

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Additional Anesthesia Codes
Effective: January 1, 2012

<i>CPT</i> [®] <i>CODE</i>	<i>ANES</i> <i>VALUE</i>	<i>PAYMENT</i> <i>METHOD</i>	<i>BASE SOURCE</i>	<i>FSI</i>
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Washington State Department of Labor & Industries
Professional Services Fee Schedule

Additional CPT® Codes
Effective: January 1, 2012

CPT® CODE	DOLLAR VALUE						MODIFIERS							LIC REQ	PRIOR AUTH
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE		
15271	\$240.18	\$143.33	0	0%	0%	0%	0	2	0	1	0	0	0	R	
15272	\$45.38	\$28.22	0	0%	0%	0%	0	0	0	1	0	0	0	R	
15273	\$491.42	\$342.00	0	0%	0%	0%	0	2	0	1	0	0	0	R	
15274	\$116.21	\$72.50	0	0%	0%	0%	0	0	0	1	0	0	0	R	
15275	\$256.78	\$166.02	0	0%	0%	0%	0	2	0	1	0	0	0	R	
15276	\$55.89	\$40.40	0	0%	0%	0%	0	0	0	1	0	0	0	R	
15277	\$493.08	\$353.07	0	0%	0%	0%	0	2	0	1	1	0	0	R	
15278	\$136.69	\$89.65	0	0%	0%	0%	0	0	0	1	1	0	0	R	
15777	\$348.64	\$348.64	0	0%	0%	0%	0	0	0	1	0	0	0	R	
20527	\$125.62	\$97.40	0	0%	0%	0%	0	2	1	1	0	0	0	R	
22633	\$3,037.61	\$3,037.61	90	10%	69%	21%	0	2	0	2	2	0	0	R	Y-UR
22634	\$814.60	\$814.60	0	0%	0%	0%	0	0	0	2	2	0	0	R	Y-UR
26341	\$164.91	\$123.41	10	10%	80%	10%	0	2	1	1	0	0	0	R	
29582	\$118.43	\$24.90	0	0%	0%	0%	0	2	1	0	0	0	0	R	
29583	\$73.05	\$18.26	0	0%	0%	0%	0	2	1	0	0	0	0	R	
29584	\$118.43	\$24.90	0	0%	0%	0%	0	2	1	0	0	0	0	R	
32096	\$1,341.44	\$1,341.44	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32097	\$1,341.44	\$1,341.44	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32098	\$1,261.20	\$1,261.20	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32505	\$1,549.52	\$1,549.52	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32506	\$259.54	\$259.54	0	0%	0%	0%	0	0	0	2	1	0	0	R	Y
32507	\$259.54	\$259.54	0	0%	0%	0%	0	0	0	2	1	0	0	R	Y
32607	\$513.00	\$513.00	0	0%	0%	0%	0	2	0	0	0	0	0	R	Y
32608	\$629.22	\$629.22	0	0%	0%	0%	0	2	0	0	0	0	0	R	Y
32609	\$435.53	\$435.53	0	0%	0%	0%	0	2	0	0	0	0	0	R	Y
32666	\$1,449.35	\$1,449.35	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32667	\$259.54	\$259.54	0	0%	0%	0%	0	0	0	2	1	0	0	R	Y
32668	\$260.65	\$260.65	0	0%	0%	0%	0	0	0	2	1	0	0	R	Y
32669	\$2,226.33	\$2,226.33	90	9%	84%	7%	0	2	0	2	1	0	0	R	Y
32670	\$2,655.21	\$2,655.21	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32671	\$2,945.19	\$2,945.19	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32672	\$2,520.74	\$2,520.74	90	10%	76%	14%	0	2	0	2	1	0	0	R	Y
32673	\$1,991.69	\$1,991.69	90	9%	82%	9%	0	2	0	2	1	0	0	R	Y
32674	\$355.84	\$355.84	0	0%	0%	0%	0	0	0	2	1	0	0	R	Y
33221	\$583.28	\$583.28	90	9%	84%	7%	0	2	0	1	0	0	0	R	Y
33227	\$557.27	\$557.27	90	9%	84%	7%	0	2	0	1	0	0	0	R	Y
33228	\$580.52	\$580.52	90	9%	84%	7%	0	2	0	1	0	0	0	R	Y
33229	\$604.31	\$604.31	90	9%	84%	7%	0	2	0	1	0	0	0	R	Y

