
Proposed New Rule: N.J.A.C. 11:3-29 Appendix, Exhibits 1 through 5

Additions are indicated by Text ; deletions by Text . Changes in tables are made but not highlighted.

MEDICAL FEE SCHEDULES: AUTOMOBILE INSURANCE PERSONAL INJURY PROTECTION AND MOTOR BUS MEDICAL EXPENSE INSURANCE COVERAGE

Authorized By: Karen L. Suter, Commissioner, Department of Banking and Insurance.

Authority: [N.J.S.A. 39:6A-4.6](#).

Submit comments by January 17, 2001 to:

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The agency proposal follows:

Summary

[N.J.S.A. 39:6A-4.6\(a\)](#) requires the Commissioner of Insurance to promulgate medical fee schedules for the reimbursement of health care providers providing services or equipment for which reimbursement is made under the medical expense benefit of the Personal Injury Protection ("PIP") coverage and medical expense benefits by motor bus insurers. The statute requires that the fee schedules "incorporate the reasonable and prevailing fees of 75% of the practitioners" within a region. The medical fee schedules regulate insurers by setting the maximum reimbursement permitted for medically necessary services provided under PIP.

In 1997, the New Jersey State Legislature amended [N.J.S.A. 39:6A-4.6\(a\)](#) to permit the Commissioner to "contract with a proprietary purveyor of fee schedules" to maintain New Jersey's fee schedules. Following a public bidding process, the Department contracted with Ingenix (formerly known as Medicode) to revise the fee schedules. Ingenix assembled New Jersey specific data from both proprietary and public data bases of billed and charged fees to develop the new proposed fee schedules. Once adopted, the Department expects to update the fee schedule pursuant to [N.J.S.A. 39:6A-4.6\(a\)](#) to reflect more recent fee data as well as changes in the coding system.

These proposed new fee schedules implement the requirement of [N.J.S.A. 39:6A-4.6](#) that the fee schedules "incorporate the reasonable and prevailing fees of 75% of the practitioners" within a region. As such, this medical fee schedule is market based, that is, the fees set forth in the schedule reflect the market prices for the services provided. Because this proposed fee schedule for the first time is based not only on data regarding "billed" fees, but also on data regarding "paid" fees, some additional explanation about how the existing fee schedule was developed is necessary.

[N.J.S.A. 39:6A-4.6](#) was first enacted in 1988 as part of a series of amendments to the automobile insurance statutes that were intended to contain or reduce the cost of coverage. The statute was substantially amended in 1990 with the enactment of the Fair Automobile Insurance Reform Act (FAIRA). The specific direction that the fee schedule "incorporate the reasonable and prevailing fees of 75% of the practitioners" was added by FAIRA, in furtherance of specific cost containment objectives (see [N.J.S.A. 17:33B-2](#)).

32 N.J.R. 4332(a)

In developing the fee schedule adopted in 1990, the Department obtained proprietary data about fees billed by health care providers. Data was initially obtained from New Jersey health insurers and later from commercially available sources. The nature of this available data was "billed" fees, that is, the fee charged or set forth on the bill by providers and submitted to health insurers (and ultimately reported by them to commercial compilers of health care fee data). The Department's previous medical fee schedules for physicians services and dental services were created as a statistical reflection of this billed fee data at the 75th percentile, with some adjustments to address statistical variations and anomalies.

During the years that the fee schedules have been in effect, it has become apparent to the Department that there is an increasing difference between fees billed by health care providers and the fees actually accepted by them as payment for services rendered. This disparity is commonly demonstrated by the Explanation of Benefit ("EOB") forms from a health benefit carrier. The amount charged is almost always higher than the payment to the provider by the health benefit carrier.

This difference may be attributed to several causes, including: (a) the prevalence of government sponsored medical programs such as Medicare and Medicaid, which reimburse health care providers at a level lower than the level of fees billed; (b) a substantial amount of medical fees that are paid to "participating providers" by health service corporations, which fees are paid at a level lower than the 75th percentile of billed fees; and (c) most significantly for the New Jersey market in the past 10 years, a dramatic rise in the number of physicians who enter into contractual arrangements that set agreed fees with health benefit carriers or networks. These contracts often characterize the level of reimbursement as either a percentage discount from the physician's billed fees or a fixed schedule of fees. All of these factors have contributed to the present significant difference between the level of fees billed and the level of reimbursement actually received by health care providers.

Since it is clear that the purpose of the medical fee schedule statute is to contain costs while providing a fair level of reimbursement for services based on what providers receive in the market, the revised fee schedule utilizes actual levels of reimbursement paid to health care providers, including those paid by government programs, participating provider agreements and other contractual arrangements between physicians and health care plans, to develop the schedule incorporating the "reasonable and prevailing fees of 75% of the practitioners."

For the reasons set forth above, the revised fee schedules were developed using the more accurate level of fees as represented by reimbursements to providers from a variety of sources, not simply the fees as billed by providers.

In March 2000, the Department distributed a preliminary draft of this rule proposal to interested parties including groups representing various medical providers and insurers. Over the following six months, representatives of the Department met with a number of groups and individuals and received many comments on the draft. As a result of this process, the major changes to the draft of the rules as originally distributed are as follows:

1. The Department has determined that it does not have sufficient data on paid dental fees to develop a fee schedule at this time. The current dental fee schedule is being proposed for repeal. The Department will work with dental trade organizations and others to compile a fee schedule that accurately reflects market-based billed and paid dental fees;
2. The physicians fee schedule will not apply to services rendered as emergency care at acute care hospitals. The Department recognizes that the medical specialists who staff New Jersey's system of trauma centers around the clock have a higher cost basis than outpatient and regularly scheduled surgery;
3. As described more fully below, the Department is proposing to change the three regions for which fees have been developed for physicians and home care services from one based on counties to one based on the first three digits of the zip code. In response to many comments that the regions described in the draft rules were too confusing, the three regions have been made geographically contiguous;
4. To address certain anomalies in the indicated fees for the same American Medical Association's Current Procedural Terminology ("CPT") code in different regions, the physicians' fee schedule has been adjusted so that the regional fee for any CPT code does not vary more than 15 percent from the Statewide average; and

32 N.J.R. 4332(a)

5. As described more fully below, the proposed amendments to the rules raise the cap on the maximum daily charge for physical medicine and rehabilitation codes from \$ 85.00 to \$ 90.00.

