | TC | 1 |
| 77053 | | 2 |
| 77053 | 26 | 2 |
| 77053 | TC | 2 |
| 77054 | | 2 |
| 77054 | 26 | 2 |
| 77054 | TC | 2 |
| 77061 | | 1 |
| 77061 | 26 | 1 |
| 77061 | TC | 1 |
| 77062 | | 1 |
| 77062 | 26 | 1 |
| 77062 | TC | 1 |
| 77063 | | 1 |
| 77063 | 26 | 1 |
| 77063 | TC | 1 |
| 77065 | | 1 |
| 77065 | 26 | 1 |
| 77065 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77066 | | 1 |
| 77066 | 26 | 1 |
| 77066 | TC | 1 |
| 77067 | | 1 |
| 77067 | 26 | 1 |
| 77067 | TC | 1 |
| 77071 | | 1 |
| 77072 | | 1 |
| 77072 | 26 | 1 |
| 77072 | TC | 1 |
| 77073 | | 1 |
| 77073 | 26 | 1 |
| 77073 | TC | 1 |
| 77074 | | 1 |
| 77074 | 26 | 1 |
| 77074 | TC | 1 |
| 77075 | | 1 |
| 77075 | 26 | 1 |
| 77075 | TC | 1 |
| 77076 | | 1 |
| 77076 | 26 | 1 |
| 77076 | TC | 1 |
| 77077 | | 1 |
| 77077 | 26 | 1 |
| 77077 | TC | 1 |
| 77078 | | 1 |
| 77078 | 26 | 1 |
| 77078 | TC | 1 |
| 77080 | | 1 |
| 77080 | 26 | 1 |
| 77080 | TC | 1 |
| 77081 | | 1 |
| 77081 | 26 | 1 |
| 77081 | TC | 1 |
| 77084 | | 1 |
| 77084 | 26 | 1 |
| 77084 | TC | 1 |
| 77085 | | 1 |
| 77085 | 26 | 1 |
| 77085 | TC | 1 |
| 77086 | | 1 |
| 77086 | 26 | 1 |
| 77086 | TC | 1 |
| 77261 | | 1 |
| 77262 | | 1 |
| 77263 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77280 | | 2 |
| 77280 | 26 | 2 |
| 77280 | TC | 2 |
| 77285 | | 1 |
| 77285 | 26 | 1 |
| 77285 | TC | 1 |
| 77290 | | 1 |
| 77290 | 26 | 1 |
| 77290 | TC | 1 |
| 77293 | | 1 |
| 77293 | 26 | 1 |
| 77293 | TC | 1 |
| 77295 | | 1 |
| 77295 | 26 | 1 |
| 77295 | TC | 1 |
| 77299 | | 1 |
| 77299 | 26 | 1 |
| 77299 | TC | 1 |
| 77300 | | 10 |
| 77300 | 26 | 10 |
| 77300 | TC | 10 |
| 77301 | | 1 |
| 77301 | 26 | 1 |
| 77301 | TC | 1 |
| 77306 | | 1 |
| 77306 | 26 | 1 |
| 77306 | TC | 1 |
| 77307 | | 1 |
| 77307 | 26 | 1 |
| 77307 | TC | 1 |
| 77316 | | 1 |
| 77316 | 26 | 1 |
| 77316 | TC | 1 |
| 77317 | | 1 |
| 77317 | 26 | 1 |
| 77317 | TC | 1 |
| 77318 | | 1 |
| 77318 | 26 | 1 |
| 77318 | TC | 1 |
| 77321 | | 1 |
| 77321 | 26 | 1 |
| 77321 | TC | 1 |
| 77331 | | 3 |
| 77331 | 26 | 3 |
| 77331 | TC | 3 |
| 77332 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77332 | 26 | 4 |
| 77332 | TC | 4 |
| 77333 | | 2 |
| 77333 | 26 | 2 |
| 77333 | TC | 2 |
| 77334 | | 10 |
| 77334 | 26 | 10 |
| 77334 | TC | 10 |
| 77336 | | 1 |
| 77338 | | 1 |
| 77338 | 26 | 1 |
| 77338 | TC | 1 |
| 77370 | | 1 |
| 77371 | | 1 |
| 77372 | | 1 |
| 77373 | | 1 |
| 77385 | | 1 |
| 77386 | | 1 |
| 77387 | | 1 |
| 77399 | | 1 |
| 77399 | 26 | 1 |
| 77399 | TC | 1 |
| 77401 | | 1 |
| 77402 | | 2 |
| 77407 | | 2 |
| 77412 | | 2 |
| 77417 | | 1 |
| 77423 | | 1 |
| 77424 | | 1 |
| 77425 | | 1 |
| 77427 | | 1 |
| 77431 | | 1 |
| 77432 | | 1 |
| 77435 | | 1 |
| 77469 | | 1 |
| 77470 | | 1 |
| 77470 | 26 | 1 |
| 77470 | TC | 1 |
| 77499 | | 1 |
| 77499 | 26 | 1 |
| 77499 | TC | 1 |
| 77520 | | 1 |
| 77522 | | 1 |
| 77523 | | 1 |
| 77525 | | 1 |
| 77600 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77600 | 26 | 1 |
| 77600 | TC | 1 |
| 77605 | | 1 |
| 77605 | 26 | 1 |
| 77605 | TC | 1 |
| 77610 | | 1 |
| 77610 | 26 | 1 |
| 77610 | TC | 1 |
| 77615 | | 1 |
| 77615 | 26 | 1 |
| 77615 | TC | 1 |
| 77620 | | 1 |
| 77620 | 26 | 1 |
| 77620 | TC | 1 |
| 77750 | | 1 |
| 77750 | 26 | 1 |
| 77750 | TC | 1 |
| 77761 | | 1 |
| 77761 | 26 | 1 |
| 77761 | TC | 1 |
| 77762 | | 1 |
| 77762 | 26 | 1 |
| 77762 | TC | 1 |
| 77763 | | 1 |
| 77763 | 26 | 1 |
| 77763 | TC | 1 |
| 77767 | | 2 |
| 77767 | 26 | 2 |
| 77767 | TC | 2 |
| 77768 | | 2 |
| 77768 | 26 | 2 |
| 77768 | TC | 2 |
| 77770 | | 2 |
| 77770 | 26 | 2 |
| 77770 | TC | 2 |
| 77771 | | 2 |
| 77771 | 26 | 2 |
| 77771 | TC | 2 |
| 77772 | | 2 |
| 77772 | 26 | 2 |
| 77772 | TC | 2 |
| 77778 | | 1 |
| 77778 | 26 | 1 |
| 77778 | TC | 1 |
| 77789 | | 2 |
| 77789 | 26 | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 77789 | TC | 2 |
| 77790 | | 1 |
| 77799 | | 1 |
| 77799 | 26 | 1 |
| 77799 | TC | 1 |
| 78012 | | 1 |
| 78012 | 26 | 1 |
| 78012 | TC | 1 |
| 78013 | | 1 |
| 78013 | 26 | 1 |
| 78013 | TC | 1 |
| 78014 | | 1 |
| 78014 | 26 | 1 |
| 78014 | TC | 1 |
| 78015 | | 1 |
| 78015 | 26 | 1 |
| 78015 | TC | 1 |
| 78016 | | 1 |
| 78016 | 26 | 1 |
| 78016 | TC | 1 |
| 78018 | | 1 |
| 78018 | 26 | 1 |
| 78018 | TC | 1 |
| 78020 | | 1 |
| 78020 | 26 | 1 |
| 78020 | TC | 1 |
| 78070 | | 1 |
| 78070 | 26 | 1 |
| 78070 | TC | 1 |
| 78071 | | 1 |
| 78071 | 26 | 1 |
| 78071 | TC | 1 |
| 78072 | | 1 |
| 78072 | 26 | 1 |
| 78072 | TC | 1 |
| 78075 | | 1 |
| 78075 | 26 | 1 |
| 78075 | TC | 1 |
| 78099 | | 1 |
| 78099 | 26 | 1 |
| 78099 | TC | 1 |
| 78102 | | 1 |
| 78102 | 26 | 1 |
| 78102 | TC | 1 |
| 78103 | | 1 |
| 78103 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78103 | TC | 1 |
| 78104 | | 1 |
| 78104 | 26 | 1 |
| 78104 | TC | 1 |
| 78110 | | 1 |
| 78110 | 26 | 1 |
| 78110 | TC | 1 |
| 78111 | | 1 |
| 78111 | 26 | 1 |
| 78111 | TC | 1 |
| 78120 | | 1 |
| 78120 | 26 | 1 |
| 78120 | TC | 1 |
| 78121 | | 1 |
| 78121 | 26 | 1 |
| 78121 | TC | 1 |
| 78122 | | 1 |
| 78122 | 26 | 1 |
| 78122 | TC | 1 |
| 78130 | | 1 |
| 78130 | 26 | 1 |
| 78130 | TC | 1 |
| 78135 | | 1 |
| 78135 | 26 | 1 |
| 78135 | TC | 1 |
| 78140 | | 1 |
| 78140 | 26 | 1 |
| 78140 | TC | 1 |
| 78185 | | 1 |
| 78185 | 26 | 1 |
| 78185 | TC | 1 |
| 78191 | | 1 |
| 78191 | 26 | 1 |
| 78191 | TC | 1 |
| 78195 | | 1 |
| 78195 | 26 | 1 |
| 78195 | TC | 1 |
| 78199 | | 1 |
| 78199 | 26 | 1 |
| 78199 | TC | 1 |
| 78201 | | 1 |
| 78201 | 26 | 1 |
| 78201 | TC | 1 |
| 78202 | | 1 |
| 78202 | 26 | 1 |
| 78202 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78215 | | 1 |
| 78215 | 26 | 1 |
| 78215 | TC | 1 |
| 78216 | | 1 |
| 78216 | 26 | 1 |
| 78216 | TC | 1 |
| 78226 | | 1 |
| 78226 | 26 | 1 |
| 78226 | TC | 1 |
| 78227 | | 1 |
| 78227 | 26 | 1 |
| 78227 | TC | 1 |
| 78230 | | 1 |
| 78230 | 26 | 1 |
| 78230 | TC | 1 |
| 78231 | | 1 |
| 78231 | 26 | 1 |
| 78231 | TC | 1 |
| 78232 | | 1 |
| 78232 | 26 | 1 |
| 78232 | TC | 1 |
| 78258 | | 1 |
| 78258 | 26 | 1 |
| 78258 | TC | 1 |
| 78261 | | 1 |
| 78261 | 26 | 1 |
| 78261 | TC | 1 |
| 78262 | | 1 |
| 78262 | 26 | 1 |
| 78262 | TC | 1 |
| 78264 | | 1 |
| 78264 | 26 | 1 |
| 78264 | TC | 1 |
| 78265 | | 1 |
| 78265 | 26 | 1 |
| 78265 | TC | 1 |
| 78266 | | 1 |
| 78266 | 26 | 1 |
| 78266 | TC | 1 |
| 78267 | | 1 |
| 78268 | | 1 |
| 78278 | | 2 |
| 78278 | 26 | 2 |
| 78278 | TC | 2 |
| 78282 | | 1 |
| 78282 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78282 | TC | 1 |
| 78290 | | 1 |
| 78290 | 26 | 1 |
| 78290 | TC | 1 |
| 78291 | | 1 |
| 78291 | 26 | 1 |
| 78291 | TC | 1 |
| 78299 | | 1 |
| 78299 | 26 | 1 |
| 78299 | TC | 1 |
| 78300 | | 1 |
| 78300 | 26 | 1 |
| 78300 | TC | 1 |
| 78305 | | 1 |
| 78305 | 26 | 1 |
| 78305 | TC | 1 |
| 78306 | | 1 |
| 78306 | 26 | 1 |
| 78306 | TC | 1 |
| 78315 | | 1 |
| 78315 | 26 | 1 |
| 78315 | TC | 1 |
| 78350 | | 1 |
| 78350 | 26 | 1 |
| 78350 | TC | 1 |
| 78351 | | 1 |
| 78399 | | 1 |
| 78399 | 26 | 1 |
| 78399 | TC | 1 |
| 78414 | | 1 |
| 78414 | 26 | 1 |
| 78414 | TC | 1 |
| 78428 | | 1 |
| 78428 | 26 | 1 |
| 78428 | TC | 1 |
| 78429 | | TBD |
| 78429 | TC | TBD |
| 78429 | 26 | TBD |
| 78430 | | TBD |
| 78430 | TC | TBD |
| 78430 | 26 | TBD |
| 78431 | | TBD |
| 78431 | TC | TBD |
| 78431 | 26 | TBD |
| 78432 | | TBD |
| 78432 | TC | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78432 | 26 | TBD |
| 78433 | | TBD |
| 78433 | TC | TBD |
| 78433 | 26 | TBD |
| 78434 | | TBD |
| 78445 | | 1 |
| 78445 | 26 | 1 |
| 78445 | TC | 1 |
| 78451 | | 1 |
| 78451 | 26 | 1 |
| 78451 | TC | 1 |
| 78452 | | 1 |
| 78452 | 26 | 1 |
| 78452 | TC | 1 |
| 78453 | | 1 |
| 78453 | 26 | 1 |
| 78453 | TC | 1 |
| 78454 | | 1 |
| 78454 | 26 | 1 |
| 78454 | TC | 1 |
| 78456 | | 1 |
| 78456 | 26 | 1 |
| 78456 | TC | 1 |
| 78457 | | 1 |
| 78457 | 26 | 1 |
| 78457 | TC | 1 |
| 78458 | | 1 |
| 78458 | 26 | 1 |
| 78458 | TC | 1 |
| 78459 | | 1 |
| 78459 | 26 | 1 |
| 78459 | TC | 1 |
| 78466 | | 1 |
| 78466 | 26 | 1 |
| 78466 | TC | 1 |
| 78468 | | 1 |
| 78468 | 26 | 1 |
| 78468 | TC | 1 |
| 78469 | | 1 |
| 78469 | 26 | 1 |
| 78469 | TC | 1 |
| 78472 | | 1 |
| 78472 | 26 | 1 |
| 78472 | TC | 1 |
| 78473 | | 1 |
| 78473 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78473 | TC | 1 |
| 78481 | | 1 |
| 78481 | 26 | 1 |
| 78481 | TC | 1 |
| 78483 | | 1 |
| 78483 | 26 | 1 |
| 78483 | TC | 1 |
| 78491 | | 1 |
| 78491 | 26 | 1 |
| 78491 | TC | 1 |
| 78492 | | 1 |
| 78492 | 26 | 1 |
| 78492 | TC | 1 |
| 78494 | | 1 |
| 78494 | 26 | 1 |
| 78494 | TC | 1 |
| 78496 | | 1 |
| 78496 | 26 | 1 |
| 78496 | TC | 1 |
| 78499 | | 1 |
| 78499 | 26 | 1 |
| 78499 | TC | 1 |
| 78579 | | 1 |
| 78579 | 26 | 1 |
| 78579 | TC | 1 |
| 78580 | | 1 |
| 78580 | 26 | 1 |
| 78580 | TC | 1 |
| 78582 | | 1 |
| 78582 | 26 | 1 |
| 78582 | TC | 1 |
| 78597 | | 1 |
| 78597 | 26 | 1 |
| 78597 | TC | 1 |
| 78598 | | 1 |
| 78598 | 26 | 1 |
| 78598 | TC | 1 |
| 78599 | | 1 |
| 78599 | 26 | 1 |
| 78599 | TC | 1 |
| 78600 | | 1 |
| 78600 | 26 | 1 |
| 78600 | TC | 1 |
| 78601 | | 1 |
| 78601 | 26 | 1 |
| 78601 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78605 | | 1 |
| 78605 | 26 | 1 |
| 78605 | TC | 1 |
| 78606 | | 1 |
| 78606 | 26 | 1 |
| 78606 | TC | 1 |
| 78608 | | 1 |
| 78608 | 26 | 1 |
| 78608 | TC | 1 |
| 78609 | | 1 |
| 78609 | 26 | 1 |
| 78609 | TC | 1 |
| 78610 | | 1 |
| 78610 | 26 | 1 |
| 78610 | TC | 1 |
| 78630 | | 1 |
| 78630 | 26 | 1 |
| 78630 | TC | 1 |
| 78635 | | 1 |
| 78635 | 26 | 1 |
| 78635 | TC | 1 |
| 78645 | | 1 |
| 78645 | 26 | 1 |
| 78645 | TC | 1 |
| 78650 | | 1 |
| 78650 | 26 | 1 |
| 78650 | TC | 1 |
| 78660 | | 1 |
| 78660 | 26 | 1 |
| 78660 | TC | 1 |
| 78699 | | 1 |
| 78699 | 26 | 1 |
| 78699 | TC | 1 |
| 78700 | | 1 |
| 78700 | 26 | 1 |
| 78700 | TC | 1 |
| 78701 | | 1 |
| 78701 | 26 | 1 |
| 78701 | TC | 1 |
| 78707 | | 1 |
| 78707 | 26 | 1 |
| 78707 | TC | 1 |
| 78708 | | 1 |
| 78708 | 26 | 1 |
| 78708 | TC | 1 |
| 78709 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78709 | 26 | 1 |
| 78709 | TC | 1 |
| 78725 | | 1 |
| 78725 | 26 | 1 |
| 78725 | TC | 1 |
| 78730 | | 1 |
| 78730 | 26 | 1 |
| 78730 | TC | 1 |
| 78740 | | 1 |
| 78740 | 26 | 1 |
| 78740 | TC | 1 |
| 78761 | | 1 |
| 78761 | 26 | 1 |
| 78761 | TC | 1 |
| 78799 | | 1 |
| 78799 | 26 | 1 |
| 78799 | TC | 1 |
| 78800 | | 1 |
| 78800 | 26 | 1 |
| 78800 | TC | 1 |
| 78801 | | 1 |
| 78801 | 26 | 1 |
| 78801 | TC | 1 |
| 78802 | | 1 |
| 78802 | 26 | 1 |
| 78802 | TC | 1 |
| 78803 | | 1 |
| 78803 | 26 | 1 |
| 78803 | TC | 1 |
| 78804 | | 1 |
| 78804 | 26 | 1 |
| 78804 | TC | 1 |
| 78808 | | 1 |
| 78811 | | 1 |
| 78811 | 26 | 1 |
| 78811 | TC | 1 |
| 78812 | | 1 |
| 78812 | 26 | 1 |
| 78812 | TC | 1 |
| 78813 | | 1 |
| 78813 | 26 | 1 |
| 78813 | TC | 1 |
| 78814 | | 1 |
| 78814 | 26 | 1 |
| 78814 | TC | 1 |
| 78815 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 78815 | 26 | 1 |
| 78815 | TC | 1 |
| 78816 | | 1 |
| 78816 | 26 | 1 |
| 78816 | TC | 1 |
| 78830 | | TBD |
| 78830 | TC | TBD |
| 78830 | 26 | TBD |
| 78831 | | TBD |
| 78831 | TC | TBD |
| 78831 | 26 | TBD |
| 78832 | | TBD |
| 78832 | TC | TBD |
| 78832 | 26 | TBD |
| 78835 | | TBD |
| 78999 | | 1 |
| 78999 | 26 | 1 |
| 78999 | TC | 1 |
| 79005 | | 1 |
| 79005 | 26 | 1 |
| 79005 | TC | 1 |
| 79101 | | 1 |
| 79101 | 26 | 1 |
| 79101 | TC | 1 |
| 79200 | | 1 |
| 79200 | 26 | 1 |
| 79200 | TC | 1 |
| 79300 | 26 | 1 |
| 79403 | | 1 |
| 79403 | 26 | 1 |
| 79403 | TC | 1 |
| 79440 | | 1 |
| 79440 | 26 | 1 |
| 79440 | TC | 1 |
| 79445 | 26 | 1 |
| 79999 | | 1 |
| 79999 | 26 | 1 |
| 79999 | TC | 1 |
| 80047 | | 2 |
| 80048 | | 2 |
| 80050 | | 1 |
| 80051 | | 2 |
| 80053 | | 1 |
| 80055 | | 1 |
| 80061 | | 1 |
| 80069 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 80074 | | 1 |
| 80076 | | 1 |
| 80081 | | 1 |
| 80145 | | TBD |
| 80150 | | 2 |
| 80155 | | 1 |
| 80156 | | 2 |
| 80157 | | 2 |
| 80158 | | 2 |
| 80159 | | 2 |
| 80162 | | 2 |
| 80163 | | 2 |
| 80164 | | 2 |
| 80165 | | 2 |
| 80168 | | 2 |
| 80169 | | 1 |
| 80170 | | 2 |
| 80171 | | 1 |
| 80173 | | 2 |
| 80175 | | 1 |
| 80176 | | 1 |
| 80177 | | 1 |
| 80178 | | 2 |
| 80180 | | 1 |
| 80183 | | 1 |
| 80184 | | 2 |
| 80185 | | 2 |
| 80186 | | 2 |
| 80187 | | TBD |
| 80188 | | 2 |
| 80190 | | 2 |
| 80192 | | 2 |
| 80194 | | 2 |
| 80195 | | 2 |
| 80197 | | 2 |
| 80198 | | 2 |
| 80199 | | 1 |
| 80200 | | 2 |
| 80201 | | 2 |
| 80202 | | 2 |
| 80203 | | 1 |
| 80230 | | TBD |
| 80235 | | TBD |
| 80280 | | TBD |
| 80285 | | TBD |
| 80299 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 80305 | | 1 |
| 80306 | | 1 |
| 80307 | | 1 |
| 80320 | | 1 |
| 80321 | | 1 |
| 80322 | | 1 |
| 80323 | | 1 |
| 80324 | | 1 |
| 80325 | | 1 |
| 80326 | | 1 |
| 80327 | | 1 |
| 80328 | | 1 |
| 80329 | | 1 |
| 80330 | | 1 |
| 80331 | | 1 |
| 80332 | | 1 |
| 80333 | | 1 |
| 80334 | | 1 |
| 80335 | | 1 |
| 80336 | | 1 |
| 80337 | | 1 |
| 80338 | | 1 |
| 80339 | | 1 |
| 80340 | | 1 |
| 80341 | | 1 |
| 80342 | | 1 |
| 80343 | | 1 |
| 80344 | | 1 |
| 80345 | | 1 |
| 80346 | | 1 |
| 80347 | | 1 |
| 80348 | | 1 |
| 80349 | | 1 |
| 80350 | | 1 |
| 80351 | | 1 |
| 80352 | | 1 |
| 80353 | | 1 |
| 80354 | | 1 |
| 80355 | | 1 |
| 80356 | | 1 |
| 80357 | | 1 |
| 80358 | | 1 |
| 80359 | | 1 |
| 80360 | | 1 |
| 80361 | | 1 |
| 80362 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 80363 | | 1 |
| 80364 | | 1 |
| 80365 | | 1 |
| 80366 | | 1 |
| 80367 | | 1 |
| 80368 | | 1 |
| 80369 | | 1 |
| 80370 | | 1 |
| 80371 | | 1 |
| 80372 | | 1 |
| 80373 | | 1 |
| 80374 | | 1 |
| 80375 | | 1 |
| 80376 | | 1 |
| 80377 | | 1 |
| 80400 | | 1 |
| 80402 | | 1 |
| 80406 | | 1 |
| 80408 | | 1 |
| 80410 | | 1 |
| 80412 | | 1 |
| 80414 | | 1 |
| 80415 | | 1 |
| 80416 | | 1 |
| 80417 | | 1 |
| 80418 | | 1 |
| 80420 | | 1 |
| 80422 | | 1 |
| 80424 | | 1 |
| 80426 | | 1 |
| 80428 | | 1 |
| 80430 | | 1 |
| 80432 | | 1 |
| 80434 | | 1 |
| 80435 | | 1 |
| 80436 | | 1 |
| 80438 | | 1 |
| 80439 | | 1 |
| 80500 | | 1 |
| 80502 | | 1 |
| 81000 | | 2 |
| 81001 | | 2 |
| 81002 | | 2 |
| 81003 | | 2 |
| 81005 | | 2 |
| 81007 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81015 | | 2 |
| 81020 | | 1 |
| 81025 | | 1 |
| 81050 | | 2 |
| 81099 | | 1 |
| 81120 | | 1 |
| 81121 | | 1 |
| 81161 | | 1 |
| 81162 | | 1 |
| 81163 | | 1 |
| 81164 | | 1 |
| 81165 | | 1 |
| 81166 | | 1 |
| 81167 | | 1 |
| 81170 | | 1 |
| 81171 | | 1 |
| 81172 | | 1 |
| 81173 | | 1 |
| 81174 | | 1 |
| 81175 | | 1 |
| 81176 | | 1 |
| 81177 | | 1 |
| 81178 | | 1 |
| 81179 | | 1 |
| 81180 | | 1 |
| 81181 | | 1 |
| 81182 | | 1 |
| 81183 | | 1 |
| 81184 | | 1 |
| 81185 | | 1 |
| 81186 | | 1 |
| 81187 | | 1 |
| 81188 | | 1 |
| 81189 | | 1 |
| 81190 | | 1 |
| 81201 | | 1 |
| 81202 | | 1 |
| 81203 | | 1 |
| 81204 | | 1 |
| 81206 | | 1 |
| 81207 | | 1 |
| 81208 | | 1 |
| 81210 | | 1 |
| 81212 | | 1 |
| 81215 | | 1 |
| 81216 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81217 | | 1 |
| 81218 | | 1 |
| 81219 | | 1 |
| 81225 | | 1 |
| 81226 | | 1 |
| 81227 | | 1 |
| 81230 | | 1 |
| 81231 | | 1 |
| 81232 | | 1 |
| 81233 | | 1 |
| 81234 | | 1 |
| 81235 | | 1 |
| 81236 | | 1 |
| 81237 | | 1 |
| 81238 | | 1 |
| 81239 | | 1 |
| 81240 | | 1 |
| 81241 | | 1 |
| 81242 | | 1 |
| 81245 | | 1 |
| 81246 | | 1 |
| 81247 | | 1 |
| 81248 | | 1 |
| 81249 | | 1 |
| 81252 | | 1 |
| 81253 | | 1 |
| 81254 | | 1 |
| 81256 | | 1 |
| 81258 | | 1 |
| 81259 | | 1 |
| 81261 | | 1 |
| 81262 | | 1 |
| 81263 | | 1 |
| 81264 | | 1 |
| 81265 | | 1 |
| 81266 | | 2 |
| 81267 | | 1 |
| 81268 | | 4 |
| 81269 | | 1 |
| 81270 | | 1 |
| 81271 | | 1 |
| 81272 | | 1 |
| 81273 | | 1 |
| 81274 | | 1 |
| 81275 | | 1 |
| 81276 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81277 | | TBD |
| 81283 | | 1 |
| 81284 | | 1 |
| 81285 | | 1 |
| 81286 | | 1 |
| 81287 | | 1 |
| 81288 | | 1 |
| 81289 | | 1 |
| 81291 | | 1 |
| 81292 | | 1 |
| 81293 | | 1 |
| 81294 | | 1 |
| 81295 | | 1 |
| 81296 | | 1 |
| 81297 | | 1 |
| 81298 | | 1 |
| 81299 | | 1 |
| 81300 | | 1 |
| 81301 | | 1 |
| 81305 | | 1 |
| 81306 | | 1 |
| 81307 | | TBD |
| 81308 | | TBD |
| 81309 | | TBD |
| 81310 | | 1 |
| 81311 | | 1 |
| 81312 | | 1 |
| 81313 | | 1 |
| 81314 | | 1 |
| 81315 | | 1 |
| 81316 | | 1 |
| 81317 | | 1 |
| 81318 | | 1 |
| 81319 | | 1 |
| 81320 | | 1 |
| 81321 | | 1 |
| 81322 | | 1 |
| 81323 | | 1 |
| 81324 | | 1 |
| 81325 | | 1 |
| 81326 | | 1 |
| 81327 | | 1 |
| 81328 | | 1 |
| 81329 | | 1 |
| 81332 | | 1 |
| 81333 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81334 | | 1 |
| 81335 | | 1 |
| 81336 | | 1 |
| 81337 | | 1 |
| 81340 | | 1 |
| 81341 | | 1 |
| 81342 | | 1 |
| 81343 | | 1 |
| 81344 | | 1 |
| 81345 | | 1 |
| 81346 | | 1 |
| 81350 | | 1 |
| 81355 | | 1 |
| 81361 | | 1 |
| 81362 | | 1 |
| 81363 | | 1 |
| 81364 | | 1 |
| 81370 | | 1 |
| 81371 | | 1 |
| 81372 | | 1 |
| 81373 | | 2 |
| 81374 | | 1 |
| 81375 | | 1 |
| 81376 | | 5 |
| 81377 | | 2 |
| 81378 | | 1 |
| 81379 | | 1 |
| 81380 | | 2 |
| 81381 | | 3 |
| 81382 | | 6 |
| 81383 | | 2 |
| 81410 | | 1 |
| 81411 | | 1 |
| 81412 | | 1 |
| 81413 | | 1 |
| 81414 | | 1 |
| 81415 | | 1 |
| 81416 | | 2 |
| 81417 | | 1 |
| 81420 | | 1 |
| 81422 | | 1 |
| 81425 | | 1 |
| 81426 | | 2 |
| 81427 | | 1 |
| 81430 | | 1 |
| 81431 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81432 | | 1 |
| 81433 | | 1 |
| 81434 | | 1 |
| 81435 | | 1 |
| 81436 | | 1 |
| 81437 | | 1 |
| 81438 | | 1 |
| 81439 | | 1 |
| 81440 | | 1 |
| 81442 | | 1 |
| 81443 | | 1 |
| 81445 | | 1 |
| 81448 | | 1 |
| 81450 | | 1 |
| 81455 | | 1 |
| 81460 | | 1 |
| 81465 | | 1 |
| 81470 | | 1 |
| 81471 | | 1 |
| 81479 | | 3 |
| 81490 | | 1 |
| 81493 | | 1 |
| 81500 | | 1 |
| 81503 | | 1 |
| 81504 | | 1 |
| 81506 | | 1 |
| 81507 | | 1 |
| 81508 | | 1 |
| 81509 | | 1 |
| 81510 | | 1 |
| 81511 | | 1 |
| 81512 | | 1 |
| 81518 | | 1 |
| 81519 | | 1 |
| 81520 | | 2 |
| 81521 | | 2 |
| 81522 | | TBD |
| 81525 | | 1 |
| 81528 | | 1 |
| 81535 | | 1 |
| 81536 | | 11 |
| 81538 | | 1 |
| 81539 | | 1 |
| 81540 | | 1 |
| 81541 | | 1 |
| 81542 | | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 81545 | | 1 |
| 81551 | | 1 |
| 81552 | | TBD |
| 81595 | | 1 |
| 81596 | | 1 |
| 81599 | | 1 |
| 82009 | | 1 |
| 82010 | | 1 |
| 82013 | | 1 |
| 82016 | | 1 |
| 82017 | | 1 |
| 82024 | | 4 |
| 82030 | | 1 |
| 82040 | | 1 |
| 82042 | | 2 |
| 82043 | | 1 |
| 82044 | | 1 |
| 82045 | | 1 |
| 82075 | | 2 |
| 82085 | | 1 |
| 82088 | | 2 |
| 82103 | | 1 |
| 82104 | | 1 |
| 82105 | | 1 |
| 82106 | | 2 |
| 82107 | | 1 |
| 82108 | | 1 |
| 82120 | | 1 |
| 82127 | | 1 |
| 82128 | | 2 |
| 82131 | | 2 |
| 82135 | | 1 |
| 82136 | | 2 |
| 82139 | | 2 |
| 82140 | | 2 |
| 82143 | | 2 |
| 82150 | | 2 |
| 82154 | | 1 |
| 82157 | | 1 |
| 82160 | | 1 |
| 82163 | | 1 |
| 82164 | | 1 |
| 82172 | | 3 |
| 82175 | | 2 |
| 82180 | | 1 |
| 82190 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 82232 | | 2 |
| 82239 | | 1 |
| 82240 | | 1 |
| 82247 | | 2 |
| 82248 | | 2 |
| 82252 | | 1 |
| 82261 | | 1 |
| 82270 | | 1 |
| 82271 | | 1 |
| 82272 | | 1 |
| 82274 | | 1 |
| 82286 | | 1 |
| 82300 | | 1 |
| 82306 | | 1 |
| 82308 | | 1 |
| 82310 | | 2 |
| 82330 | | 2 |
| 82331 | | 1 |
| 82340 | | 1 |
| 82355 | | 2 |
| 82360 | | 2 |
| 82365 | | 2 |
| 82370 | | 2 |
| 82373 | | 1 |
| 82374 | | 2 |
| 82375 | | 1 |
| 82376 | | 1 |
| 82378 | | 1 |
| 82379 | | 1 |
| 82380 | | 1 |
| 82382 | | 1 |
| 82383 | | 1 |
| 82384 | | 2 |
| 82387 | | 1 |
| 82390 | | 1 |
| 82397 | | 3 |
| 82415 | | 1 |
| 82435 | | 1 |
| 82436 | | 1 |
| 82438 | | 1 |
| 82441 | | 1 |
| 82465 | | 1 |
| 82480 | | 2 |
| 82482 | | 1 |
| 82485 | | 1 |
| 82495 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 82507 | | 1 |
| 82523 | | 1 |
| 82525 | | 2 |
| 82528 | | 1 |
| 82530 | | 4 |
| 82533 | | 5 |
| 82540 | | 1 |
| 82542 | | 6 |
| 82550 | | 3 |
| 82552 | | 3 |
| 82553 | | 3 |
| 82554 | | 1 |
| 82565 | | 2 |
| 82570 | | 3 |
| 82575 | | 1 |
| 82585 | | 1 |
| 82595 | | 1 |
| 82600 | | 1 |
| 82607 | | 1 |
| 82608 | | 1 |
| 82610 | | 1 |
| 82615 | | 1 |
| 82626 | | 1 |
| 82627 | | 1 |
| 82633 | | 1 |
| 82634 | | 1 |
| 82638 | | 1 |
| 82642 | | 1 |
| 82652 | | 1 |
| 82656 | | 1 |