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CPT® CODE	DOLLAR VALUE						MODIFIERS									
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
33230	\$627.56	\$627.56	90	9%	84%	7%	0	2	0	1	0	0	0	R		Y
33231	\$651.35	\$651.35	90	9%	84%	7%	0	2	0	1	0	0	0	R		Y
33262	\$604.87	\$604.87	90	9%	84%	7%	0	2	0	1	0	0	0	R		Y
33263	\$628.66	\$628.66	90	9%	84%	7%	0	2	0	1	0	0	0	R		Y
33264	\$652.46	\$652.46	90	9%	84%	7%	0	2	0	1	0	0	0	R		Y
36251	\$2,490.30	\$458.22	0	0%	0%	0%	0	2	0	1	0	0	0	R		
36252	\$2,728.26	\$597.12	0	0%	0%	0%	0	2	2	1	0	0	0	R		
36253	\$3,812.93	\$637.52	0	0%	0%	0%	0	2	0	1	0	0	0	R		
36254	\$3,965.11	\$687.88	0	0%	0%	0%	0	2	2	1	0	0	0	R		
37191	\$4,550.61	\$391.81	0	0%	0%	0%	0	2	0	1	0	0	0	R		Y
37192	\$3,035.40	\$607.08	0	0%	0%	0%	0	2	0	1	0	0	0	R		Y
37193	\$2,894.84	\$606.53	0	0%	0%	0%	0	2	0	1	0	0	0	R		Y
37619	\$2,687.86	\$2,687.86	90	9%	84%	7%	0	2	0	2	0	0	0	R		Y
38232	Not Covered	Not Covered	0	0%	0%	0%	0	2	0	0	0	0	0	X		
49082	\$275.59	\$115.11	0	0%	0%	0%	0	2	0	1	0	0	0	R		
49083	\$521.86	\$176.53	0	0%	0%	0%	0	2	0	1	0	0	0	R		
49084	\$161.04	\$161.04	0	0%	0%	0%	0	2	0	1	0	0	0	R		
62369	\$210.85	\$57.55	0	0%	0%	0%	0	0	0	1	0	0	0	R		Y
62370	\$219.70	\$77.48	0	0%	0%	0%	0	0	0	1	0	0	0	R		Y
64633	\$759.82	\$389.04	10	10%	80%	10%	0	2	1	1	0	0	0	R		Y-UR
64634	\$349.75	\$115.66	0	0%	0%	0%	0	0	1	1	0	0	0	R		Y-UR
64635	\$746.54	\$381.29	10	10%	80%	10%	0	2	1	1	0	0	0	R		Y-UR
64636	\$314.88	\$100.72	0	0%	0%	0%	0	0	1	1	0	0	0	R		Y-UR
74174	\$953.51	\$953.51	0	0%	0%	0%	1	4	0	0	0	0	0	R		
74174-26	\$173.21	\$173.21	0	0%	0%	0%	1	4	0	0	0	0	0	R		
74174-TC	\$780.85	\$780.85	0	0%	0%	0%	1	4	0	0	0	0	0	R		
77424	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
77425	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
77469	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
78226	\$558.93	\$558.93	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78226-26	\$57.55	\$57.55	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78226-TC	\$501.38	\$501.38	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78227	\$765.91	\$765.91	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78227-26	\$69.18	\$69.18	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78227-TC	\$696.73	\$696.73	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78579	\$296.62	\$296.62	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78579-26	\$38.18	\$38.18	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y
78579-TC	\$258.99	\$258.99	0	0%	0%	0%	1	0	0	0	0	0	0	R		Y

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	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)					
78582	\$546.21	\$546.21	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78582-26	\$81.90	\$81.90	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78582-TC	\$464.30	\$464.30	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78597	\$334.25	\$334.25	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78597-26	\$56.45	\$56.45	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78597-TC	\$277.25	\$277.25	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78598	\$514.11	\$514.11	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78598-26	\$64.19	\$64.19	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
78598-TC	\$449.91	\$449.91	0	0%	0%	0%	1	0	0	0	0	0	0	R	Y		
81200	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81205	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81206	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81207	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81208	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81209	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81210	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81211	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81212	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81213	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81214	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81215	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81216	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81217	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81220	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81221	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81222	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81223	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81224	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81225	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81226	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81227	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81228	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81229	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81240	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81241	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81242	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81243	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			
81244	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X			