The new fee schedule for Physicians' Services at N.J.A.C. 11:3-29 Appendix, Exhibit 1 continues use of CPT codes and was updated using a database of allowed amounts specific to New Jersey. The allowed amount represents the total amount paid for services inclusive of the insurer's payment plus the co-pay and/or deductible paid by the insured. The allowed amount also satisfies the statutory requirement at N.J.S.A. 39:6A-4.6a that the fee schedules "incorporate the reasonable and prevailing fees of 75% of the practitioners within the region."

Data from each of the three regions, respectively, was used to compute the fee schedule amounts for each region. Approximately 400,000 records from this database of charged and allowed amounts were used in the computations.

The medical fee schedule for physician services published in August of 1993 contained 746 CPT codes. The new fee schedule for physicians' services in N.J.A.C. 11:3-29 Appendix, Exhibit 1 contains 953 codes, including codes revised or added to the coding system as of this year. In addition, certain procedures are a combination of a physician and technical component that may be billed separately. The new fee schedule includes the global charge for these codes and the physician component, which is identified with the modifier-26.

The former nursing and allied professional health services fee schedule at N.J.A.C. 11:3-29 Appendix, Exhibit 3 has been substantially revised and renamed the Fee Schedule for Home Care Services. Included are home services provided by registered nurses, home health aides, medical social workers and physical, occupational and speech therapists. These services are billed on a per visit basis. New Jersey specific data was used to develop the home care services fee schedule for each of the professional service categories in each of the three regions. The resulting fee schedule reflects the 75th percentile for each category.

The proposed home care services fee schedule eliminates hourly rates and the categories of licensed practical nurse (LPN) and home health aide while adding categories for home health aide visits and medical social worker visits. Hourly rates were eliminated to recognize visits as the predominant method of billing and to dispense with the practice of billing based on the length of the visit. LPNs were eliminated as a category since more than 90 percent of home health nursing visits are performed by registered nurses (RNs), which reflects an established trend. The proposed schedule would reimburse at the same level for either an RN or an LPN and was developed based on the actual mix of RN/LPN services used in New Jersey. Live-in attendants were eliminated as a category due to the lack of data to support a scheduled maximum consistent with the prevailing standards. Home health aide visits and medical social worker visits were added since they represent significant aspects of home health services and reliable data was available to support their inclusion.

The new fee schedule for ambulance services at N.J.A.C. 11:3-29 Appendix, Exhibit 4 includes several new codes and is based on 1999 Medicare rates for New Jersey.

The fee schedule for durable medical equipment and prosthetic devices at N.J.A.C. 11:3-29 Appendix, Exhibit 5 is based on Medicare rates for New Jersey for the year 2000. A modifier following the Federal Health Care Financing Administration's Common Procedure Code System ("HCPCS") code is used to distinguish between equipment purchased new (modifier-NU), purchased used (modifier-UE), and rental equipment (modifier-RR). See [N.J.A.C. 11:3-29.4\(c\)](#). Modifiers are listed for applicable codes only.

Several changes have been made in the definitions section of the fee schedule rules at [N.J.A.C. 11:3-29.2](#). "Global charge" has been changed to "global service" to be more consistent with the terminology used throughout the healthcare industry, but the definition otherwise remains the same. The definition of "provider" has been deleted and replaced with a definition of "health care provider" or "provider" referring to the definition of those terms in [N.J.A.C. 11:3-4.2](#) adopted in 1998 to implement the Automobile Insurance Cost Reduction Act. Definitions of "medically necessary" or "medical necessity" and "emergency care" have been added, also consistent with the definitions in [N.J.A.C. 11:3-4.2](#). Other newly defined terms are "bilateral surgery" and "three-digit zip code."

The definition of "three-digit zip code" reflects a major change at [N.J.A.C. 11:3-29.3](#) where counties have been replaced by zip codes in defining the three regions of the State. A schedule based on zip codes is

easier to administer since a zip code is a numeric field that is commonly included on a claim form and therefore does not have to be translated to a county designation. A review of the regional designations was conducted to determine if the fee structure should continue to reflect the differences in provider charges across the major market areas of New Jersey. Three sources of data were used to conduct the analysis. These sources are zip code based provider charge data, Federal government wage indices and the current regional configurations. This analysis resulted in three contiguous geographic regions based on the first three digits of the US zip code. The home care services and physicians' fee schedules were developed with rates for each of the three regions.

A number of changes and additions have been made to [N.J.A.C. 11:3-29.4](#). The most important of these eliminates most physical medicine and rehabilitation codes from application of the multiple procedures reduction formula (100/50/25 percent) set forth in subsection (f) and replaces them with a daily maximum for such services.

Reimbursement of physical medicine and rehabilitation codes, except those for osteopathic manipulation actually performed by an osteopathic physician, will continue to be based on usual, customary and reasonable amounts subject to a daily upper limit dollar amount (\$ 90.00) imposed by new subsection (m). [N.J.S.A. 39:6A-4.6\(b\)](#) permits the fee schedule to include a single fee for a group of services commonly provided together. Prior to the promulgation of the original fee schedule, physical medicine and rehabilitation services were commonly billed on a per visit rather than per modality basis. In 1992, the Department expressed its intention to propose such a fee schedule in response to a comment on the adoption of the original fee schedule (24 N.J.R. 1347(a), 1348).

The Department believes the \$ 90.00 daily maximum is reasonable in comparison to fees developed using the multiple procedures reduction formula. For example, when the multiple procedures reduction formula is applied to four commonly billed physiotherapy procedures in New Jersey (CPT 97014, 97035, 97110 and 97112), the results are fees of \$ 77.18, 79.54, and 72.08 in Regions 1 through 3, respectively. The multiple procedures reduction formula was also applied to a group of codes representing a common chiropractic treatment session (CPT 98941, 97112 and 97530) resulting in fees of \$ 71.20, 80.10 and 70.06 in Regions 1 through 3, respectively. Finally, a \$ 90.00 fee is further supported by comparison with two other states, Connecticut and Washington, which use a daily cap of \$ 90.00 and \$ 91.00 respectively, for physical medicine services in their worker's compensation fee schedules.

Other new subsections have been added to [N.J.A.C. 11:3-29.4](#) that clarify administration of the fee schedules. [N.J.A.C. 11:3-29.4\(k\)](#) and (m) require that billings for the use of assistant surgeons, and co-physicians include the use of a modifier to the CPT and establishes limits on the fees for such services. [N.J.A.C. 11:3-29.4\(l\)](#) notes that certain fees in the schedules have a separate professional component indicated by modifier-26 in addition to the global fee, which is the combination of the professional and technical fees. [N.J.A.C. 11:3-29.4\(i\)](#) requires that where injections are administered during evaluation and management services, only the code for the substance injected shall be billed since the administration is included in the evaluation and management service. [N.J.A.C. 11:3-29.4\(o\)](#) provides criteria for when follow-up evaluation and management services can be billed in addition to the therapeutic procedures. Finally, [N.J.A.C. 11:3-29.4\(n\)](#) limits reimbursement of those modalities and procedures not including time increments to one per day.