| 82657 | | 3 |
| 82658 | | 2 |
| 82664 | | 2 |
| 82668 | | 1 |
| 82670 | | 2 |
| 82671 | | 1 |
| 82672 | | 1 |
| 82677 | | 1 |
| 82679 | | 1 |
| 82693 | | 2 |
| 82696 | | 1 |
| 82705 | | 1 |
| 82710 | | 1 |
| 82715 | | 3 |
| 82725 | | 1 |
| 82726 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 82728 | | 1 |
| 82731 | | 1 |
| 82735 | | 1 |
| 82746 | | 1 |
| 82747 | | 1 |
| 82757 | | 1 |
| 82759 | | 1 |
| 82760 | | 1 |
| 82775 | | 1 |
| 82776 | | 1 |
| 82777 | | 1 |
| 82784 | | 6 |
| 82785 | | 1 |
| 82787 | | 4 |
| 82800 | | 1 |
| 82803 | | 2 |
| 82805 | | 2 |
| 82810 | | 2 |
| 82820 | | 1 |
| 82930 | | 1 |
| 82938 | | 1 |
| 82941 | | 1 |
| 82943 | | 1 |
| 82945 | | 4 |
| 82946 | | 1 |
| 82947 | | 5 |
| 82948 | | 2 |
| 82950 | | 3 |
| 82951 | | 1 |
| 82952 | | 3 |
| 82955 | | 1 |
| 82960 | | 1 |
| 82962 | | 2 |
| 82963 | | 1 |
| 82965 | | 1 |
| 82977 | | 1 |
| 82978 | | 1 |
| 82979 | | 1 |
| 82985 | | 1 |
| 83001 | | 1 |
| 83002 | | 1 |
| 83003 | | 5 |
| 83006 | | 1 |
| 83009 | | 1 |
| 83010 | | 1 |
| 83012 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 83013 | | 1 |
| 83014 | | 1 |
| 83015 | | 1 |
| 83018 | | 4 |
| 83020 | | 2 |
| 83020 | 26 | 2 |
| 83021 | | 2 |
| 83026 | | 1 |
| 83030 | | 1 |
| 83033 | | 1 |
| 83036 | | 1 |
| 83037 | | 1 |
| 83045 | | 1 |
| 83050 | | 1 |
| 83051 | | 1 |
| 83060 | | 1 |
| 83065 | | 1 |
| 83068 | | 1 |
| 83069 | | 1 |
| 83070 | | 1 |
| 83080 | | 2 |
| 83088 | | 1 |
| 83090 | | 2 |
| 83150 | | 1 |
| 83491 | | 1 |
| 83497 | | 1 |
| 83498 | | 2 |
| 83500 | | 1 |
| 83505 | | 1 |
| 83516 | | 4 |
| 83518 | | 1 |
| 83519 | | 5 |
| 83520 | | 8 |
| 83525 | | 4 |
| 83527 | | 1 |
| 83528 | | 1 |
| 83540 | | 2 |
| 83550 | | 1 |
| 83570 | | 1 |
| 83582 | | 1 |
| 83586 | | 1 |
| 83593 | | 1 |
| 83605 | | 1 |
| 83615 | | 2 |
| 83625 | | 1 |
| 83630 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 83631 | | 1 |
| 83632 | | 1 |
| 83633 | | 1 |
| 83655 | | 2 |
| 83661 | | 3 |
| 83662 | | 4 |
| 83663 | | 3 |
| 83664 | | 3 |
| 83670 | | 1 |
| 83690 | | 2 |
| 83695 | | 1 |
| 83698 | | 1 |
| 83700 | | 1 |
| 83701 | | 1 |
| 83704 | | 1 |
| 83718 | | 1 |
| 83719 | | 1 |
| 83721 | | 1 |
| 83722 | | 1 |
| 83727 | | 1 |
| 83735 | | 4 |
| 83775 | | 1 |
| 83785 | | 1 |
| 83789 | | 4 |
| 83825 | | 2 |
| 83835 | | 2 |
| 83857 | | 1 |
| 83861 | | 2 |
| 83864 | | 1 |
| 83872 | | 2 |
| 83873 | | 1 |
| 83874 | | 2 |
| 83876 | | 1 |
| 83880 | | 1 |
| 83883 | | 6 |
| 83885 | | 2 |
| 83915 | | 1 |
| 83916 | | 2 |
| 83918 | | 2 |
| 83919 | | 1 |
| 83921 | | 2 |
| 83930 | | 2 |
| 83935 | | 2 |
| 83937 | | 1 |
| 83945 | | 2 |
| 83950 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 83951 | | 1 |
| 83970 | | 2 |
| 83986 | | 2 |
| 83987 | | 1 |
| 83992 | | 2 |
| 83993 | | 1 |
| 84030 | | 1 |
| 84035 | | 1 |
| 84060 | | 1 |
| 84066 | | 1 |
| 84075 | | 2 |
| 84078 | | 1 |
| 84080 | | 1 |
| 84081 | | 1 |
| 84085 | | 1 |
| 84087 | | 1 |
| 84100 | | 2 |
| 84105 | | 1 |
| 84106 | | 1 |
| 84110 | | 1 |
| 84112 | | 1 |
| 84119 | | 1 |
| 84120 | | 1 |
| 84126 | | 1 |
| 84132 | | 2 |
| 84133 | | 2 |
| 84134 | | 1 |
| 84135 | | 1 |
| 84138 | | 1 |
| 84140 | | 1 |
| 84143 | | 2 |
| 84144 | | 1 |
| 84145 | | 1 |
| 84146 | | 3 |
| 84150 | | 2 |
| 84152 | | 1 |
| 84153 | | 1 |
| 84154 | | 1 |
| 84155 | | 1 |
| 84156 | | 1 |
| 84157 | | 2 |
| 84160 | | 2 |
| 84163 | | 1 |
| 84165 | | 1 |
| 84165 | 26 | 1 |
| 84166 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 84166 | 26 | 2 |
| 84181 | | 3 |
| 84181 | 26 | 3 |
| 84182 | | 6 |
| 84182 | 26 | 6 |
| 84202 | | 1 |
| 84203 | | 1 |
| 84206 | | 1 |
| 84207 | | 1 |
| 84210 | | 1 |
| 84220 | | 1 |
| 84228 | | 1 |
| 84233 | | 1 |
| 84234 | | 1 |
| 84235 | | 1 |
| 84238 | | 3 |
| 84244 | | 2 |
| 84252 | | 1 |
| 84255 | | 2 |
| 84260 | | 1 |
| 84270 | | 1 |
| 84275 | | 1 |
| 84285 | | 1 |
| 84295 | | 1 |
| 84300 | | 2 |
| 84302 | | 1 |
| 84305 | | 1 |
| 84307 | | 1 |
| 84311 | | 2 |
| 84315 | | 1 |
| 84375 | | 1 |
| 84376 | | 1 |
| 84377 | | 1 |
| 84378 | | 2 |
| 84379 | | 1 |
| 84392 | | 1 |
| 84402 | | 1 |
| 84403 | | 2 |
| 84410 | | 1 |
| 84425 | | 1 |
| 84430 | | 1 |
| 84431 | | 1 |
| 84432 | | 1 |
| 84436 | | 1 |
| 84437 | | 1 |
| 84439 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 84442 | | 1 |
| 84443 | | 4 |
| 84445 | | 1 |
| 84446 | | 1 |
| 84449 | | 1 |
| 84450 | | 1 |
| 84460 | | 1 |
| 84466 | | 1 |
| 84478 | | 1 |
| 84479 | | 1 |
| 84480 | | 1 |
| 84481 | | 1 |
| 84482 | | 1 |
| 84484 | | 2 |
| 84485 | | 1 |
| 84488 | | 1 |
| 84490 | | 1 |
| 84510 | | 1 |
| 84512 | | 1 |
| 84520 | | 1 |
| 84525 | | 1 |
| 84540 | | 2 |
| 84545 | | 1 |
| 84550 | | 1 |
| 84560 | | 2 |
| 84577 | | 1 |
| 84578 | | 1 |
| 84580 | | 1 |
| 84583 | | 1 |
| 84585 | | 1 |
| 84586 | | 1 |
| 84588 | | 1 |
| 84590 | | 1 |
| 84591 | | 1 |
| 84597 | | 1 |
| 84600 | | 2 |
| 84620 | | 1 |
| 84630 | | 2 |
| 84681 | | 1 |
| 84702 | | 2 |
| 84703 | | 1 |
| 84704 | | 1 |
| 84830 | | 1 |
| 84999 | | 1 |
| 85002 | | 1 |
| 85004 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 85007 | | 1 |
| 85008 | | 1 |
| 85009 | | 1 |
| 85013 | | 1 |
| 85014 | | 2 |
| 85018 | | 2 |
| 85025 | | 2 |
| 85027 | | 2 |
| 85032 | | 1 |
| 85041 | | 1 |
| 85044 | | 1 |
| 85045 | | 1 |
| 85046 | | 1 |
| 85048 | | 2 |
| 85049 | | 2 |
| 85055 | | 1 |
| 85060 | | 1 |
| 85097 | | 2 |
| 85130 | | 1 |
| 85170 | | 1 |
| 85175 | | 1 |
| 85210 | | 2 |
| 85220 | | 2 |
| 85230 | | 2 |
| 85240 | | 2 |
| 85244 | | 1 |
| 85245 | | 2 |
| 85246 | | 2 |
| 85247 | | 2 |
| 85250 | | 2 |
| 85260 | | 2 |
| 85270 | | 2 |
| 85280 | | 2 |
| 85290 | | 2 |
| 85291 | | 1 |
| 85292 | | 1 |
| 85293 | | 1 |
| 85300 | | 2 |
| 85301 | | 1 |
| 85302 | | 1 |
| 85303 | | 2 |
| 85305 | | 2 |
| 85306 | | 2 |
| 85307 | | 2 |
| 85335 | | 2 |
| 85337 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 85345 | | 1 |
| 85347 | | 5 |
| 85348 | | 1 |
| 85360 | | 1 |
| 85362 | | 2 |
| 85366 | | 1 |
| 85370 | | 1 |
| 85378 | | 1 |
| 85379 | | 2 |
| 85380 | | 1 |
| 85384 | | 2 |
| 85385 | | 1 |
| 85390 | | 3 |
| 85390 | 26 | 3 |
| 85396 | | 1 |
| 85397 | | 3 |
| 85400 | | 1 |
| 85410 | | 1 |
| 85415 | | 2 |
| 85420 | | 2 |
| 85421 | | 1 |
| 85441 | | 1 |
| 85445 | | 1 |
| 85460 | | 1 |
| 85461 | | 1 |
| 85475 | | 1 |
| 85520 | | 1 |
| 85525 | | 2 |
| 85530 | | 1 |
| 85536 | | 1 |
| 85540 | | 1 |
| 85547 | | 1 |
| 85549 | | 1 |
| 85555 | | 1 |
| 85557 | | 1 |
| 85576 | | 7 |
| 85576 | 26 | 7 |
| 85597 | | 1 |
| 85598 | | 1 |
| 85610 | | 4 |
| 85611 | | 2 |
| 85612 | | 1 |
| 85613 | | 3 |
| 85635 | | 1 |
| 85651 | | 1 |
| 85652 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 85660 | | 2 |
| 85670 | | 2 |
| 85675 | | 1 |
| 85705 | | 1 |
| 85730 | | 4 |
| 85732 | | 4 |
| 85810 | | 2 |
| 85999 | | 1 |
| 86000 | | 6 |
| 86001 | | 20 |
| 86003 | | 10 |
| 86005 | | 2 |
| 86008 | | 20 |
| 86021 | | 1 |
| 86022 | | 1 |
| 86023 | | 3 |
| 86038 | | 1 |
| 86039 | | 1 |
| 86060 | | 1 |
| 86063 | | 1 |
| 86077 | | 1 |
| 86078 | | 1 |
| 86079 | | 1 |
| 86140 | | 1 |
| 86141 | | 1 |
| 86146 | | 3 |
| 86147 | | 4 |
| 86148 | | 3 |
| 86152 | | 1 |
| 86153 | 26 | 1 |
| 86155 | | 1 |
| 86156 | | 1 |
| 86157 | | 1 |
| 86160 | | 4 |
| 86161 | | 2 |
| 86162 | | 1 |
| 86171 | | 2 |
| 86200 | | 1 |
| 86215 | | 1 |
| 86225 | | 1 |
| 86226 | | 1 |
| 86235 | | 10 |
| 86255 | | 5 |
| 86255 | 26 | 5 |
| 86256 | | 9 |
| 86256 | 26 | 9 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 86277 | | 1 |
| 86280 | | 1 |
| 86294 | | 1 |
| 86300 | | 2 |
| 86301 | | 1 |
| 86304 | | 1 |
| 86305 | | 1 |
| 86308 | | 1 |
| 86309 | | 1 |
| 86310 | | 1 |
| 86316 | | 2 |
| 86317 | | 6 |
| 86318 | | 2 |
| 86320 | | 1 |
| 86320 | 26 | 1 |
| 86325 | | 2 |
| 86325 | 26 | 2 |
| 86327 | | 1 |
| 86327 | 26 | 1 |
| 86329 | | 3 |
| 86331 | | 12 |
| 86332 | | 1 |
| 86334 | | 2 |
| 86334 | 26 | 2 |
| 86335 | | 2 |
| 86335 | 26 | 2 |
| 86336 | | 1 |
| 86337 | | 1 |
| 86340 | | 1 |
| 86341 | | 1 |
| 86343 | | 1 |
| 86344 | | 1 |
| 86352 | | 1 |
| 86353 | | 7 |
| 86355 | | 1 |
| 86356 | | 7 |
| 86357 | | 1 |
| 86359 | | 1 |
| 86360 | | 1 |
| 86361 | | 1 |
| 86367 | | 1 |
| 86376 | | 2 |
| 86382 | | 3 |
| 86384 | | 1 |
| 86386 | | 1 |
| 86403 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 86406 | | 2 |
| 86430 | | 2 |
| 86431 | | 2 |
| 86480 | | 1 |
| 86481 | | 1 |
| 86485 | | 1 |
| 86486 | | 2 |
| 86490 | | 1 |
| 86510 | | 1 |
| 86580 | | 1 |
| 86590 | | 1 |
| 86592 | | 2 |
| 86593 | | 2 |
| 86602 | | 3 |
| 86603 | | 2 |
| 86606 | | 1 |
| 86609 | | 14 |
| 86611 | | 4 |
| 86612 | | 2 |
| 86615 | | 6 |
| 86617 | | 2 |
| 86618 | | 2 |
| 86619 | | 2 |
| 86622 | | 2 |
| 86625 | | 1 |
| 86628 | | 3 |
| 86631 | | 6 |
| 86632 | | 3 |
| 86635 | | 4 |
| 86638 | | 6 |
| 86641 | | 2 |
| 86644 | | 2 |
| 86645 | | 1 |
| 86648 | | 2 |
| 86651 | | 2 |
| 86652 | | 2 |
| 86653 | | 2 |
| 86654 | | 2 |
| 86658 | | 12 |
| 86663 | | 2 |
| 86664 | | 2 |
| 86665 | | 2 |
| 86666 | | 4 |
| 86668 | | 2 |
| 86671 | | 3 |
| 86674 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 86677 | | 3 |
| 86682 | | 2 |
| 86684 | | 2 |
| 86687 | | 1 |
| 86688 | | 1 |
| 86689 | | 2 |
| 86692 | | 2 |
| 86694 | | 2 |
| 86695 | | 2 |
| 86696 | | 2 |
| 86698 | | 3 |
| 86701 | | 1 |
| 86702 | | 2 |
| 86703 | | 1 |
| 86704 | | 1 |
| 86705 | | 1 |
| 86706 | | 2 |
| 86707 | | 1 |
| 86708 | | 1 |
| 86709 | | 1 |
| 86710 | | 4 |
| 86711 | | 2 |
| 86713 | | 3 |
| 86717 | | 8 |
| 86720 | | 2 |
| 86723 | | 2 |
| 86727 | | 2 |
| 86732 | | 2 |
| 86735 | | 2 |
| 86738 | | 2 |
| 86741 | | 2 |
| 86744 | | 2 |
| 86747 | | 2 |
| 86750 | | 4 |
| 86753 | | 3 |
| 86756 | | 2 |
| 86757 | | 6 |
| 86759 | | 2 |
| 86762 | | 2 |
| 86765 | | 2 |
| 86768 | | 5 |
| 86771 | | 2 |
| 86774 | | 2 |
| 86777 | | 2 |
| 86778 | | 2 |
| 86780 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 86784 | | 1 |
| 86787 | | 2 |
| 86788 | | 2 |
| 86789 | | 2 |
| 86790 | | 4 |
| 86793 | | 2 |
| 86794 | | 1 |
| 86800 | | 1 |
| 86803 | | 1 |
| 86804 | | 1 |
| 86805 | | 2 |
| 86806 | | 2 |
| 86807 | | 2 |
| 86808 | | 1 |
| 86812 | | 1 |
| 86813 | | 1 |
| 86816 | | 1 |
| 86817 | | 1 |
| 86821 | | 1 |
| 86825 | | 1 |
| 86826 | | 2 |
| 86828 | | 2 |
| 86829 | | 1 |
| 86830 | | 2 |
| 86831 | | 2 |
| 86832 | | 2 |
| 86833 | | 1 |
| 86834 | | 1 |
| 86835 | | 1 |
| 86849 | | 1 |
| 86850 | | 3 |
| 86860 | | 2 |
| 86870 | | 2 |
| 86880 | | 4 |
| 86885 | | 2 |
| 86886 | | 3 |
| 86890 | | 1 |
| 86891 | | 1 |
| 86900 | | 1 |
| 86901 | | 1 |
| 86902 | | 6 |
| 86904 | | 2 |
| 86905 | | 8 |
| 86906 | | 1 |
| 86910 | | 1 |
| 86911 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 86920 | | 9 |
| 86921 | | 2 |
| 86922 | | 5 |
| 86923 | | 10 |
| 86927 | | 2 |
| 86930 | | 2 |
| 86931 | | 1 |
| 86932 | | 1 |
| 86940 | | 1 |
| 86941 | | 1 |
| 86945 | | 2 |
| 86950 | | 1 |
| 86960 | | 1 |
| 86965 | | 1 |
| 86970 | | 1 |
| 86971 | | 1 |
| 86972 | | 1 |
| 86975 | | 1 |
| 86976 | | 1 |
| 86977 | | 1 |
| 86978 | | 1 |
| 86985 | | 1 |
| 86999 | | 1 |
| 87003 | | 1 |
| 87015 | | 4 |
| 87040 | | 2 |
| 87045 | | 3 |
| 87046 | | 6 |
| 87070 | | 3 |
| 87071 | | 4 |
| 87073 | | 3 |
| 87075 | | 6 |
| 87076 | | 6 |
| 87077 | | 10 |
| 87081 | | 6 |
| 87084 | | 1 |
| 87086 | | 3 |
| 87088 | | 6 |
| 87101 | | 4 |
| 87102 | | 4 |
| 87103 | | 2 |
| 87106 | | 4 |
| 87107 | | 4 |
| 87109 | | 2 |
| 87110 | | 2 |
| 87116 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 87118 | | 3 |
| 87140 | | 3 |
| 87143 | | 2 |
| 87147 | | 2 |
| 87149 | | 10 |
| 87150 | | 12 |
| 87152 | | 1 |
| 87153 | | 3 |
| 87158 | | 1 |
| 87164 | | 2 |
| 87164 | 26 | 2 |
| 87166 | | 2 |
| 87168 | | 2 |
| 87169 | | 2 |
| 87172 | | 1 |
| 87176 | | 2 |
| 87177 | | 3 |
| 87181 | | 12 |
| 87184 | | 8 |
| 87185 | | 4 |
| 87186 | | 12 |
| 87187 | | 3 |
| 87188 | | 6 |
| 87190 | | 9 |
| 87197 | | 1 |
| 87205 | | 3 |
| 87206 | | 6 |
| 87207 | | 3 |
| 87207 | 26 | 3 |
| 87209 | | 4 |
| 87210 | | 4 |
| 87220 | | 3 |
| 87230 | | 3 |
| 87250 | | 1 |
| 87252 | | 2 |
| 87253 | | 2 |
| 87254 | | 7 |
| 87255 | | 2 |
| 87260 | | 1 |
| 87265 | | 1 |
| 87267 | | 1 |
| 87269 | | 1 |
| 87270 | | 1 |
| 87271 | | 1 |
| 87272 | | 1 |
| 87273 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 87274 | | 1 |
| 87275 | | 1 |
| 87276 | | 1 |
| 87278 | | 1 |
| 87279 | | 1 |
| 87280 | | 1 |
| 87281 | | 1 |
| 87283 | | 1 |
| 87285 | | 1 |
| 87290 | | 1 |
| 87299 | | 1 |
| 87300 | | 2 |
| 87301 | | 1 |
| 87305 | | 1 |
| 87320 | | 1 |
| 87324 | | 2 |
| 87327 | | 1 |
| 87328 | | 2 |
| 87329 | | 2 |
| 87332 | | 1 |
| 87335 | | 1 |
| 87336 | | 1 |
| 87337 | | 1 |
| 87338 | | 1 |
| 87339 | | 1 |
| 87340 | | 1 |
| 87341 | | 1 |
| 87350 | | 1 |
| 87380 | | 1 |
| 87385 | | 2 |
| 87389 | | 1 |
| 87390 | | 1 |
| 87391 | | 1 |
| 87400 | | 2 |
| 87420 | | 1 |
| 87425 | | 1 |
| 87427 | | 2 |
| 87430 | | 1 |
| 87449 | | 3 |
| 87450 | | 2 |
| 87451 | | 2 |
| 87471 | | 1 |
| 87472 | | 1 |
| 87475 | | 1 |
| 87476 | | 1 |
| 87480 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 87481 | | 2 |
| 87482 | | 1 |
| 87483 | | 1 |
| 87485 | | 1 |
| 87486 | | 1 |
| 87487 | | 1 |
| 87490 | | 1 |
| 87491 | | 3 |
| 87492 | | 1 |
| 87493 | | 2 |
| 87495 | | 1 |
| 87496 | | 1 |
| 87497 | | 2 |
| 87498 | | 1 |
| 87500 | | 1 |
| 87501 | | 1 |
| 87502 | | 1 |
| 87503 | | 1 |
| 87505 | | 1 |
| 87506 | | 1 |
| 87507 | | 1 |
| 87510 | | 1 |
| 87511 | | 1 |
| 87512 | | 1 |
| 87516 | | 1 |
| 87517 | | 1 |
| 87520 | | 1 |
| 87521 | | 1 |
| 87522 | | 1 |
| 87525 | | 1 |
| 87526 | | 1 |
| 87527 | | 1 |
| 87528 | | 1 |
| 87529 | | 2 |
| 87530 | | 2 |
| 87531 | | 1 |
| 87532 | | 1 |
| 87533 | | 1 |
| 87534 | | 1 |
| 87535 | | 1 |
| 87536 | | 1 |
| 87537 | | 1 |
| 87538 | | 1 |
| 87539 | | 1 |
| 87540 | | 1 |
| 87541 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 87542 | | 1 |
| 87550 | | 1 |
| 87551 | | 2 |
| 87552 | | 1 |
| 87555 | | 1 |
| 87556 | | 1 |
| 87557 | | 1 |
| 87560 | | 1 |
| 87561 | | 1 |
| 87562 | | 1 |
| 87563 | | TBD |
| 87580 | | 1 |
| 87581 | | 1 |
| 87582 | | 1 |
| 87590 | | 1 |
| 87591 | | 3 |
| 87592 | | 1 |
| 87623 | | 1 |
| 87624 | | 1 |
| 87625 | | 1 |
| 87631 | | 1 |
| 87632 | | 1 |
| 87633 | | 1 |
| 87634 | | 1 |
| 87640 | | 1 |
| 87641 | | 1 |
| 87650 | | 1 |
| 87651 | | 1 |
| 87652 | | 1 |
| 87653 | | 1 |
| 87660 | | 1 |
| 87661 | | 1 |
| 87662 | | 2 |
| 87797 | | 3 |
| 87798 | | 13 |
| 87799 | | 3 |
| 87800 | | 2 |
| 87801 | | 3 |
| 87802 | | 2 |
| 87803 | | 3 |
| 87804 | | 3 |
| 87806 | | 1 |
| 87807 | | 2 |
| 87808 | | 1 |
| 87809 | | 2 |
| 87810 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 87850 | | 1 |
| 87880 | | 2 |
| 87899 | | 4 |
| 87900 | | 1 |
| 87901 | | 1 |
| 87902 | | 1 |
| 87903 | | 1 |
| 87904 | | 14 |
| 87905 | | 2 |
| 87906 | | 2 |
| 87910 | | 1 |
| 87912 | | 1 |
| 87999 | | 1 |
| 88000 | | 1 |
| 88005 | | 1 |
| 88007 | | 1 |
| 88012 | | 1 |
| 88014 | | 1 |
| 88016 | | 1 |
| 88020 | | 1 |
| 88025 | | 1 |
| 88027 | | 1 |
| 88028 | | 1 |
| 88029 | | 1 |
| 88036 | | 1 |
| 88037 | | 1 |
| 88040 | | 1 |
| 88045 | | 1 |
| 88099 | | 1 |
| 88104 | | 5 |
| 88104 | 26 | 5 |
| 88104 | TC | 5 |
| 88106 | | 5 |
| 88106 | 26 | 5 |
| 88106 | TC | 5 |
| 88108 | | 6 |
| 88108 | 26 | 6 |
| 88108 | TC | 6 |
| 88112 | | 6 |
| 88112 | 26 | 6 |
| 88112 | TC | 6 |
| 88120 | | 2 |
| 88120 | 26 | 2 |
| 88120 | TC | 2 |
| 88121 | | 2 |
| 88121 | 26 | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 88121 | TC | 2 |
| 88125 | | 1 |
| 88125 | 26 | 1 |
| 88125 | TC | 1 |
| 88130 | | 1 |
| 88140 | | 1 |
| 88141 | | 1 |
| 88142 | | 1 |
| 88143 | | 1 |
| 88147 | | 1 |
| 88148 | | 1 |
| 88150 | | 1 |
| 88152 | | 1 |
| 88153 | | 1 |
| 88155 | | 1 |
| 88160 | | 4 |
| 88160 | 26 | 4 |
| 88160 | TC | 4 |
| 88161 | | 4 |
| 88161 | 26 | 4 |
| 88161 | TC | 4 |
| 88162 | | 3 |
| 88162 | 26 | 3 |
| 88162 | TC | 3 |
| 88164 | | 1 |
| 88165 | | 1 |
| 88166 | | 1 |
| 88167 | | 1 |
| 88172 | | 5 |
| 88172 | 26 | 5 |
| 88172 | TC | 5 |
| 88173 | | 5 |
| 88173 | 26 | 5 |
| 88173 | TC | 5 |
| 88174 | | 1 |
| 88175 | | 1 |
| 88177 | | 6 |
| 88177 | 26 | 6 |
| 88177 | TC | 6 |
| 88182 | | 2 |
| 88182 | 26 | 2 |
| 88182 | TC | 2 |
| 88184 | | 2 |
| 88185 | | 34 |
| 88187 | | 2 |
| 88188 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 88189 | | 2 |
| 88199 | | 1 |
| 88199 | 26 | 1 |
| 88199 | TC | 1 |
| 88230 | | 2 |
| 88233 | | 2 |
| 88235 | | 2 |
| 88237 | | 4 |
| 88239 | | 3 |
| 88240 | | 3 |
| 88241 | | 3 |
| 88245 | | 1 |
| 88248 | | 1 |
| 88249 | | 1 |
| 88261 | | 2 |
| 88262 | | 2 |
| 88263 | | 1 |
| 88264 | | 1 |
| 88267 | | 2 |
| 88269 | | 2 |
| 88271 | | 16 |
| 88272 | | 12 |
| 88273 | | 3 |
| 88274 | | 5 |
| 88275 | | 12 |
| 88280 | | 1 |
| 88283 | | 5 |
| 88285 | | 10 |
| 88289 | | 1 |
| 88291 | | 1 |
| 88299 | | 1 |
| 88300 | | 4 |
| 88300 | 26 | 4 |
| 88300 | TC | 4 |
| 88302 | | 4 |
| 88302 | 26 | 4 |
| 88302 | TC | 4 |
| 88304 | | 5 |
| 88304 | 26 | 5 |
| 88304 | TC | 5 |
| 88305 | | 16 |
| 88305 | 26 | 16 |
| 88305 | TC | 16 |
| 88307 | | 8 |
| 88307 | 26 | 8 |
| 88307 | TC | 8 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 88309 | | 3 |
| 88309 | 26 | 3 |
| 88309 | TC | 3 |
| 88311 | | 4 |
| 88311 | 26 | 4 |
| 88311 | TC | 4 |
| 88312 | | 9 |
| 88312 | 26 | 9 |
| 88312 | TC | 9 |
| 88313 | | 8 |
| 88313 | 26 | 8 |
| 88313 | TC | 8 |
| 88314 | | 6 |
| 88314 | 26 | 6 |
| 88314 | TC | 6 |
| 88319 | | 11 |
| 88319 | 26 | 11 |
| 88319 | TC | 11 |
| 88321 | | 1 |
| 88323 | | 1 |
| 88323 | 26 | 1 |
| 88323 | TC | 1 |
| 88325 | | 1 |
| 88329 | | 2 |
| 88331 | | 11 |
| 88331 | 26 | 11 |
| 88331 | TC | 11 |
| 88332 | | 13 |
| 88332 | 26 | 13 |
| 88332 | TC | 13 |
| 88333 | | 4 |
| 88333 | 26 | 4 |
| 88333 | TC | 4 |
| 88334 | | 5 |
| 88334 | 26 | 5 |
| 88334 | TC | 5 |
| 88341 | | 13 |
| 88341 | 26 | 13 |
| 88341 | TC | 13 |
| 88342 | | 3 |
| 88342 | 26 | 3 |
| 88342 | TC | 3 |
| 88344 | | 6 |
| 88344 | 26 | 6 |
| 88344 | TC | 6 |
| 88346 | | 10 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 88346 | 26 | 10 |
| 88346 | TC | 10 |
| 88348 | | 1 |
| 88348 | 26 | 1 |
| 88348 | TC | 1 |
| 88350 | | 8 |
| 88350 | 26 | 8 |
| 88350 | TC | 8 |
| 88355 | | 1 |
| 88355 | 26 | 1 |
| 88355 | TC | 1 |
| 88356 | | 3 |
| 88356 | 26 | 3 |
| 88356 | TC | 3 |
| 88358 | | 2 |
| 88358 | 26 | 2 |
| 88358 | TC | 2 |
| 88360 | | 6 |
| 88360 | 26 | 6 |
| 88360 | TC | 6 |
| 88361 | | 6 |
| 88361 | 26 | 6 |
| 88361 | TC | 6 |
| 88362 | | 1 |
| 88362 | 26 | 1 |
| 88362 | TC | 1 |
| 88363 | | 2 |
| 88364 | | 3 |
| 88364 | 26 | 3 |
| 88364 | TC | 3 |
| 88365 | | 10 |
| 88365 | 26 | 10 |
| 88365 | TC | 10 |
| 88366 | | 2 |
| 88366 | 26 | 2 |
| 88366 | TC | 2 |
| 88367 | | 3 |
| 88367 | 26 | 3 |
| 88367 | TC | 3 |
| 88368 | | 3 |
| 88368 | 26 | 3 |
| 88368 | TC | 3 |
| 88369 | | 3 |
| 88369 | 26 | 3 |
| 88369 | TC | 3 |
| 88371 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 88371 | 26 | 1 |
| 88372 | | 1 |
| 88372 | 26 | 1 |
| 88373 | | 3 |
| 88373 | 26 | 3 |
| 88373 | TC | 3 |
| 88374 | | 5 |
| 88374 | 26 | 5 |
| 88374 | TC | 5 |
| 88375 | | 1 |
| 88377 | | 5 |
| 88377 | 26 | 5 |
| 88377 | TC | 5 |
| 88380 | | 1 |
| 88380 | 26 | 1 |
| 88380 | TC | 1 |
| 88381 | | 1 |
| 88381 | 26 | 1 |
| 88381 | TC | 1 |
| 88387 | | 3 |
| 88387 | 26 | 3 |
| 88387 | TC | 3 |
| 88388 | | 1 |
| 88388 | 26 | 1 |
| 88388 | TC | 1 |
| 88399 | | 1 |
| 88399 | 26 | 1 |
| 88399 | TC | 1 |
| 88720 | | 1 |
| 88738 | | 1 |
| 88740 | | 1 |
| 88741 | | 1 |
| 88749 | | 1 |
| 89049 | | 1 |
| 89050 | | 2 |
| 89051 | | 2 |
| 89055 | | 2 |
| 89060 | | 2 |
| 89060 | 26 | 2 |
| 89125 | | 2 |
| 89160 | | 1 |
| 89190 | | 1 |
| 89220 | | 1 |
| 89230 | | 1 |
| 89240 | | 1 |
| 89250 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 89251 | | 1 |
| 89253 | | 1 |
| 89254 | | 1 |
| 89255 | | 1 |
| 89257 | | 1 |
| 89258 | | 1 |
| 89259 | | 1 |
| 89260 | | 1 |
| 89261 | | 1 |
| 89264 | | 1 |
| 89268 | | 1 |
| 89272 | | 1 |
| 89280 | | 1 |
| 89281 | | 1 |
| 89290 | | 1 |
| 89291 | | 1 |
| 89300 | | 1 |
| 89310 | | 1 |
| 89320 | | 1 |
| 89321 | | 1 |
| 89322 | | 1 |
| 89325 | | 1 |
| 89329 | | 1 |
| 89330 | | 1 |
| 89331 | | 1 |
| 89335 | | 1 |
| 89337 | | 1 |
| 89342 | | 1 |
| 89343 | | 1 |
| 89344 | | 1 |