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	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
81245	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81250	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81251	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81255	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81256	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81257	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81260	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81261	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81262	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81263	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81264	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81265	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81266	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81267	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81268	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81270	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81275	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81280	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81281	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81282	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81290	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81291	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81292	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81293	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81294	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81295	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81296	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81297	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81298	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81299	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81300	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81301	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81302	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81303	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81304	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81310	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81315	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81316	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		

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81317	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81318	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81319	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81330	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81331	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81332	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81340	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81341	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81342	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81350	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81355	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81370	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81371	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81372	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81373	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81374	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81375	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81376	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81377	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81378	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81379	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81380	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81381	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81382	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81383	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N		
81400	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81401	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81402	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81403	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81404	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81405	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81406	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81407	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
81408	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
86386	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	0	X		
87389	\$48.27	\$48.27	0	0%	0%	0%	9	9	9	9	9	9	0	L		
90869	\$713.33	\$188.71	0	0%	0%	0%	0	0	0	1	0	0	0	R		
92071	\$61.98	\$55.34	0	0%	0%	0%	0	0	3	0	0	0	0	R		

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Additional CPT® Codes
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CPT® CODE	DOLLAR VALUE						MODIFIERS							LIC REQ	PRIOR AUTH
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE		
92072	Not Covered	Not Covered	0	0%	0%	0%	0	0	3	0	0	0	0	X	
92558	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	0	N	
92618	\$53.68	\$52.57	0	0%	0%	0%	9	9	9	9	9	9	0	B	
93998	By Report	By Report	0	0%	0%	0%	0	0	0	0	1	1	0	N	
94726	\$90.76	\$90.76	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94726-26	\$19.92	\$19.92	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94726-TC	\$70.84	\$70.84	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94727	\$71.39	\$71.39	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94727-26	\$19.92	\$19.92	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94727-TC	\$50.91	\$50.91	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94728	\$71.39	\$71.39	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94728-26	\$19.92	\$19.92	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94728-TC	\$50.91	\$50.91	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94729	\$90.76	\$90.76	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94729-26	\$13.28	\$13.28	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94729-TC	\$77.48	\$77.48	0	0%	0%	0%	1	0	0	0	0	0	0	R	
94780	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0	0	X	
94781	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	1	0	0	0	X	
95885	\$94.08	\$94.08	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95885-26	\$29.33	\$29.33	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95885-TC	\$65.30	\$65.30	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95886	\$146.65	\$146.65	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95886-26	\$78.03	\$78.03	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95886-TC	\$68.62	\$68.62	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95887	\$131.16	\$131.16	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95887-26	\$61.43	\$61.43	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95887-TC	\$69.73	\$69.73	0	0%	0%	0%	1	0	3	0	0	0	0	R	
95938	\$503.04	\$503.04	0	0%	0%	0%	1	0	2	0	0	0	0	R	
95938-26	\$71.94	\$71.94	0	0%	0%	0%	1	0	2	0	0	0	0	R	
95938-TC	\$431.10	\$431.10	0	0%	0%	0%	1	0	2	0	0	0	0	R	
95939	\$784.17	\$784.17	0	0%	0%	0%	1	0	2	0	0	0	0	R	
95939-26	\$188.71	\$188.71	0	0%	0%	0%	1	0	2	0	0	0	0	R	
95939-TC	\$594.91	\$594.91	0	0%	0%	0%	1	0	2	0	0	0	0	R	
0276T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X	
0277T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X	
0278T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X	
0279T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X	
0280T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X	