Social Impact

The proposed amendments to the Medical Fee Schedule affect automobile insurers, purchasers of automobile insurance and health care providers who provide medical services and equipment to New Jersey resident insureds injured in accidents involving automobiles and/or buses.

The fee schedules have been revised and updated to include current code numbers and descriptions, thus enabling providers and insurers to streamline billing and claims paying systems. Dollar amounts appearing in the fee schedules "incorporate the reasonable and prevailing fees of 75 percent of the practitioners within the region" as required by N.J.S.A. 39:6A-4.6a. The standard for reimbursement in New Jersey continues to be "the provider's usual, customary and reasonable charge or the upper limit in the fee schedule, whichever is lower" as expressed in the definition of "eligible expense" at [N.J.A.C. 11:3-29.2](#).

Of major significance is the removal of most physical medicine and rehabilitation codes from the application of the multiple procedures reduction formula (100/50/25 percent) at [N.J.A.C. 11:3-29.4\(f\)](#). Pursuant to the revised rules, these services will now be reimbursed subject to an upper limit ceiling amount of \$ 90.00 as set forth in new [N.J.A.C. 11:3-29.4\(m\)](#). The Department believes that this approach will be supported by providers and insurers alike since it will simplify the billing process, reduce the incidence of billing abuse and fraud, decrease the time required to pay claims and result in more effective cost containment.

Another change expected to have the support of insurers and providers is the replacement of counties with zip codes in defining the three regions of the State at [N.J.A.C. 11:3-29.3](#).

Economic Impact

The medical fee schedules and rules are intended to establish limits on the amount of medical expenses paid by insurers on behalf of New Jersey residents who are injured in automobile or bus accidents, thereby lowering the cost of automobile personal injury protection coverage and motor bus medical expense coverage in New Jersey.

In some instances, the limits on reimbursement payments by insurers will be reduced when the revised new fee schedules at [N.J.A.C. 11:3-29.6](#) are adopted. Ceiling amounts in the revised physicians' fee schedules and in the proposed new fee schedule for durable medical equipment and prosthetic devices will generally be lower. The opposite is true with regard to the newly proposed home care services fee schedule and the revised ambulance services fee schedule.

Health care providers are expected to charge their usual, customary and reasonable fees for the medical and dental services and equipment they provide, subject to the ceiling amounts appearing in the fee schedules and rules.

Health care providers and insurers will incur some cost, initially, as a result of incorporating the revised fee schedules and rules into their respective billing and claims paying systems and procedures, but the overall effect of these proposed amendments is expected to reduce costs currently borne by insurers and, in turn, by insureds. Providers of physiotherapy type services may be adversely affected as a result of the adoption of a per patient per visit upper limit ceiling amount of \$ 90.00 for reimbursement of these services. It is impossible at this time to quantify accurately the effect of these specific changes on providers because there is no compiled data about the frequency of use for each service.

The cost of contracting with a vendor to maintain the fee schedule will have an economic impact on the Department. However, the Department has budgeted for these costs.

Federal Standards Statement

A Federal standards analysis is not required because the medical fee schedules and rules are not subject to any Federal requirements or standards.

Jobs Impact

The Department does not anticipate the creation or loss of any jobs as a result of the proposed amendments, repeal and new rules. The Department invites commenters to submit any data or studies regarding the jobs impact of these proposed amendments and new rules together with any written comments on other aspects of the proposal.

Agriculture Industry Impact

The proposed amendments have no impact on the agriculture industry.

Regulatory Flexibility Analysis

The proposed amendments will apply to "small businesses" as that term is defined in the Regulatory Flexibility Act, [N.J.S.A. 52:14B-16](#) et seq. These "small businesses" include insurers authorized to write private passenger automobile insurance and/or motor bus medical expense coverage. Less than 10 of the more than 200 automobile insurers in New Jersey qualify as "small businesses."

The rules require that all automobile and motor bus insurers, including those qualifying as small businesses, will implement the fee schedules and rules in their claims payment processes. Since medical fee schedules for automobile and motor bus insurers have been utilized for many years, the Department

32 N.J.R. 4332(a)

does not believe that compliance with the new fee schedules and accompanying rules will require any professional services other than those used by insurers as part of their regular claim review processes. Insurers will incur a one time cost to distribute the new fee schedules and for the training of personnel in the new rules.

The proposed amendments and new rules provide no different reporting, recordkeeping or other compliance requirements based on business size. The requirement that the maximum reimbursement for treatment of injuries sustained in automobile accidents be established by the fee schedule is set by statute. It is important that all automobile accident claims be administered in a similar manner. Accordingly, the Department does not believe that the requirements set forth in the proposed amendments and new rules impose any undue burden on insurers or that different compliance requirements are feasible. Therefore, for the reasons discussed above, and to continue to ensure consistency and uniformity in the regulation of automobile insurance, no differentiation in compliance requirements is provided based on business size.

Full text of the proposed repeal may be found in the New Jersey Administrative Code at [N.J.A.C. 11:3-29.6](#).

Full text of the proposal follows:

SUBCHAPTER 29. MEDICAL FEE SCHEDULES: AUTOMOBILE INSURANCE PERSONAL INJURY PROTECTION AND MOTOR BUS MEDICAL EXPENSE INSURANCE COVERAGE

11:3-29.1 Purpose and [D>Scope<D] [A>scope<A]

(a) This subchapter implements the provisions of [N.J.S.A. 39:6A-4.6](#) to establish medical fee schedules on a regional basis for the reimbursement of health care providers providing services or equipment for medical expense[D> s<D] benefits for which payment is required to be made by automobile insurers under PIP coverage and by motor bus insurers under medical expense benefits coverage.

(b)-(c) (No change.)

11:3-29.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

[A>"Bilateral surgery" means identical procedures (requiring use of the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure is performed through its own separate incision.<A]

"CPT[D>-4<D]" means [D>Physicians<D] [A>the American Medical Association's<A] Current Procedural Terminology, [D>4th<D] [A> Fourth<A] Edition, coding system [D>and the description of medical service provided<D].