| 89346 | | 1 |
| 89352 | | 1 |
| 89353 | | 1 |
| 89354 | | 1 |
| 89356 | | 2 |
| 89398 | | 1 |
| 90281 | | 1 |
| 90283 | | 1 |
| 90284 | | 1 |
| 90287 | | 1 |
| 90288 | | 1 |
| 90291 | | 1 |
| 90296 | | 1 |
| 90371 | | 10 |
| 90375 | | 20 |
| 90376 | | 20 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 90378 | | 4 |
| 90384 | | 1 |
| 90385 | | 1 |
| 90386 | | 1 |
| 90389 | | 1 |
| 90393 | | 1 |
| 90396 | | 1 |
| 90399 | | 1 |
| 90460 | | 9 |
| 90461 | | 8 |
| 90471 | | 1 |
| 90472 | | 8 |
| 90473 | | 1 |
| 90474 | | 1 |
| 90476 | | 1 |
| 90477 | | 1 |
| 90581 | | 1 |
| 90585 | | 1 |
| 90586 | | 1 |
| 90619 | | TBD |
| 90620 | | 1 |
| 90621 | | 1 |
| 90625 | | 1 |
| 90630 | | 1 |
| 90632 | | 1 |
| 90633 | | 1 |
| 90634 | | 1 |
| 90636 | | 1 |
| 90644 | | 1 |
| 90647 | | 1 |
| 90648 | | 1 |
| 90649 | | 1 |
| 90650 | | 1 |
| 90651 | | 1 |
| 90653 | | 1 |
| 90654 | | 1 |
| 90655 | | 1 |
| 90656 | | 1 |
| 90657 | | 1 |
| 90658 | | 1 |
| 90660 | | 1 |
| 90661 | | 1 |
| 90662 | | 1 |
| 90664 | | 1 |
| 90666 | | 1 |
| 90667 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 90668 | | 1 |
| 90670 | | 1 |
| 90672 | | 1 |
| 90673 | | 1 |
| 90674 | | 1 |
| 90675 | | 1 |
| 90676 | | 1 |
| 90680 | | 1 |
| 90681 | | 1 |
| 90682 | | 1 |
| 90685 | | 1 |
| 90686 | | 1 |
| 90687 | | 1 |
| 90688 | | 1 |
| 90689 | | 1 |
| 90690 | | 1 |
| 90691 | | 1 |
| 90694 | | TBD |
| 90696 | | 1 |
| 90697 | | 1 |
| 90698 | | 1 |
| 90700 | | 1 |
| 90702 | | 1 |
| 90707 | | 1 |
| 90710 | | 1 |
| 90713 | | 1 |
| 90714 | | 1 |
| 90715 | | 1 |
| 90716 | | 1 |
| 90717 | | 1 |
| 90723 | | 1 |
| 90732 | | 1 |
| 90733 | | 1 |
| 90734 | | 1 |
| 90736 | | 1 |
| 90738 | | 1 |
| 90739 | | 1 |
| 90740 | | 1 |
| 90743 | | 1 |
| 90744 | | 1 |
| 90746 | | 1 |
| 90747 | | 1 |
| 90748 | | 1 |
| 90749 | | 1 |
| 90756 | | 1 |
| 90785 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 90791 | | 1 |
| 90791 | 95 | 1 |
| 90792 | | 1 |
| 90792 | 95 | 1 |
| 90832 | | 2 |
| 90832 | 95 | 2 |
| 90833 | | 2 |
| 90833 | 95 | 2 |
| 90834 | | 2 |
| 90834 | 95 | 2 |
| 90836 | | 2 |
| 90836 | 95 | 2 |
| 90837 | | 2 |
| 90837 | 95 | 2 |
| 90838 | | 2 |
| 90838 | 95 | 2 |
| 90839 | | 1 |
| 90840 | | 3 |
| 90845 | | 1 |
| 90845 | 95 | 1 |
| 90846 | | 1 |
| 90847 | | 1 |
| 90849 | | 1 |
| 90853 | | 1 |
| 90863 | | 1 |
| 90865 | | 1 |
| 90867 | | 1 |
| 90868 | | 1 |
| 90869 | | 1 |
| 90870 | | 2 |
| 90875 | | 1 |
| 90876 | | 1 |
| 90880 | | 1 |
| 90882 | | 1 |
| 90885 | | 1 |
| 90887 | | 1 |
| 90889 | | 1 |
| 90899 | | 1 |
| 90901 | | 1 |
| 90912 | | TBD |
| 90913 | | TBD |
| 90935 | | 1 |
| 90937 | | 1 |
| 90940 | | 1 |
| 90945 | | 1 |
| 90947 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 90951 | | 1 |
| 90952 | | 1 |
| 90953 | | 1 |
| 90954 | | 1 |
| 90955 | | 1 |
| 90956 | | 1 |
| 90957 | | 1 |
| 90958 | | 1 |
| 90959 | | 1 |
| 90960 | | 1 |
| 90961 | | 1 |
| 90962 | | 1 |
| 90963 | | 1 |
| 90964 | | 1 |
| 90965 | | 1 |
| 90966 | | 1 |
| 90967 | | 1 |
| 90968 | | 1 |
| 90969 | | 1 |
| 90970 | | 1 |
| 90989 | | 1 |
| 90993 | | 1 |
| 90997 | | 1 |
| 90999 | | 1 |
| 91010 | | 1 |
| 91010 | 26 | 1 |
| 91010 | TC | 1 |
| 91013 | | 1 |
| 91013 | 26 | 1 |
| 91013 | TC | 1 |
| 91020 | | 1 |
| 91020 | 26 | 1 |
| 91020 | TC | 1 |
| 91022 | | 1 |
| 91022 | 26 | 1 |
| 91022 | TC | 1 |
| 91030 | | 1 |
| 91030 | 26 | 1 |
| 91030 | TC | 1 |
| 91034 | | 1 |
| 91034 | 26 | 1 |
| 91034 | TC | 1 |
| 91035 | | 1 |
| 91035 | 26 | 1 |
| 91035 | TC | 1 |
| 91037 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 91037 | 26 | 1 |
| 91037 | TC | 1 |
| 91038 | | 1 |
| 91038 | 26 | 1 |
| 91038 | TC | 1 |
| 91040 | | 1 |
| 91040 | 26 | 1 |
| 91040 | TC | 1 |
| 91065 | | 2 |
| 91065 | 26 | 2 |
| 91065 | TC | 2 |
| 91110 | | 1 |
| 91110 | 26 | 1 |
| 91110 | TC | 1 |
| 91111 | | 1 |
| 91111 | 26 | 1 |
| 91111 | TC | 1 |
| 91112 | | 1 |
| 91112 | 26 | 1 |
| 91112 | TC | 1 |
| 91117 | | 1 |
| 91120 | | 1 |
| 91120 | 26 | 1 |
| 91120 | TC | 1 |
| 91122 | | 1 |
| 91122 | 26 | 1 |
| 91122 | TC | 1 |
| 91132 | | 1 |
| 91132 | 26 | 1 |
| 91132 | TC | 1 |
| 91133 | | 1 |
| 91133 | 26 | 1 |
| 91133 | TC | 1 |
| 91200 | | 1 |
| 91200 | 26 | 1 |
| 91200 | TC | 1 |
| 91299 | | 1 |
| 91299 | 26 | 1 |
| 91299 | TC | 1 |
| 92002 | | 1 |
| 92004 | | 1 |
| 92012 | | 1 |
| 92014 | | 1 |
| 92015 | | 1 |
| 92018 | | 1 |
| 92019 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92020 | | 1 |
| 92025 | | 1 |
| 92025 | 26 | 1 |
| 92025 | TC | 1 |
| 92060 | | 1 |
| 92060 | 26 | 1 |
| 92060 | TC | 1 |
| 92065 | | 1 |
| 92065 | 26 | 1 |
| 92065 | TC | 1 |
| 92071 | | 2 |
| 92072 | | 1 |
| 92081 | | 1 |
| 92081 | 26 | 1 |
| 92081 | TC | 1 |
| 92082 | | 1 |
| 92082 | 26 | 1 |
| 92082 | TC | 1 |
| 92083 | | 1 |
| 92083 | 26 | 1 |
| 92083 | TC | 1 |
| 92100 | | 1 |
| 92132 | | 1 |
| 92132 | 26 | 1 |
| 92132 | TC | 1 |
| 92133 | | 1 |
| 92133 | 26 | 1 |
| 92133 | TC | 1 |
| 92134 | | 1 |
| 92134 | 26 | 1 |
| 92134 | TC | 1 |
| 92136 | | 2 |
| 92136 | 26 | 2 |
| 92136 | TC | 2 |
| 92145 | | 1 |
| 92145 | 26 | 1 |
| 92145 | TC | 1 |
| 92201 | | TBD |
| 92202 | | TBD |
| 92227 | | 1 |
| 92228 | | 1 |
| 92228 | 26 | 1 |
| 92228 | TC | 1 |
| 92230 | | 2 |
| 92235 | | 1 |
| 92235 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92235 | TC | 1 |
| 92240 | | 1 |
| 92240 | 26 | 1 |
| 92240 | TC | 1 |
| 92242 | | 1 |
| 92242 | 26 | 1 |
| 92242 | TC | 1 |
| 92250 | | 1 |
| 92250 | 26 | 1 |
| 92250 | TC | 1 |
| 92260 | | 1 |
| 92265 | | 1 |
| 92265 | 26 | 1 |
| 92265 | TC | 1 |
| 92270 | | 1 |
| 92270 | 26 | 1 |
| 92270 | TC | 1 |
| 92273 | | 1 |
| 92273 | 26 | 1 |
| 92273 | TC | 1 |
| 92274 | | 1 |
| 92274 | 26 | 1 |
| 92274 | TC | 1 |
| 92283 | | 1 |
| 92283 | 26 | 1 |
| 92283 | TC | 1 |
| 92284 | | 1 |
| 92284 | 26 | 1 |
| 92284 | TC | 1 |
| 92285 | | 1 |
| 92285 | 26 | 1 |
| 92285 | TC | 1 |
| 92286 | | 1 |
| 92286 | 26 | 1 |
| 92286 | TC | 1 |
| 92287 | | 1 |
| 92287 | 26 | 1 |
| 92287 | TC | 1 |
| 92310 | | 1 |
| 92311 | | 1 |
| 92312 | | 1 |
| 92313 | | 1 |
| 92314 | | 1 |
| 92315 | | 1 |
| 92316 | | 1 |
| 92317 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92325 | | 1 |
| 92326 | | 2 |
| 92340 | | 1 |
| 92341 | | 1 |
| 92342 | | 1 |
| 92352 | | 1 |
| 92353 | | 1 |
| 92354 | | 1 |
| 92355 | | 1 |
| 92358 | | 1 |
| 92370 | | 1 |
| 92371 | | 1 |
| 92499 | | 1 |
| 92499 | 26 | 1 |
| 92499 | TC | 1 |
| 92502 | | 1 |
| 92504 | | 1 |
| 92507 | | 1 |
| 92508 | | 1 |
| 92511 | | 1 |
| 92512 | | 1 |
| 92516 | | 1 |
| 92520 | | 1 |
| 92521 | | 1 |
| 92522 | | 1 |
| 92523 | | 1 |
| 92524 | | 1 |
| 92526 | | 1 |
| 92531 | | 1 |
| 92532 | | 1 |
| 92533 | | 1 |
| 92534 | | 1 |
| 92537 | | 1 |
| 92537 | 26 | 1 |
| 92537 | TC | 1 |
| 92538 | | 1 |
| 92538 | 26 | 1 |
| 92538 | TC | 1 |
| 92540 | | 1 |
| 92540 | 26 | 1 |
| 92540 | TC | 1 |
| 92541 | | 1 |
| 92541 | 26 | 1 |
| 92541 | TC | 1 |
| 92542 | | 1 |
| 92542 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92542 | TC | 1 |
| 92544 | | 1 |
| 92544 | 26 | 1 |
| 92544 | TC | 1 |
| 92545 | | 1 |
| 92545 | 26 | 1 |
| 92545 | TC | 1 |
| 92546 | | 1 |
| 92546 | 26 | 1 |
| 92546 | TC | 1 |
| 92547 | | 1 |
| 92548 | | 1 |
| 92548 | 26 | 1 |
| 92548 | TC | 1 |
| 92549 | | TBD |
| 92549 | TC | TBD |
| 92549 | 26 | TBD |
| 92550 | | 1 |
| 92551 | | 1 |
| 92552 | | 1 |
| 92553 | | 1 |
| 92555 | | 1 |
| 92556 | | 1 |
| 92557 | | 1 |
| 92558 | | 1 |
| 92559 | | 1 |
| 92560 | | 1 |
| 92561 | | 1 |
| 92562 | | 1 |
| 92563 | | 1 |
| 92564 | | 1 |
| 92565 | | 1 |
| 92567 | | 1 |
| 92568 | | 1 |
| 92570 | | 1 |
| 92571 | | 1 |
| 92572 | | 1 |
| 92575 | | 1 |
| 92576 | | 1 |
| 92577 | | 1 |
| 92579 | | 1 |
| 92582 | | 1 |
| 92583 | | 1 |
| 92584 | | 1 |
| 92585 | | 1 |
| 92585 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92585 | TC | 1 |
| 92586 | | 1 |
| 92587 | | 1 |
| 92587 | 26 | 1 |
| 92587 | TC | 1 |
| 92588 | | 1 |
| 92588 | 26 | 1 |
| 92588 | TC | 1 |
| 92590 | | 1 |
| 92591 | | 1 |
| 92592 | | 1 |
| 92593 | | 1 |
| 92594 | | 1 |
| 92595 | | 1 |
| 92596 | | 1 |
| 92597 | | 1 |
| 92601 | | 1 |
| 92602 | | 1 |
| 92603 | | 1 |
| 92604 | | 1 |
| 92605 | | 1 |
| 92606 | | 1 |
| 92607 | | 1 |
| 92608 | | 4 |
| 92609 | | 1 |
| 92610 | | 1 |
| 92611 | | 1 |
| 92612 | | 1 |
| 92613 | | 1 |
| 92614 | | 1 |
| 92615 | | 1 |
| 92616 | | 1 |
| 92617 | | 1 |
| 92618 | | 1 |
| 92620 | | 1 |
| 92621 | | 4 |
| 92625 | | 1 |
| 92626 | | 1 |
| 92627 | | 6 |
| 92630 | | 1 |
| 92633 | | 1 |
| 92640 | | 1 |
| 92700 | | 1 |
| 92920 | | 3 |
| 92921 | | 6 |
| 92924 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 92925 | | 6 |
| 92928 | | 3 |
| 92929 | | 6 |
| 92933 | | 2 |
| 92934 | | 6 |
| 92937 | | 2 |
| 92938 | | 6 |
| 92941 | | 1 |
| 92943 | | 2 |
| 92944 | | 3 |
| 92950 | | 2 |
| 92953 | | 2 |
| 92960 | | 2 |
| 92961 | | 1 |
| 92970 | | 1 |
| 92971 | | 1 |
| 92973 | | 2 |
| 92974 | | 1 |
| 92975 | | 1 |
| 92977 | | 1 |
| 92978 | | 1 |
| 92978 | 26 | 1 |
| 92978 | TC | 1 |
| 92979 | | 2 |
| 92979 | 26 | 2 |
| 92979 | TC | 2 |
| 92986 | | 1 |
| 92987 | | 1 |
| 92990 | | 1 |
| 92992 | | 1 |
| 92993 | | 1 |
| 92997 | | 1 |
| 92998 | | 2 |
| 93000 | | 3 |
| 93005 | | 3 |
| 93010 | | 5 |
| 93015 | | 1 |
| 93016 | | 1 |
| 93017 | | 1 |
| 93018 | | 1 |
| 93024 | | 1 |
| 93024 | 26 | 1 |
| 93024 | TC | 1 |
| 93025 | | 1 |
| 93025 | 26 | 1 |
| 93025 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93040 | | 3 |
| 93041 | | 2 |
| 93042 | | 3 |
| 93050 | | 1 |
| 93050 | 26 | 1 |
| 93050 | TC | 1 |
| 93224 | | 1 |
| 93225 | | 1 |
| 93226 | | 1 |
| 93227 | | 1 |
| 93228 | | 1 |
| 93229 | | 1 |
| 93260 | | 1 |
| 93260 | 26 | 1 |
| 93260 | TC | 1 |
| 93261 | | 1 |
| 93261 | 26 | 1 |
| 93261 | TC | 1 |
| 93264 | | 1 |
| 93268 | | 1 |
| 93270 | | 1 |
| 93271 | | 1 |
| 93272 | | 1 |
| 93278 | | 1 |
| 93278 | 26 | 1 |
| 93278 | TC | 1 |
| 93279 | | 1 |
| 93279 | 26 | 1 |
| 93279 | TC | 1 |
| 93280 | | 1 |
| 93280 | 26 | 1 |
| 93280 | TC | 1 |
| 93281 | | 1 |
| 93281 | 26 | 1 |
| 93281 | TC | 1 |
| 93282 | | 1 |
| 93282 | 26 | 1 |
| 93282 | TC | 1 |
| 93283 | | 1 |
| 93283 | 26 | 1 |
| 93283 | TC | 1 |
| 93284 | | 1 |
| 93284 | 26 | 1 |
| 93284 | TC | 1 |
| 93285 | | 1 |
| 93285 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93285 | TC | 1 |
| 93286 | | 2 |
| 93286 | 26 | 2 |
| 93286 | TC | 2 |
| 93287 | | 2 |
| 93287 | 26 | 2 |
| 93287 | TC | 2 |
| 93288 | | 1 |
| 93288 | 26 | 1 |
| 93288 | TC | 1 |
| 93289 | | 1 |
| 93289 | 26 | 1 |
| 93289 | TC | 1 |
| 93290 | | 1 |
| 93290 | 26 | 1 |
| 93290 | TC | 1 |
| 93291 | | 1 |
| 93291 | 26 | 1 |
| 93291 | TC | 1 |
| 93292 | | 1 |
| 93292 | 26 | 1 |
| 93292 | TC | 1 |
| 93293 | | 1 |
| 93293 | 26 | 1 |
| 93293 | TC | 1 |
| 93294 | | 1 |
| 93295 | | 1 |
| 93296 | | 1 |
| 93297 | | 1 |
| 93298 | | 1 |
| 93303 | | 1 |
| 93303 | 26 | 1 |
| 93303 | TC | 1 |
| 93304 | | 1 |
| 93304 | 26 | 1 |
| 93304 | TC | 1 |
| 93306 | | 1 |
| 93306 | 26 | 1 |
| 93306 | TC | 1 |
| 93307 | | 1 |
| 93307 | 26 | 1 |
| 93307 | TC | 1 |
| 93308 | | 1 |
| 93308 | 26 | 1 |
| 93308 | TC | 1 |
| 93312 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93312 | 26 | 1 |
| 93312 | TC | 1 |
| 93313 | | 1 |
| 93314 | | 1 |
| 93314 | 26 | 1 |
| 93314 | TC | 1 |
| 93315 | | 1 |
| 93315 | 26 | 1 |
| 93315 | TC | 1 |
| 93316 | | 1 |
| 93317 | 26 | 1 |
| 93318 | | 1 |
| 93318 | 26 | 1 |
| 93318 | TC | 1 |
| 93320 | | 1 |
| 93320 | 26 | 1 |
| 93320 | TC | 1 |
| 93321 | | 1 |
| 93321 | 26 | 1 |
| 93321 | TC | 1 |
| 93325 | | 1 |
| 93325 | 26 | 1 |
| 93325 | TC | 1 |
| 93350 | | 1 |
| 93350 | 26 | 1 |
| 93350 | TC | 1 |
| 93351 | | 1 |
| 93351 | 26 | 1 |
| 93351 | TC | 1 |
| 93352 | | 1 |
| 93355 | | 1 |
| 93356 | | TBD |
| 93451 | | 1 |
| 93451 | 26 | 1 |
| 93451 | TC | 1 |
| 93452 | | 1 |
| 93452 | 26 | 1 |
| 93452 | TC | 1 |
| 93453 | | 1 |
| 93453 | 26 | 1 |
| 93453 | TC | 1 |
| 93454 | | 1 |
| 93454 | 26 | 1 |
| 93454 | TC | 1 |
| 93455 | | 1 |
| 93455 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93455 | TC | 1 |
| 93456 | | 1 |
| 93456 | 26 | 1 |
| 93456 | TC | 1 |
| 93457 | | 1 |
| 93457 | 26 | 1 |
| 93457 | TC | 1 |
| 93458 | | 1 |
| 93458 | 26 | 1 |
| 93458 | TC | 1 |
| 93459 | | 1 |
| 93459 | 26 | 1 |
| 93459 | TC | 1 |
| 93460 | | 1 |
| 93460 | 26 | 1 |
| 93460 | TC | 1 |
| 93461 | | 1 |
| 93461 | 26 | 1 |
| 93461 | TC | 1 |
| 93462 | | 1 |
| 93463 | | 1 |
| 93464 | | 1 |
| 93464 | 26 | 1 |
| 93464 | TC | 1 |
| 93503 | | 2 |
| 93505 | | 1 |
| 93505 | 26 | 1 |
| 93505 | TC | 1 |
| 93530 | | 1 |
| 93530 | 26 | 1 |
| 93530 | TC | 1 |
| 93531 | | 1 |
| 93531 | 26 | 1 |
| 93531 | TC | 1 |
| 93532 | 26 | 1 |
| 93533 | 26 | 1 |
| 93561 | | 1 |
| 93561 | 26 | 1 |
| 93561 | TC | 1 |
| 93562 | | 1 |
| 93562 | 26 | 1 |
| 93562 | TC | 1 |
| 93563 | | 1 |
| 93564 | | 1 |
| 93565 | | 1 |
| 93566 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93567 | | 1 |
| 93568 | | 1 |
| 93571 | | 1 |
| 93571 | 26 | 1 |
| 93571 | TC | 1 |
| 93572 | | 2 |
| 93572 | 26 | 2 |
| 93572 | TC | 2 |
| 93580 | | 1 |
| 93581 | | 1 |
| 93582 | | 1 |
| 93583 | | 1 |
| 93590 | | 1 |
| 93591 | | 1 |
| 93592 | | 2 |
| 93600 | | 1 |
| 93600 | 26 | 1 |
| 93600 | TC | 1 |
| 93602 | | 1 |
| 93602 | 26 | 1 |
| 93602 | TC | 1 |
| 93603 | | 1 |
| 93603 | 26 | 1 |
| 93603 | TC | 1 |
| 93609 | | 1 |
| 93609 | 26 | 1 |
| 93609 | TC | 1 |
| 93610 | | 1 |
| 93610 | 26 | 1 |
| 93610 | TC | 1 |
| 93612 | | 1 |
| 93612 | 26 | 1 |
| 93612 | TC | 1 |
| 93613 | | 1 |
| 93615 | | 1 |
| 93615 | 26 | 1 |
| 93615 | TC | 1 |
| 93616 | 26 | 1 |
| 93618 | | 1 |
| 93618 | 26 | 1 |
| 93618 | TC | 1 |
| 93619 | | 1 |
| 93619 | 26 | 1 |
| 93619 | TC | 1 |
| 93620 | | 1 |
| 93620 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93621 | 26 | 1 |
| 93622 | 26 | 1 |
| 93623 | | 1 |
| 93623 | 26 | 1 |
| 93623 | TC | 1 |
| 93624 | | 1 |
| 93624 | 26 | 1 |
| 93624 | TC | 1 |
| 93631 | 26 | 1 |
| 93640 | 26 | 1 |
| 93641 | 26 | 1 |
| 93642 | | 1 |
| 93642 | 26 | 1 |
| 93642 | TC | 1 |
| 93644 | | 1 |
| 93644 | 26 | 1 |
| 93644 | TC | 1 |
| 93650 | | 1 |
| 93653 | | 1 |
| 93654 | | 1 |
| 93655 | | 2 |
| 93656 | | 1 |
| 93657 | | 1 |
| 93660 | | 1 |
| 93660 | 26 | 1 |
| 93660 | TC | 1 |
| 93662 | 26 | 1 |
| 93668 | | 1 |
| 93701 | | 1 |
| 93702 | | 1 |
| 93724 | | 1 |
| 93724 | 26 | 1 |
| 93724 | TC | 1 |
| 93740 | | 1 |
| 93745 | | 1 |
| 93745 | 26 | 1 |
| 93745 | TC | 1 |
| 93750 | | 4 |
| 93770 | | 1 |
| 93784 | | 1 |
| 93786 | | 1 |
| 93788 | | 1 |
| 93790 | | 1 |
| 93792 | | 1 |
| 93793 | | 1 |
| 93797 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93798 | | 2 |
| 93799 | | 1 |
| 93799 | 26 | 1 |
| 93799 | TC | 1 |
| 93880 | | 1 |
| 93880 | 26 | 1 |
| 93880 | TC | 1 |
| 93882 | | 1 |
| 93882 | 26 | 1 |
| 93882 | TC | 1 |
| 93886 | | 1 |
| 93886 | 26 | 1 |
| 93886 | TC | 1 |
| 93888 | | 1 |
| 93888 | 26 | 1 |
| 93888 | TC | 1 |
| 93890 | | 1 |
| 93890 | 26 | 1 |
| 93890 | TC | 1 |
| 93892 | | 1 |
| 93892 | 26 | 1 |
| 93892 | TC | 1 |
| 93893 | | 1 |
| 93893 | 26 | 1 |
| 93893 | TC | 1 |
| 93895 | | 1 |
| 93895 | 26 | 1 |
| 93895 | TC | 1 |
| 93922 | | 2 |
| 93922 | 26 | 2 |
| 93922 | TC | 2 |
| 93923 | | 2 |
| 93923 | 26 | 2 |
| 93923 | TC | 2 |
| 93924 | | 1 |
| 93924 | 26 | 1 |
| 93924 | TC | 1 |
| 93925 | | 1 |
| 93925 | 26 | 1 |
| 93925 | TC | 1 |
| 93926 | | 1 |
| 93926 | 26 | 1 |
| 93926 | TC | 1 |
| 93930 | | 1 |
| 93930 | 26 | 1 |
| 93930 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 93931 | | 1 |
| 93931 | 26 | 1 |
| 93931 | TC | 1 |
| 93970 | | 1 |
| 93970 | 26 | 1 |
| 93970 | TC | 1 |
| 93971 | | 1 |
| 93971 | 26 | 1 |
| 93971 | TC | 1 |
| 93975 | | 1 |
| 93975 | 26 | 1 |
| 93975 | TC | 1 |
| 93976 | | 1 |
| 93976 | 26 | 1 |
| 93976 | TC | 1 |
| 93978 | | 1 |
| 93978 | 26 | 1 |
| 93978 | TC | 1 |
| 93979 | | 1 |
| 93979 | 26 | 1 |
| 93979 | TC | 1 |
| 93980 | | 1 |
| 93980 | 26 | 1 |
| 93980 | TC | 1 |
| 93981 | | 1 |
| 93981 | 26 | 1 |
| 93981 | TC | 1 |
| 93985 | | TBD |
| 93985 | TC | TBD |
| 93985 | 26 | TBD |
| 93986 | | TBD |
| 93986 | TC | TBD |
| 93986 | 26 | TBD |
| 93990 | | 2 |
| 93990 | 26 | 2 |
| 93990 | TC | 2 |
| 93998 | | 1 |
| 94002 | | 1 |
| 94003 | | 1 |
| 94004 | | 1 |
| 94005 | | 1 |
| 94010 | | 1 |
| 94010 | 26 | 1 |
| 94010 | TC | 1 |
| 94011 | | 1 |
| 94012 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 94013 | | 1 |
| 94014 | | 1 |
| 94015 | | 1 |
| 94016 | | 1 |
| 94060 | | 1 |
| 94060 | 26 | 1 |
| 94060 | TC | 1 |
| 94070 | | 1 |
| 94070 | 26 | 1 |
| 94070 | TC | 1 |
| 94150 | | 1 |
| 94150 | 26 | 1 |
| 94150 | TC | 1 |
| 94200 | | 1 |
| 94200 | 26 | 1 |
| 94200 | TC | 1 |
| 94250 | | 1 |
| 94250 | 26 | 1 |
| 94250 | TC | 1 |
| 94375 | | 1 |
| 94375 | 26 | 1 |
| 94375 | TC | 1 |
| 94400 | | 1 |
| 94400 | 26 | 1 |
| 94400 | TC | 1 |
| 94450 | | 1 |
| 94450 | 26 | 1 |
| 94450 | TC | 1 |
| 94452 | | 1 |
| 94452 | 26 | 1 |
| 94452 | TC | 1 |
| 94453 | | 1 |
| 94453 | 26 | 1 |
| 94453 | TC | 1 |
| 94610 | | 2 |
| 94617 | | 1 |
| 94617 | 26 | 1 |
| 94617 | TC | 1 |
| 94618 | | 1 |
| 94618 | 26 | 1 |
| 94618 | TC | 1 |
| 94621 | | 1 |
| 94621 | 26 | 1 |
| 94621 | TC | 1 |
| 94640 | | 4 |
| 94642 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 94644 | | 1 |
| 94645 | | 2 |
| 94660 | | 1 |
| 94662 | | 1 |
| 94664 | | 1 |
| 94667 | | 1 |
| 94668 | | 2 |
| 94669 | | 4 |
| 94680 | | 1 |
| 94680 | 26 | 1 |
| 94680 | TC | 1 |
| 94681 | | 1 |
| 94681 | 26 | 1 |
| 94681 | TC | 1 |
| 94690 | | 1 |
| 94690 | 26 | 1 |
| 94690 | TC | 1 |
| 94726 | | 1 |
| 94726 | 26 | 1 |
| 94726 | TC | 1 |
| 94727 | | 1 |
| 94727 | 26 | 1 |
| 94727 | TC | 1 |
| 94728 | | 1 |
| 94728 | 26 | 1 |
| 94728 | TC | 1 |
| 94729 | | 1 |
| 94729 | 26 | 1 |
| 94729 | TC | 1 |
| 94750 | | 1 |
| 94750 | 26 | 1 |
| 94750 | TC | 1 |
| 94760 | | 1 |
| 94761 | | 1 |
| 94762 | | 1 |
| 94770 | | 1 |
| 94780 | | 1 |
| 94781 | | 2 |
| 94799 | | 1 |
| 94799 | 26 | 1 |
| 94799 | TC | 1 |
| 95004 | | 80 |
| 95012 | | 2 |
| 95017 | | 27 |
| 95018 | | 19 |
| 95024 | | 40 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95027 | | 90 |
| 95028 | | 30 |
| 95044 | | 80 |
| 95052 | | 20 |
| 95056 | | 1 |
| 95060 | | 1 |
| 95065 | | 1 |
| 95070 | | 1 |
| 95071 | | 1 |
| 95076 | | 1 |
| 95079 | | 2 |
| 95115 | | 1 |
| 95117 | | 1 |
| 95120 | | 1 |
| 95125 | | 1 |
| 95130 | | 1 |
| 95131 | | 1 |
| 95132 | | 1 |
| 95133 | | 1 |
| 95134 | | 1 |
| 95144 | | 30 |
| 95145 | | 10 |
| 95146 | | 10 |
| 95147 | | 10 |
| 95148 | | 10 |
| 95149 | | 10 |
| 95165 | | 30 |
| 95170 | | 10 |
| 95180 | | 6 |
| 95199 | | 1 |
| 95249 | | 1 |
| 95250 | | 1 |
| 95251 | | 1 |
| 95700 | | TBD |
| 95705 | | TBD |
| 95706 | | TBD |
| 95707 | | TBD |
| 95708 | | TBD |
| 95709 | | TBD |
| 95710 | | TBD |
| 95711 | | TBD |
| 95712 | | TBD |
| 95713 | | TBD |
| 95714 | | TBD |
| 95715 | | TBD |
| 95716 | | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95717 | | TBD |
| 95718 | | TBD |
| 95719 | | TBD |
| 95720 | | TBD |
| 95721 | | TBD |
| 95722 | | TBD |
| 95723 | | TBD |
| 95724 | | TBD |
| 95725 | | TBD |
| 95726 | | TBD |
| 95800 | | 1 |
| 95800 | 26 | 1 |
| 95800 | TC | 1 |
| 95801 | | 1 |
| 95801 | 26 | 1 |
| 95801 | TC | 1 |
| 95803 | | 1 |
| 95803 | 26 | 1 |
| 95803 | TC | 1 |
| 95805 | | 1 |
| 95805 | 26 | 1 |
| 95805 | TC | 1 |
| 95806 | | 1 |
| 95806 | 26 | 1 |
| 95806 | TC | 1 |
| 95807 | | 1 |
| 95807 | 26 | 1 |
| 95807 | TC | 1 |
| 95808 | | 1 |
| 95808 | 26 | 1 |
| 95808 | TC | 1 |
| 95810 | | 1 |
| 95810 | 26 | 1 |
| 95810 | TC | 1 |
| 95811 | | 1 |
| 95811 | 26 | 1 |
| 95811 | TC | 1 |
| 95812 | | 1 |
| 95812 | 26 | 1 |
| 95812 | TC | 1 |
| 95813 | | 1 |
| 95813 | 26 | 1 |
| 95813 | TC | 1 |
| 95816 | | 1 |
| 95816 | 26 | 1 |
| 95816 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95819 | | 1 |
| 95819 | 26 | 1 |
| 95819 | TC | 1 |
| 95822 | | 1 |
| 95822 | 26 | 1 |
| 95822 | TC | 1 |
| 95824 | 26 | 1 |
| 95829 | | 1 |
| 95829 | 26 | 1 |
| 95829 | TC | 1 |
| 95830 | | 1 |
| 95836 | | 1 |
| 95851 | | 3 |
| 95852 | | 1 |
| 95857 | | 1 |
| 95860 | | 1 |
| 95860 | 26 | 1 |
| 95860 | TC | 1 |
| 95861 | | 1 |
| 95861 | 26 | 1 |
| 95861 | TC | 1 |
| 95863 | | 1 |
| 95863 | 26 | 1 |
| 95863 | TC | 1 |
| 95864 | | 1 |