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CPT® CODE	DOLLAR VALUE						MODIFIERS								LIC REQ	PRIOR AUTH
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI		
0281T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0282T	Not Covered	Not Covered	0	0%	0%	0%	0	0	1	0	0	0	0	X		
0283T	Not Covered	Not Covered	0	0%	0%	0%	0	0	1	0	0	0	0	X		
0284T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0285T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0286T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0287T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0288T	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0	0	N	Y	
0289T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0290T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0291T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0292T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0293T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0294T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0295T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0296T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0297T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0298T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0299T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0300T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0301T	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0	0	X		
0550F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
0551F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
0555F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
0556F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
0557F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
110F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1011F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1012F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1031F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1032F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1033F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1052F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1127F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1128F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1175F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1181F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1182F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		

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CPT® CODE	DOLLAR VALUE						MODIFIERS									
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
1183F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1450F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1451F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1460F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1461F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1490F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1491F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1493F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
1494F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
2015F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
2016F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3019F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3055F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3056F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3115F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3117F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3118F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3119F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3125F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3267F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3394F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3395F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3517F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3520F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3725F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
3750F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4008F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
410F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4013F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4069F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4086F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4140F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4142F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4144F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4145F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4322F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4350F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4450F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		

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CPT® CODE	DOLLAR VALUE						MODIFIERS									
	NON- FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	LIC REQ	PRIOR AUTH
4470F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4480F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4481F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4500F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4510F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4525F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
4526F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
5250F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
5250F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6100F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6100F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6101F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6102F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6110F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		
6150F	\$0.00	\$0.00	0	0%	0%	0%	9	9	9	9	9	9	0	T		

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Additional HCPCS Codes
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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE						MODIFIERS							LIC REQ	PRIOR AUTH
		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE		
A5056	1 pc ost pouch w filter	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
A5057	1 pc ost pou w built-in conv	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
A9272	Disposable mech wound suct	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
A9584	Iodine I-123 ioflupane	\$1,944.00	\$1,944.00	0	0%	0%	0%	9	9	9	9	9	9		F	Y
A9585	Gadobutrol injection	\$0.90	\$0.90	0	0%	0%	0%	9	9	9	9	9	9		F	
C1886	Catheter, ablation	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
C9287	Inj, brentuximab vedotin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
C9366	EpiFix wound cover	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
C9732	Insert ocular telescope pros	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
E0988-NU	Lever-activated wheel drive	\$321.54	\$321.54	0	0%	0%	0%	9	9	9	9	9	9		F	
E2358-NU	Gr 34 nonsealed leadacid	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9		N	
E2359-NU	Gr34 sealed leadacid battery	\$187.04	\$187.04	0	0%	0%	0%	9	9	9	9	9	9		F	
E2626-NU	Seo mobile arm sup att to wc	\$667.16	\$667.16	0	0%	0%	0%	9	9	9	9	9	9		F	
E2627-NU	Arm supp att to wc rancho ty	\$1,064.58	\$1,064.58	0	0%	0%	0%	9	9	9	9	9	9		F	
E2628-NU	Mobile arm supports reclinin	\$773.60	\$773.60	0	0%	0%	0%	9	9	9	9	9	9		F	
E2629-NU	Friction dampening arm supp	\$1,014.90	\$1,014.90	0	0%	0%	0%	9	9	9	9	9	9		F	
E2630-NU	Monosuspension arm/hand supp	\$709.72	\$709.72	0	0%	0%	0%	9	9	9	9	9	9		F	
E2631-NU	Elevat proximal arm support	\$260.46	\$260.46	0	0%	0%	0%	9	9	9	9	9	9		F	
E2632-NU	Offset/lat rocker arm w/ela	\$153.44	\$153.44	0	0%	0%	0%	9	9	9	9	9	9		F	
E2633-NU	Mobile arm support supinator	\$153.12	\$153.12	0	0%	0%	0%	9	9	9	9	9	9		F	
G0442	Annual alcohol screen 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0443	Brief alcohol misuse counsel	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0444	Depression screen annual	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0445	High inten beh couns STD 30m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0446	Intens behave ther cardio dx	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0447	Behavior counsel obesity 15m	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
G0448	Place perm pacing cardiovert	Not Covered	Not Covered	0	0%	0%	0%	0	9	9	9	9	9		X	
G0449	Annual obesity screen 15 min	Not Covered	Not Covered	0	0%	0%	0%	0	9	9	9	9	9		X	
G0450	Screen STI w four lab test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0451	Devlopment test interpt&rep	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0		X	
G0908	HgB > 12 g/dL	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0909	HbG not doc	Not Covered	Not Covered	0	0%	0%	0%	5	9	9	9	9	9		X	
G0910	HgB <= 12 g/dL	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0911	Assess activity symptoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0912	No assess activity symptoms	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0913	Improve visual funct	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0914	Survey not complete	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0915	No improve visual funct	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0916	Satisfy with care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0917	Satisfy survey not complete	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0918	No satisfy with care	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0919	Flu immunize not avail	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
G0920	Type loc act doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