"Eligible charge [A>or expense<A]" means the provider's usual, customary and reasonable charge or the upper limit [D>on<D] [A>in<A] the fee schedule, whichever is lower.

[A>"Emergency care" means all medically necessary treatment of a traumatic injury or a medical condition manifesting itself by acute symptoms of sufficient severity such that absence of immediate attention could reasonably be expected to result in: death; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. Such emergency care shall include all medically necessary care immediately following an automobile accident, including, but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician. Emergency care shall be presumed when medical care is initiated at a hospital within 120 hours of the accident.<A]

"Global [D>charge<D] [A>service<A]" means the sum of the technical and professional components.

[A>"Health care provider" or "provider" is as defined in N.J.A.C. 11:3-4.<A]

"Health insurance" means a contract or agreement whereby an insurer is obligated to pay or allow a benefit of pecuniary value with respect to the bodily injury, [D>disablement<D] [A>disability<A], sickness, death by accident or accidental means of a human being, or because of any expense relating thereto, or because of any expense incurred in prevention of sickness, and includes every risk pertaining to any of the enumerated

32 N.J.R. 4332(a)

risks. As used in this subchapter, health insurance includes workers' compensation coverage but does not include any PIP coverage.

[A>"Medically necessary" or "medical necessity" means that:<A]

[A>1. The medical treatment or diagnostic test is consistent with the clinically supported symptoms, diagnosis or indications of the injured person;<A]

[A>2. The treatment is the most appropriate level of service that is in accordance with the standards of good practice and the provisions of N.J.A.C. 11:3-4, as applicable;<A]

[A>3. The treatment is not primarily for the convenience of the injured person or provider;<A]

[A>4. The treatment is not unnecessary; and<A]

[A>5. The treatment does not include unnecessary testing.<A]

"PIP coverage" means personal injury protection coverage described in [A> [N.J.S.A. 39:6A-3.1\(a\)](#),<A] [D>N.J.S.A.<D] 39:6A-4a and [D> N.J.S.A.<D] 39:6A-10 as amended.

[D>"Provider" includes all persons who furnish services or equipment for medical expense benefits for which payment is required to be made under PIP coverage in automobile insurance policies or medical expense benefits coverage pursuant to [N.J.S.A. 17:28-1.6](#) including, but not limited to, medical doctors, osteopathic physicians, medical laboratories, chiropractors, physical therapists, dentists, nurses, home health aides, home health agencies, live-in attendants, speech therapists, occupational therapists, ambulance service providers, medical equipment suppliers, acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes.<D]

[A>"Three-digit zip code" refers to the first three digits of the U.S. postal code.<A]

11:3-29.3 Regions

(a) Region I, as used in this subchapter, consists of the following [D> counties<D] [A>three-digit zip codes<A] in New Jersey: [D>Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem<D] [A>080, 081, 082, 083 and 084<A].

(b) Region II, as used in this subchapter, consists of the following [D> counties<D] [A>three-digit zip codes<A] in New Jersey: [D>Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset, Sussex and Warren<D] [A>077, 078, 079, 085, 086, 087, 088 and 089<A].

(c) Region III, as used in this subchapter, consists of the following [D> counties<D] [A>three-digit zip codes<A] in New Jersey: [D>Bergen, Essex, Hudson, Morris, Passaic and Union<D] [A>070, 071, 072, 073, 074, 075 and 076<A].

11:3-29.4 Application of Medical Fee Schedules

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter. Nothing in this subchapter shall, however, compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the provider's usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. [A>The fee schedules set forth at<A] N.J.A.C. 11:3-29[D>. 6<D] [A>Appendix, Exhibits 1 through 5,<A] incorporated herein by reference, shall not apply to inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes, reimbursement of which shall be limited to the provider's usual, customary and reasonable fees. [A>The physicians' fee schedule at subchapter Appendix, Exhibit 1 shall not apply to services provided in emergency care.<A] Insurers will not be required to pay for services or equipment [D>which<D] [A> that<A] are not medically necessary.

(b) (No change.)

(c) The fees set forth in the schedule for durable medical equipment, [A> subchapter Appendix, Exhibit 5,<A] are retail prices which may include purchase prices for both new and used equipment, and/or monthly

32 N.J.R. 4332(a)

rentals. [A> New equipment shall be distinguished with the use of modifier-NU, used equipment with modifier-UE and rental equipment with modifier-RR.<A]

1. The insurer's limit of liability for monthly rental of durable medical equipment described in the schedule is 10 percent of the amount of the [A> new equipment<A] purchase price.

2. (No change.)

(d) (No change.)

(e) The insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in [A>or not covered by<A] the fee schedules shall be a reasonable amount considering the fee schedule [A> amount<A] for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

(f) [D>The<D] [A>Except as provided in (m) below, the<A] following shall apply to multiple [D>treatment<D] [A>and bilateral<A] procedures:

1. When multiple [A>or bilateral<A] procedures are performed on the same patient by the same provider at the same time or during the same visit, it is virtually never appropriate for the fee to be the sum of the fees for each procedure. The [D>principle<D] [A>primary<A] procedure at a single session shall be paid at 100 percent of the eligible charge, the second procedure at no more than 50 percent of the upper limit [D>on<D] [A> in<A] the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits [D> on<D] [A>in<A] the fee schedule for those particular procedures. [D>If the total amount resulting from application of the multiple procedures reduction formula is in excess of the total amount of the billing, the billing may be submitted and paid without change assuming it is not in excess of usual, customary and reasonable charges for the services provided. If the total amount is less than the total amount of the billing, then the total amount of the billing must be reduced accordingly. When appropriate, providers may apply this multiple procedures reduction formula in the process of preparing their billings, clearly indicating that this has been done.<D]

[A>2. Procedure codes denoted as "each additional" are valued as listed and are not subject to the multiple and bilateral procedures guidelines.<A]

[D>2.<D][A>3.<A] If two or more providers in different specialties perform procedures or if one provider performs multiple procedures on different body parts or regions, each individual provider, or each individual body region or body part procedure may be reimbursed separately. For purposes of such billing, the body shall be divided into: head (including skull and brain); face; neck; chest; abdomen; back; and pelvic regions. In addition, the extremities shall be subdivided into right and left: upper arm, elbow, forearm, wrist and hand; and thigh, knee, lower leg, ankle and foot. This reference to specific body parts or regions is included as a guideline to be used in billings for operative and surgical procedures. It is not intended to apply to nor should it be used in connection with billings submitted for non-surgical [D>or physiotherapy type<D] services provided during the same visit except as a means of describing the treatment rendered.