| 95864 | 26 | 1 |
| 95864 | TC | 1 |
| 95865 | | 1 |
| 95865 | 26 | 1 |
| 95865 | TC | 1 |
| 95866 | | 1 |
| 95866 | 26 | 1 |
| 95866 | TC | 1 |
| 95867 | | 1 |
| 95867 | 26 | 1 |
| 95867 | TC | 1 |
| 95868 | | 1 |
| 95868 | 26 | 1 |
| 95868 | TC | 1 |
| 95869 | | 1 |
| 95869 | 26 | 1 |
| 95869 | TC | 1 |
| 95870 | | 4 |
| 95870 | 26 | 4 |
| 95870 | TC | 4 |
| 95872 | | 4 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95872 | 26 | 4 |
| 95872 | TC | 4 |
| 95873 | | 1 |
| 95873 | 26 | 1 |
| 95873 | TC | 1 |
| 95874 | | 1 |
| 95874 | 26 | 1 |
| 95874 | TC | 1 |
| 95875 | | 2 |
| 95875 | 26 | 2 |
| 95875 | TC | 2 |
| 95885 | | 4 |
| 95885 | 26 | 4 |
| 95885 | TC | 4 |
| 95886 | | 4 |
| 95886 | 26 | 4 |
| 95886 | TC | 4 |
| 95887 | | 1 |
| 95887 | 26 | 1 |
| 95887 | TC | 1 |
| 95905 | | 2 |
| 95905 | 26 | 2 |
| 95905 | TC | 2 |
| 95907 | | 1 |
| 95907 | 26 | 1 |
| 95907 | TC | 1 |
| 95908 | | 1 |
| 95908 | 26 | 1 |
| 95908 | TC | 1 |
| 95909 | | 1 |
| 95909 | 26 | 1 |
| 95909 | TC | 1 |
| 95910 | | 1 |
| 95910 | 26 | 1 |
| 95910 | TC | 1 |
| 95911 | | 1 |
| 95911 | 26 | 1 |
| 95911 | TC | 1 |
| 95912 | | 1 |
| 95912 | 26 | 1 |
| 95912 | TC | 1 |
| 95913 | | 1 |
| 95913 | 26 | 1 |
| 95913 | TC | 1 |
| 95921 | | 1 |
| 95921 | 26 | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95921 | TC | 1 |
| 95922 | | 1 |
| 95922 | 26 | 1 |
| 95922 | TC | 1 |
| 95923 | | 1 |
| 95923 | 26 | 1 |
| 95923 | TC | 1 |
| 95924 | | 1 |
| 95924 | 26 | 1 |
| 95924 | TC | 1 |
| 95925 | | 1 |
| 95925 | 26 | 1 |
| 95925 | TC | 1 |
| 95926 | | 1 |
| 95926 | 26 | 1 |
| 95926 | TC | 1 |
| 95927 | | 1 |
| 95927 | 26 | 1 |
| 95927 | TC | 1 |
| 95928 | | 1 |
| 95928 | 26 | 1 |
| 95928 | TC | 1 |
| 95929 | | 1 |
| 95929 | 26 | 1 |
| 95929 | TC | 1 |
| 95930 | | 1 |
| 95930 | 26 | 1 |
| 95930 | TC | 1 |
| 95933 | | 1 |
| 95933 | 26 | 1 |
| 95933 | TC | 1 |
| 95937 | | 4 |
| 95937 | 26 | 4 |
| 95937 | TC | 4 |
| 95938 | | 1 |
| 95938 | 26 | 1 |
| 95938 | TC | 1 |
| 95939 | | 1 |
| 95939 | 26 | 1 |
| 95939 | TC | 1 |
| 95940 | | 32 |
| 95941 | | 6 |
| 95943 | | 1 |
| 95954 | | 1 |
| 95954 | 26 | 1 |
| 95954 | TC | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 95955 | | 1 |
| 95955 | 26 | 1 |
| 95955 | TC | 1 |
| 95957 | | 1 |
| 95957 | 26 | 1 |
| 95957 | TC | 1 |
| 95958 | | 1 |
| 95958 | 26 | 1 |
| 95958 | TC | 1 |
| 95961 | | 1 |
| 95961 | 26 | 1 |
| 95961 | TC | 1 |
| 95962 | | 5 |
| 95962 | 26 | 5 |
| 95962 | TC | 5 |
| 95965 | 26 | 1 |
| 95966 | 26 | 1 |
| 95967 | 26 | 3 |
| 95970 | | 1 |
| 95971 | | 1 |
| 95972 | | 1 |
| 95976 | | 1 |
| 95977 | | 1 |
| 95980 | | 1 |
| 95981 | | 1 |
| 95982 | | 1 |
| 95983 | | 1 |
| 95984 | | 11 |
| 95990 | | 1 |
| 95991 | | 1 |
| 95992 | | 1 |
| 95999 | | 1 |
| 96000 | | 1 |
| 96001 | | 1 |
| 96002 | | 1 |
| 96003 | | 1 |
| 96004 | | 1 |
| 96020 | 26 | 1 |
| 96040 | | 4 |
| 96105 | | 3 |
| 96110 | | 3 |
| 96112 | | 1 |
| 96113 | | 6 |
| 96116 | | 4 |
| 96116 | 95 | 4 |
| 96121 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 96125 | | 2 |
| 96127 | | 2 |
| 96130 | | 1 |
| 96131 | | 7 |
| 96132 | | 1 |
| 96133 | | 7 |
| 96136 | | 1 |
| 96137 | | 11 |
| 96138 | | 1 |
| 96139 | | 11 |
| 96146 | | 1 |
| 96156 | | TBD |
| 96158 | | TBD |
| 96159 | | TBD |
| 96160 | | 3 |
| 96164 | | TBD |
| 96165 | | TBD |
| 96167 | | TBD |
| 96168 | | TBD |
| 96170 | | TBD |
| 96171 | | TBD |
| 96360 | | 1 |
| 96361 | | 8 |
| 96365 | | 1 |
| 96366 | | 8 |
| 96367 | | 4 |
| 96368 | | 1 |
| 96369 | | 1 |
| 96370 | | 3 |
| 96371 | | 1 |
| 96372 | | 4 |
| 96373 | | 2 |
| 96374 | | 1 |
| 96375 | | 6 |
| 96376 | | 10 |
| 96377 | | 1 |
| 96379 | | 1 |
| 96401 | | 3 |
| 96402 | | 2 |
| 96405 | | 1 |
| 96406 | | 1 |
| 96409 | | 1 |
| 96411 | | 3 |
| 96413 | | 1 |
| 96415 | | 8 |
| 96416 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 96417 | | 3 |
| 96420 | | 1 |
| 96422 | | 2 |
| 96423 | | 1 |
| 96425 | | 1 |
| 96440 | | 1 |
| 96446 | | 1 |
| 96450 | | 1 |
| 96521 | | 2 |
| 96522 | | 1 |
| 96523 | | 1 |
| 96542 | | 1 |
| 96549 | | 1 |
| 96567 | | 1 |
| 96570 | | 1 |
| 96571 | | 2 |
| 96573 | | 1 |
| 96574 | | 1 |
| 96900 | | 1 |
| 96902 | | 1 |
| 96904 | | 1 |
| 96910 | | 1 |
| 96912 | | 1 |
| 96913 | | 1 |
| 96920 | | 1 |
| 96921 | | 1 |
| 96922 | | 1 |
| 96931 | | 1 |
| 96932 | | 1 |
| 96933 | | 1 |
| 96934 | | 2 |
| 96935 | | 2 |
| 96936 | | 2 |
| 96999 | | 1 |
| 97012 | | 1 |
| 97014 | | 1 |
| 97016 | | 1 |
| 97018 | | 1 |
| 97022 | | 1 |
| 97024 | | 1 |
| 97026 | | 1 |
| 97028 | | 1 |
| 97032 | | 4 |
| 97033 | | 4 |
| 97034 | | 2 |
| 97035 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 97036 | | 3 |
| 97039 | | 1 |
| 97110 | | 6 |
| 97112 | | 4 |
| 97113 | | 6 |
| 97116 | | 4 |
| 97124 | | 4 |
| 97129 | | TBD |
| 97130 | | TBD |
| 97139 | | 1 |
| 97140 | | 6 |
| 97150 | | 1 |
| 97161 | GP | 1 |
| 97162 | GP | 1 |
| 97163 | GP | 1 |
| 97164 | GP | 1 |
| 97165 | GO | 1 |
| 97166 | GO | 1 |
| 97167 | GO | 1 |
| 97168 | GO | 1 |
| 97169 | | 1 |
| 97170 | | 1 |
| 97171 | | 1 |
| 97172 | | 1 |
| 97530 | | 6 |
| 97533 | | 4 |
| 97535 | | 8 |
| 97537 | | 8 |
| 97542 | | 8 |
| 97597 | | 1 |
| 97598 | | 8 |
| 97602 | | 1 |
| 97605 | | 1 |
| 97606 | | 1 |
| 97607 | | 1 |
| 97608 | | 1 |
| 97610 | | 1 |
| 97750 | | 16 |
| 97755 | | 8 |
| 97760 | | 6 |
| 97761 | | 6 |
| 97763 | GP | 6 |
| 97763 | GO | 6 |
| 97799 | | 1 |
| 97802 | | 8 |
| 97803 | | 8 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 97804 | | 6 |
| 97810 | | 1 |
| 97811 | | 3 |
| 97813 | | 1 |
| 97814 | | 3 |
| 98925 | | 1 |
| 98926 | | 1 |
| 98927 | | 1 |
| 98928 | | 1 |
| 98929 | | 1 |
| 98940 | | 1 |
| 98941 | | 1 |
| 98942 | | 1 |
| 98943 | | 1 |
| 98960 | | 1 |
| 98961 | | 1 |
| 98962 | | 1 |
| 98966 | | 1 |
| 98967 | | 1 |
| 98968 | | 1 |
| 98970 | | TBD |
| 98971 | | TBD |
| 98972 | | TBD |
| 99001 | | 1 |
| 99002 | | 1 |
| 99024 | | 1 |
| 99026 | | 1 |
| 99027 | | 1 |
| 99050 | | 1 |
| 99051 | | 1 |
| 99053 | | 1 |
| 99056 | | 1 |
| 99058 | | 1 |
| 99060 | | 1 |
| 99071 | | 1 |
| 99075 | | 1 |
| 99078 | | 1 |
| 99080 | | 1 |
| 99082 | | 1 |
| 99091 | | 1 |
| 99100 | | 1 |
| 99116 | | 1 |
| 99135 | | 1 |
| 99140 | | 1 |
| 99151 | | 1 |
| 99152 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 99153 | | 9 |
| 99155 | | 1 |
| 99156 | | 1 |
| 99157 | | 6 |
| 99170 | | 1 |
| 99172 | | 1 |
| 99173 | | 1 |
| 99174 | | 1 |
| 99175 | | 1 |
| 99177 | | 1 |
| 99183 | | 1 |
| 99184 | | 1 |
| 99188 | | 1 |
| 99190 | | 1 |
| 99191 | | 1 |
| 99192 | | 1 |
| 99195 | | 2 |
| 99199 | | 1 |
| 99201 | | 1 |
| 99201 | 95 | 1 |
| 99202 | | 1 |
| 99202 | 95 | 1 |
| 99203 | | 1 |
| 99203 | 95 | 1 |
| 99204 | | 1 |
| 99204 | 95 | 1 |
| 99205 | | 1 |
| 99205 | 95 | 1 |
| 99211 | | 1 |
| 99212 | | 2 |
| 99212 | 95 | 2 |
| 99213 | | 2 |
| 99213 | 95 | 2 |
| 99214 | | 2 |
| 99214 | 95 | 2 |
| 99215 | | 1 |
| 99215 | 95 | 1 |
| 99217 | | 1 |
| 99218 | | 1 |
| 99219 | | 1 |
| 99220 | | 1 |
| 99221 | | 1 |
| 99222 | | 1 |
| 99223 | | 1 |
| 99224 | | 1 |
| 99225 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 99226 | | 1 |
| 99231 | | 1 |
| 99231 | 95 | 1 |
| 99232 | | 1 |
| 99232 | 95 | 1 |
| 99233 | | 1 |
| 99233 | 95 | 1 |
| 99234 | | 1 |
| 99235 | | 1 |
| 99236 | | 1 |
| 99238 | | 1 |
| 99239 | | 1 |
| 99241 | | 1 |
| 99241 | 95 | 1 |
| 99242 | | 1 |
| 99242 | 95 | 1 |
| 99243 | | 1 |
| 99243 | 95 | 1 |
| 99244 | | 1 |
| 99244 | 95 | 1 |
| 99245 | | 1 |
| 99245 | 95 | 1 |
| 99251 | | 1 |
| 99251 | 95 | 1 |
| 99252 | | 1 |
| 99252 | 95 | 1 |
| 99253 | | 1 |
| 99253 | 95 | 1 |
| 99254 | | 1 |
| 99254 | 95 | 1 |
| 99255 | | 1 |
| 99255 | 95 | 1 |
| 99281 | | 1 |
| 99282 | | 1 |
| 99283 | | 1 |
| 99284 | | 1 |
| 99285 | | 1 |
| 99288 | | 1 |
| 99291 | | 1 |
| 99292 | | 8 |
| 99304 | | 1 |
| 99305 | | 1 |
| 99306 | | 1 |
| 99307 | | 1 |
| 99307 | 95 | 1 |
| 99308 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 99308 | 95 | 1 |
| 99309 | | 1 |
| 99309 | 95 | 1 |
| 99310 | | 1 |
| 99310 | 95 | 1 |
| 99315 | | 1 |
| 99316 | | 1 |
| 99318 | | 1 |
| 99324 | | 1 |
| 99325 | | 1 |
| 99326 | | 1 |
| 99327 | | 1 |
| 99328 | | 1 |
| 99334 | | 1 |
| 99335 | | 1 |
| 99336 | | 1 |
| 99337 | | 1 |
| 99339 | | 1 |
| 99340 | | 1 |
| 99341 | | 1 |
| 99342 | | 1 |
| 99343 | | 1 |
| 99344 | | 1 |
| 99345 | | 1 |
| 99347 | | 1 |
| 99348 | | 1 |
| 99349 | | 1 |
| 99350 | | 1 |
| 99354 | | 1 |
| 99354 | 95 | 1 |
| 99355 | | 4 |
| 99355 | 95 | 4 |
| 99356 | | 1 |
| 99357 | | 4 |
| 99358 | | 1 |
| 99359 | | 2 |
| 99360 | | 4 |
| 99366 | | 1 |
| 99367 | | 1 |
| 99368 | | 1 |
| 99371 | | 1 |
| 99372 | | 1 |
| 99373 | | 1 |
| 99374 | | 1 |
| 99375 | | 1 |
| 99377 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 99378 | | 1 |
| 99379 | | 1 |
| 99380 | | 1 |
| 99401 | | 1 |
| 99402 | | 1 |
| 99403 | | 1 |
| 99404 | | 1 |
| 99406 | | 1 |
| 99407 | | 1 |
| 99408 | | 1 |
| 99409 | | 1 |
| 99411 | | 1 |
| 99412 | | 1 |
| 99415 | | 1 |
| 99416 | | 4 |
| 99421 | | TBD |
| 99422 | | TBD |
| 99423 | | TBD |
| 99429 | | 1 |
| 99446 | | 1 |
| 99447 | | 1 |
| 99448 | | 1 |
| 99449 | | 1 |
| 99451 | | 1 |
| 99452 | | 1 |
| 99453 | | 1 |
| 99454 | | 1 |
| 99457 | | 1 |
| 99458 | | TBD |
| 99473 | | TBD |
| 99474 | | TBD |
| 99483 | | 1 |
| 99484 | | 1 |
| 99487 | | 1 |
| 99489 | | 10 |
| 99490 | | 1 |
| 99491 | | 1 |
| 99492 | | 1 |
| 99493 | | 1 |
| 99494 | | 2 |
| 99495 | | 1 |
| 99495 | 95 | 1 |
| 99496 | | 1 |
| 99496 | 95 | 1 |
| 99497 | | 1 |
| 99498 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 99499 | | 1 |
| 0001U | | 1 |
| 0002U | | 1 |
| 0003U | | 1 |
| 0005U | | 1 |
| 0006U | | 1 |
| 0007U | | 1 |
| 0008U | | 1 |
| 0009U | | 2 |
| 0010U | | 2 |
| 0011U | | 1 |
| 0012U | | 1 |
| 0013U | | 1 |
| 0014U | | 1 |
| 0016U | | 1 |
| 0017U | | 1 |
| 0018U | | 1 |
| 0019U | | 1 |
| 0021U | | 1 |
| 0022U | | 2 |
| 0023U | | 1 |
| 0024U | | 1 |
| 0025U | | 1 |
| 0026U | | 1 |
| 0027U | | 1 |
| 0029U | | 1 |
| 0030U | | 1 |
| 0031U | | 1 |
| 0032U | | 1 |
| 0033U | | 1 |
| 0034U | | 1 |
| 0035U | | 1 |
| 0036U | | 1 |
| 0037U | | 1 |
| 0038U | | 1 |
| 0039U | | 1 |
| 0040U | | 1 |
| 0041U | | 1 |
| 0042U | | 1 |
| 0043U | | 1 |
| 0044U | | 1 |
| 0045U | | 1 |
| 0046U | | 1 |
| 0047U | | 1 |
| 0048U | | 1 |
| 0049U | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 0050U | | 1 |
| 0051U | | 1 |
| 0052U | | 1 |
| 0053U | | 1 |
| 0054U | | 1 |
| 0055U | | 1 |
| 0056U | | 1 |
| 0058U | | 1 |
| 0059U | | 1 |
| 0060U | | 1 |
| 0061U | | 1 |
| 0062U | | TBD |
| 0063U | | TBD |
| 0064U | | TBD |
| 0065U | | TBD |
| 0066U | | TBD |
| 0067U | | TBD |
| 0068U | | TBD |
| 0069U | | TBD |
| 0070U | | TBD |
| 0071U | | TBD |
| 0072U | | TBD |
| 0073U | | TBD |
| 0074U | | TBD |
| 0075U | | TBD |
| 0076U | | TBD |
| 0077U | | TBD |
| 0078U | | TBD |
| 0079U | | TBD |
| 0080U | | TBD |
| 0083U | | TBD |
| 0084U | | TBD |
| 0086U | | TBD |
| 0087U | | TBD |
| 0088U | | TBD |
| 0089U | | TBD |
| 0090U | | TBD |
| 0091U | | TBD |
| 0092U | | TBD |
| 0093U | | TBD |
| 0094U | | TBD |
| 0095U | | TBD |
| 0096U | | TBD |
| 0097U | | TBD |
| 0098U | | TBD |
| 0099U | | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 0100U | | TBD |
| 0101U | | TBD |
| 0102U | | TBD |
| 0103U | | TBD |
| 0105U | | TBD |
| 0106U | | TBD |
| 0107U | | TBD |
| 0108U | | TBD |
| 0109U | | TBD |
| 0110U | | TBD |
| 0111U | | TBD |
| 0112U | | TBD |
| 0113U | | TBD |
| 0114U | | TBD |
| 0115U | | TBD |
| 0116U | | TBD |
| 0117U | | TBD |
| 0118U | | TBD |
| 0119U | | TBD |
| 0120U | | TBD |
| 0121U | | TBD |
| 0122U | | TBD |
| 0123U | | TBD |
| 0124U | | TBD |
| 0125U | | TBD |
| 0126U | | TBD |
| 0127U | | TBD |
| 0128U | | TBD |
| 0129U | | TBD |
| 0130U | | TBD |
| 0131U | | TBD |
| 0132U | | TBD |
| 0133U | | TBD |
| 0134U | | TBD |
| 0135U | | TBD |
| 0136U | | TBD |
| 0137U | | TBD |
| 0138U | | TBD |
| 0139U | | TBD |
| 0140U | | TBD |
| 0141U | | TBD |
| 0142U | | TBD |
| 0151U | | TBD |
| 0152U | | TBD |
| 0153U | | TBD |
| 0154U | | TBD |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| 0155U | | TBD |
| 0156U | | TBD |
| 0157U | | TBD |
| 0158U | | TBD |
| 0159U | | TBD |
| 0160U | | TBD |
| 0161U | | TBD |
| 0162U | | TBD |
| A0100 | | 1 |
| A0110 | | 1 |
| A0120 | | 1 |
| A0130 | | 2 |
| A0140 | | 2 |
| A0160 | | 1 |
| A0170 | | 1 |
| A0180 | | 1 |
| A0190 | | 1 |
| A0200 | | 1 |
| A0210 | | 1 |
| A0225 | | 1 |
| A0382 | | 1 |
| A0384 | | 1 |
| A0392 | | 1 |
| A0394 | | 1 |
| A0396 | | 1 |
| A0398 | | 1 |
| A0420 | | 10 |
| A0422 | | 1 |
| A0424 | | 1 |
| A0425 | | 250 |
| A0426 | | 2 |
| A0427 | | 2 |
| A0428 | | 4 |
| A0429 | | 2 |
| A0430 | | 1 |
| A0431 | | 1 |
| A0432 | | 1 |
| A0433 | | 1 |
| A0434 | | 2 |
| A0435 | | 999 |
| A0436 | | 300 |
| A0998 | | 1 |
| A0999 | | 1 |
| A4206 | | 100 |
| A4207 | | 100 |
| A4208 | | 100 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4209 | | 100 |
| A4210 | | 1 |
| A4211 | | 1 |
| A4212 | | 100 |
| A4213 | | 100 |
| A4215 | | 100 |
| A4216 | | 120 |
| A4217 | | 100 |
| A4218 | | 1 |
| A4220 | | 1 |
| A4221 | | 4 |
| A4222 | | 100 |
| A4223 | | 1 |
| A4224 | | 1 |
| A4225 | | 1 |
| A4226 | | TBD |
| A4230 | | 1 |
| A4231 | | 1 |
| A4232 | | 1 |
| A4233 | NU | 2 |
| A4234 | NU | 3 |
| A4235 | NU | 2 |
| A4236 | NU | 2 |
| A4244 | | 10 |
| A4245 | | 3 |
| A4246 | | 10 |
| A4247 | | 3 |
| A4248 | | 8 |
| A4250 | | 1 |
| A4252 | | 1 |
| A4253 | NU | 1 |
| A4255 | | 1 |
| A4256 | | 2 |
| A4257 | | 1 |
| A4258 | | 1 |
| A4259 | | 1 |
| A4261 | | 1 |
| A4262 | | 1 |
| A4263 | | 2 |
| A4265 | | 1 |
| A4270 | | 1 |
| A4280 | | 1 |
| A4290 | | 2 |
| A4300 | | 1 |
| A4301 | | 1 |
| A4305 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4306 | | 1 |
| A4310 | | 3 |
| A4311 | | 3 |
| A4312 | | 3 |
| A4313 | | 3 |
| A4314 | | 3 |
| A4315 | | 3 |
| A4316 | | 3 |
| A4320 | | 1 |
| A4321 | | 1 |
| A4322 | | 1 |
| A4326 | | 1 |
| A4327 | | 1 |
| A4328 | | 1 |
| A4330 | | 100 |
| A4331 | | 6 |
| A4332 | | 500 |
| A4333 | | 108 |
| A4334 | | 3 |
| A4335 | | 1 |
| A4336 | | 100 |
| A4337 | | 180 |
| A4338 | | 3 |
| A4340 | | 3 |
| A4344 | | 3 |
| A4346 | | 3 |
| A4349 | | 100 |
| A4351 | | 500 |
| A4352 | | 500 |
| A4353 | | 500 |
| A4354 | | 3 |
| A4355 | | 100 |
| A4356 | | 1 |
| A4357 | | 6 |
| A4358 | | 6 |
| A4360 | | 100 |
| A4361 | | 2 |
| A4362 | | 100 |
| A4363 | | 10 |
| A4364 | | 20 |
| A4366 | | 100 |
| A4367 | | 3 |
| A4368 | | 1 |
| A4369 | | 10 |
| A4371 | | 10 |
| A4372 | | 100 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4373 | | 100 |
| A4375 | | 100 |
| A4376 | | 100 |
| A4377 | | 100 |
| A4378 | | 100 |
| A4379 | | 100 |
| A4380 | | 100 |
| A4381 | | 100 |
| A4382 | | 100 |
| A4383 | | 100 |
| A4384 | | 100 |
| A4385 | | 30 |
| A4387 | | 100 |
| A4388 | | 30 |
| A4389 | | 100 |
| A4390 | | 30 |
| A4391 | | 30 |
| A4392 | | 30 |
| A4393 | | 30 |
| A4394 | | 10 |
| A4395 | | 100 |
| A4396 | | 3 |
| A4397 | | 30 |
| A4398 | | 1 |
| A4399 | | 1 |
| A4400 | | 30 |
| A4402 | | 10 |
| A4404 | | 30 |
| A4405 | | 10 |
| A4406 | | 10 |
| A4407 | | 30 |
| A4408 | | 30 |
| A4409 | | 30 |
| A4410 | | 30 |
| A4411 | | 30 |
| A4412 | | 30 |
| A4413 | | 30 |
| A4414 | | 30 |
| A4415 | | 30 |
| A4416 | | 100 |
| A4417 | | 100 |
| A4418 | | 100 |
| A4419 | | 100 |
| A4420 | | 100 |
| A4421 | | 100 |
| A4422 | | 100 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4423 | | 100 |
| A4424 | | 30 |
| A4425 | | 30 |
| A4426 | | 30 |
| A4427 | | 30 |
| A4428 | | 30 |
| A4429 | | 30 |
| A4430 | | 30 |
| A4431 | | 30 |
| A4432 | | 30 |
| A4433 | | 30 |
| A4434 | | 30 |
| A4435 | | 2 |
| A4450 | | 700 |
| A4452 | | 700 |
| A4455 | | 10 |
| A4456 | | 100 |
| A4458 | | 2 |
| A4459 | | 1 |
| A4461 | | 2 |
| A4463 | | 3 |
| A4465 | | 1 |
| A4467 | | 1 |
| A4470 | | 1 |
| A4480 | | 1 |
| A4481 | | 30 |
| A4483 | | 1 |
| A4490 | | 4 |
| A4495 | | 4 |
| A4500 | | 4 |
| A4510 | | 4 |
| A4520 | | 150 |
| A4550 | | 1 |
| A4553 | | 1 |
| A4554 | | 300 |
| A4555 | | 1 |
| A4556 | | 1 |
| A4557 | | 2 |
| A4558 | | 1 |
| A4559 | | 1 |
| A4561 | | 1 |
| A4562 | | 1 |
| A4563 | | 1 |
| A4565 | | 2 |
| A4566 | | 1 |
| A4570 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE | |
|----------|----------|----------|--------|
| A4575 | | 1 | |
| A4580 | | 1 | |
| A4590 | | 1 | |
| A4595 | | 2 | 2-lead |
| A4595 | | 4 | 4-lead |
| A4600 | | 1 | |
| A4601 | | 1 | |
| A4602 | | 6 | |
| A4604 | NU | 1 | |
| A4605 | NU | 300 | |
| A4606 | | 1 | |
| A4608 | | 2 | |
| A4611 | NU | 2 | |
| A4611 | RR | 2 | |
| A4612 | NU | 2 | |
| A4612 | RR | 2 | |
| A4613 | NU | 1 | |
| A4613 | RR | 1 | |
| A4614 | | 1 | |
| A4615 | | 10 | |
| A4616 | | 25 | |
| A4617 | | 2 | |
| A4618 | NU | 1 | |
| A4618 | RR | 1 | |
| A4619 | NU | 1 | |
| A4620 | | 2 | |
| A4623 | | 200 | |
| A4624 | NU | 300 | |
| A4625 | | 100 | |
| A4626 | | 6 | |
| A4627 | | 2 | |
| A4628 | NU | 50 | |
| A4629 | | 100 | |
| A4630 | NU | 10 | |
| A4633 | NU | 6 | |
| A4634 | | 1 | |
| A4635 | NU | 2 | |
| A4635 | RR | 2 | |
| A4636 | NU | 2 | |
| A4636 | RR | 2 | |
| A4637 | NU | 4 | |
| A4637 | RR | 4 | |
| A4638 | NU | 2 | |
| A4638 | RR | 2 | |
| A4639 | NU | 1 | |
| A4639 | RR | 1 | |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4640 | NU | 1 |
| A4640 | RR | 1 |
| A4641 | | 1 |
| A4642 | | 1 |
| A4648 | | 5 |
| A4649 | | 1 |
| A4650 | | 3 |
| A4651 | | 1 |
| A4652 | | 1 |
| A4653 | | 1 |
| A4657 | | 1 |
| A4660 | | 1 |
| A4663 | | 1 |
| A4670 | | 1 |
| A4671 | | 1 |
| A4672 | | 1 |
| A4673 | | 1 |
| A4674 | | 1 |
| A4680 | | 1 |
| A4690 | | 1 |
| A4706 | | 1 |
| A4707 | | 1 |
| A4708 | | 1 |
| A4709 | | 1 |
| A4714 | | 1 |
| A4719 | | 1 |
| A4720 | | 1 |
| A4721 | | 1 |
| A4722 | | 1 |
| A4723 | | 1 |
| A4724 | | 1 |
| A4725 | | 1 |
| A4726 | | 1 |
| A4728 | | 1 |
| A4730 | | 1 |
| A4736 | | 1 |
| A4737 | | 1 |
| A4740 | | 1 |
| A4750 | | 1 |
| A4755 | | 1 |
| A4760 | | 1 |
| A4765 | | 1 |
| A4766 | | 1 |
| A4770 | | 1 |
| A4771 | | 1 |
| A4772 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A4773 | | 1 |
| A4774 | | 1 |
| A4802 | | 1 |
| A4860 | | 1 |
| A4870 | | 1 |
| A4890 | | 1 |
| A4911 | | 1 |
| A4913 | | 1 |
| A4918 | | 1 |
| A4927 | | 10 |
| A4928 | | 1 |
| A4929 | | 1 |
| A4930 | | 100 |
| A4931 | | 1 |
| A4932 | | 1 |
| A5051 | | 100 |
| A5052 | | 100 |
| A5053 | | 100 |
| A5054 | | 100 |
| A5055 | | 100 |
| A5056 | | 120 |
| A5057 | | 120 |
| A5061 | | 100 |
| A5062 | | 100 |
| A5063 | | 100 |
| A5071 | | 100 |
| A5072 | | 100 |
| A5073 | | 100 |
| A5081 | | 100 |
| A5082 | | 3 |
| A5083 | | 5 |
| A5093 | | 100 |
| A5102 | | 1 |
| A5105 | | 4 |
| A5112 | | 3 |
| A5113 | | 3 |
| A5114 | | 3 |
| A5120 | | 450 |
| A5121 | | 100 |
| A5122 | | 100 |
| A5126 | | 100 |
| A5131 | | 3 |
| A5200 | | 2 |
| A5500 | | 2 |
| A5501 | | 2 |
| A5503 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A5504 | | 2 |
| A5505 | | 2 |
| A5506 | | 2 |
| A5507 | | 2 |
| A5508 | | 2 |
| A5510 | | 2 |
| A5512 | | 6 |
| A5513 | | 6 |
| A5514 | | 1 |
| A6000 | | 1 |
| A6010 | | 100 |
| A6011 | | 100 |
| A6021 | | 100 |
| A6022 | | 100 |
| A6023 | | 100 |
| A6024 | | 100 |
| A6025 | | 1 |
| A6154 | | 100 |
| A6196 | | 100 |
| A6197 | | 100 |
| A6198 | | 100 |
| A6199 | | 100 |
| A6203 | | 100 |
| A6204 | | 100 |
| A6205 | | 100 |
| A6206 | | 100 |
| A6207 | | 100 |
| A6208 | | 100 |
| A6209 | | 100 |
| A6210 | | 100 |
| A6211 | | 100 |
| A6212 | | 100 |
| A6213 | | 100 |
| A6214 | | 100 |
| A6215 | | 100 |
| A6216 | | 200 |
| A6217 | | 100 |
| A6218 | | 100 |
| A6219 | | 100 |
| A6220 | | 100 |
| A6221 | | 100 |
| A6222 | | 100 |
| A6223 | | 100 |
| A6224 | | 100 |
| A6228 | | 100 |
| A6229 | | 100 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A6230 | | 100 |
| A6231 | | 100 |
| A6232 | | 100 |
| A6233 | | 100 |
| A6234 | | 100 |
| A6235 | | 100 |
| A6236 | | 100 |
| A6237 | | 100 |
| A6238 | | 100 |
| A6239 | | 100 |
| A6240 | | 100 |
| A6241 | | 100 |
| A6242 | | 100 |
| A6243 | | 100 |
| A6244 | | 100 |
| A6245 | | 100 |
| A6246 | | 100 |
| A6247 | | 100 |
| A6248 | | 100 |
| A6250 | | 1 |
| A6251 | | 100 |
| A6252 | | 100 |
| A6253 | | 100 |
| A6254 | | 100 |
| A6255 | | 100 |