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Additional HCPCS Codes
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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE							MODIFIERS							LIC REQ	PRIOR AUTH
		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI		
G0921	Doc pt reas no assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G0922	Type loc act not doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8694	Lvef <40%	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8695	Lvef >=40%	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8696	Antithromb thx presc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8697	Antithromb no presc doc reas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8698	Antithromb no presc no reas	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8699	Rehab ordered disch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8700	Rehab not indicated disch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8701	Rehab not ordered	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8702	Antibiotics 4 hr prior surg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8703	Antibiotics not prior surg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8704	ECG performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8705	Med reas no ECG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8706	Pt reas no ECG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8707	ECG not performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8708	Antibiotic not pres	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8709	Med reas antibiotic pres	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8710	Pt pres antibiotic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8711	Pres antibiotic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8712	Not pres antibiotic	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8713	SpKt/V great 1.2 Kt/V	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8714	Hemodialysis 3 times week	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8715	Hemodialysis not 3 times wk	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8716	Pt reas not great 1.2Kt/V	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8717	Less 1.2 Kt/V	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8718	Great 1.7 Kt/V per week	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8720	Less 1.7 Kt/V per week	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8721	Pt, pn, hist grade doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8722	Med reas pt, pn, not doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8723	Spec sit not prim tumor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8724	Pt, pn, hist grade not doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8725	Lipid profile perf doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8726	Doc reas no lipid profile	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8727	Hemo, perit, or kidney trans	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8728	Lipid profile not perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8730	Pain doc pos and plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8731	Pain neg no plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8732	No doc of pain	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8733	Doc pos elder mal scrn plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8734	Doc neg elder mal no plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8735	Eld mal scrn pos no plan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8736	LDL-C <100mg/dL	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			

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HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE						MODIFIERS							END BASE	LIC REQ	PRIOR AUTH
		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
G8737	LDL-C >=100mg/dL	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8738	Lvef < 40%	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8739	Lvef >= 40%	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8740	LVEF not perfrmd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8741	Not tx spoken lang	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8742	Not tx attention	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8743	Not tx memory	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8744	Not tx motor speech	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8745	Not tx reading	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8746	Not tx spoken lang express	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8747	Not tx writing	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8748	Not tx swallowing	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8749	Signs of melanoma absent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8750	Signs of melanoma present	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8751	Smkg status not assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8752	Sys BP less 140	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8753	Sys BP > or = 140	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8754	Dias BP less 90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8755	Dias BP > or = 90	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8756	No BP measure doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8757	COPD MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8758	IBD MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8759	OSA MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8760	Epilepsy MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8761	Dementia MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8762	PD MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8763	Hyperten MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8764	Car Prev MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8765	Cataract MG qual act perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8767	Lipid panel res doc rev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8768	Doc med reas no lipid profl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8769	Lipid profile not perform	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8770	Urine protein test doc rev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8771	Doc dx CKD	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8772	Doc med reas no urine protn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8773	No urine protein test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8774	Serum creatinine doc rev	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8775	Doc med reas no serum crtn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8776	No serum creatinine test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8777	Diabetes screen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8778	Doc med reas no diabete scrn	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8779	No diabetes screen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8780	Counsel diet phys activity	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			