[D>3.<D][A>4.<A] (No change in text.)

(g) Artificially separating or partitioning what is inherently one total procedure into subparts [D>which<D] [A>that<A] are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing.

[A>(h)<A] For surgery and many other procedures, it is established practice to include follow-up care and visits as part of the basic procedure charge. Such charges shall not be subject to additional billings. The existence of a CPT[D>-4<D] code, per se, does not imply the right to receive separate compensation for the procedure/sub-procedure so described. If a procedure is judged to be part of the [D>major or principal<D] [A>primary<A] procedure, only the charges for the [D>principal<D] [A>primary<A] procedure are eligible. [A>As identified in CPT, separate procedures are commonly carried out as an integral part of another procedure. They shall not be billed in conjunction with the other procedure, but may be billed when performed independently of the other procedure.<A]

32 N.J.R. 4332(a)

[A>(i) When a covered injection is provided during an evaluation and management service, only the code for the substance shall be billed. The administration codes shall not be billed because the administration is included in the evaluation and management service.<A]

[D>(h)<D][A>(j)<A] The insurer's limit of liability for medically necessary [D>assisting<D] [A>assistant<A] surgeon expenses shall be 20 percent of the primary physician's allowable fee determined pursuant to the fee schedule and rules. [A>Assistant surgeon expenses shall be reported using modifier-80,-81 or-82 as designated in CPT. When the assistant surgeon is someone other than a physician surgeon, the reimbursement shall not exceed 85 percent of the amount that would have been reimbursed had a physician surgeon provided the service. These services shall be reported using modifier-AS as designated in HCPCS.<A]

[A>(k) When two physician surgeons are required for a specific surgical procedure, the separate services claimed by each surgeon shall be reported using the modifier-62 as designated in CPT. Total eligible expense shall equal 150 percent of a single practitioner's eligible expense amount for the surgical procedure performed, to be divided equally between the two surgeons.<A]

[D>(i) The insurer's limit of liability for the professional component of allowable global charges for radiology services shall be 40 percent of the global charge.<D]

[A>(l) The professional component of global service charges shall be reported using modifier-26 as designated in CPT. Services with professional component amounts of zero in the fee schedule are considered to be 100 percent technical. The technical component is the difference between the global service and the professional component amounts listed in the fee schedule.<A]

[A>(m) The daily maximum allowable fee shall be \$ 90.00 for Physical Medicine and Rehabilitation procedures (CPT 97001 through 98943) but not including Osteopathic Manipulative Treatment actually performed by the osteopathic physician (CPT 98925 through 98929). The daily maximum applies when such services are performed for the same patient on the same date. However, an insurer is not prohibited from reimbursing providers in excess of the daily maximum where a patient has serious traumatic injuries to more than one area of the body.<A]

[A>(n) Supervised modalities and those therapeutic procedures that do not list a specific time increment in their description shall be limited to one unit per day.<A]

[A>(o) Follow-up evaluation and management services for the re-examination of an established patient shall be reimbursed in addition to physical medicine and rehabilitation procedures only when any of the circumstances set forth in (o)1 through 4 below is present and not more than twice in any 30 day period. Modifier-25 shall be added to an evaluation and management service when a significant separately identifiable evaluation and management service is provided and documented as medically necessary.<A]

[A>1. There is a definite measurable change in the patient's condition requiring significant change in the treatment plan;<A]

[A>2. The patient fails to respond to treatment, requiring a change in the treatment plan;<A]

[A>3. The patient's condition becomes permanent and stationary, or the patient is ready for discharge; or<A]

[A>4. It is medically necessary to provide evaluation services over and above those normally provided during the therapeutic services.<A]

11:3-29.5 Balance billing prohibited

No health care provider may demand or request any payment from any person in excess of those permitted by the medical fee schedules [A>and this subchapter<A], nor shall any person be liable to any health care provider for any amount of money [D>which<D] [A>that<A] results from the charging of fees in excess of those permitted by the medical fee schedules [A>and this subchapter<A].

APPENDIX

Exhibit 1

Physicians' Fee Schedule

32 N.J.R. 4332(a)

CPT	Mod	Description	Region 1	Region 2	Region 3
10060		I & D ABSCESS; SIMPL/SNGL	62.09	73.55	75.26
10061		I & D ABSCESS; COMPLIC/MX	191.05	226.32	231.58
10120		INCS & REMOV FB SUBQ TISS; SIMPL	76.42	90.53	92.63
10121		INCS & REMOV FB SUBQ TISS; COMPLIC	229.25	271.58	277.90
10140		I & D HEMATOMA/ /SEROMA/FLUID COLLEC	114.63	135.79	138.95
10160		PUNCT ASPIRAT ABSCESS/HEMAT OMA/ BULLA/CYST	62.09	73.55	75.26
11000		DEBRID EXTEN ECZEMAT/INFEC SKIN; TO 10% BODY SUR	52.54	62.24	63.68
11001		DEBRID EXTEN ECZEMAT/INFEC SKIN; EA AD 10% SURFA	42.98	50.92	52.11
11010		DEBRID INCL REMOV FOREIGN MAT; SKIN & SUBQ TISS	348.66	413.03	422.63
11011		DEBRID INCL REMOV FOREIGN MAT; SKIN-SUBQ-MUSC	630.45	746.86	764.21
11012		DEBRID INCL REMOV FOREIGN	754.63	893.96	914.74

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		MAT; SKIN-SUBQ- MUSC-BN			
11040		DEBRID; SKIN PART THICK	57.32	67.90	69.47
11041		DEBRID; SKIN FULL THICK	133.73	158.42	162.11
11042		DEBRID; SKIN & SUBQ TISS	234.03	277.24	283.69
11043		DEBRID; SKIN-SUBQ TISS-MUSCL	420.30	497.90	509.48
11044		DEBRID; SKIN-SUBQ TISS-MUSCL- BONE	515.82	611.06	625.27
11720		DEBRID NAIL(S) ANY METHD(S); ONE TO FIVE	30.20	36.00	35.53
11721		DEBRID NAIL(S) ANY METHD(S); SIX OR MORE	45.30	54.00	53.29
11730		AVULSION NAIL PLATE PART/COMPLT SIMPL; SNGL	63.75	76.00	75.00
11732		AVULSION PLATE PART/ COMPLT SIMPL; EA ADD NAIL	46.14	55.00	54.28
11750		EXC NAIL/MATRIX PART/COMPLT PERM	226.48	270.00	266.45