| A6256 | | 100 |
| A6257 | | 100 |
| A6258 | | 100 |
| A6259 | | 100 |
| A6260 | | 1 |
| A6261 | | 1 |
| A6262 | | 1 |
| A6266 | | 100 |
| A6402 | | 700 |
| A6403 | | 100 |
| A6404 | | 100 |
| A6407 | | 10 |
| A6410 | | 2 |
| A6411 | | 2 |
| A6412 | | 2 |
| A6413 | | 1 |
| A6441 | | 20 |
| A6442 | | 20 |
| A6443 | | 20 |
| A6444 | | 20 |
| A6445 | | 20 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A6446 | | 20 |
| A6447 | | 20 |
| A6448 | | 10 |
| A6449 | | 10 |
| A6450 | | 10 |
| A6451 | | 10 |
| A6452 | | 10 |
| A6453 | | 10 |
| A6454 | | 10 |
| A6455 | | 10 |
| A6456 | | 20 |
| A6457 | | 10 |
| A6460 | | 1 |
| A6461 | | 1 |
| A6501 | | 2 |
| A6502 | | 2 |
| A6503 | | 2 |
| A6504 | | 4 |
| A6505 | | 4 |
| A6506 | | 4 |
| A6507 | | 4 |
| A6508 | | 4 |
| A6509 | | 2 |
| A6510 | | 2 |
| A6511 | | 2 |
| A6512 | | 10 |
| A6513 | | 2 |
| A6530 | | 4 |
| A6531 | | 4 |
| A6532 | | 4 |
| A6533 | | 4 |
| A6534 | | 4 |
| A6535 | | 4 |
| A6536 | | 4 |
| A6537 | | 4 |
| A6538 | | 4 |
| A6539 | | 4 |
| A6540 | | 4 |
| A6541 | | 4 |
| A6544 | | 1 |
| A6545 | | 2 |
| A6549 | | 1 |
| A6550 | | 100 |
| A7000 | NU | 100 |
| A7001 | NU | 3 |
| A7002 | NU | 100 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A7003 | NU | 100 |
| A7004 | NU | 100 |
| A7005 | NU | 1 |
| A7006 | NU | 100 |
| A7007 | NU | 100 |
| A7008 | NU | 100 |
| A7009 | NU | 2 |
| A7010 | NU | 2 |
| A7012 | NU | 6 |
| A7013 | NU | 100 |
| A7014 | NU | 1 |
| A7015 | NU | 3 |
| A7016 | NU | 2 |
| A7017 | NU | 1 |
| A7017 | RR | 1 |
| A7018 | | 10 |
| A7020 | NU | 1 |
| A7020 | RR | 1 |
| A7025 | NU | 1 |
| A7025 | RR | 1 |
| A7026 | NU | 1 |
| A7027 | NU | 1 |
| A7028 | NU | 6 |
| A7029 | NU | 6 |
| A7030 | NU | 1 |
| A7031 | NU | 3 |
| A7032 | NU | 6 |
| A7033 | NU | 6 |
| A7034 | NU | 1 |
| A7035 | NU | 1 |
| A7036 | NU | 1 |
| A7037 | NU | 10 |
| A7038 | NU | 6 |
| A7039 | NU | 1 |
| A7040 | | 2 |
| A7041 | | 2 |
| A7044 | NU | 1 |
| A7045 | NU | 2 |
| A7045 | RR | 2 |
| A7046 | NU | 1 |
| A7047 | NU | 1 |
| A7048 | | 10 |
| A7501 | | 3 |
| A7502 | | 3 |
| A7503 | | 1 |
| A7504 | | 200 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A7505 | | 6 |
| A7506 | | 200 |
| A7507 | | 200 |
| A7508 | | 200 |
| A7509 | | 200 |
| A7520 | | 1 |
| A7521 | | 1 |
| A7522 | | 1 |
| A7523 | | 2 |
| A7524 | | 1 |
| A7525 | | 3 |
| A7526 | | 100 |
| A7527 | | 2 |
| A8000 | NU | 1 |
| A8000 | RR | 1 |
| A8001 | NU | 1 |
| A8001 | RR | 1 |
| A8002 | NU | 1 |
| A8002 | RR | 1 |
| A8003 | NU | 1 |
| A8003 | RR | 1 |
| A8004 | NU | 1 |
| A8004 | RR | 1 |
| A9150 | | 1 |
| A9152 | | 1 |
| A9153 | | 1 |
| A9155 | | 1 |
| A9180 | | 1 |
| A9270 | | 1 |
| A9272 | | 5 |
| A9273 | | 1 |
| A9274 | | 1 |
| A9275 | | 1 |
| A9276 | | 1 |
| A9277 | | 1 |
| A9278 | | 1 |
| A9279 | | 1 |
| A9280 | | 1 |
| A9281 | | 1 |
| A9282 | | 1 |
| A9283 | | 1 |
| A9284 | NU | 1 |
| A9285 | | 1 |
| A9286 | | 1 |
| A9300 | | 1 |
| A9500 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A9501 | | 1 |
| A9502 | | 3 |
| A9503 | | 1 |
| A9504 | | 1 |
| A9505 | | 4 |
| A9507 | | 1 |
| A9508 | | 2 |
| A9509 | | 5 |
| A9510 | | 1 |
| A9512 | | 30 |
| A9513 | | 200 |
| A9515 | | 1 |
| A9516 | | 4 |
| A9517 | | 200 |
| A9520 | | 1 |
| A9521 | | 2 |
| A9524 | | 10 |
| A9526 | | 2 |
| A9527 | | 195 |
| A9528 | | 10 |
| A9529 | | 10 |
| A9530 | | 200 |
| A9531 | | 100 |
| A9532 | | 10 |
| A9536 | | 1 |
| A9537 | | 1 |
| A9538 | | 1 |
| A9539 | | 2 |
| A9540 | | 2 |
| A9541 | | 1 |
| A9542 | | 1 |
| A9543 | | 1 |
| A9546 | | 1 |
| A9547 | | 2 |
| A9548 | | 2 |
| A9550 | | 1 |
| A9551 | | 1 |
| A9552 | | 1 |
| A9553 | | 1 |
| A9554 | | 1 |
| A9555 | | 2 |
| A9556 | | 10 |
| A9557 | | 2 |
| A9558 | | 7 |
| A9559 | | 1 |
| A9560 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| A9561 | | 1 |
| A9562 | | 2 |
| A9563 | | 10 |
| A9564 | | 20 |
| A9566 | | 1 |
| A9567 | | 2 |
| A9568 | | 1 |
| A9569 | | 1 |
| A9570 | | 1 |
| A9571 | | 1 |
| A9572 | | 1 |
| A9575 | | 300 |
| A9576 | | 40 |
| A9577 | | 50 |
| A9578 | | 50 |
| A9579 | | 100 |
| A9580 | | 1 |
| A9581 | | 20 |
| A9582 | | 1 |
| A9583 | | 18 |
| A9584 | | 1 |
| A9585 | | 300 |
| A9586 | | 1 |
| A9587 | | 54 |
| A9588 | | 10 |
| A9589 | | 1 |
| A9590 | | TBD |
| A9597 | | 1 |
| A9598 | | 1 |
| A9600 | | 7 |
| A9604 | | 1 |
| A9606 | | 224 |
| A9698 | | 2 |
| A9699 | | 1 |
| A9700 | | 2 |
| A9900 | | 1 |
| A9901 | | 1 |
| A9999 | | 1 |
| B4034 | | 1 |
| B4035 | | 1 |
| B4036 | | 1 |
| B4081 | | 3 |
| B4082 | | 3 |
| B4083 | | 3 |
| B4087 | | 1 |
| B4088 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| B4100 | | 1 |
| B4102 | | 1 |
| B4103 | | 1 |
| B4104 | | 1 |
| B4105 | | 1 |
| B4149 | | 30 |
| B4150 | | 1100 |
| B4152 | | 1300 |
| B4153 | | 700 |
| B4154 | | 1000 |
| B4155 | | 200 |
| B4157 | | 10 |
| B4158 | | 1 |
| B4159 | | 1 |
| B4160 | | 1 |
| B4161 | | 1 |
| B4162 | | 1 |
| B4164 | | 1 |
| B4168 | | 4 |
| B4172 | | 4 |
| B4176 | | 4 |
| B4178 | | 4 |
| B4180 | | 4 |
| B4185 | | 1 |
| B4187 | | TBD |
| B4189 | | 1 |
| B4193 | | 1 |
| B4197 | | 1 |
| B4199 | | 1 |
| B4216 | | 1 |
| B4220 | | 1 |
| B4222 | | 1 |
| B4224 | | 1 |
| B5000 | | 31 |
| B5100 | | 120 |
| B5200 | | 225 |
| B9002 | NU | 1 |
| B9002 | RR | 1 |
| B9004 | NU | 1 |
| B9004 | RR | 1 |
| B9006 | NU | 1 |
| B9006 | RR | 1 |
| B9998 | | 1 |
| B9999 | | 1 |
| D0120 | | 1 |
| D0140 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D0145 | | 1 |
| D0150 | | 1 |
| D0160 | | 1 |
| D0170 | | 1 |
| D0171 | | 1 |
| D0180 | | 1 |
| D0190 | | 1 |
| D0191 | | 1 |
| D0210 | | 1 |
| D0220 | | 1 |
| D0230 | | 13 |
| D0240 | | 1 |
| D0250 | | 2 |
| D0251 | | 1 |
| D0270 | | 1 |
| D0272 | | 1 |
| D0273 | | 1 |
| D0274 | | 1 |
| D0277 | | 1 |
| D0310 | | 1 |
| D0320 | | 12 |
| D0321 | | 2 |
| D0322 | | 12 |
| D0330 | | 1 |
| D0340 | | 1 |
| D0350 | | 1 |
| D0351 | | 1 |
| D0364 | | 1 |
| D0365 | | 1 |
| D0366 | | 1 |
| D0367 | | 1 |
| D0368 | | 1 |
| D0369 | | 1 |
| D0370 | | 1 |
| D0371 | | 1 |
| D0380 | | 1 |
| D0381 | | 1 |
| D0382 | | 1 |
| D0383 | | 1 |
| D0384 | | 1 |
| D0385 | | 1 |
| D0386 | | 1 |
| D0391 | | 1 |
| D0393 | | 1 |
| D0394 | | 1 |
| D0395 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D0411 | | 1 |
| D0412 | | 1 |
| D0414 | | 1 |
| D0415 | | 12 |
| D0416 | | 1 |
| D0417 | | 1 |
| D0418 | | 1 |
| D0419 | | TBD |
| D0422 | | 1 |
| D0423 | | 1 |
| D0425 | | 12 |
| D0431 | | 1 |
| D0460 | | 1 |
| D0470 | | 1 |
| D0472 | | 1 |
| D0473 | | 1 |
| D0474 | | 1 |
| D0475 | | 1 |
| D0476 | | 1 |
| D0477 | | 1 |
| D0478 | | 1 |
| D0479 | | 1 |
| D0480 | | 1 |
| D0481 | | 1 |
| D0482 | | 1 |
| D0483 | | 1 |
| D0484 | | 1 |
| D0485 | | 1 |
| D0486 | | 1 |
| D0502 | | 12 |
| D0600 | | 1 |
| D0601 | | 1 |
| D0602 | | 1 |
| D0603 | | 1 |
| D0999 | | 1 |
| D1110 | | 1 |
| D1120 | | 1 |
| D1206 | | 1 |
| D1208 | | 1 |
| D1330 | | 1 |
| D1351 | | 1 |
| D1352 | | 1 |
| D1353 | | 1 |
| D1354 | | 1 |
| D1510 | | 4 |
| D1516 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D1517 | | 1 |
| D1520 | | 4 |
| D1526 | | 1 |
| D1527 | | 1 |
| D1551 | | TBD |
| D1552 | | TBD |
| D1553 | | TBD |
| D1556 | | TBD |
| D1557 | | TBD |
| D1558 | | TBD |
| D1575 | | 4 |
| D1999 | | 1 |
| D2140 | | 1 |
| D2150 | | 1 |
| D2160 | | 1 |
| D2161 | | 1 |
| D2330 | | 1 |
| D2331 | | 1 |
| D2332 | | 1 |
| D2335 | | 1 |
| D2390 | | 1 |
| D2391 | | 1 |
| D2392 | | 1 |
| D2393 | | 1 |
| D2394 | | 1 |
| D2410 | | 1 |
| D2420 | | 1 |
| D2430 | | 1 |
| D2510 | | 1 |
| D2520 | | 1 |
| D2530 | | 1 |
| D2542 | | 1 |
| D2543 | | 1 |
| D2544 | | 1 |
| D2610 | | 1 |
| D2620 | | 12 |
| D2630 | | 12 |
| D2642 | | 1 |
| D2643 | | 1 |
| D2644 | | 1 |
| D2650 | | 12 |
| D2651 | | 12 |
| D2652 | | 12 |
| D2662 | | 1 |
| D2663 | | 1 |
| D2664 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D2710 | | 1 |
| D2712 | | 1 |
| D2720 | | 1 |
| D2721 | | 1 |
| D2722 | | 1 |
| D2740 | | 1 |
| D2750 | | 12 |
| D2751 | | 12 |
| D2752 | | 12 |
| D2753 | | TBD |
| D2780 | | 1 |
| D2781 | | 1 |
| D2782 | | 1 |
| D2783 | | 1 |
| D2790 | | 1 |
| D2791 | | 12 |
| D2792 | | 1 |
| D2794 | | 1 |
| D2799 | | 1 |
| D2910 | | 1 |
| D2915 | | 1 |
| D2920 | | 1 |
| D2921 | | 1 |
| D2929 | | 1 |
| D2930 | | 1 |
| D2931 | | 1 |
| D2932 | | 12 |
| D2933 | | 1 |
| D2934 | | 1 |
| D2940 | | 1 |
| D2941 | | 1 |
| D2949 | | 1 |
| D2950 | | 1 |
| D2951 | | 12 |
| D2952 | | 1 |
| D2953 | | 1 |
| D2954 | | 12 |
| D2955 | | 1 |
| D2957 | | 1 |
| D2960 | | 1 |
| D2961 | | 12 |
| D2962 | | 12 |
| D2971 | | 1 |
| D2975 | | 1 |
| D2980 | | 12 |
| D2981 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D2982 | | 1 |
| D2983 | | 1 |
| D2990 | | 1 |
| D2999 | | 1 |
| D3110 | | 1 |
| D3120 | | 1 |
| D3220 | | 1 |
| D3221 | | 1 |
| D3222 | | 1 |
| D3230 | | 1 |
| D3240 | | 1 |
| D3310 | | 1 |
| D3320 | | 1 |
| D3330 | | 1 |
| D3331 | | 1 |
| D3332 | | 1 |
| D3333 | | 1 |
| D3346 | | 1 |
| D3347 | | 1 |
| D3348 | | 1 |
| D3351 | | 12 |
| D3352 | | 12 |
| D3353 | | 12 |
| D3355 | | 1 |
| D3356 | | 1 |
| D3357 | | 1 |
| D3410 | | 1 |
| D3421 | | 12 |
| D3425 | | 12 |
| D3426 | | 12 |
| D3427 | | 1 |
| D3428 | | 1 |
| D3429 | | 1 |
| D3430 | | 1 |
| D3431 | | 1 |
| D3432 | | 1 |
| D3450 | | 1 |
| D3460 | | 1 |
| D3470 | | 12 |
| D3910 | | 1 |
| D3920 | | 1 |
| D3950 | | 1 |
| D3999 | | 1 |
| D4210 | | 4 |
| D4211 | | 4 |
| D4212 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D4230 | | 1 |
| D4231 | | 1 |
| D4240 | | 4 |
| D4241 | | 4 |
| D4245 | | 1 |
| D4249 | | 12 |
| D4260 | | 4 |
| D4261 | | 4 |
| D4263 | | 4 |
| D4264 | | 4 |
| D4265 | | 1 |
| D4266 | | 1 |
| D4267 | | 1 |
| D4268 | | 1 |
| D4270 | | 4 |
| D4273 | | 1 |
| D4274 | | 1 |
| D4275 | | 1 |
| D4276 | | 1 |
| D4277 | | 1 |
| D4278 | | 3 |
| D4283 | | 1 |
| D4285 | | 1 |
| D4320 | | 1 |
| D4321 | | 1 |
| D4341 | | 4 |
| D4342 | | 4 |
| D4346 | | 1 |
| D4355 | | 1 |
| D4381 | | 12 |
| D4910 | | 1 |
| D4920 | | 1 |
| D4921 | | 4 |
| D4999 | | 1 |
| D5110 | | 1 |
| D5120 | | 1 |
| D5130 | | 1 |
| D5140 | | 1 |
| D5211 | | 1 |
| D5212 | | 1 |
| D5213 | | 1 |
| D5214 | | 1 |
| D5221 | | 1 |
| D5222 | | 1 |
| D5223 | | 1 |
| D5224 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D5225 | | 1 |
| D5226 | | 1 |
| D5282 | | 1 |
| D5283 | | 1 |
| D5284 | | TBD |
| D5286 | | TBD |
| D5410 | | 1 |
| D5411 | | 1 |
| D5421 | | 1 |
| D5422 | | 1 |
| D5511 | | 1 |
| D5512 | | 1 |
| D5520 | | 12 |
| D5611 | | 1 |
| D5612 | | 1 |
| D5621 | | 1 |
| D5622 | | 1 |
| D5630 | | 1 |
| D5640 | | 1 |
| D5650 | | 1 |
| D5660 | | 1 |
| D5670 | | 1 |
| D5671 | | 1 |
| D5710 | | 1 |
| D5711 | | 12 |
| D5720 | | 1 |
| D5721 | | 12 |
| D5730 | | 1 |
| D5731 | | 12 |
| D5740 | | 1 |
| D5741 | | 12 |
| D5750 | | 1 |
| D5751 | | 12 |
| D5760 | | 1 |
| D5761 | | 12 |
| D5810 | | 1 |
| D5811 | | 1 |
| D5820 | | 1 |
| D5821 | | 1 |
| D5850 | | 1 |
| D5851 | | 12 |
| D5862 | | 2 |
| D5863 | | 1 |
| D5864 | | 1 |
| D5865 | | 1 |
| D5866 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D5867 | | 1 |
| D5875 | | 1 |
| D5876 | | 1 |
| D5899 | | 12 |
| D5911 | | 1 |
| D5912 | | 1 |
| D5913 | | 1 |
| D5914 | | 1 |
| D5915 | | 1 |
| D5916 | | 1 |
| D5919 | | 1 |
| D5922 | | 1 |
| D5923 | | 1 |
| D5924 | | 1 |
| D5925 | | 1 |
| D5926 | | 1 |
| D5927 | | 1 |
| D5928 | | 1 |
| D5929 | | 1 |
| D5931 | | 1 |
| D5932 | | 1 |
| D5933 | | 1 |
| D5934 | | 1 |
| D5935 | | 1 |
| D5936 | | 1 |
| D5937 | | 12 |
| D5951 | | 1 |
| D5952 | | 1 |
| D5953 | | 1 |
| D5954 | | 1 |
| D5955 | | 1 |
| D5958 | | 1 |
| D5959 | | 1 |
| D5960 | | 1 |
| D5982 | | 1 |
| D5983 | | 1 |
| D5984 | | 1 |
| D5985 | | 1 |
| D5986 | | 1 |
| D5987 | | 1 |
| D5988 | | 1 |
| D5991 | | 1 |
| D5992 | | 1 |
| D5993 | | 1 |
| D5994 | | 1 |
| D5999 | | 12 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D6010 | | 1 |
| D6011 | | 1 |
| D6012 | | 1 |
| D6013 | | 1 |
| D6040 | | 1 |
| D6050 | | 1 |
| D6051 | | 1 |
| D6052 | | 1 |
| D6055 | | 12 |
| D6056 | | 1 |
| D6057 | | 1 |
| D6058 | | 1 |
| D6059 | | 1 |
| D6060 | | 1 |
| D6061 | | 1 |
| D6062 | | 1 |
| D6063 | | 1 |
| D6064 | | 1 |
| D6065 | | 1 |
| D6066 | | 1 |
| D6067 | | 1 |
| D6068 | | 1 |
| D6069 | | 1 |
| D6070 | | 1 |
| D6071 | | 1 |
| D6072 | | 1 |
| D6073 | | 1 |
| D6074 | | 1 |
| D6075 | | 1 |
| D6076 | | 1 |
| D6077 | | 1 |
| D6080 | | 2 |
| D6081 | | 1 |
| D6082 | | TBD |
| D6083 | | TBD |
| D6084 | | TBD |
| D6085 | | 1 |
| D6086 | | TBD |
| D6087 | | TBD |
| D6088 | | TBD |
| D6090 | | 1 |
| D6091 | | 1 |
| D6092 | | 1 |
| D6093 | | 1 |
| D6094 | | 1 |
| D6095 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D6096 | | 1 |
| D6097 | | TBD |
| D6098 | | TBD |
| D6099 | | TBD |
| D6100 | | 1 |
| D6101 | | 1 |
| D6102 | | 1 |
| D6103 | | 12 |
| D6104 | | 1 |
| D6110 | | 1 |
| D6111 | | 1 |
| D6112 | | 1 |
| D6113 | | 1 |
| D6114 | | 1 |
| D6115 | | 1 |
| D6116 | | 1 |
| D6117 | | 1 |
| D6118 | | 1 |
| D6119 | | 1 |
| D6120 | | TBD |
| D6121 | | TBD |
| D6122 | | TBD |
| D6123 | | TBD |
| D6190 | | 1 |
| D6194 | | 1 |
| D6195 | | TBD |
| D6199 | | 1 |
| D6205 | | 1 |
| D6210 | | 1 |
| D6211 | | 1 |
| D6212 | | 1 |
| D6214 | | 1 |
| D6240 | | 1 |
| D6241 | | 1 |
| D6242 | | 1 |
| D6243 | | TBD |
| D6245 | | 1 |
| D6250 | | 1 |
| D6251 | | 1 |
| D6252 | | 1 |
| D6253 | | 1 |
| D6545 | | 1 |
| D6548 | | 1 |
| D6549 | | 1 |
| D6600 | | 1 |
| D6601 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D6602 | | 1 |
| D6603 | | 1 |
| D6604 | | 1 |
| D6605 | | 1 |
| D6606 | | 1 |
| D6607 | | 1 |
| D6608 | | 1 |
| D6609 | | 1 |
| D6610 | | 1 |
| D6611 | | 1 |
| D6612 | | 1 |
| D6613 | | 1 |
| D6614 | | 1 |
| D6615 | | 1 |
| D6624 | | 1 |
| D6634 | | 1 |
| D6710 | | 1 |
| D6720 | | 1 |
| D6721 | | 1 |
| D6722 | | 1 |
| D6740 | | 1 |
| D6750 | | 1 |
| D6751 | | 1 |
| D6752 | | 1 |
| D6753 | | TBD |
| D6780 | | 1 |
| D6781 | | 1 |
| D6782 | | 1 |
| D6783 | | 1 |
| D6784 | | TBD |
| D6790 | | 1 |
| D6791 | | 1 |
| D6792 | | 1 |
| D6793 | | 1 |
| D6794 | | 1 |
| D6920 | | 1 |
| D6930 | | 1 |
| D6940 | | 1 |
| D6950 | | 1 |
| D6980 | | 2 |
| D6985 | | 1 |
| D6999 | | 1 |
| D7111 | | 20 |
| D7140 | | 32 |
| D7210 | | 32 |
| D7220 | | 6 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D7230 | | 6 |
| D7240 | | 6 |
| D7241 | | 6 |
| D7250 | | 32 |
| D7251 | | 1 |
| D7260 | | 1 |
| D7261 | | 1 |
| D7270 | | 1 |
| D7272 | | 1 |
| D7280 | | 1 |
| D7282 | | 1 |
| D7283 | | 4 |
| D7285 | | 5 |
| D7286 | | 5 |
| D7287 | | 1 |
| D7288 | | 12 |
| D7290 | | 1 |
| D7291 | | 12 |
| D7292 | | 1 |
| D7293 | | 1 |
| D7294 | | 1 |
| D7295 | | 1 |
| D7296 | | 1 |
| D7297 | | 1 |
| D7310 | | 4 |
| D7311 | | 4 |
| D7320 | | 4 |
| D7321 | | 4 |
| D7340 | | 1 |
| D7350 | | 1 |
| D7410 | | 1 |
| D7411 | | 1 |
| D7412 | | 1 |
| D7413 | | 1 |
| D7414 | | 1 |
| D7415 | | 1 |
| D7440 | | 1 |
| D7441 | | 1 |
| D7450 | | 1 |
| D7451 | | 1 |
| D7460 | | 1 |
| D7461 | | 1 |
| D7465 | | 1 |
| D7471 | | 1 |
| D7472 | | 1 |
| D7473 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D7485 | | 1 |
| D7490 | | 1 |
| D7510 | | 1 |
| D7511 | | 1 |
| D7520 | | 1 |
| D7521 | | 1 |
| D7530 | | 1 |
| D7540 | | 1 |
| D7550 | | 1 |
| D7560 | | 1 |
| D7610 | | 1 |
| D7620 | | 1 |
| D7630 | | 1 |
| D7640 | | 1 |
| D7650 | | 1 |
| D7660 | | 1 |
| D7670 | | 1 |
| D7671 | | 1 |
| D7680 | | 1 |
| D7710 | | 1 |
| D7720 | | 1 |
| D7730 | | 1 |
| D7740 | | 1 |
| D7750 | | 1 |
| D7760 | | 1 |
| D7770 | | 1 |
| D7771 | | 1 |
| D7780 | | 1 |
| D7810 | | 1 |
| D7820 | | 1 |
| D7830 | | 1 |
| D7840 | | 1 |
| D7850 | | 1 |
| D7852 | | 1 |
| D7854 | | 1 |
| D7856 | | 1 |
| D7858 | | 1 |
| D7860 | | 2 |
| D7865 | | 1 |
| D7870 | | 1 |
| D7871 | | 1 |
| D7872 | | 1 |
| D7873 | | 1 |
| D7874 | | 1 |
| D7875 | | 1 |
| D7876 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D7877 | | 1 |
| D7880 | | 12 |
| D7881 | | 1 |
| D7899 | | 1 |
| D7910 | | 1 |
| D7911 | | 5 |
| D7912 | | 1 |
| D7920 | | 1 |
| D7921 | | 1 |
| D7922 | | TBD |
| D7940 | | 1 |
| D7941 | | 1 |
| D7943 | | 1 |
| D7944 | | 1 |
| D7945 | | 1 |
| D7946 | | 1 |
| D7947 | | 1 |
| D7948 | | 1 |
| D7949 | | 1 |
| D7950 | | 1 |
| D7951 | | 1 |
| D7952 | | 1 |
| D7953 | | 1 |
| D7955 | | 1 |
| D7960 | | 2 |
| D7963 | | 1 |
| D7970 | | 1 |
| D7971 | | 12 |
| D7972 | | 1 |
| D7979 | | 1 |
| D7980 | | 1 |
| D7981 | | 1 |
| D7982 | | 1 |
| D7983 | | 1 |
| D7990 | | 1 |
| D7991 | | 1 |
| D7995 | | 1 |
| D7996 | | 1 |
| D7997 | | 1 |
| D7998 | | 1 |
| D7999 | | 1 |
| D8010 | | 1 |
| D8020 | | 1 |
| D8030 | | 1 |
| D8040 | | 1 |
| D8050 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D8060 | | 1 |
| D8070 | | 1 |
| D8080 | | 1 |
| D8090 | | 1 |
| D8210 | | 1 |
| D8220 | | 1 |
| D8660 | | 1 |
| D8670 | | 1 |
| D8680 | | 1 |
| D8681 | | 1 |
| D8690 | | 1 |
| D8695 | | 1 |
| D8696 | | TBD |
| D8697 | | TBD |
| D8698 | | TBD |
| D8699 | | TBD |
| D8701 | | TBD |
| D8702 | | TBD |
| D8703 | | TBD |
| D8704 | | TBD |
| D8999 | | 1 |
| D9110 | | 1 |
| D9120 | | 1 |
| D9130 | | 1 |
| D9210 | | 1 |
| D9211 | | 1 |
| D9212 | | 1 |
| D9215 | | 1 |
| D9219 | | 1 |
| D9222 | | 1 |
| D9223 | | 1 |
| D9230 | | 1 |
| D9239 | | 1 |
| D9243 | | 1 |
| D9248 | | 1 |
| D9310 | | 1 |
| D9311 | | 1 |
| D9410 | | 1 |
| D9420 | | 1 |
| D9430 | | 1 |
| D9440 | | 1 |
| D9450 | | 1 |
| D9610 | | 1 |
| D9612 | | 1 |
| D9613 | | 1 |
| D9630 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| D9910 | | 1 |
| D9911 | | 1 |
| D9920 | | 12 |
| D9930 | | 1 |
| D9932 | | 1 |
| D9933 | | 1 |
| D9934 | | 1 |
| D9935 | | 1 |
| D9941 | | 4 |
| D9942 | | 1 |
| D9943 | | 1 |
| D9944 | | 1 |
| D9945 | | 1 |
| D9946 | | 1 |
| D9950 | | 1 |
| D9951 | | 12 |
| D9952 | | 12 |
| D9970 | | 1 |
| D9971 | | 1 |
| D9972 | | 1 |
| D9973 | | 1 |
| D9974 | | 1 |
| D9975 | | 1 |
| D9985 | | 1 |
| D9991 | | 1 |
| D9992 | | 1 |
| D9993 | | 1 |
| D9994 | | 1 |
| D9997 | | TBD |
| D9999 | | 1 |
| E0100 | NU | 1 |
| E0100 | RR | 1 |
| E0105 | NU | 1 |
| E0105 | RR | 1 |
| E0110 | NU | 1 |
| E0110 | RR | 1 |
| E0111 | NU | 2 |
| E0111 | RR | 2 |
| E0112 | NU | 1 |
| E0112 | RR | 1 |
| E0113 | NU | 2 |
| E0113 | RR | 2 |
| E0114 | NU | 1 |
| E0114 | RR | 1 |
| E0116 | NU | 2 |
| E0116 | RR | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0117 | NU | 2 |
| E0117 | RR | 2 |
| E0118 | | 1 |
| E0130 | NU | 1 |
| E0130 | RR | 1 |
| E0135 | NU | 1 |
| E0135 | RR | 1 |
| E0140 | NU | 1 |
| E0140 | RR | 1 |
| E0141 | NU | 1 |
| E0141 | RR | 1 |
| E0143 | NU | 1 |
| E0143 | RR | 1 |
| E0144 | NU | 1 |
| E0144 | RR | 1 |
| E0147 | NU | 1 |
| E0147 | RR | 1 |
| E0148 | NU | 1 |
| E0148 | RR | 1 |
| E0149 | NU | 1 |
| E0149 | RR | 1 |
| E0153 | NU | 2 |
| E0153 | RR | 2 |
| E0154 | NU | 2 |
| E0154 | RR | 2 |
| E0155 | NU | 1 |
| E0155 | RR | 1 |
| E0156 | NU | 1 |
| E0156 | RR | 1 |
| E0157 | NU | 2 |
| E0157 | RR | 2 |
| E0158 | NU | 1 |
| E0158 | RR | 1 |
| E0159 | NU | 2 |
| E0159 | RR | 2 |
| E0160 | NU | 1 |
| E0160 | RR | 1 |
| E0161 | NU | 1 |
| E0161 | RR | 1 |
| E0162 | NU | 1 |
| E0162 | RR | 1 |
| E0163 | NU | 1 |
| E0163 | RR | 1 |
| E0165 | | 1 |
| E0167 | NU | 1 |
| E0167 | RR | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0168 | NU | 1 |
| E0168 | RR | 1 |
| E0170 | RR | 1 |
| E0171 | RR | 1 |
| E0172 | | 1 |
| E0175 | NU | 2 |
| E0175 | RR | 2 |
| E0181 | | 1 |
| E0182 | RR | 1 |
| E0184 | NU | 1 |
| E0184 | RR | 1 |
| E0185 | NU | 1 |
| E0185 | RR | 1 |
| E0186 | RR | 1 |
| E0187 | RR | 1 |
| E0188 | NU | 1 |
| E0188 | RR | 1 |
| E0189 | NU | 1 |
| E0189 | RR | 1 |
| E0190 | | 1 |
| E0191 | NU | 4 |
| E0191 | RR | 4 |
| E0193 | RR | 1 |
| E0194 | RR | 1 |
| E0196 | RR | 1 |
| E0197 | NU | 1 |
| E0197 | RR | 1 |
| E0198 | NU | 1 |
| E0198 | RR | 1 |
| E0199 | NU | 1 |
| E0199 | RR | 1 |
| E0200 | NU | 1 |
| E0200 | RR | 1 |
| E0202 | RR | 1 |
| E0203 | | 1 |
| E0205 | NU | 1 |
| E0205 | RR | 1 |
| E0210 | NU | 1 |
| E0210 | RR | 1 |
| E0215 | NU | 1 |
| E0215 | RR | 1 |
| E0217 | NU | 1 |
| E0217 | RR | 1 |
| E0218 | RR | 1 |
| E0221 | | 1 |
| E0225 | NU | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0225 | RR | 1 |
| E0231 | | 1 |
| E0232 | | 1 |
| E0235 | | 1 |
| E0235 | RR | 1 |
| E0236 | RR | 1 |
| E0239 | NU | 1 |
