

DOLLAR VALUE			MODIFIERS													
CPT® CODE	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
0262T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0263T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0264T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0265T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0266T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0267T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0268T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0269T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0270T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0271T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0272T	Not Covered	Not Covered		0%	0%	0%	0	0	0	9	9	9				
0273T	Not Covered	Not Covered		0%	0%	0%	0	0	0	9	9	9				
0274T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				
0275T	Not Covered	Not Covered		0%	0%	0%	0	0	0	0	0	0				

Washington State Department of Labor & Industries
Professional Services Fee Schedule

Additional CPT® Codes
Effective: July 1, 2011

		DOLLAR VALUE					MODIFIERS					
HCPCS CODE	ABBREVIATED DESCRIPTION	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)
C9283	Injection, acetaminophen	\$0.12	\$0.12	0	0%	0%	0%	9	9	9	9	9
C9284	Injection, ipilimumab	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
C9285	Patch, lidocaine/tetracaine	\$13.82	\$13.82	0	0%	0%	0%	9	9	9	9	9
C9365	Oasis Ultra Tri-Layer Matrix	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
C9406	Dx I-123 ioflupane, per dose	\$1,944.00	\$1,944.00	0	0%	0%	0%	9	9	9	9	9
C9730	Bronchial thermo, 1 lobe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
C9731	Bronchial thermo, >1 lobe	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
K0741	Portable gaseous oxygen sys	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
K0742	Portable gaseous oxygen	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
K0743-RR	Portable home suction pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9
K0744-NU	Absorp drg <= 16 suc pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9
K0745-NU	Absorp drg >16 <=48 suc pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9
K0746-NU	Absorp drg >48 suc pump	By Report	By Report	0	0%	0%	0%	9	9	9	9	9
Q2041	Wilate injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
Q2042	Hydroxyprogesterone caproate	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
Q2043	Sipuleucel-T auto CD54+	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9
Q2044	Belimumab injection	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9

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<i>TSI</i> <i>(-66)</i>	<i>ENDO</i> <i>BASE</i>	<i>FSI</i>	<i>LIC</i> <i>REQ</i>	<i>PRIOR</i> <i>AUTH</i>
9		D		
9		X		
9		D		
9		X		
9		D		Y
9		X		
9		X		
9		X		
9		N		Y
9		N		
9		N		
9		N		
9		X		
9		X		
9		X		
9		X		