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
11765		REMOV WEDGE EXC SKIN NAIL FOLD	150.99	180.00	177.63
11950		SUBQ INJ FILLING MAT; 1 CC/LESS	184.54	220.00	217.11
12001		SIMPL REPR SCLP/AX/GENI T/TRUNK/EXTR EM; 2.5/LESS	123.05	104.21	99.75
12002		SIMPL REPR SCLP/AX/GENI T/TRUNK/EXTR EM; 2.6-7.5CM	155.43	131.63	126.00
12004		SIMPL REPR SCLP/AX/GENI T/TRUNK/EXTR EM; 7.6-12.5	200.77	170.02	162.75
12011		SIMPL REPR FACE/EARS/NOSE / /MUCOUS MEMB; 2.5/LESS	155.43	131.63	126.00
12013		SIMPL REPR FACE/EARS/NOSE / MUCOUS MEMB; 2.6-5.0	187.81	159.05	152.25
12031		LAYER CLO SCLP/AX/TRUNK/ EXTREM; 2.5 CM/LESS	168.38	142.60	136.50
12032		LAYER CLO	226.67	191.96	183.75

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
12034		SCLP/AX/TRUNK/ EXTREM; 2.6 TO 7.5 CM LAYER CLO	291.43	246.80	236.25
12041		SCLP/AX/TRUNK/ EXTREM; 7.6 TO 12.5 CM LAYER CLO	207.24	175.50	168.00
12042		NECK/HANDS/FT/ GENIT; 2.5 CM/LESS LAYER CLO	259.05	219.38	210.00
12051		NECK/HANDS/FT/ GENIT; 2.6 TO 7.5 CM LAYER CLO	259.05	219.38	210.00
12052		FACE/EARS/NO SE/LIPS; 2.5 CM/LESS LAYER CLO	323.82	274.23	262.50
13100		FACE/EARS/NO SE/LIPS; 2.6 TO 5.0 CM REPR COMPLX	246.10	208.41	199.50
13101		TRUNK; 1.1 CM TO 2.5 CM REPR COMPLX	440.38	372.95	357.00
13102		TRUNK; 2.6 CM TO 7.5 CM REPR COMPLX-	174.86	148.08	141.75
13120		TRUNK; EA ADD 5 CM/LESS REPR COMPLX	388.57	329.07	315.00
		SCLP/ARMS/LE			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
13121		GS; 1.1 CM TO 2.5 CM REPR COMPLX SCLP/ARMS/LE	595.82	504.57	483.00
13122		GS; 2.6 CM TO 7.5 CM REPR CMLX- SCALP/ ARMS/LEGS; EA ADD 5 CM/LESS	239.63	202.93	194.25
13131		REPR COMPLX FOREHEAD/CHIN/ AX/GENIT/FT; 1.1-2.5	453.34	383.92	367.50
13132		REPR COMPLX FOREHEAD/CHIN/ AX/GENIT/FT; 2.6-7.5	880.76	745.89	714.00
13133		REPR CMLX- FACE/ NECK/HAND/FEET ; EA ADD 5 CM/LESS	349.72	296.16	283.50
13150		REPR COMPLX LIDS/NOSE/EARS/ LIPS; 1.0 CM/LESS	401.52	340.04	325.50
13151		REPR COMPLX LIDS/NOSE/EARS/ LIPS; 1.1 TO 2.5 CM	569.91	482.64	462.00
13152		REPR COMPLX LIDS/NOSE/EARS/	1,113.91	943.33	903.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
13153		LIPS; 2.6 TO 7.5 CM REPR CMPLX- EYE/ NOSE/EARS/LIPS; EA ADD 5 CM/LESS	446.86	378.43	362.25
13160		SECNDRY CLO SURG WOUND/D EHISCENCE EXTEN/COMPLIC	777.15	658.14	630.00
14000		ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS	790.10	669.11	640.50
14001		ADJACENT TISS TRANSF TRUNK; 10.1 TO 30.0 SQ CM	1,139.81	965.27	924.00
14020		ADJACENT TRANSF SCLP/ARMS/LEGS ; 10 SQ CM/LESS	1,010.29	855.58	819.00
14040		ADJACENT TRANSF CHIN/NECK/AX/ FT; 10 SQ CM/LESS	1,269.34	1,074.96	1,029.00
14041		ADJACENT TRANSF CHIN/NECK/AX/ FT; 10.1-30.0	1,606.10	1,360.16	1,302.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
14060		SQ CM ADJACENT TRANSF LIDS/NOSE/LIPS; 10 SQ CM/LESS	1,606.10	1,360.16	1,302.00
15000		SURG PREP/ CREATE RECIP SITE; 1ST 100 SQ CM/1%	310.86	263.26	252.00
15100		SPLIT GFT TRUNK; 1ST 100 SQ CM/1%	1,088.00	921.40	882.00
15101		BODY CHILD SPLIT GFT TRUNK; EA ADD 100/EA ADD 1% BODY CHILD	544.01	460.70	441.00
15260		FULL THICK GFT NOSE/EARS/ LIDS/LIPS; 20 SQ CM	1,554.29	1,316.28	1,260.00
15850		REMOV SUTURES UNDER ANES SAME SURG	51.81	43.88	42.00
16000		INIT TX 1ST DEGREE BURN WHEN LOCAL TX REQUIRED	71.24	60.33	57.75
16020		DSG & /OR DEBRID INIT/SUBSQT; WO ANES OFC/HOSP SM	77.72	65.81	63.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
16025		DSG & /OR DEBRID INIT/SUBSQT; WO ANES MEDIUM	142.47	120.66	115.50
17250		CHEM CAUT GRANULATION TISS	50.86	53.45	55.00
20100		EXPLOR PENETRATING WOUND (SEPART PROC); NECK	1,105.48	996.93	990.00
20101		EXPLOR PENETRATING WOUND (SEPART PROC); CHEST	1,507.48	1,359.45	1,350.00
20102		EXPLOR PENETRAT WOUND (SEP PROC); ABD/FLANK/BACK	1,306.48	1,178.19	1,170.00
20103		EXPLOR PENETRATING WOUND (SEPART PROC); EXTREM	1,166.90	1,052.32	1,045.00
20520		REMOV FB MUSCL/TENDON SHEATH; SIMPL	167.50	151.05	150.00
20550		INJ TENDON SHEATH/LIG/T RIGGER PT/GANGLION CYST	67.00	60.42	60.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
20600		ARTHROCENTES IS/ASPIR/INJ; SM JT/BURSA/CYST	61.42	55.39	55.00
20605		ARTHROCENTES IS/ASPIR/INJ; INTERMED JT/BURSA/CYST	67.00	60.42	60.00
20610		ARTHROCENTES IS/ASPIR/INJ; MAJOR JT/BURSA	78.17	70.49	70.00
20670		REMOV IMPLNT; SUPERF (SEPART PROC)	189.83	171.19	170.00
20680		REMOV IMPLNT; DEEP	558.33	503.50	500.00
20931		ALLOGFT SPINE SURG ONLY; STRUCTURAL	312.66	281.96	280.00
20937		AUTOGFT SPINE SURG ONLY; MORSEL IZED	681.16	614.27	610.00
20938		AUTOGFT SPINE SURG ONLY; STRUCTUR/ /BI-TRICORTICAL	848.65	765.32	760.00
21320		CLO TX NASAL BONE FX; W/STABILIZATION	572.00	620.78	595.40
21453		CLO TX MANDIB FX W/INTERDENTA	1,452.00	1,575.82	1,511.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		L FIXA			
21800		CLO TX RIB	132.00	131.32	120.00
		FX UNCOMP EA			
22554		ARTHRODESIS- ANT W/MINI DISKECT; CERV BELOW C2	3,520.04	3,520.04	2,992.03
22585		ARTHRODESIS- ANT-W/MINI DISKECT; EA	1,056.01	1,056.01	897.61
		ADD INTRSPACE			
22612		ARTHRODESIS- POST/POSTLAT -1 LEVEL; LUMB	3,186.56	3,186.56	2,708.58
22614		ARTHRODESIS- POST/POSTLAT TECH; EA ADD VERT SEGMENT	1,062.19	1,062.19	902.86
22842		POST SEGMENT INSTRUM; 3 TO 6 VERTEB SEGMENT	2,840.73	2,840.73	2,414.62
22845		ANT INSTRUM; 2 TO 3 VERTEB SEGMENT	2,964.24	2,964.24	2,519.60
22851		APPLIC INTERVERT BIOMECHANICAL DEVICE-DEFECT	1,358.61	1,358.61	1,154.82
23120		CLAVICULECTO MY; PART	1,195.00	1,275.00	1,025.95
23130		ACROMIOPLAS/ ACROMIONECT	1,195.00	1,275.00	1,025.95