| E0239 | RR | 1 |
| E0240 | | 1 |
| E0241 | | 2 |
| E0242 | | 1 |
| E0243 | | 2 |
| E0244 | | 1 |
| E0245 | | 1 |
| E0246 | | 1 |
| E0247 | | 1 |
| E0248 | | 1 |
| E0249 | NU | 1 |
| E0249 | RR | 1 |
| E0250 | RR | 1 |
| E0251 | RR | 1 |
| E0255 | RR | 1 |
| E0256 | RR | 1 |
| E0260 | RR | 1 |
| E0261 | RR | 1 |
| E0265 | RR | 1 |
| E0266 | RR | 1 |
| E0270 | | 1 |
| E0271 | NU | 1 |
| E0271 | RR | 1 |
| E0272 | NU | 1 |
| E0272 | RR | 1 |
| E0273 | RR | 1 |
| E0274 | | 1 |
| E0275 | NU | 1 |
| E0275 | RR | 1 |
| E0276 | NU | 1 |
| E0276 | RR | 1 |
| E0277 | RR | 1 |
| E0280 | NU | 1 |
| E0280 | RR | 1 |
| E0290 | RR | 1 |
| E0291 | RR | 1 |
| E0292 | RR | 1 |
| E0293 | RR | 1 |
| E0294 | RR | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0295 | RR | 1 |
| E0296 | RR | 1 |
| E0297 | RR | 1 |
| E0300 | NU | 1 |
| E0300 | RR | 1 |
| E0301 | RR | 1 |
| E0302 | RR | 1 |
| E0303 | RR | 1 |
| E0304 | RR | 1 |
| E0305 | RR | 2 |
| E0310 | NU | 2 |
| E0310 | RR | 2 |
| E0315 | | 1 |
| E0316 | RR | 1 |
| E0325 | NU | 1 |
| E0325 | RR | 1 |
| E0326 | NU | 1 |
| E0326 | RR | 1 |
| E0328 | | 1 |
| E0329 | | 1 |
| E0350 | | 1 |
| E0352 | | 30 |
| E0370 | | 2 |
| E0371 | RR | 1 |
| E0372 | RR | 1 |
| E0373 | RR | 1 |
| E0424 | RR | 1 |
| E0425 | | 1 |
| E0430 | | 1 |
| E0431 | RR | 1 |
| E0433 | RR | 1 |
| E0434 | RR | 1 |
| E0435 | | 1 |
| E0439 | RR | 1 |
| E0440 | | 1 |
| E0441 | | 1 |
| E0442 | | 1 |
| E0443 | | 1 |
| E0444 | | 1 |
| E0445 | | 1 |
| E0446 | | 5 |
| E0447 | | 1 |
| E0455 | | 1 |
| E0457 | NU | 1 |
| E0457 | RR | 1 |
| E0459 | RR | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|-----------------|-----------------|-----------------|
| E0462 | NU | 1 |
| E0462 | RR | 1 |
| E0465 | RR | 2 |
| E0466 | RR | 2 |
| E0467 | RR | 2 |
| E0470 | NU | 1 |
| E0470 | RR | 1 |
| E0471 | NU | 1 |
| E0471 | RR | 1 |
| E0472 | NU | 1 |
| E0472 | RR | 1 |
| E0480 | RR | 1 |
| E0481 | | 1 |
| E0482 | RR | 1 |
| E0483 | RR | 1 |
| E0484 | NU | 1 |
| E0484 | RR | 1 |
| E0485 | NU | 1 |
| E0485 | RR | 1 |
| E0486 | NU | 1 |
| E0486 | RR | 1 |
| E0487 | | 1 |
| E0500 | RR | 1 |
| E0550 | RR | 1 |
| E0555 | | 1 |
| E0560 | NU | 1 |
| E0560 | RR | 1 |
| E0561 | NU | 1 |
| E0561 | RR | 1 |
| E0562 | NU | 1 |
| E0562 | RR | 1 |
| E0565 | RR | 1 |
| E0570 | RR | 1 |
| E0572 | RR | 1 |
| E0574 | RR | 1 |
| E0575 | RR | 1 |
| E0580 | NU | 1 |
| E0580 | RR | 1 |
| E0585 | RR | 1 |
| E0600 | RR | 1 |
| E0601 | RR | 1 |
| E0602 | NU | 1 |
| E0602 | RR | 1 |
| E0603 | | 1 |
| E0604 | | 1 |
| E0605 | NU | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0605 | RR | 1 |
| E0606 | RR | 1 |
| E0607 | NU | 1 |
| E0607 | RR | 1 |
| E0610 | NU | 1 |
| E0610 | RR | 1 |
| E0615 | NU | 1 |
| E0615 | RR | 1 |
| E0617 | RR | 1 |
| E0618 | RR | 1 |
| E0619 | RR | 1 |
| E0620 | NU | 1 |
| E0620 | RR | 1 |
| E0621 | NU | 1 |
| E0621 | RR | 1 |
| E0625 | | 1 |
| E0627 | NU | 1 |
| E0627 | RR | 1 |
| E0629 | NU | 1 |
| E0629 | RR | 1 |
| E0630 | RR | 1 |
| E0635 | RR | 1 |
| E0636 | RR | 1 |
| E0637 | | 1 |
| E0638 | | 1 |
| E0639 | RR | 1 |
| E0640 | RR | 1 |
| E0641 | | 1 |
| E0642 | | 1 |
| E0650 | NU | 1 |
| E0650 | RR | 1 |
| E0651 | NU | 1 |
| E0651 | RR | 1 |
| E0652 | NU | 1 |
| E0652 | RR | 1 |
| E0655 | NU | 2 |
| E0655 | RR | 2 |
| E0656 | NU | 1 |
| E0656 | RR | 1 |
| E0657 | NU | 1 |
| E0657 | RR | 1 |
| E0660 | NU | 2 |
| E0660 | RR | 2 |
| E0665 | NU | 2 |
| E0665 | RR | 2 |
| E0666 | NU | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0666 | RR | 2 |
| E0667 | NU | 2 |
| E0667 | RR | 2 |
| E0668 | NU | 2 |
| E0668 | RR | 2 |
| E0669 | NU | 2 |
| E0669 | RR | 2 |
| E0670 | NU | 1 |
| E0670 | RR | 1 |
| E0671 | NU | 2 |
| E0671 | RR | 2 |
| E0672 | NU | 2 |
| E0672 | RR | 2 |
| E0673 | NU | 2 |
| E0673 | RR | 2 |
| E0675 | RR | 1 |
| E0676 | | 1 |
| E0691 | NU | 1 |
| E0691 | RR | 1 |
| E0692 | NU | 1 |
| E0692 | RR | 1 |
| E0693 | NU | 1 |
| E0693 | RR | 1 |
| E0694 | NU | 1 |
| E0694 | RR | 1 |
| E0700 | | 1 |
| E0705 | NU | 1 |
| E0705 | RR | 1 |
| E0710 | | 1 |
| E0720 | NU | 1 |
| E0720 | RR | 1 |
| E0730 | NU | 1 |
| E0730 | RR | 1 |
| E0731 | NU | 1 |
| E0740 | NU | 1 |
| E0740 | RR | 1 |
| E0744 | RR | 1 |
| E0745 | RR | 1 |
| E0746 | | 1 |
| E0747 | NU | 1 |
| E0747 | RR | 1 |
| E0748 | NU | 1 |
| E0748 | RR | 1 |
| E0749 | NU | 1 |
| E0749 | RR | 1 |
| E0755 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0760 | NU | 1 |
| E0760 | RR | 1 |
| E0761 | | 1 |
| E0762 | NU | 1 |
| E0762 | RR | 1 |
| E0764 | RR | 1 |
| E0765 | NU | 1 |
| E0765 | RR | 1 |
| E0766 | RR | 1 |
| E0769 | | 1 |
| E0770 | | 1 |
| E0776 | NU | 1 |
| E0776 | RR | 1 |
| E0779 | RR | 1 |
| E0780 | NU | 1 |
| E0781 | RR | 1 |
| E0782 | NU | 1 |
| E0782 | RR | 1 |
| E0783 | NU | 1 |
| E0783 | RR | 1 |
| E0784 | RR | 1 |
| E0785 | | 1 |
| E0786 | NU | 1 |
| E0786 | RR | 1 |
| E0787 | | TBD |
| E0791 | RR | 1 |
| E0830 | | 1 |
| E0840 | NU | 1 |
| E0840 | RR | 1 |
| E0849 | NU | 1 |
| E0849 | RR | 1 |
| E0850 | NU | 1 |
| E0850 | RR | 1 |
| E0855 | NU | 1 |
| E0855 | RR | 1 |
| E0856 | NU | 1 |
| E0856 | RR | 1 |
| E0860 | NU | 1 |
| E0860 | RR | 1 |
| E0870 | NU | 1 |
| E0870 | RR | 1 |
| E0880 | NU | 1 |
| E0880 | RR | 1 |
| E0890 | NU | 1 |
| E0890 | RR | 1 |
| E0900 | NU | 1 |

Ohio Bureau of Workers' Compensation
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| CPT code | Modifier | 2020 MUE |
|-----------------|-----------------|-----------------|
| E0900 | RR | 1 |
| E0910 | RR | 1 |
| E0911 | RR | 1 |
| E0912 | RR | 1 |
| E0920 | RR | 1 |
| E0930 | RR | 1 |
| E0935 | RR | 21 |
| E0936 | RR | 21 |
| E0940 | RR | 1 |
| E0941 | RR | 1 |
| E0942 | NU | 1 |
| E0942 | RR | 1 |
| E0944 | NU | 1 |
| E0944 | RR | 1 |
| E0945 | NU | 2 |
| E0945 | RR | 2 |
| E0946 | RR | 1 |
| E0947 | NU | 1 |
| E0947 | RR | 1 |
| E0948 | NU | 1 |
| E0948 | RR | 1 |
| E0950 | NU | 1 |
| E0950 | RR | 1 |
| E0951 | NU | 2 |
| E0951 | RR | 2 |
| E0952 | NU | 2 |
| E0952 | RR | 2 |
| E0953 | RR | 2 |
| E0953 | NU | 2 |
| E0954 | RR | 2 |
| E0954 | NU | 2 |
| E0955 | NU | 1 |
| E0955 | RR | 1 |
| E0956 | NU | 4 |
| E0956 | RR | 4 |
| E0957 | NU | 2 |
| E0957 | RR | 2 |
| E0958 | RR | 1 |
| E0959 | NU | 2 |
| E0959 | RR | 2 |
| E0960 | NU | 2 |
| E0960 | RR | 2 |
| E0961 | NU | 2 |
| E0961 | RR | 2 |
| E0966 | NU | 1 |
| E0966 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E0967 | NU | 2 |
| E0967 | RR | 2 |
| E0968 | RR | 1 |
| E0969 | NU | 1 |
| E0969 | RR | 1 |
| E0970 | | 2 |
| E0971 | NU | 2 |
| E0971 | RR | 2 |
| E0973 | NU | 2 |
| E0973 | RR | 2 |
| E0974 | NU | 2 |
| E0974 | RR | 2 |
| E0978 | NU | 1 |
| E0978 | RR | 1 |
| E0980 | NU | 1 |
| E0980 | RR | 1 |
| E0981 | NU | 1 |
| E0981 | RR | 1 |
| E0982 | NU | 1 |
| E0982 | RR | 1 |
| E0983 | RR | 1 |
| E0984 | NU | 1 |
| E0984 | RR | 1 |
| E0985 | NU | 1 |
| E0985 | RR | 1 |
| E0986 | NU | 1 |
| E0986 | RR | 1 |
| E0988 | RR | 1 |
| E0990 | NU | 2 |
| E0990 | RR | 2 |
| E0992 | NU | 1 |
| E0992 | RR | 1 |
| E0994 | NU | 2 |
| E0994 | RR | 2 |
| E0995 | NU | 2 |
| E0995 | RR | 2 |
| E1002 | NU | 1 |
| E1002 | RR | 1 |
| E1003 | NU | 1 |
| E1003 | RR | 1 |
| E1004 | NU | 1 |
| E1004 | RR | 1 |
| E1005 | NU | 1 |
| E1005 | RR | 1 |
| E1006 | NU | 1 |
| E1006 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E1007 | NU | 1 |
| E1007 | RR | 1 |
| E1008 | NU | 1 |
| E1008 | RR | 1 |
| E1009 | NU | 2 |
| E1009 | RR | 2 |
| E1010 | NU | 1 |
| E1010 | RR | 1 |
| E1011 | NU | 1 |
| E1011 | RR | 1 |
| E1012 | RR | 1 |
| E1014 | NU | 1 |
| E1014 | RR | 1 |
| E1015 | NU | 2 |
| E1015 | RR | 2 |
| E1016 | NU | 2 |
| E1016 | RR | 2 |
| E1017 | NU | 2 |
| E1017 | RR | 2 |
| E1018 | NU | 2 |
| E1018 | RR | 2 |
| E1020 | NU | 2 |
| E1020 | RR | 2 |
| E1028 | NU | 6 |
| E1028 | RR | 6 |
| E1029 | NU | 1 |
| E1029 | RR | 1 |
| E1030 | NU | 1 |
| E1030 | RR | 1 |
| E1031 | RR | 1 |
| E1035 | RR | 1 |
| E1036 | RR | 1 |
| E1037 | RR | 1 |
| E1038 | RR | 1 |
| E1039 | RR | 1 |
| E1050 | RR | 1 |
| E1060 | RR | 1 |
| E1070 | RR | 1 |
| E1083 | RR | 1 |
| E1084 | RR | 1 |
| E1085 | | 1 |
| E1086 | | 1 |
| E1087 | RR | 1 |
| E1088 | RR | 1 |
| E1089 | | 1 |
| E1092 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E1093 | RR | 1 |
| E1100 | RR | 1 |
| E1110 | RR | 1 |
| E1130 | | 1 |
| E1140 | | 1 |
| E1150 | RR | 1 |
| E1160 | RR | 1 |
| E1161 | NU | 1 |
| E1161 | RR | 1 |
| E1170 | RR | 1 |
| E1171 | RR | 1 |
| E1172 | RR | 1 |
| E1180 | RR | 1 |
| E1190 | RR | 1 |
| E1195 | RR | 1 |
| E1200 | RR | 1 |
| E1220 | | 1 |
| E1221 | RR | 1 |
| E1222 | RR | 1 |
| E1223 | RR | 1 |
| E1224 | RR | 1 |
| E1225 | RR | 1 |
| E1226 | NU | 1 |
| E1226 | RR | 1 |
| E1227 | NU | 1 |
| E1227 | RR | 1 |
| E1228 | RR | 1 |
| E1230 | NU | 1 |
| E1230 | RR | 1 |
| E1231 | NU | 1 |
| E1231 | RR | 1 |
| E1232 | NU | 1 |
| E1232 | RR | 1 |
| E1233 | NU | 1 |
| E1233 | RR | 1 |
| E1234 | NU | 1 |
| E1234 | RR | 1 |
| E1235 | NU | 1 |
| E1235 | RR | 1 |
| E1236 | NU | 1 |
| E1236 | RR | 1 |
| E1237 | NU | 1 |
| E1237 | RR | 1 |
| E1238 | NU | 1 |
| E1238 | RR | 1 |
| E1240 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E1250 | | 1 |
| E1260 | | 1 |
| E1270 | RR | 1 |
| E1280 | RR | 1 |
| E1285 | | 1 |
| E1290 | | 1 |
| E1295 | RR | 1 |
| E1296 | NU | 1 |
| E1296 | RR | 1 |
| E1297 | NU | 1 |
| E1297 | RR | 1 |
| E1298 | NU | 1 |
| E1298 | RR | 1 |
| E1352 | | 1 |
| E1353 | | 1 |
| E1354 | | 1 |
| E1355 | | 1 |
| E1356 | | 1 |
| E1357 | | 1 |
| E1358 | | 1 |
| E1372 | NU | 1 |
| E1372 | RR | 1 |
| E1390 | RR | 1 |
| E1391 | RR | 1 |
| E1392 | RR | 1 |
| E1399 | | 1 |
| E1405 | RR | 1 |
| E1406 | RR | 1 |
| E1700 | NU | 1 |
| E1700 | RR | 1 |
| E1701 | | 3 |
| E1702 | | 1 |
| E1800 | RR | 2 |
| E1801 | RR | 2 |
| E1802 | RR | 2 |
| E1805 | RR | 2 |
| E1806 | RR | 2 |
| E1810 | RR | 2 |
| E1811 | RR | 2 |
| E1812 | RR | 2 |
| E1815 | RR | 2 |
| E1816 | RR | 2 |
| E1818 | RR | 2 |
| E1820 | NU | 2 |
| E1820 | RR | 2 |
| E1821 | NU | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E1821 | RR | 1 |
| E1825 | RR | 3 |
| E1830 | RR | 2 |
| E1831 | RR | 2 |
| E1840 | RR | 2 |
| E1841 | RR | 2 |
| E1902 | | 1 |
| E2000 | | 1 |
| E2000 | RR | 1 |
| E2100 | NU | 1 |
| E2100 | RR | 1 |
| E2101 | NU | 1 |
| E2101 | RR | 1 |
| E2120 | RR | 1 |
| E2201 | NU | 1 |
| E2201 | RR | 1 |
| E2202 | NU | 1 |
| E2202 | RR | 1 |
| E2203 | NU | 1 |
| E2203 | RR | 1 |
| E2204 | NU | 1 |
| E2204 | RR | 1 |
| E2205 | NU | 2 |
| E2205 | RR | 2 |
| E2206 | NU | 2 |
| E2206 | RR | 2 |
| E2207 | NU | 2 |
| E2207 | RR | 2 |
| E2208 | NU | 1 |
| E2208 | RR | 1 |
| E2209 | NU | 2 |
| E2209 | RR | 2 |
| E2210 | NU | 12 |
| E2210 | RR | 12 |
| E2211 | NU | 2 |
| E2211 | RR | 2 |
| E2212 | NU | 2 |
| E2212 | RR | 2 |
| E2213 | NU | 2 |
| E2213 | RR | 2 |
| E2214 | NU | 2 |
| E2214 | RR | 2 |
| E2215 | NU | 2 |
| E2215 | RR | 2 |
| E2216 | NU | 2 |
| E2216 | RR | 2 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E2217 | NU | 2 |
| E2217 | RR | 2 |
| E2218 | NU | 2 |
| E2218 | RR | 2 |
| E2219 | NU | 2 |
| E2219 | RR | 2 |
| E2220 | NU | 2 |
| E2220 | RR | 2 |
| E2221 | NU | 2 |
| E2221 | RR | 2 |
| E2222 | NU | 2 |
| E2222 | RR | 2 |
| E2224 | NU | 2 |
| E2224 | RR | 2 |
| E2225 | NU | 2 |
| E2225 | RR | 2 |
| E2226 | NU | 2 |
| E2226 | RR | 2 |
| E2227 | NU | 2 |
| E2227 | RR | 2 |
| E2228 | NU | 2 |
| E2228 | RR | 2 |
| E2230 | | 1 |
| E2231 | NU | 1 |
| E2231 | RR | 1 |
| E2291 | | 1 |
| E2292 | | 1 |
| E2293 | | 1 |
| E2294 | | 1 |
| E2295 | | 1 |
| E2300 | | 1 |
| E2301 | | 1 |
| E2310 | NU | 1 |
| E2310 | RR | 1 |
| E2311 | NU | 1 |
| E2311 | RR | 1 |
| E2312 | NU | 1 |
| E2312 | RR | 1 |
| E2313 | NU | 1 |
| E2313 | RR | 1 |
| E2321 | NU | 1 |
| E2321 | RR | 1 |
| E2322 | NU | 1 |
| E2322 | RR | 1 |
| E2323 | NU | 1 |
| E2323 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E2324 | NU | 1 |
| E2324 | RR | 1 |
| E2325 | NU | 1 |
| E2325 | RR | 1 |
| E2326 | NU | 1 |
| E2326 | RR | 1 |
| E2327 | NU | 1 |
| E2327 | RR | 1 |
| E2328 | NU | 1 |
| E2328 | RR | 1 |
| E2329 | NU | 1 |
| E2329 | RR | 1 |
| E2330 | NU | 1 |
| E2330 | RR | 1 |
| E2331 | | 1 |
| E2340 | NU | 1 |
| E2340 | RR | 1 |
| E2341 | NU | 1 |
| E2341 | RR | 1 |
| E2342 | NU | 1 |
| E2342 | RR | 1 |
| E2343 | NU | 1 |
| E2343 | RR | 1 |
| E2351 | NU | 1 |
| E2351 | RR | 1 |
| E2358 | NU | 2 |
| E2358 | RR | 2 |
| E2359 | NU | 2 |
| E2359 | RR | 2 |
| E2360 | NU | 2 |
| E2360 | RR | 2 |
| E2361 | NU | 2 |
| E2361 | RR | 2 |
| E2362 | NU | 2 |
| E2362 | RR | 2 |
| E2363 | NU | 2 |
| E2363 | RR | 2 |
| E2364 | NU | 2 |
| E2364 | RR | 2 |
| E2365 | NU | 2 |
| E2365 | RR | 2 |
| E2366 | NU | 1 |
| E2366 | RR | 1 |
| E2367 | NU | 1 |
| E2367 | RR | 1 |
| E2368 | NU | 2 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E2368 | RR | 2 |
| E2369 | NU | 2 |
| E2369 | RR | 2 |
| E2370 | NU | 2 |
| E2370 | RR | 2 |
| E2371 | NU | 2 |
| E2371 | RR | 2 |
| E2372 | NU | 2 |
| E2372 | RR | 2 |
| E2373 | NU | 1 |
| E2373 | RR | 1 |
| E2374 | NU | 1 |
| E2374 | RR | 1 |
| E2375 | NU | 1 |
| E2375 | RR | 1 |
| E2376 | NU | 1 |
| E2376 | RR | 1 |
| E2377 | NU | 1 |
| E2377 | RR | 1 |
| E2378 | NU | 2 |
| E2378 | RR | 2 |
| E2381 | NU | 2 |
| E2381 | RR | 2 |
| E2382 | NU | 2 |
| E2382 | RR | 2 |
| E2383 | NU | 2 |
| E2383 | RR | 2 |
| E2384 | NU | 4 |
| E2384 | RR | 4 |
| E2385 | NU | 4 |
| E2385 | RR | 4 |
| E2386 | NU | 2 |
| E2386 | RR | 2 |
| E2387 | NU | 4 |
| E2387 | RR | 4 |
| E2388 | NU | 2 |
| E2388 | RR | 2 |
| E2389 | NU | 4 |
| E2389 | RR | 4 |
| E2390 | NU | 2 |
| E2390 | RR | 2 |
| E2391 | NU | 4 |
| E2391 | RR | 4 |
| E2392 | NU | 4 |
| E2392 | RR | 4 |
| E2394 | NU | 2 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E2394 | RR | 2 |
| E2395 | NU | 4 |
| E2395 | RR | 4 |
| E2396 | NU | 4 |
| E2396 | RR | 4 |
| E2397 | NU | 1 |
| E2397 | RR | 1 |
| E2398 | | TBD |
| E2402 | RR | 1 |
| E2500 | NU | 1 |
| E2500 | RR | 1 |
| E2502 | NU | 1 |
| E2502 | RR | 1 |
| E2504 | NU | 1 |
| E2504 | RR | 1 |
| E2506 | NU | 1 |
| E2506 | RR | 1 |
| E2508 | NU | 1 |
| E2508 | RR | 1 |
| E2510 | NU | 1 |
| E2510 | RR | 1 |
| E2511 | NU | 1 |
| E2511 | RR | 1 |
| E2512 | NU | 1 |
| E2512 | RR | 1 |
| E2599 | | 1 |
| E2601 | NU | 1 |
| E2601 | RR | 1 |
| E2602 | NU | 1 |
| E2602 | RR | 1 |
| E2603 | NU | 1 |
| E2603 | RR | 1 |
| E2604 | NU | 1 |
| E2604 | RR | 1 |
| E2605 | NU | 1 |
| E2605 | RR | 1 |
| E2606 | NU | 1 |
| E2606 | RR | 1 |
| E2607 | NU | 1 |
| E2607 | RR | 1 |
| E2608 | NU | 1 |
| E2608 | RR | 1 |
| E2609 | | 1 |
| E2610 | | 1 |
| E2611 | NU | 1 |
| E2611 | RR | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| E2612 | NU | 1 |
| E2612 | RR | 1 |
| E2613 | NU | 1 |
| E2613 | RR | 1 |
| E2614 | NU | 1 |
| E2614 | RR | 1 |
| E2615 | NU | 1 |
| E2615 | RR | 1 |
| E2616 | NU | 1 |
| E2616 | RR | 1 |
| E2617 | | 1 |
| E2619 | NU | 2 |
| E2619 | RR | 2 |
| E2620 | NU | 1 |
| E2620 | RR | 1 |
| E2621 | NU | 1 |
| E2621 | RR | 1 |
| E2622 | NU | 1 |
| E2622 | RR | 1 |
| E2623 | NU | 1 |
| E2623 | RR | 1 |
| E2624 | NU | 1 |
| E2624 | RR | 1 |
| E2625 | NU | 1 |
| E2625 | RR | 1 |
| E2626 | NU | 2 |
| E2626 | RR | 2 |
| E2627 | NU | 2 |
| E2627 | RR | 2 |
| E2628 | NU | 2 |
| E2628 | RR | 2 |
| E2629 | NU | 2 |
| E2629 | RR | 2 |
| E2630 | NU | 2 |
| E2630 | RR | 2 |
| E2631 | NU | 2 |
| E2631 | RR | 2 |
| E2632 | NU | 2 |
| E2632 | RR | 2 |
| E2633 | NU | 2 |
| E2633 | RR | 2 |
| E8000 | | 1 |
| E8001 | | 1 |
| E8002 | | 1 |
| G0027 | | 1 |
| G0071 | | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| G0101 | | 1 |
| G0102 | | 1 |
| G0103 | | 1 |
| G0104 | | 1 |
| G0105 | | 1 |
| G0106 | | 1 |
| G0106 | 26 | 1 |
| G0106 | TC | 1 |
| G0108 | | 6 |
| G0109 | | 12 |
| G0117 | | 1 |
| G0118 | | 1 |
| G0120 | | 1 |
| G0120 | 26 | 1 |
| G0120 | TC | 1 |
| G0121 | | 1 |
| G0122 | | 1 |
| G0122 | TC | 1 |
| G0122 | 26 | 1 |
| G0123 | | 1 |
| G0143 | | 1 |
| G0144 | | 1 |
| G0145 | | 1 |
| G0147 | | 1 |
| G0148 | | 1 |
| G0186 | | 1 |
| G0219 | | 1 |
| G0219 | TC | 1 |
| G0219 | 26 | 1 |
| G0235 | | 1 |
| G0235 | TC | 1 |
| G0235 | 26 | 1 |
| G0252 | | 1 |
| G0252 | TC | 1 |
| G0252 | 26 | 1 |
| G0279 | | 1 |
| G0279 | TC | 1 |
| G0279 | 26 | 1 |
| G0295 | | 1 |
| G0296 | | 1 |
| G0297 | | 1 |
| G0297 | 26 | 1 |
| G0297 | TC | 1 |
| G0306 | | 1 |
| G0307 | | 1 |
| G0328 | | 1 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| G0329 | | 1 |
| G0339 | | 1 |
| G0340 | | 2 |
| G0416 | | 4 |
| G0416 | TC | 4 |
| G0416 | 26 | 4 |
| G0432 | | 1 |
| G0433 | | 1 |
| G0435 | | 1 |
| G0458 | | 1 |
| G0475 | | 1 |
| G0476 | | 1 |
| G0480 | | 1 |
| G0481 | | 1 |
| G0482 | | 1 |
| G0483 | | 1 |
| G0498 | | 1 |
| G0506 | | 1 |
| G0508 | | 1 |
| G0509 | | 1 |
| G0516 | | 1 |
| G0517 | | 1 |
| G0518 | | 1 |
| G2010 | | 1 |
| G2012 | | 1 |
| G6001 | | 2 |
| G6001 | 26 | 2 |
| G6001 | TC | 2 |
| G6002 | | 2 |
| G6002 | 26 | 2 |
| G6002 | TC | 2 |
| G6003 | | 2 |
| G6004 | | 2 |
| G6005 | | 2 |
| G6006 | | 2 |
| G6007 | | 2 |
| G6008 | | 2 |
| G6009 | | 2 |
| G6010 | | 2 |
| G6011 | | 2 |
| G6012 | | 2 |
| G6013 | | 2 |
| G6014 | | 2 |
| G6015 | | 2 |
| G6016 | | 2 |
| G6017 | | 2 |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| G9143 | | 1 |
| G9473 | | 1 |
| G9474 | | 1 |
| G9475 | | 1 |
| G9476 | | 1 |
| G9477 | | 1 |
| G9478 | | 1 |
| G9479 | | 1 |
| J0120 | | 1 |
| J0121 | | TBD |
| J0122 | | TBD |
| J0129 | | 100 |
| J0130 | | 6 |
| J0131 | | 400 |
| J0132 | | 12 |
| J0133 | | 3600 |
| J0135 | | 8 |
| J0153 | | 180 |
| J0171 | | 20 |
| J0178 | | 4 |
| J0179 | | TBD |
| J0180 | | 150 |
| J0185 | | 150 |
| J0190 | | 1 |
| J0200 | | 1 |
| J0202 | | 12 |
| J0205 | | 1 |
| J0207 | | 4 |
| J0210 | | 4 |
| J0215 | | 30 |
| J0220 | | 1 |
| J0221 | | 300 |
| J0222 | | TBD |
| J0256 | | 3500 |
| J0257 | | 1400 |
| J0270 | | 32 |
| J0275 | | 1 |
| J0278 | | 15 |
| J0280 | | 7 |
| J0282 | | 5 |
| J0285 | | 30 |
| J0287 | | 300 |
| J0288 | | 45 |
| J0289 | | 150 |
| J0290 | | 24 |
| J0291 | | TBD |

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| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J0295 | | 12 |
| J0300 | | 8 |
| J0330 | | 10 |
| J0348 | | 200 |
| J0350 | | 1 |
| J0360 | | 2 |
| J0364 | | 6 |
| J0365 | | 1 |
| J0380 | | 1 |
| J0390 | | 4 |
| J0395 | | 1 |
| J0400 | | 39 |
| J0401 | | 400 |
| J0456 | | 4 |
| J0461 | | 200 |
| J0470 | | 2 |
| J0475 | | 8 |
| J0476 | | 2 |
| J0480 | | 1 |
| J0485 | | 1500 |
| J0490 | | 160 |
| J0500 | | 4 |
| J0515 | | 3 |
| J0517 | | 30 |
| J0520 | | 12 |
| J0558 | | 24 |
| J0561 | | 24 |
| J0565 | | 200 |
| J0567 | | 300 |
| J0570 | | 4 |
| J0571 | | 50 |
| J0572 | | 10 |
| J0573 | | 10 |
| J0574 | | 10 |
| J0575 | | 10 |
| J0583 | | 250 |
| J0584 | | 40 |
| J0585 | | 600 |
| J0586 | | 300 |
| J0587 | | 300 |
| J0588 | | 600 |
| J0592 | | 6 |
| J0593 | | TBD |
| J0594 | | 320 |
| J0595 | | 8 |
| J0596 | | 840 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J0597 | | 250 |
| J0598 | | 100 |
| J0599 | | 900 |
| J0600 | | 3 |
| J0604 | | 1 |
| J0606 | | 150 |
| J0610 | | 15 |
| J0620 | | 1 |
| J0630 | | 1 |
| J0636 | | 100 |
| J0637 | | 20 |
| J0638 | | 180 |
| J0640 | | 24 |
| J0641 | | 1200 |
| J0642 | | TBD |
| J0670 | | 10 |
| J0690 | | 12 |
| J0692 | | 12 |
| J0694 | | 8 |
| J0695 | | 60 |
| J0696 | | 16 |
| J0697 | | 4 |
| J0698 | | 10 |
| J0702 | | 18 |
| J0706 | | 1 |
| J0710 | | 1 |
| J0712 | | 120 |
| J0713 | | 12 |
| J0714 | | 4 |
| J0715 | | 8 |
| J0716 | | 4 |
| J0717 | | 400 |
| J0720 | | 15 |
| J0725 | | 10 |
| J0735 | | 50 |
| J0740 | | 2 |
| J0743 | | 16 |
| J0744 | | 6 |
| J0745 | | 2 |
| J0770 | | 5 |
| J0775 | | 180 |
| J0780 | | 4 |
| J0795 | | 100 |
| J0800 | | 3 |
| J0834 | | 3 |
| J0840 | | 6 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J0841 | | 1 |
| J0850 | | 9 |
| J0875 | | 300 |
| J0878 | | 1500 |
| J0881 | | 500 |
| J0882 | | 300 |
| J0883 | | 1125 |
| J0884 | | 1125 |
| J0885 | | 60 |
| J0887 | | 360 |
| J0888 | | 360 |
| J0890 | | 1 |
| J0894 | | 100 |
| J0895 | | 12 |
| J0897 | | 120 |
| J0945 | | 4 |
| J1000 | | 1 |
| J1020 | | 8 |
| J1030 | | 8 |
| J1040 | | 4 |
| J1050 | | 1000 |
| J1071 | | 400 |