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		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE		
G8781	Doc med reas no counsel diet	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8782	No counsel diet phys act	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8783	BP scrn perf rec interval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8784	Pt no elig for BP assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8785	BP scrn no perf at interval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8786	Severity of angina assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8787	Angina present	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8788	Angina absent	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8789	Severity angina not assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8790	Systolic <130mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8791	Systolic 130-139mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8792	Systolic >=140mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8793	Diastolic <80mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8794	Diastolic 80-89mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8795	Diastolic >=90mmHg	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8796	BP not doc	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8797	Specimen site not esophagus	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8798	Specimen site not prostate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8799	Anticoag ordered	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8800	Doc reas anticoag not order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8801	Anticoag not ordered	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8802	Pregnancy test order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8803	Doc reas no pregnancy test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8805	Pregnancy test not order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8806	Transab or transvag US	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8807	Doc reas no US	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8808	No transab or transvag US	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8809	Rh-immunoglobulin order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8810	Doc reas no Rh-immuno	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8811	No Rh-immunoglobulin order	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8812	Pt not elig CTA, duplex, MRA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8813	CTA, duplex, MRA performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8814	No CTA, duplex, MRA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8815	Doc reas no statin therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8816	Statin med pres at disch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8817	Doc reas no statin med disch	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8818	Pt disch to home by day#7	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8819	Aneurysm <= 5.5 cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8820	Aneurysm 5.6-6.0 cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8821	Aneurysm not infarenal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8822	Male aneurysms >6cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8823	Female aneurysm >6cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		
G8824	Female aneurysm 5.6-6.0 cm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X		

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		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
G8825	Pt not disch to home day#7	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8826	Pt disch home day #2 EVAR	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8827	Aneurysm <= 5.5cm for women	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8828	Aneurysm <= 5.5cm for men	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8829	Aneurysm 5.6-6.0 cm for men	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8830	Aneurysm >6cm for men	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8831	Aneurysm >-6cm for women	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8832	Aneurysm 5.6-6.0 women	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8833	Pt not disch home day#2 EVAR	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8834	Pt disch home day #2 CEA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8835	Asymptom no trans	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8836	Stroke or TIA <120 days CEA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8837	Stroke or TIA >120 days CEA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8838	Not disch home by day #2	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8839	Sleep apnea assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8840	Doc reas no sleep apnea	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8841	No sleep apnea assess	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8842	AHI or RDI initial dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8843	Doc reas no AHI or RDI	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8844	No AHI or RDI initial dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8845	Pos Airway Press prescribed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8846	Mod or severe OSA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8847	Pos Air Press not prescribed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8848	Mild OSA	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8849	Doc reas no Pos Air Press	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8850	No PAP prescribed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8851	Adhere Pos Air Press therapy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8852	Pos Air Press prescribe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8853	Pos Air Press not prescribe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8854	Reas no adhere Pos Air Pres	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8855	Pos Air Press adhere no perf	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8856	Ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8857	No elig ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8858	Not ref for oto eval	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8859	Corticosteroids 10mg 60 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8860	Corticosteroid 10 mg 60 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8861	DXA ordered for osteo	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8862	No corticostrd 10mg 60 days	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8863	No assess bone loss	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8864	Pneumococcal vaccine admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8865	Doc med reas no pneumococcal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8866	Doc pt reas no pneumococcal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8867	No pneumococcal admin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			

Washington State Department of Labor & Industries
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Additional HCPCS Codes
Effective: January 1, 2012

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE							MODIFIERS							LIC REQ	PRIOR AUTH
		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI		
G8868	1st course antiTNF	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8869	Doc immun hep B 1st antiTNF	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8870	HepB admin 1st antiTNF	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8871	No 1st antiTNF	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8872	Intraop image confirm excise	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8873	Specimen not intraop image	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8874	Tissue not image intraop	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8875	Breast cancer dx min invsive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8876	Doc reas no min inv dx	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8877	No brst cncr dx min invasive	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8878	Sent lymph node biopsy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8879	Node neg inv brst cncr	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8880	Doc reas no lymph node biop	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8881	Brst cncr stage > T1N0M0	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8882	No sent lymph node biopsy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8883	Rev, comm, track, doc biopsy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8884	Doc reas biopsy not review	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8885	No rev, comm, track biopsy	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8886	BP under control	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8887	Doc med reas BP not control	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8888	BP not under control	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8889	No doc BP	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8890	LDL-C under control	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8891	Doc med reas no LDL-C contrl	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8892	Doc med reas no LDL-C test	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8893	LDL-C not under control	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8894	LDL-C not performed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8895	Anticoag prescribe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8896	Doc med reas no anticoag	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8897	Anticoag not prescribe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8898	COPD Measures Group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8899	Inflammatory Bowel Dis MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8900	Obstructive Sleep Apnea MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8901	Epilepsy Measures Group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8902	Dementia Measures Group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8903	Parkinson's Disease MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8904	Hypertension MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8905	Cardiovascular Prevention MG	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G8906	Cataract Measures Group	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
G9156	Evaluation for wheelchair	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J0131	Acetaminophen injection	\$0.12	\$0.12	0	0%	0%	0%	9	9	9	9	9	9	D			
J0221	Lumizyme injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J0257	Glassia injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			