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		PART W/WO LIGAMNT RELEAS			
23350		INJ PROC SHOULDER ARTHROGRAPHY	119.50	127.50	102.60
23412		REPR RUPT MUSCULOTENDIN OUS	2,151.00	2,295.00	1,846.71
23420		CUFF; CHRONIC RECONS COMPLT SHLDR CUFF AVULS CHRONIC	2,748.50	2,932.50	2,359.69
23455		CAPSULORRHAP HY ANT; W/LABRAL REPR	2,509.50	2,677.50	2,154.50
23500		CLO TX CLAV FX; WO MANIP	250.95	267.75	215.45
23505		CLO TX CLAV FX; W/MANIP	394.35	420.75	338.56
23600		CLO TX PROX HUMERAL FX; WO MANIP	382.40	408.00	328.30
23605		CLO TX PROX HUMERAL FX; W/MANIP W/WO SKELE TRACT	621.40	663.00	533.49
23650		CLO TX SHOULDER DISLOC W/MANIP; WO ANES	334.60	357.00	287.27
23655		CLO TX	501.90	535.50	430.90

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
24341		SHOULDER DISLOC W/MANIP; REQUIRING ANES REPR TENDON/ MUSC-UP ARM/ELB-EA-P RI/SECNDRY	1,571.55	1,671.53	1,595.76
24640		CLO TX RADIAL HEAD SUBLUXATION CHILD W/MANIP	124.80	132.74	126.72
24650		CLO TX RADIAL HEAD/NECK FX; WO MANIP	317.78	338.00	322.67
25111		EXC GANGLION WRIST; PRIM	709.56	841.74	709.56
25500		CLO TX RADIAL SHAFT FX; WO MANIP	354.78	420.87	354.78
25505		CLO TX RADIAL SHAFT FX; W/MANIP	603.13	715.48	603.13
25560		CLO TX RADIAL & ULNAR SHAFT FX; WO MANIP	473.04	561.16	473.04
25565		CLO TX RADIAL & ULNAR SHAFT FX; W/MANIP	898.78	1,066.20	898.78
25600		CLO TX DIST	408.00	484.00	408.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		RAD FX W/WO FX ULNA STYLOID; WO MANI			
25605		CLO TX DIST	626.78	743.54	626.78
		RAD FX W/WO FX ULNA STYLOID; W/MANIP			
25611		PERCUT FIX DISTAL RAD FX W/WO FX ULNA W/MANIP	1,064.34	1,262.61	1,064.34
		CLO TX CARPAL SCAPHOID FX; WO MANIP			
25622		CLO TX	437.56	519.07	437.56
		CLO TX CARPAL BONE FX; WO MANIP EA BONE			
25630		CLO TX	360.70	427.88	360.70
		CLO TX CARPAL BONE FX; W/MANIP EA BONE			
25635		CLO TX	591.30	701.45	591.30
		TENDON SHEATH INCS			
26055		TENDON	601.95	596.88	592.49
		EXC LES TENDON SHEATH/CAPSU LE HAND/FINGER			
26160		EXC LES	532.50	528.01	524.12
		REPR EXTEN TENDON FINGR; WO			
26418		REPR EXTEN	764.02	757.58	752.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
26600		GFT EA TENDON CLO TX	254.67	252.53	250.67
26605		METACARPAL FX SNGL; WO MANIP EA BONE CLO TX	382.01	378.79	376.00
26720		METACARPAL FX SNGL; W/MANIP EA BONE CLO TX	173.64	172.18	170.91
26725		PHALANGEAL SHAFT FX PROX/MID; WO MANIP EA CLO TX	300.98	298.44	296.24
26750		PHALANGEALFX PROX/MID; W/MANIP W/WO TRACT CLO TX DIST	150.49	149.22	148.12
26755		PHALANGEAL FX FINGER/THUMB; WO MANIP CLO TX DIST	231.52	229.57	227.88
26770		PHALANGEAL FX FINGER/THUMB; W/MANIP CLO TX IP JT DISLOC SNGL W/MANIP; WO ANES	162.06	160.70	159.52