| J1094 | | 16 |
| J1096 | | TBD |
| J1097 | | TBD |
| J1100 | | 120 |
| J1110 | | 3 |
| J1120 | | 2 |
| J1130 | | 300 |
| J1160 | | 2 |
| J1162 | | 1 |
| J1165 | | 50 |
| J1170 | | 350 |
| J1180 | | 2 |
| J1190 | | 8 |
| J1200 | | 8 |
| J1205 | | 4 |
| J1212 | | 1 |
| J1230 | | 3 |
| J1240 | | 6 |
| J1245 | | 6 |
| J1250 | | 60 |
| J1260 | | 2 |
| J1265 | | 230 |
| J1267 | | 150 |
| J1270 | | 8 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J1290 | | 30 |
| J1300 | | 120 |
| J1301 | | 60 |
| J1303 | | TBD |
| J1320 | | 1 |
| J1322 | | 220 |
| J1324 | | 108 |
| J1325 | | 810 |
| J1327 | | 1 |
| J1330 | | 1 |
| J1335 | | 2 |
| J1364 | | 2 |
| J1380 | | 4 |
| J1410 | | 4 |
| J1430 | | 10 |
| J1435 | | 1 |
| J1436 | | 1 |
| J1438 | | 2 |
| J1439 | | 750 |
| J1442 | | 3360 |
| J1443 | | 272 |
| J1444 | | TBD |
| J1447 | | 960 |
| J1450 | | 4 |
| J1451 | | 1 |
| J1452 | | 1 |
| J1453 | | 150 |
| J1454 | | 1 |
| J1455 | | 90 |
| J1457 | | 1 |
| J1458 | | 100 |
| J1459 | | 300 |
| J1460 | | 10 |
| J1555 | | 480 |
| J1556 | | 300 |
| J1557 | | 300 |
| J1559 | | 1500 |
| J1560 | | 1 |
| J1561 | | 300 |
| J1562 | | 1500 |
| J1566 | | 300 |
| J1568 | | 300 |
| J1569 | | 300 |
| J1570 | | 18 |
| J1571 | | 20 |
| J1572 | | 300 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J1573 | | 130 |
| J1575 | | 900 |
| J1580 | | 9 |
| J1595 | | 1 |
| J1599 | | 300 |
| J1600 | | 2 |
| J1602 | | 300 |
| J1610 | | 2 |
| J1620 | | 1 |
| J1626 | | 30 |
| J1627 | | 100 |
| J1628 | | 100 |
| J1630 | | 5 |
| J1631 | | 9 |
| J1640 | | 672 |
| J1642 | | 100 |
| J1644 | | 40 |
| J1645 | | 10 |
| J1650 | | 30 |
| J1652 | | 20 |
| J1655 | | 28 |
| J1670 | | 1 |
| J1675 | | 1 |
| J1700 | | 1 |
| J1710 | | 1 |
| J1720 | | 10 |
| J1730 | | 1 |
| J1740 | | 3 |
| J1741 | | 8 |
| J1742 | | 2 |
| J1743 | | 66 |
| J1744 | | 30 |
| J1745 | | 150 |
| J1746 | | 20 |
| J1750 | | 45 |
| J1756 | | 500 |
| J1786 | | 900 |
| J1790 | | 2 |
| J1800 | | 6 |
| J1810 | | 1 |
| J1815 | | 8 |
| J1817 | | 270 |
| J1826 | | 1 |
| J1830 | | 1 |
| J1833 | | 372 |
| J1835 | | 16 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J1840 | | 3 |
| J1850 | | 4 |
| J1885 | | 8 |
| J1890 | | 1 |
| J1930 | | 120 |
| J1931 | | 760 |
| J1940 | | 6 |
| J1943 | | TBD |
| J1944 | | TBD |
| J1945 | | 1 |
| J1950 | | 12 |
| J1953 | | 300 |
| J1955 | | 11 |
| J1956 | | 4 |
| J1960 | | 1 |
| J1980 | | 2 |
| J1990 | | 3 |
| J2001 | | 60 |
| J2010 | | 10 |
| J2020 | | 6 |
| J2060 | | 4 |
| J2062 | | 250 |
| J2150 | | 8 |
| J2170 | | 8 |
| J2175 | | 4 |
| J2180 | | 24 |
| J2182 | | 300 |
| J2185 | | 88 |
| J2210 | | 1 |
| J2212 | | 240 |
| J2248 | | 150 |
| J2250 | | 22 |
| J2260 | | 252 |
| J2265 | | 400 |
| J2270 | | 320 |
| J2274 | | 250 |
| J2278 | | 1000 |
| J2280 | | 4 |
| J2300 | | 4 |
| J2310 | | 4 |
| J2315 | | 380 |
| J2320 | | 4 |
| J2323 | | 300 |
| J2325 | | 1 |
| J2350 | | 1 |
| J2353 | | 60 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J2354 | | 60 |
| J2355 | | 2 |
| J2357 | | 90 |
| J2358 | | 405 |
| J2360 | | 2 |
| J2370 | | 2 |
| J2400 | | 4 |
| J2405 | | 64 |
| J2407 | | 120 |
| J2410 | | 2 |
| J2425 | | 125 |
| J2426 | | 819 |
| J2430 | | 3 |
| J2440 | | 4 |
| J2460 | | 5 |
| J2469 | | 10 |
| J2501 | | 2 |
| J2502 | | 60 |
| J2503 | | 2 |
| J2504 | | 15 |
| J2505 | | 1 |
| J2507 | | 8 |
| J2510 | | 4 |
| J2513 | | 1 |
| J2515 | | 1 |
| J2540 | | 75 |
| J2543 | | 16 |
| J2545 | | 3 |
| J2547 | | 600 |
| J2550 | | 3 |
| J2560 | | 1 |
| J2562 | | 48 |
| J2590 | | 3 |
| J2597 | | 45 |
| J2650 | | 1 |
| J2670 | | 1 |
| J2675 | | 1 |
| J2680 | | 4 |
| J2690 | | 4 |
| J2700 | | 48 |
| J2704 | | 80 |
| J2710 | | 2 |
| J2720 | | 5 |
| J2724 | | 4000 |
| J2725 | | 1 |
| J2730 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J2760 | | 2 |
| J2765 | | 10 |
| J2770 | | 6 |
| J2778 | | 10 |
| J2780 | | 16 |
| J2783 | | 60 |
| J2785 | | 4 |
| J2786 | | 500 |
| J2788 | | 1 |
| J2790 | | 1 |
| J2791 | | 50 |
| J2792 | | 450 |
| J2793 | | 320 |
| J2794 | | 100 |
| J2795 | | 200 |
| J2796 | | 150 |
| J2797 | | 333 |
| J2798 | | TBD |
| J2800 | | 3 |
| J2805 | | 3 |
| J2810 | | 5 |
| J2820 | | 15 |
| J2840 | | 460 |
| J2850 | | 16 |
| J2860 | | 170 |
| J2910 | | 1 |
| J2916 | | 20 |
| J2920 | | 25 |
| J2930 | | 25 |
| J2940 | | 1 |
| J2941 | | 8 |
| J2950 | | 8 |
| J2993 | | 2 |
| J2995 | | 1 |
| J2997 | | 8 |
| J3000 | | 2 |
| J3010 | | 700 |
| J3030 | | 1 |
| J3031 | | TBD |
| J3060 | | 900 |
| J3070 | | 3 |
| J3090 | | 200 |
| J3095 | | 150 |
| J3101 | | 50 |
| J3105 | | 2 |
| J3110 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J3111 | | TBD |
| J3121 | | 400 |
| J3145 | | 750 |
| J3230 | | 2 |
| J3240 | | 1 |
| J3243 | | 150 |
| J3245 | | 100 |
| J3246 | | 1 |
| J3250 | | 2 |
| J3260 | | 8 |
| J3262 | | 800 |
| J3265 | | 2 |
| J3280 | | 1 |
| J3285 | | 400 |
| J3300 | | 160 |
| J3301 | | 16 |
| J3302 | | 1 |
| J3303 | | 24 |
| J3304 | | 64 |
| J3305 | | 1 |
| J3310 | | 1 |
| J3315 | | 6 |
| J3316 | | 6 |
| J3320 | | 1 |
| J3350 | | 1 |
| J3355 | | 1 |
| J3357 | | 520 |
| J3358 | | 1 |
| J3360 | | 6 |
| J3364 | | 1 |
| J3365 | | 10 |
| J3370 | | 12 |
| J3380 | | 300 |
| J3385 | | 92 |
| J3396 | | 150 |
| J3397 | | 4 |
| J3398 | | 150 |
| J3400 | | 1 |
| J3410 | | 8 |
| J3411 | | 4 |
| J3415 | | 6 |
| J3420 | | 1 |
| J3430 | | 25 |
| J3465 | | 40 |
| J3470 | | 3 |
| J3471 | | 999 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J3472 | | 2 |
| J3473 | | 450 |
| J3475 | | 20 |
| J3480 | | 40 |
| J3485 | | 160 |
| J3486 | | 4 |
| J3489 | | 5 |
| J3490 | | 1 |
| J3520 | | 4 |
| J3530 | | 1 |
| J3535 | | 1 |
| J3570 | | 1 |
| J3590 | | 1 |
| J3591 | | 1 |
| J7030 | | 5 |
| J7040 | | 6 |
| J7042 | | 6 |
| J7050 | | 10 |
| J7060 | | 10 |
| J7070 | | 4 |
| J7100 | | 2 |
| J7110 | | 2 |
| J7120 | | 4 |
| J7121 | | 4 |
| J7131 | | 500 |
| J7170 | | 900 |
| J7175 | | 9000 |
| J7177 | | 1 |
| J7178 | | 7700 |
| J7179 | | 7500 |
| J7180 | | 6000 |
| J7181 | | 3850 |
| J7182 | | 22000 |
| J7183 | | 15000 |
| J7185 | | 22000 |
| J7186 | | 8000 |
| J7187 | | 7500 |
| J7188 | | 22000 |
| J7189 | | 13000 |
| J7190 | | 30000 |
| J7191 | | 1 |
| J7192 | | 22000 |
| J7193 | | 4000 |
| J7194 | | 9000 |
| J7195 | | 6000 |
| J7196 | | 175 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J7197 | | 6300 |
| J7198 | | 6000 |
| J7199 | | 1 |
| J7200 | | 20000 |
| J7201 | | 9000 |
| J7202 | | 11550 |
| J7203 | | 12000 |
| J7205 | | 9750 |
| J7207 | | 7500 |
| J7208 | | TBD |
| J7209 | | 7500 |
| J7210 | | 22000 |
| J7211 | | 22000 |
| J7308 | | 3 |
| J7309 | | 1 |
| J7310 | | 2 |
| J7311 | | 1 |
| J7312 | | 14 |
| J7313 | | 38 |
| J7314 | | TBD |
| J7315 | | 2 |
| J7316 | | 4 |
| J7318 | | 120 |
| J7320 | | 50 |
| J7321 | | 2 |
| J7322 | | 48 |
| J7323 | | 2 |
| J7324 | | 2 |
| J7325 | | 96 |
| J7326 | | 2 |
| J7327 | | 2 |
| J7328 | | 336 |
| J7329 | | 25 |
| J7330 | | 1 |
| J7331 | | TBD |
| J7332 | | TBD |
| J7336 | | 1120 |
| J7340 | | 56 |
| J7342 | | 10 |
| J7345 | | 200 |
| J7401 | | TBD |
| J7500 | | 450 |
| J7501 | | 8 |
| J7502 | | 240 |
| J7503 | | 3600 |
| J7504 | | 15 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J7505 | | 1 |
| J7507 | | 1200 |
| J7508 | | 9000 |
| J7509 | | 360 |
| J7510 | | 240 |
| J7511 | | 9 |
| J7512 | | 7000 |
| J7513 | | 6 |
| J7515 | | 600 |
| J7516 | | 1 |
| J7517 | | 480 |
| J7518 | | 360 |
| J7520 | | 600 |
| J7525 | | 2 |
| J7527 | | 960 |
| J7599 | | 1 |
| J7604 | | 1 |
| J7605 | | 186 |
| J7606 | | 186 |
| J7607 | | 3 |
| J7608 | | 222 |
| J7609 | | 1 |
| J7610 | | 1 |
| J7611 | | 465 |
| J7612 | | 465 |
| J7613 | | 465 |
| J7614 | | 465 |
| J7615 | | 3 |
| J7620 | | 186 |
| J7622 | | 1 |
| J7624 | | 1 |
| J7626 | | 62 |
| J7627 | | 1 |
| J7628 | | 1 |
| J7629 | | 1 |
| J7631 | | 248 |
| J7632 | | 1 |
| J7633 | | 1 |
| J7634 | | 1 |
| J7635 | | 1 |
| J7636 | | 1 |
| J7637 | | 1 |
| J7638 | | 10 |
| J7639 | | 78 |
| J7640 | | 1 |
| J7641 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J7642 | | 1 |
| J7643 | | 1 |
| J7644 | | 93 |
| J7645 | | 1 |
| J7647 | | 1 |
| J7648 | | 1 |
| J7649 | | 1 |
| J7650 | | 1 |
| J7657 | | 1 |
| J7658 | | 1 |
| J7659 | | 1 |
| J7660 | | 1 |
| J7665 | | 127 |
| J7667 | | 1 |
| J7668 | | 2 |
| J7669 | | 1 |
| J7670 | | 1 |
| J7674 | | 100 |
| J7676 | | 1 |
| J7677 | | TBD |
| J7680 | | 1 |
| J7681 | | 3 |
| J7682 | | 112 |
| J7683 | | 1 |
| J7684 | | 1 |
| J7685 | | 1 |
| J7686 | | 28 |
| J7699 | | 1 |
| J7799 | | 2 |
| J7999 | | 2 |
| J8498 | | 1 |
| J8499 | | 1 |
| J8501 | | 57 |
| J8510 | | 1 |
| J8515 | | 1 |
| J8520 | | 1 |
| J8521 | | 1 |
| J8530 | | 180 |
| J8540 | | 216 |
| J8560 | | 1 |
| J8562 | | 5 |
| J8565 | | 1 |
| J8597 | | 1 |
| J8600 | | 1 |
| J8610 | | 12 |
| J8650 | | 14 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J8655 | | 1 |
| J8670 | | 180 |
| J8700 | | 1 |
| J8705 | | 1 |
| J8999 | | 1 |
| J9000 | | 20 |
| J9015 | | 1 |
| J9017 | | 30 |
| J9019 | | 60 |
| J9020 | | 2 |
| J9022 | | 120 |
| J9023 | | 140 |
| J9025 | | 300 |
| J9027 | | 100 |
| J9030 | | TBD |
| J9031 | | 1 |
| J9032 | | 300 |
| J9033 | | 300 |
| J9034 | | 360 |
| J9035 | | 180 |
| J9036 | | TBD |
| J9039 | | 210 |
| J9040 | | 4 |
| J9041 | | 35 |
| J9042 | | 200 |
| J9043 | | 60 |
| J9044 | | 35 |
| J9045 | | 22 |
| J9047 | | 160 |
| J9050 | | 6 |
| J9055 | | 120 |
| J9057 | | 60 |
| J9060 | | 24 |
| J9065 | | 100 |
| J9070 | | 55 |
| J9098 | | 5 |
| J9100 | | 120 |
| J9119 | | TBD |
| J9120 | | 5 |
| J9130 | | 24 |
| J9145 | | 240 |
| J9150 | | 12 |
| J9151 | | 10 |
| J9153 | | 132 |
| J9155 | | 240 |
| J9160 | | 7 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J9165 | | 1 |
| J9171 | | 240 |
| J9173 | | 150 |
| J9175 | | 10 |
| J9176 | | 3000 |
| J9178 | | 150 |
| J9179 | | 50 |
| J9181 | | 100 |
| J9185 | | 2 |
| J9190 | | 20 |
| J9199 | | TBD |
| J9200 | | 16 |
| J9201 | | 20 |
| J9202 | | 3 |
| J9203 | | 180 |
| J9204 | | TBD |
| J9205 | | 215 |
| J9206 | | 42 |
| J9207 | | 90 |
| J9208 | | 15 |
| J9209 | | 55 |
| J9210 | | TBD |
| J9211 | | 6 |
| J9212 | | 1 |
| J9213 | | 12 |
| J9214 | | 100 |
| J9215 | | 1 |
| J9216 | | 2 |
| J9217 | | 6 |
| J9218 | | 1 |
| J9219 | | 1 |
| J9225 | | 1 |
| J9226 | | 1 |
| J9228 | | 1100 |
| J9229 | | 27 |
| J9230 | | 5 |
| J9245 | | 9 |
| J9250 | | 25 |
| J9260 | | 20 |
| J9261 | | 80 |
| J9262 | | 700 |
| J9263 | | 700 |
| J9264 | | 624 |
| J9266 | | 2 |
| J9267 | | 750 |
| J9268 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| J9269 | | TBD |
| J9270 | | 1 |
| J9271 | | 300 |
| J9280 | | 12 |
| J9285 | | 1 |
| J9293 | | 8 |
| J9295 | | 800 |
| J9299 | | 480 |
| J9301 | | 100 |
| J9302 | | 200 |
| J9303 | | 100 |
| J9305 | | 150 |
| J9306 | | 840 |
| J9307 | | 80 |
| J9308 | | 280 |
| J9309 | | TBD |
| J9311 | | 160 |
| J9312 | | 150 |
| J9313 | | TBD |
| J9315 | | 40 |
| J9320 | | 4 |
| J9325 | | 400 |
| J9328 | | 400 |
| J9330 | | 50 |
| J9340 | | 4 |
| J9351 | | 120 |
| J9352 | | 50 |
| J9354 | | 600 |
| J9355 | | 100 |
| J9356 | | TBD |
| J9357 | | 4 |
| J9360 | | 45 |
| J9370 | | 4 |
| J9371 | | 5 |
| J9390 | | 36 |
| J9395 | | 20 |
| J9400 | | 600 |
| J9600 | | 4 |
| J9999 | | 1 |
| K0001 | RR | 1 |
| K0002 | RR | 1 |
| K0003 | RR | 1 |
| K0004 | RR | 1 |
| K0005 | NU | 1 |
| K0005 | RR | 1 |
| K0006 | RR | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| K0007 | RR | 1 |
| K0009 | RR | 1 |
| K0010 | NU | 1 |
| K0010 | RR | 10 |
| K0011 | NU | 1 |
| K0011 | RR | 10 |
| K0012 | RR | 10 |
| K0014 | | 1 |
| K0015 | NU | 2 |
| K0015 | RR | 2 |
| K0017 | NU | 2 |
| K0017 | RR | 2 |
| K0018 | NU | 2 |
| K0018 | RR | 2 |
| K0019 | NU | 2 |
| K0019 | RR | 2 |
| K0020 | NU | 1 |
| K0020 | RR | 1 |
| K0037 | NU | 2 |
| K0037 | RR | 2 |
| K0038 | NU | 2 |
| K0038 | RR | 2 |
| K0039 | NU | 2 |
| K0039 | RR | 2 |
| K0040 | NU | 2 |
| K0040 | RR | 2 |
| K0041 | NU | 2 |
| K0041 | RR | 2 |
| K0042 | NU | 2 |
| K0042 | RR | 2 |
| K0043 | NU | 2 |
| K0043 | RR | 2 |
| K0044 | NU | 2 |
| K0044 | RR | 2 |
| K0045 | NU | 2 |
| K0045 | RR | 2 |
| K0046 | NU | 2 |
| K0046 | RR | 2 |
| K0047 | NU | 2 |
| K0047 | RR | 2 |
| K0050 | NU | 2 |
| K0050 | RR | 2 |
| K0051 | NU | 2 |
| K0051 | RR | 2 |
| K0052 | NU | 2 |
| K0052 | RR | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| K0053 | NU | 2 |
| K0053 | RR | 2 |
| K0056 | NU | 1 |
| K0056 | RR | 1 |
| K0065 | NU | 2 |
| K0065 | RR | 2 |
| K0069 | NU | 2 |
| K0069 | RR | 2 |
| K0070 | NU | 2 |
| K0070 | RR | 2 |
| K0071 | NU | 2 |
| K0071 | RR | 2 |
| K0072 | NU | 2 |
| K0072 | RR | 2 |
| K0073 | NU | 2 |
| K0073 | RR | 2 |
| K0077 | NU | 2 |
| K0077 | RR | 2 |
| K0098 | NU | 1 |
| K0098 | RR | 1 |
| K0105 | NU | 1 |
| K0105 | RR | 1 |
| K0108 | | 1 |
| K0195 | RR | 1 |
| K0455 | RR | 1 |
| K0462 | | 1 |
| K0552 | | 100 |
| K0553 | | 1 |
| K0554 | RR | 1 |
| K0554 | NU | 1 |
| K0601 | NU | 10 |
| K0602 | NU | 10 |
| K0603 | NU | 10 |
| K0604 | NU | 6 |
| K0605 | NU | 4 |
| K0606 | RR | 1 |
| K0607 | NU | 1 |
| K0607 | RR | 1 |
| K0608 | NU | 1 |
| K0608 | RR | 1 |
| K0609 | | 1 |
| K0669 | | 1 |
| K0672 | | 4 |
| K0730 | NU | 1 |
| K0730 | RR | 1 |
| K0733 | NU | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| K0733 | RR | 2 |
| K0738 | RR | 1 |
| K0739 | | 50 |
| K0740 | | 10 |
| K0800 | NU | 1 |
| K0800 | RR | 1 |
| K0801 | NU | 1 |
| K0801 | RR | 1 |
| K0802 | NU | 1 |
| K0802 | RR | 1 |
| K0806 | NU | 1 |
| K0806 | RR | 1 |
| K0807 | NU | 1 |
| K0807 | RR | 1 |
| K0808 | NU | 1 |
| K0808 | RR | 1 |
| K0812 | | 1 |
| K0813 | RR | 1 |
| K0814 | RR | 1 |
| K0815 | RR | 1 |
| K0816 | RR | 1 |
| K0820 | RR | 1 |
| K0821 | RR | 1 |
| K0822 | RR | 1 |
| K0823 | RR | 1 |
| K0824 | RR | 1 |
| K0825 | RR | 1 |
| K0826 | RR | 1 |
| K0827 | RR | 1 |
| K0828 | RR | 1 |
| K0829 | RR | 1 |
| K0830 | | 1 |
| K0831 | | 1 |
| K0835 | NU | 1 |
| K0835 | RR | 1 |
| K0836 | NU | 1 |
| K0836 | RR | 1 |
| K0837 | NU | 1 |
| K0837 | RR | 1 |
| K0838 | NU | 1 |
| K0838 | RR | 1 |
| K0839 | NU | 1 |
| K0839 | RR | 1 |
| K0840 | NU | 1 |
| K0840 | RR | 1 |
| K0841 | NU | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| K0841 | RR | 1 |
| K0842 | NU | 1 |
| K0842 | RR | 1 |
| K0843 | NU | 1 |
| K0843 | RR | 1 |
| K0848 | NU | 1 |
| K0848 | RR | 1 |
| K0849 | NU | 1 |
| K0849 | RR | 1 |
| K0850 | NU | 1 |
| K0850 | RR | 1 |
| K0851 | NU | 1 |
| K0851 | RR | 1 |
| K0852 | NU | 1 |
| K0852 | RR | 1 |
| K0853 | NU | 1 |
| K0853 | RR | 1 |
| K0854 | NU | 1 |
| K0854 | RR | 1 |
| K0855 | NU | 1 |
| K0855 | RR | 1 |
| K0856 | NU | 1 |
| K0856 | RR | 1 |
| K0857 | NU | 1 |
| K0857 | RR | 1 |
| K0858 | NU | 1 |
| K0858 | RR | 1 |
| K0859 | NU | 1 |
| K0859 | RR | 1 |
| K0860 | NU | 1 |
| K0860 | RR | 1 |
| K0861 | NU | 1 |
| K0861 | RR | 1 |
| K0862 | NU | 1 |
| K0862 | RR | 1 |
| K0863 | NU | 1 |
| K0863 | RR | 1 |
| K0864 | NU | 1 |
| K0864 | RR | 1 |
| K0868 | | 1 |
| K0869 | | 1 |
| K0870 | | 1 |
| K0871 | | 1 |
| K0877 | | 1 |
| K0878 | | 1 |
| K0879 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| K0880 | | 1 |
| K0884 | | 1 |
| K0885 | | 1 |
| K0886 | | 1 |
| K0890 | | 1 |
| K0891 | | 1 |
| K0898 | | 1 |
| K0900 | | 1 |
| K1001 | | TBD |
| K1002 | | TBD |
| K1004 | | TBD |
| L0112 | | 1 |
| L0113 | | 1 |
| L0120 | | 1 |
| L0130 | | 1 |
| L0140 | | 1 |
| L0150 | | 1 |
| L0160 | | 1 |
| L0170 | | 1 |
| L0172 | | 1 |
| L0174 | | 1 |
| L0180 | | 1 |
| L0190 | | 1 |
| L0200 | | 1 |
| L0220 | | 1 |
| L0450 | | 1 |
| L0452 | | 1 |
| L0454 | | 1 |
| L0455 | | 1 |
| L0456 | | 1 |
| L0457 | | 1 |
| L0458 | | 1 |
| L0460 | | 1 |
| L0462 | | 1 |
| L0464 | | 1 |
| L0466 | | 1 |
| L0467 | | 1 |
| L0468 | | 1 |
| L0469 | | 1 |
| L0470 | | 1 |
| L0472 | | 1 |
| L0480 | | 1 |
| L0482 | | 1 |
| L0484 | | 1 |
| L0486 | | 1 |
| L0488 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L0490 | | 1 |
| L0491 | | 1 |
| L0492 | | 1 |
| L0621 | | 1 |
| L0622 | | 1 |
| L0623 | | 1 |
| L0624 | | 1 |
| L0625 | | 1 |
| L0626 | | 1 |
| L0627 | | 1 |
| L0628 | | 1 |
| L0629 | | 1 |
| L0630 | | 1 |
| L0631 | | 1 |
| L0632 | | 1 |
| L0633 | | 1 |
| L0634 | | 1 |
| L0635 | | 1 |
| L0636 | | 1 |
| L0637 | | 1 |
| L0638 | | 1 |
| L0639 | | 1 |
| L0640 | | 1 |
| L0641 | | 1 |
| L0642 | | 1 |
| L0643 | | 1 |
| L0648 | | 1 |
| L0649 | | 1 |
| L0650 | | 1 |
| L0651 | | 1 |
| L0700 | | 1 |
| L0710 | | 1 |
| L0810 | | 1 |
| L0820 | | 1 |
| L0830 | | 1 |
| L0859 | | 1 |
| L0861 | | 1 |
| L0970 | | 1 |
| L0972 | | 1 |
| L0974 | | 1 |
| L0976 | | 1 |
| L0978 | | 2 |
| L0980 | | 1 |
| L0982 | | 1 |
| L0984 | | 1 |
| L0999 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L1000 | | 1 |
| L1005 | | 1 |
| L1010 | | 2 |
| L1020 | | 2 |
| L1025 | | 1 |
| L1030 | | 1 |
| L1040 | | 1 |
| L1050 | | 1 |
| L1060 | | 1 |
| L1070 | | 2 |
| L1080 | | 2 |
| L1085 | | 1 |
| L1090 | | 1 |
| L1100 | | 2 |
| L1110 | | 2 |
| L1120 | | 3 |
| L1200 | | 1 |
| L1210 | | 2 |
| L1220 | | 1 |
| L1230 | | 1 |
| L1240 | | 1 |
| L1250 | | 2 |
| L1260 | | 1 |
| L1270 | | 3 |
| L1280 | | 2 |
| L1290 | | 2 |
| L1300 | | 1 |
| L1310 | | 1 |
| L1499 | | 1 |
| L1600 | | 1 |
| L1610 | | 1 |
| L1620 | | 1 |
| L1630 | | 1 |
| L1640 | | 1 |
| L1650 | | 1 |
| L1652 | | 1 |
| L1660 | | 1 |
| L1680 | | 1 |
| L1685 | | 1 |
| L1686 | | 1 |
| L1690 | | 1 |
| L1700 | | 1 |
| L1710 | | 1 |
| L1720 | | 2 |
| L1730 | | 1 |
| L1755 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L1810 | | 2 |
| L1812 | | 2 |
| L1820 | | 2 |
| L1830 | | 2 |
| L1831 | | 2 |
| L1832 | | 2 |
| L1833 | | 2 |
| L1834 | | 2 |
| L1836 | | 2 |
| L1840 | | 2 |
| L1843 | | 2 |
| L1844 | | 2 |
| L1845 | | 2 |
| L1846 | | 2 |
| L1847 | | 2 |
| L1848 | | 2 |
| L1850 | | 2 |
| L1851 | | 2 |
| L1852 | | 2 |
| L1860 | | 2 |
| L1900 | | 2 |
| L1902 | | 2 |
| L1904 | | 2 |
| L1906 | | 2 |
| L1907 | | 2 |
| L1910 | | 2 |
| L1920 | | 2 |
| L1930 | | 2 |
| L1932 | | 2 |
| L1940 | | 2 |
| L1945 | | 2 |
| L1950 | | 2 |
| L1951 | | 2 |
| L1960 | | 2 |
| L1970 | | 2 |
| L1971 | | 2 |
| L1980 | | 2 |
| L1990 | | 2 |
| L2000 | | 2 |
| L2005 | | 2 |
| L2006 | | TBD |
| L2010 | | 2 |
| L2020 | | 2 |
| L2030 | | 2 |
| L2034 | | 2 |
| L2035 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L2036 | | 2 |
| L2037 | | 2 |
| L2038 | | 2 |
| L2040 | | 1 |
| L2050 | | 1 |
| L2060 | | 1 |
| L2070 | | 1 |
| L2080 | | 1 |
| L2090 | | 1 |
| L2106 | | 2 |
| L2108 | | 2 |
| L2112 | | 2 |
| L2114 | | 2 |
| L2116 | | 2 |
| L2126 | | 2 |
| L2128 | | 2 |
| L2132 | | 2 |
| L2134 | | 2 |
| L2136 | | 2 |
| L2180 | | 2 |
| L2182 | | 4 |
| L2184 | | 4 |
| L2186 | | 4 |
| L2188 | | 2 |
| L2190 | | 2 |
| L2192 | | 2 |
| L2200 | | 4 |
| L2210 | | 4 |
| L2220 | | 4 |
| L2230 | | 2 |
| L2232 | | 2 |
| L2240 | | 2 |
| L2250 | | 2 |
| L2260 | | 2 |
| L2265 | | 2 |
| L2270 | | 2 |
| L2275 | | 2 |
| L2280 | | 2 |
| L2300 | | 1 |
| L2310 | | 1 |
| L2320 | | 2 |
| L2330 | | 2 |
| L2335 | | 2 |
| L2340 | | 2 |
| L2350 | | 2 |
| L2360 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L2370 | | 2 |
| L2375 | | 2 |
| L2380 | | 2 |
| L2385 | | 4 |
| L2387 | | 4 |
| L2390 | | 4 |
| L2395 | | 4 |
| L2397 | | 4 |
| L2405 | | 4 |
| L2415 | | 4 |
| L2425 | | 4 |
| L2430 | | 4 |
| L2492 | | 4 |
| L2500 | | 2 |
| L2510 | | 2 |
| L2520 | | 2 |
| L2525 | | 2 |
| L2526 | | 2 |
| L2530 | | 2 |
| L2540 | | 2 |
| L2550 | | 2 |
| L2570 | | 2 |
| L2580 | | 2 |
| L2600 | | 2 |
| L2610 | | 2 |
| L2620 | | 2 |
| L2622 | | 2 |
| L2624 | | 2 |
| L2627 | | 1 |
| L2628 | | 1 |
| L2630 | | 1 |
| L2640 | | 1 |
| L2650 | | 2 |
| L2660 | | 1 |
| L2670 | | 2 |
| L2680 | | 2 |
| L2750 | | 8 |
| L2755 | | 8 |
| L2760 | | 8 |
| L2768 | | 4 |
| L2780 | | 8 |
| L2785 | | 4 |
| L2795 | | 2 |
| L2800 | | 2 |
| L2810 | | 4 |
| L2820 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L2830 | | 2 |
| L2840 | | 2 |
| L2850 | | 2 |
| L2861 | | 2 |
| L2999 | | 1 |
| L3000 | | 2 |
| L3001 | | 2 |
| L3002 | | 2 |
| L3003 | | 2 |
| L3010 | | 2 |
| L3020 | | 2 |
| L3030 | | 2 |
| L3031 | | 2 |
| L3040 | | 2 |
| L3050 | | 2 |
| L3060 | | 2 |
| L3070 | | 2 |
| L3080 | | 2 |
| L3090 | | 2 |
| L3100 | | 2 |
| L3140 | | 1 |
| L3150 | | 1 |
| L3160 | | 2 |
| L3170 | | 2 |
| L3201 | | 1 |