Washington State Department of Labor & Industries
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Additional HCPCS Codes
Effective: January 1, 2012

HCPCS CODE	ABBREVIATED DESCRIPTION	DOLLAR VALUE						MODIFIERS							END BASE	LIC REQ	PRIOR AUTH
		NON- FACILITY	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)				
J0490	Belimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J0588	Incobotulinumtoxin a	\$5.67	\$5.67	0	0%	0%	0%	9	9	9	9	9	9	D		Y	
J0712	Ceftaroline fosamil inj	\$0.74	\$0.74	0	0%	0%	0%	9	9	9	9	9	9	D			
J0840	Crotalidae poly immune fab	\$2,195.10	\$2,195.10	0	0%	0%	0%	9	9	9	9	9	9	D		Y	
J0897	Denosumab injection	\$14.85	\$14.85	0	0%	0%	0%	9	9	9	9	9	9	D		Y	
J1557	Gammaflex injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J1725	Hydroxyprogesterone caproate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J2265	Minocycline hydrochloride	\$0.56	\$0.56	0	0%	0%	0%	9	9	9	9	9	9	D			
J2507	Pegloticase injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J7131	Hypertonic saline sol	\$0.04	\$0.04	0	0%	0%	0%	9	9	9	9	9	9	D			
J7180	Factor XIII anti-hem factor	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J7183	Wilate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J7326	Gel-one	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N		Y	
J7665	Mannitol for inhaler	\$0.06	\$0.06	0	0%	0%	0%	9	9	9	9	9	9	D			
J8561	Oral everolimus	\$6.02	\$6.02	0	0%	0%	0%	9	9	9	9	9	9	D		Y	
J9043	Cabazitaxel injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
J9179	Eribulin mesylate injection	\$918.00	\$918.00	0	0%	0%	0%	9	9	9	9	9	9	D		Y	
J9228	Ipilimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
L5312	Knee disart, SACH ft, endo	\$5,072.61	\$5,072.61	0	0%	0%	0%	9	9	9	9	9	9	F		Y	
L6715	Term device, multi art digit	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
L6880	Elec hand ind art digits	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q0162	Ondansetron oral	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4122	Dermacell	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4123	Alloskin	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4124	Oasis tri-layer wound matrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4125	Arthroflex	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4126	Memoderm	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4127	Talymed	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4128	Flexhd or allopatch hd	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4129	Unite biomatrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
Q4130	Strattice TM	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
S0119	Ondansetron 4 mg	\$10.81	\$10.81	0	0%	0%	0%	9	9	9	9	9	9	D			
S3722	Dose optimization AUC - 5FU	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
S8130	Interferential stim 2 chan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			
S8131	Interferential stim 4 chan	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X			

		DOLLAR VALUE		MODIFIERS													
HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI REQ	LIC REQ	PRIOR AUTH
A5056	1 pc ost pouch w filter	\$5.01	\$5.01	0	0%	0%	0%	9	9	9	9	9	9				B
A5057	1 pc ost pou w built-in conv	\$10.32	\$10.32	0	0%	0%	0%	9	9	9	9	9	9				B
		By Report	By Report														
A9272	Disposable mech wound suct			0	0%	0%	0%	9	9	9	9	9	9				N
A9584	Iodine I-123 ioflupane	\$1,944.00	\$1,944.00	0	0%	0%	0%	9	9	9	9	9	9				F Y
A9585	Gadobutrol injection	\$0.90	\$0.90	0	0%	0%	0%	9	9	9	9	9	9				F