| L3202 | | 1 |
| L3203 | | 1 |
| L3204 | | 1 |
| L3206 | | 1 |
| L3207 | | 1 |
| L3211 | | 1 |
| L3214 | | 1 |
| L3215 | | 2 |
| L3216 | | 2 |
| L3217 | | 2 |
| L3219 | | 2 |
| L3221 | | 2 |
| L3222 | | 2 |
| L3224 | | 2 |
| L3225 | | 2 |
| L3230 | | 2 |
| L3250 | | 2 |
| L3251 | | 2 |
| L3252 | | 2 |
| L3253 | | 2 |
| L3254 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L3255 | | 2 |
| L3257 | | 2 |
| L3260 | | 2 |
| L3265 | | 2 |
| L3300 | | 4 |
| L3310 | | 4 |
| L3320 | | 4 |
| L3330 | | 2 |
| L3332 | | 2 |
| L3334 | | 4 |
| L3340 | | 2 |
| L3350 | | 2 |
| L3360 | | 2 |
| L3370 | | 2 |
| L3380 | | 2 |
| L3390 | | 2 |
| L3400 | | 2 |
| L3410 | | 2 |
| L3420 | | 2 |
| L3430 | | 2 |
| L3440 | | 2 |
| L3450 | | 2 |
| L3455 | | 2 |
| L3460 | | 2 |
| L3465 | | 2 |
| L3470 | | 2 |
| L3480 | | 2 |
| L3485 | | 2 |
| L3500 | | 2 |
| L3510 | | 2 |
| L3520 | | 2 |
| L3530 | | 2 |
| L3540 | | 2 |
| L3550 | | 2 |
| L3560 | | 2 |
| L3570 | | 2 |
| L3580 | | 2 |
| L3590 | | 2 |
| L3595 | | 2 |
| L3600 | | 2 |
| L3610 | | 2 |
| L3620 | | 2 |
| L3630 | | 2 |
| L3640 | | 1 |
| L3649 | | 1 |
| L3650 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L3660 | | 1 |
| L3670 | | 1 |
| L3671 | | 1 |
| L3674 | | 1 |
| L3675 | | 1 |
| L3677 | | 1 |
| L3678 | | 1 |
| L3702 | | 2 |
| L3710 | | 2 |
| L3720 | | 2 |
| L3730 | | 2 |
| L3740 | | 2 |
| L3760 | | 2 |
| L3761 | | 2 |
| L3762 | | 2 |
| L3763 | | 2 |
| L3764 | | 2 |
| L3765 | | 2 |
| L3766 | | 2 |
| L3806 | | 2 |
| L3807 | | 2 |
| L3808 | | 2 |
| L3809 | | 2 |
| L3891 | | 2 |
| L3900 | | 2 |
| L3901 | | 2 |
| L3904 | | 2 |
| L3905 | | 2 |
| L3906 | | 2 |
| L3908 | | 2 |
| L3912 | | 2 |
| L3913 | | 2 |
| L3915 | | 2 |
| L3916 | | 2 |
| L3917 | | 2 |
| L3918 | | 2 |
| L3919 | | 2 |
| L3921 | | 2 |
| L3923 | | 2 |
| L3924 | | 2 |
| L3925 | | 4 |
| L3927 | | 4 |
| L3929 | | 2 |
| L3930 | | 2 |
| L3931 | | 2 |
| L3933 | | 3 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L3935 | | 3 |
| L3956 | | 4 |
| L3960 | | 1 |
| L3961 | | 1 |
| L3962 | | 1 |
| L3967 | | 1 |
| L3971 | | 1 |
| L3973 | | 1 |
| L3975 | | 1 |
| L3976 | | 1 |
| L3977 | | 1 |
| L3978 | | 1 |
| L3980 | | 2 |
| L3981 | | 2 |
| L3982 | | 2 |
| L3984 | | 2 |
| L3995 | | 2 |
| L3999 | | 1 |
| L4000 | | 1 |
| L4002 | | 8 |
| L4010 | | 2 |
| L4020 | | 2 |
| L4030 | | 2 |
| L4040 | | 2 |
| L4045 | | 2 |
| L4050 | | 2 |
| L4055 | | 2 |
| L4060 | | 2 |
| L4070 | | 2 |
| L4080 | | 2 |
| L4090 | | 4 |
| L4100 | | 2 |
| L4110 | | 4 |
| L4130 | | 2 |
| L4205 | | 8 |
| L4210 | | 4 |
| L4350 | | 2 |
| L4360 | | 2 |
| L4361 | | 2 |
| L4370 | | 2 |
| L4386 | | 2 |
| L4387 | | 2 |
| L4392 | | 2 |
| L4394 | | 2 |
| L4396 | | 2 |
| L4397 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L4398 | | 2 |
| L4631 | | 2 |
| L5000 | | 2 |
| L5010 | | 2 |
| L5020 | | 2 |
| L5050 | | 2 |
| L5060 | | 2 |
| L5100 | | 2 |
| L5105 | | 2 |
| L5150 | | 2 |
| L5160 | | 2 |
| L5200 | | 2 |
| L5210 | | 2 |
| L5220 | | 2 |
| L5230 | | 2 |
| L5250 | | 2 |
| L5270 | | 2 |
| L5280 | | 2 |
| L5301 | | 2 |
| L5312 | | 2 |
| L5321 | | 2 |
| L5331 | | 2 |
| L5341 | | 2 |
| L5400 | | 2 |
| L5410 | | 2 |
| L5420 | | 2 |
| L5430 | | 2 |
| L5450 | | 2 |
| L5460 | | 2 |
| L5500 | | 2 |
| L5505 | | 2 |
| L5510 | | 2 |
| L5520 | | 2 |
| L5530 | | 2 |
| L5535 | | 2 |
| L5540 | | 2 |
| L5560 | | 2 |
| L5570 | | 2 |
| L5580 | | 2 |
| L5585 | | 2 |
| L5590 | | 2 |
| L5595 | | 2 |
| L5600 | | 2 |
| L5610 | | 2 |
| L5611 | | 2 |
| L5613 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L5614 | | 2 |
| L5616 | | 2 |
| L5617 | | 2 |
| L5618 | | 4 |
| L5620 | | 4 |
| L5622 | | 4 |
| L5624 | | 4 |
| L5626 | | 4 |
| L5628 | | 2 |
| L5629 | | 2 |
| L5630 | | 2 |
| L5631 | | 2 |
| L5632 | | 2 |
| L5634 | | 2 |
| L5636 | | 2 |
| L5637 | | 2 |
| L5638 | | 2 |
| L5639 | | 2 |
| L5640 | | 2 |
| L5642 | | 2 |
| L5643 | | 2 |
| L5644 | | 2 |
| L5645 | | 2 |
| L5646 | | 2 |
| L5647 | | 2 |
| L5648 | | 2 |
| L5649 | | 2 |
| L5650 | | 2 |
| L5651 | | 2 |
| L5652 | | 2 |
| L5653 | | 2 |
| L5654 | | 2 |
| L5655 | | 2 |
| L5656 | | 2 |
| L5658 | | 2 |
| L5661 | | 2 |
| L5665 | | 2 |
| L5666 | | 2 |
| L5668 | | 2 |
| L5670 | | 2 |
| L5671 | | 2 |
| L5672 | | 2 |
| L5673 | | 4 |
| L5676 | | 2 |
| L5677 | | 2 |
| L5678 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L5679 | | 4 |
| L5680 | | 2 |
| L5681 | | 2 |
| L5682 | | 2 |
| L5683 | | 2 |
| L5684 | | 2 |
| L5685 | | 4 |
| L5686 | | 2 |
| L5688 | | 2 |
| L5690 | | 2 |
| L5692 | | 2 |
| L5694 | | 2 |
| L5695 | | 2 |
| L5696 | | 2 |
| L5697 | | 2 |
| L5698 | | 2 |
| L5699 | | 2 |
| L5700 | | 2 |
| L5701 | | 2 |
| L5702 | | 2 |
| L5703 | | 2 |
| L5704 | | 2 |
| L5705 | | 2 |
| L5706 | | 2 |
| L5707 | | 2 |
| L5710 | | 2 |
| L5711 | | 2 |
| L5712 | | 2 |
| L5714 | | 2 |
| L5716 | | 2 |
| L5718 | | 2 |
| L5722 | | 2 |
| L5724 | | 2 |
| L5726 | | 2 |
| L5728 | | 2 |
| L5780 | | 2 |
| L5781 | | 2 |
| L5782 | | 2 |
| L5785 | | 2 |
| L5790 | | 2 |
| L5795 | | 2 |
| L5810 | | 2 |
| L5811 | | 2 |
| L5812 | | 2 |
| L5814 | | 2 |
| L5816 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L5818 | | 2 |
| L5822 | | 2 |
| L5824 | | 2 |
| L5826 | | 2 |
| L5828 | | 2 |
| L5830 | | 2 |
| L5840 | | 2 |
| L5845 | | 2 |
| L5848 | | 2 |
| L5850 | | 2 |
| L5855 | | 2 |
| L5856 | | 2 |
| L5857 | | 2 |
| L5858 | | 2 |
| L5859 | | 2 |
| L5910 | | 2 |
| L5920 | | 2 |
| L5925 | | 2 |
| L5930 | | 2 |
| L5940 | | 2 |
| L5950 | | 2 |
| L5960 | | 2 |
| L5961 | | 1 |
| L5962 | | 2 |
| L5964 | | 2 |
| L5966 | | 2 |
| L5968 | | 2 |
| L5969 | | 2 |
| L5970 | | 2 |
| L5971 | | 2 |
| L5972 | | 2 |
| L5973 | | 2 |
| L5974 | | 2 |
| L5975 | | 2 |
| L5976 | | 2 |
| L5978 | | 2 |
| L5979 | | 2 |
| L5980 | | 2 |
| L5981 | | 2 |
| L5982 | | 2 |
| L5984 | | 2 |
| L5985 | | 2 |
| L5986 | | 2 |
| L5987 | | 2 |
| L5988 | | 2 |
| L5990 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L5999 | | 1 |
| L6000 | | 2 |
| L6010 | | 2 |
| L6020 | | 2 |
| L6026 | | 2 |
| L6050 | | 2 |
| L6055 | | 2 |
| L6100 | | 2 |
| L6110 | | 2 |
| L6120 | | 2 |
| L6130 | | 2 |
| L6200 | | 2 |
| L6205 | | 2 |
| L6250 | | 2 |
| L6300 | | 2 |
| L6310 | | 2 |
| L6320 | | 2 |
| L6350 | | 2 |
| L6360 | | 2 |
| L6370 | | 2 |
| L6380 | | 2 |
| L6382 | | 2 |
| L6384 | | 2 |
| L6386 | | 2 |
| L6388 | | 2 |
| L6400 | | 2 |
| L6450 | | 2 |
| L6500 | | 2 |
| L6550 | | 2 |
| L6570 | | 2 |
| L6580 | | 2 |
| L6582 | | 2 |
| L6584 | | 2 |
| L6586 | | 2 |
| L6588 | | 2 |
| L6590 | | 2 |
| L6600 | | 2 |
| L6605 | | 2 |
| L6610 | | 2 |
| L6611 | | 2 |
| L6615 | | 2 |
| L6616 | | 2 |
| L6620 | | 2 |
| L6621 | | 2 |
| L6623 | | 2 |
| L6624 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L6625 | | 2 |
| L6628 | | 2 |
| L6629 | | 2 |
| L6630 | | 2 |
| L6632 | | 4 |
| L6635 | | 2 |
| L6637 | | 2 |
| L6638 | | 2 |
| L6640 | | 2 |
| L6641 | | 2 |
| L6642 | | 2 |
| L6645 | | 2 |
| L6646 | | 2 |
| L6647 | | 2 |
| L6648 | | 2 |
| L6650 | | 2 |
| L6655 | | 4 |
| L6660 | | 4 |
| L6665 | | 4 |
| L6670 | | 2 |
| L6672 | | 2 |
| L6675 | | 2 |
| L6676 | | 2 |
| L6677 | | 2 |
| L6680 | | 4 |
| L6682 | | 4 |
| L6684 | | 4 |
| L6686 | | 2 |
| L6687 | | 2 |
| L6688 | | 2 |
| L6689 | | 2 |
| L6690 | | 2 |
| L6691 | | 4 |
| L6692 | | 4 |
| L6693 | | 2 |
| L6694 | | 2 |
| L6695 | | 2 |
| L6696 | | 2 |
| L6697 | | 2 |
| L6698 | | 2 |
| L6703 | | 2 |
| L6704 | | 2 |
| L6706 | | 2 |
| L6707 | | 2 |
| L6708 | | 2 |
| L6709 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L6711 | | 2 |
| L6712 | | 2 |
| L6713 | | 2 |
| L6714 | | 2 |
| L6715 | | 5 |
| L6721 | | 2 |
| L6722 | | 2 |
| L6805 | | 2 |
| L6810 | | 2 |
| L6880 | | 2 |
| L6881 | | 2 |
| L6882 | | 2 |
| L6883 | | 2 |
| L6884 | | 2 |
| L6885 | | 2 |
| L6890 | | 2 |
| L6895 | | 2 |
| L6900 | | 2 |
| L6905 | | 2 |
| L6910 | | 2 |
| L6915 | | 2 |
| L6920 | | 2 |
| L6925 | | 2 |
| L6930 | | 2 |
| L6935 | | 2 |
| L6940 | | 2 |
| L6945 | | 2 |
| L6950 | | 2 |
| L6955 | | 2 |
| L6960 | | 2 |
| L6965 | | 2 |
| L6970 | | 2 |
| L6975 | | 2 |
| L7007 | | 2 |
| L7008 | | 2 |
| L7009 | | 2 |
| L7040 | | 2 |
| L7045 | | 2 |
| L7170 | | 2 |
| L7180 | | 2 |
| L7181 | | 2 |
| L7185 | | 2 |
| L7186 | | 2 |
| L7190 | | 2 |
| L7191 | | 2 |
| L7259 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L7360 | | 4 |
| L7362 | | 1 |
| L7364 | | 4 |
| L7366 | | 1 |
| L7367 | | 4 |
| L7368 | | 1 |
| L7400 | | 2 |
| L7401 | | 2 |
| L7402 | | 2 |
| L7403 | | 2 |
| L7404 | | 2 |
| L7405 | | 2 |
| L7499 | | 1 |
| L7510 | | 4 |
| L7520 | | 12 |
| L7600 | | 2 |
| L7700 | | 1 |
| L7900 | | 1 |
| L7902 | | 1 |
| L8000 | | 1 |
| L8001 | | 4 |
| L8002 | | 4 |
| L8015 | | 4 |
| L8020 | | 4 |
| L8030 | | 2 |
| L8031 | | 2 |
| L8032 | | 2 |
| L8033 | | TBD |
| L8035 | | 2 |
| L8039 | | 2 |
| L8040 | | 1 |
| L8041 | | 1 |
| L8042 | | 2 |
| L8043 | | 1 |
| L8044 | | 1 |
| L8045 | | 2 |
| L8046 | | 1 |
| L8047 | | 1 |
| L8048 | | 1 |
| L8049 | | 8 |
| L8300 | | 1 |
| L8310 | | 1 |
| L8320 | | 2 |
| L8330 | | 2 |
| L8400 | | 12 |
| L8410 | | 12 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L8415 | | 6 |
| L8417 | | 12 |
| L8420 | | 24 |
| L8430 | | 24 |
| L8435 | | 12 |
| L8440 | | 4 |
| L8460 | | 4 |
| L8465 | | 4 |
| L8470 | | 24 |
| L8480 | | 24 |
| L8485 | | 12 |
| L8499 | | 1 |
| L8500 | | 1 |
| L8501 | | 2 |
| L8505 | | 2 |
| L8507 | | 3 |
| L8509 | | 1 |
| L8510 | | 1 |
| L8511 | | 1 |
| L8512 | | 9 |
| L8513 | | 6 |
| L8514 | | 1 |
| L8515 | | 1 |
| L8600 | | 2 |
| L8603 | | 4 |
| L8604 | | 3 |
| L8605 | | 4 |
| L8606 | | 5 |
| L8607 | | 20 |
| L8608 | | 1 |
| L8609 | | 1 |
| L8610 | | 2 |
| L8612 | | 2 |
| L8613 | | 2 |
| L8614 | | 2 |
| L8615 | | 2 |
| L8616 | | 2 |
| L8617 | | 2 |
| L8618 | | 2 |
| L8619 | | 2 |
| L8621 | | 600 |
| L8622 | | 2 |
| L8623 | | 1 |
| L8624 | | 1 |
| L8625 | | 2 |
| L8627 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| L8628 | | 2 |
| L8629 | | 2 |
| L8630 | | 4 |
| L8631 | | 4 |
| L8641 | | 4 |
| L8642 | | 2 |
| L8658 | | 4 |
| L8659 | | 4 |
| L8670 | | 4 |
| L8679 | | 3 |
| L8680 | | 16 |
| L8681 | | 1 |
| L8682 | | 2 |
| L8683 | | 1 |
| L8684 | | 1 |
| L8689 | | 1 |
| L8690 | | 2 |
| L8691 | | 1 |
| L8692 | | 1 |
| L8693 | | 1 |
| L8694 | | 1 |
| L8695 | | 1 |
| L8696 | | 1 |
| L8698 | | 1 |
| L8699 | | 1 |
| L8701 | | 1 |
| L8702 | | 1 |
| L9900 | | 1 |
| Q0081 | | 1 |
| Q0083 | | 1 |
| Q0084 | | 1 |
| Q0085 | | 1 |
| Q0111 | | 2 |
| Q0112 | | 3 |
| Q0113 | | 2 |
| Q0114 | | 1 |
| Q0115 | | 1 |
| Q0138 | | 510 |
| Q0139 | | 510 |
| Q0144 | | 999 |
| Q0162 | | 40 |
| Q0163 | | 13 |
| Q0164 | | 18 |
| Q0166 | | 2 |
| Q0167 | | 108 |
| Q0169 | | 26 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q0173 | | 11 |
| Q0174 | | 52 |
| Q0175 | | 14 |
| Q0177 | | 36 |
| Q0180 | | 1 |
| Q0181 | | 1 |
| Q0477 | | 1 |
| Q0478 | | 1 |
| Q0479 | | 1 |
| Q0480 | | 1 |
| Q0481 | | 1 |
| Q0482 | | 1 |
| Q0483 | | 1 |
| Q0484 | | 1 |
| Q0485 | | 1 |
| Q0486 | | 1 |
| Q0487 | | 1 |
| Q0489 | | 1 |
| Q0490 | | 1 |
| Q0491 | | 1 |
| Q0492 | | 1 |
| Q0493 | | 1 |
| Q0494 | | 1 |
| Q0495 | | 1 |
| Q0496 | | 1 |
| Q0497 | | 2 |
| Q0498 | | 1 |
| Q0499 | | 1 |
| Q0500 | | 1 |
| Q0501 | | 1 |
| Q0502 | | 1 |
| Q0503 | | 3 |
| Q0504 | | 1 |
| Q0506 | | 8 |
| Q0515 | | 52 |
| Q2009 | | 100 |
| Q2017 | | 12 |
| Q2035 | | 1 |
| Q2036 | | 1 |
| Q2037 | | 1 |
| Q2038 | | 1 |
| Q2039 | | 1 |
| Q2041 | | 1 |
| Q2042 | | 1 |
| Q2043 | | 1 |
| Q2049 | | 14 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q2050 | | 14 |
| Q3014 | | 1 |
| Q3027 | | 30 |
| Q4001 | | 1 |
| Q4002 | | 1 |
| Q4003 | | 2 |
| Q4004 | | 2 |
| Q4005 | | 2 |
| Q4006 | | 2 |
| Q4007 | | 1 |
| Q4008 | | 1 |
| Q4009 | | 2 |
| Q4010 | | 1 |
| Q4011 | | 1 |
| Q4012 | | 1 |
| Q4013 | | 2 |
| Q4014 | | 2 |
| Q4015 | | 1 |
| Q4016 | | 1 |
| Q4017 | | 2 |
| Q4018 | | 2 |
| Q4019 | | 1 |
| Q4020 | | 1 |
| Q4021 | | 2 |
| Q4022 | | 2 |
| Q4023 | | 1 |
| Q4024 | | 1 |
| Q4025 | | 1 |
| Q4026 | | 1 |
| Q4027 | | 1 |
| Q4028 | | 1 |
| Q4029 | | 2 |
| Q4030 | | 2 |
| Q4031 | | 1 |
| Q4032 | | 1 |
| Q4033 | | 2 |
| Q4034 | | 2 |
| Q4035 | | 1 |
| Q4036 | | 1 |
| Q4037 | | 2 |
| Q4038 | | 2 |
| Q4039 | | 1 |
| Q4040 | | 1 |
| Q4041 | | 2 |
| Q4042 | | 2 |
| Q4043 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q4044 | | 1 |
| Q4045 | | 2 |
| Q4046 | | 2 |
| Q4047 | | 1 |
| Q4048 | | 1 |
| Q4049 | | 10 |
| Q4050 | | 2 |
| Q4051 | | 2 |
| Q4074 | | 279 |
| Q4081 | | 100 |
| Q4100 | | 1 |
| Q4101 | | 88 |
| Q4102 | | 21 |
| Q4103 | | 21 |
| Q4104 | | 50 |
| Q4105 | | 250 |
| Q4106 | | 76 |
| Q4107 | | 50 |
| Q4108 | | 250 |
| Q4110 | | 250 |
| Q4111 | | 56 |
| Q4112 | | 2 |
| Q4113 | | 4 |
| Q4114 | | 6 |
| Q4115 | | 240 |
| Q4116 | | 192 |
| Q4117 | | 200 |
| Q4118 | | 1000 |
| Q4121 | | 78 |
| Q4122 | | 96 |
| Q4123 | | 160 |
| Q4124 | | 140 |
| Q4125 | | 28 |
| Q4126 | | 32 |
| Q4127 | | 100 |
| Q4128 | | 128 |
| Q4130 | | 100 |
| Q4132 | | 50 |
| Q4133 | | 113 |
| Q4134 | | 160 |
| Q4135 | | 900 |
| Q4136 | | 900 |
| Q4150 | | 32 |
| Q4151 | | 24 |
| Q4152 | | 24 |
| Q4153 | | 6 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q4154 | | 36 |
| Q4155 | | 100 |
| Q4156 | | 49 |
| Q4157 | | 24 |
| Q4158 | | 70 |
| Q4159 | | 7 |
| Q4160 | | 36 |
| Q4161 | | 42 |
| Q4162 | | 4 |
| Q4163 | | 32 |
| Q4164 | | 400 |
| Q4165 | | 100 |
| Q4166 | | 1 |
| Q4167 | | 32 |
| Q4168 | | 160 |
| Q4169 | | 32 |
| Q4170 | | 120 |
| Q4171 | | 100 |
| Q4173 | | 64 |
| Q4174 | | 8 |
| Q4175 | | 120 |
| Q4176 | | 1 |
| Q4177 | | 1 |
| Q4178 | | 1 |
| Q4179 | | 1 |
| Q4180 | | 1 |
| Q4181 | | 1 |
| Q4182 | | 1 |
| Q4183 | | 32 |
| Q4184 | | 128 |
| Q4185 | | 1 |
| Q4186 | | 17 |
| Q4187 | | 15 |
| Q4188 | | 1 |
| Q4189 | | 1 |
| Q4190 | | 32 |
| Q4191 | | 1024 |
| Q4192 | | 2 |
| Q4193 | | 160 |
| Q4194 | | 17 |
| Q4195 | | 100 |
| Q4196 | | 100 |
| Q4197 | | 100 |
| Q4198 | | 32 |
| Q4200 | | 55 |
| Q4201 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q4202 | | 6 |
| Q4203 | | 12 |
| Q4204 | | 32 |
| Q4206 | | TBD |
| Q4208 | | TBD |
| Q4209 | | TBD |
| Q4210 | | TBD |
| Q4211 | | TBD |
| Q4212 | | TBD |
| Q4213 | | TBD |
| Q4214 | | TBD |
| Q4215 | | TBD |
| Q4216 | | TBD |
| Q4217 | | TBD |
| Q4218 | | TBD |
| Q4219 | | TBD |
| Q4220 | | TBD |
| Q4221 | | TBD |
| Q4222 | | TBD |
| Q4226 | | TBD |
| Q5101 | | 3360 |
| Q5103 | | 150 |
| Q5104 | | 150 |
| Q5105 | | 100 |
| Q5106 | | 60 |
| Q5107 | | 170 |
| Q5108 | | 12 |
| Q5109 | | 150 |
| Q5110 | | 1500 |
| Q5111 | | 1 |
| Q5112 | | TBD |
| Q5113 | | TBD |
| Q5114 | | TBD |
| Q5115 | | TBD |
| Q5116 | | TBD |
| Q5117 | | TBD |
| Q5118 | | TBD |
| Q9950 | | 5 |
| Q9951 | | 20 |
| Q9953 | | 10 |
| Q9954 | | 18 |
| Q9955 | | 10 |
| Q9956 | | 9 |
| Q9957 | | 3 |
| Q9958 | | 300 |
| Q9959 | | 20 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| Q9960 | | 250 |
| Q9961 | | 200 |
| Q9962 | | 150 |
| Q9963 | | 240 |
| Q9964 | | 20 |
| Q9965 | | 30 |
| Q9966 | | 250 |
| Q9967 | | 300 |
| Q9968 | | 30 |
| Q9969 | | 3 |
| Q9991 | | 1 |
| Q9992 | | 1 |
| S0209 | | 50 |
| S0630 | | 1 |
| S1034 | | 1 |
| S1035 | | 1 |
| S1036 | | 1 |
| S1037 | | 1 |
| S8301 | | 1 |
| S8420 | | 2 |
| S8421 | | 2 |
| S8422 | | 2 |
| S8423 | | 2 |
| S8424 | | 2 |
| S8425 | | 2 |
| S8426 | | 2 |
| S8427 | | 2 |
| S8428 | | 2 |
| S8429 | | 2 |
| S8430 | | 2 |
| S8431 | | 2 |
| S8450 | | 2 |
| S8451 | | 2 |
| S8452 | | 2 |
| V2020 | | 1 |
| V2025 | | 1 |
| V2100 | | 2 |
| V2101 | | 2 |
| V2102 | | 2 |
| V2103 | | 2 |
| V2104 | | 2 |
| V2105 | | 2 |
| V2106 | | 2 |
| V2107 | | 2 |
| V2108 | | 2 |
| V2109 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| V2110 | | 2 |
| V2111 | | 2 |
| V2112 | | 2 |
| V2113 | | 2 |
| V2114 | | 2 |
| V2115 | | 2 |
| V2118 | | 2 |
| V2121 | | 2 |
| V2199 | | 2 |
| V2200 | | 2 |
| V2201 | | 2 |
| V2202 | | 2 |
| V2203 | | 2 |
| V2204 | | 2 |
| V2205 | | 2 |
| V2206 | | 2 |
| V2207 | | 2 |
| V2208 | | 2 |
| V2209 | | 2 |
| V2210 | | 2 |
| V2211 | | 2 |
| V2212 | | 2 |
| V2213 | | 2 |
| V2214 | | 2 |
| V2215 | | 2 |
| V2218 | | 2 |
| V2219 | | 2 |
| V2220 | | 2 |
| V2221 | | 2 |
| V2299 | | 2 |
| V2300 | | 2 |
| V2301 | | 2 |
| V2302 | | 2 |
| V2303 | | 2 |
| V2304 | | 2 |
| V2305 | | 2 |
| V2306 | | 2 |
| V2307 | | 2 |
| V2308 | | 2 |
| V2309 | | 2 |
| V2310 | | 2 |
| V2311 | | 2 |
| V2312 | | 2 |
| V2313 | | 2 |
| V2314 | | 2 |
| V2315 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| V2318 | | 2 |
| V2319 | | 2 |
| V2320 | | 2 |
| V2321 | | 2 |
| V2399 | | 2 |
| V2410 | | 2 |
| V2430 | | 2 |
| V2499 | | 2 |
| V2500 | | 2 |
| V2501 | | 2 |
| V2502 | | 2 |
| V2503 | | 2 |
| V2510 | | 2 |
| V2511 | | 2 |
| V2512 | | 2 |
| V2513 | | 2 |
| V2520 | | 2 |
| V2521 | | 2 |
| V2522 | | 2 |
| V2523 | | 2 |
| V2530 | | 2 |
| V2531 | | 2 |
| V2599 | | 2 |
| V2600 | | 1 |
| V2610 | | 1 |
| V2615 | | 2 |
| V2623 | | 2 |
| V2624 | | 2 |
| V2625 | | 2 |
| V2626 | | 2 |
| V2627 | | 2 |
| V2628 | | 2 |
| V2629 | | 2 |
| V2630 | | 2 |
| V2631 | | 2 |
| V2632 | | 2 |
| V2700 | | 2 |
| V2702 | | 1 |
| V2710 | | 2 |
| V2715 | | 4 |
| V2718 | | 2 |
| V2730 | | 2 |
| V2744 | | 2 |
| V2745 | | 2 |
| V2750 | | 2 |
| V2755 | | 2 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| V2756 | | 1 |
| V2760 | | 1 |
| V2761 | | 2 |
| V2762 | | 1 |
| V2770 | | 2 |
| V2780 | | 2 |
| V2781 | | 2 |
| V2782 | | 2 |
| V2783 | | 2 |
| V2784 | | 2 |
| V2785 | | 2 |
| V2786 | | 1 |
| V2787 | | 1 |
| V2788 | | 1 |
| V2790 | | 1 |
| V2797 | | 1 |
| V2799 | | 1 |
| V5008 | | 1 |
| V5010 | | 1 |
| V5011 | | 1 |
| V5014 | | 2 |
| V5020 | | 1 |
| V5030 | | 1 |
| V5040 | | 1 |
| V5050 | | 1 |
| V5060 | | 1 |
| V5070 | | 1 |
| V5080 | | 1 |
| V5090 | | 1 |
| V5095 | | 1 |
| V5100 | | 1 |
| V5110 | | 1 |
| V5120 | | 1 |
| V5130 | | 1 |
| V5140 | | 1 |
| V5150 | | 1 |
| V5160 | | 1 |
| V5171 | | 1 |
| V5172 | | 1 |
| V5181 | | 1 |
| V5190 | | 1 |
| V5200 | | 1 |
| V5211 | | 1 |
| V5212 | | 1 |
| V5213 | | 1 |
| V5214 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| V5215 | | 1 |
| V5221 | | 1 |
| V5230 | | 1 |
| V5240 | | 1 |
| V5241 | | 1 |
| V5242 | | 1 |
| V5243 | | 1 |
| V5244 | | 1 |
| V5245 | | 1 |
| V5246 | | 1 |
| V5247 | | 1 |
| V5248 | | 1 |
| V5249 | | 1 |
| V5250 | | 1 |
| V5251 | | 1 |
| V5252 | | 1 |
| V5253 | | 1 |
| V5254 | | 1 |
| V5255 | | 1 |
| V5256 | | 1 |
| V5257 | | 1 |
| V5258 | | 1 |
| V5259 | | 1 |
| V5260 | | 1 |
| V5261 | | 1 |
| V5262 | | 1 |
| V5263 | | 1 |
| V5264 | | 2 |
| V5265 | | 1 |
| V5266 | | 45 |
| V5267 | | 1 |
| V5268 | | 1 |
| V5269 | | 1 |
| V5270 | | 1 |
| V5271 | | 1 |
| V5272 | | 1 |
| V5273 | | 1 |
| V5274 | | 1 |
| V5275 | | 2 |
| V5281 | | 1 |
| V5282 | | 1 |
| V5283 | | 1 |
| V5284 | | 1 |
| V5285 | | 1 |
| V5286 | | 1 |
| V5287 | | 1 |

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| V5288 | | 1 |
| V5289 | | 1 |
| V5290 | | 1 |
| V5298 | | 1 |
| V5299 | | 1 |
| V5336 | | 1 |
| V5362 | | 1 |
| V5363 | | 1 |
| V5364 | | 1 |
| W0100 | | 32 |
| W0101 | | 1 |
| W0105 | | 1 |
| W0110 | | 32 |
| W0120 | | 8 |
| W0168 | | 1 |
| W0169 | | 1 |
| W0170 | | 1 |
| W0171 | | 1 |
| W0176 | | 1 |
| W0177 | | 1 |
| W0178 | | 1 |
| W0179 | | 1 |
| W0180 | | 1 |
| W0181 | | 1 |
| W0182 | | 1 |
| W0183 | | 1 |
| W0184 | | 1 |
| W0185 | | 1 |
| W0270 | | 1 |
| W0271 | | 1 |
| W0500 | | 1 |
| W0549 | | 1 |
| W0675 | | 1 |
| W0676 | | 1 |
| W0677 | | 1 |
| W0678 | | 1 |
| W0679 | | 1 |
| W0750 | | 2 |
| W0751 | | 1 |
| W1000 | | 1 |
| W1001 | | 1 |
| W1002 | | 1 |
| W1930 | | 16 |
| W1931 | | 5 |
| W1932 | | 20 |
| W1933 | | 50 |

up to 30 days

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

| CPT code | Modifier | 2020 MUE |
|----------|----------|----------|
| W2703 | | 1 |
| W2704 | | 50 |
| W2705 | | 20 |
| W2706 | | 20 |
| W4000 | | 1 |
| W4001 | | 1 |
| W4215 | | 350 |
| W5000 | | 1 |
| W5001 | | 1 |
| W9006 | NU | 1 |
| W9010 | | 1 |
| W9020 | | 1 |
| W9030 | | 1 |
| W9040 | | 1 |
| W9050 | | 1 |
| W9060 | | 1 |
| W9070 | | 1 |
| W9075 | | 1 |
| Z0100 | | 50 |
| Z0180 | | 1 |
| Z0430 | | 1 |
| Z0450 | | 1 |
| Z0460 | | 1 |
| Z0470 | | 1 |
| Z0500 | | 1 |
| Z0550 | | 1 |
| Z0560 | | 1 |
| Z1000 | | 1 |
| Z5601 | | 1 |
| Z5602 | | 1 |