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
27125		HEMIARTHROPL ASTY HIP PART	2,755.89	2,958.53	3,159.54
27130		ARTHROPLASTY ACETABULAR & PROX FEM PROSTH REPLAC	3,878.66	4,163.85	4,446.76
27236		OPEN TX FEM FX PROX END NECK INT FIX/PROS REPLAC	2,265.95	2,432.57	2,597.84
27244		OPEN TX INTERTROCH FEM FX; W/IMPLNT W/WO CERCLAG	2,112.85	2,268.20	2,422.31
27347		EXC LES MENISCUS/CAP SULE KNEE	1,377.95	1,342.80	1,715.58
27370		INJ PROC KNEE ARTHROGRAPHY	112.28	109.41	139.79
27447		ARTHROPLASTY KNEE CONDYLE & PLATEAU; MED & LAT	3,837.83	3,739.96	4,778.21
27506		OPEN TX FEM SHFT FX W/WO FIX W/IMPLNT W/WO SCREW	2,347.61	2,287.74	2,922.84
27520		CLO TX PATELLAR FX WO MANIP	362.35	353.11	451.13
27750		CLO TX	486.08	486.08	519.82

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
27752		TIBIAL SHAFT FX; WO MANIP CLO TX TIB SHAFT FX; W/MANIP W/WO SKELETAL TRACT	799.33	799.33	854.81
27760		CLO TX MEDIAL MALLEOLUS FX; WO MANIP	361.86	361.86	386.98
27762		CLO TX MED MALLEOLUS FX; W/MANIP W/WO TRACTION	540.09	540.09	577.58
27786		CLO TX DISTAL FIBULAR FX; WO MANIP	345.66	345.66	369.65
27788		CLO TX DISTAL FIBULAR FX; W/MANIP	475.28	475.28	508.27
27792		OPEN TX DISTAL FIBULAR FX W/WO INT/EXT FIXA	1,101.79	1,101.79	1,178.25
27808		CLO TX BIMALLEOLAR ANK FX; WO MANIP	399.67	399.67	427.41
27810		CLO TX BIMALLEOLAR	756.13	756.13	808.61

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
27814		ANK FX; W/MANIP OPEN TX	1,425.84	1,425.84	1,524.80
		BIMALLEOLAR ANK FX W/WO INT/EXT FIXA			
27816		CLO TX	442.88	442.88	473.61
		TRIMALLEOLAR ANK FX; WO MANIP			
27818		CLO TX	864.14	864.14	924.12
		TRIMALLEOLAR ANK FX; W/MANIP			
27822		OPEN TX	1,663.48	1,663.48	1,778.93
		TRIMALLEOLR FX MED/LAT; WO FIXA POST LIP			
28090		EXC LES	476.28	479.12	562.30
		TENDON/TENDON SHEATH/CAPSUL E; FT			
28124		PART EXC	486.00	488.90	573.78
		BONE; PHALANX TOE			
28126		RESECT	447.12	449.79	527.87
		PART/COMPLT PHALAN BASE EA TOE			
28153		RESECT	486.00	488.90	573.78
		CONDYLE DIST END PHALANX			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
28160		EA TOE HEMIPHALANGE CT/IP JT EXC TOE PROX PHALANX EA	486.00	488.90	573.78
28450		TX TARSAL BONE FX; WO MANIP EA	286.74	288.45	338.53
28455		TX TARSAL BONE FX; W/MANIP EA	388.80	391.12	459.02
28470		CLO TX METATARSAL FX; WO MANIP EA	233.28	234.67	275.41
28475		CLO TX METATARSAL FX; W/MANIP EA	320.76	322.67	378.69
28490		CLO TX FX GREAT TOE PHALANX/PHAL ANGES; WO MANIP	131.22	132.00	154.92
28510		CLO TX FX PHALANX OTHER THAN GREAT TOE; WO MANIP	106.92	107.56	126.23
28515		CLO TX FX PHALANX NOT GREAT TOE; W/MANIP EA	160.38	161.34	189.35
29065		APPLIC;	110.00	116.47	110.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		SHOULDER TO HAND			
29075		APPLIC;	85.00	90.00	85.00
		ELBOW TO FINGER			
29085		APPLIC; HAND & LOWER FOREARM	80.00	84.70	80.00
29105		APPLIC LONG ARM SPLINT	70.00	74.12	70.00
29125		APPLIC SHORT ARM SPLINT;	60.00	63.53	60.00
		STATIC			
29130		APPLIC FINGER SPLINT;	40.00	42.35	40.00
		STATIC			
29240		STRAPPING; SHOULDER	40.00	42.35	40.00
29260		STRAPPING; ELBOW/WRIST	35.00	37.06	35.00
29280		STRAPPING; HAND/FINGER	30.00	31.76	30.00
29345		APPLIC LONG LEG CAST	145.00	153.53	145.00
29365		APPLIC CYLINDER CAST	130.00	137.64	130.00
29405		APPLIC SHORT LEG CAST	120.00	127.06	120.00
29425		APPLIC SHORT LEG CAST;	140.00	148.23	140.00
		WALKING/AMB TYPE			
29505		APPLIC LONG	100.00	105.88	100.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		LEG SPLINT			
29515		APPLIC SHORT	65.00	68.82	65.00
		LEG SPLINT			
29530		STRAPPING; KNEE	46.00	48.70	46.00
29540		STRAPPING; ANK	40.00	42.35	40.00
29550		STRAPPING; TOES	25.00	26.47	25.00
29580		STRAPPING; UNNA BOOT	56.00	59.29	56.00
29700		REMOV/BIVALV ING; GAUNTLE T BOOT BODY CAST	40.00	42.35	40.00
29705		REMOV/BIVALV ING; FULL ARM FULL LEG CAST	46.00	48.70	46.00
29819		ARTHROSCOPY SHOULDER SURG; W/REMO V LOOSE/FB	1356.28	1595.62	1595.62
29822		ARTHROSCOPY SHOULDER SURG; DEBRID LTD	1,561.77	1,837.38	1,837.38
29823		ARTHROSCOPY SHOULDER SURG; DEBRID EXTEN	2,147.43	2,526.39	2,526.39
29826		ARTHROSCOPY SHOULDER SURG; DECOMP	2,147.43	2,526.39	2,526.39

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		SUBACROM SPACE			
29860		ARTHROSCOPY HIP DX W/WO SYNOVIAL BX (SEP PROC)	873.36	1,027.48	1,027.48
29861		ARTHROSCOPY HIP SURG; W/REMOV LOOSE/FB	1,438.47	1,692.32	1,692.32
29862		ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CARTIL	2,281.01	2,683.54	2,683.54
29863		ARTHROSCOPY HIP SURG; W/SYNOVECTOM Y	1,849.46	2,175.84	2,175.84
29870		ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO)	770.61	906.60	906.60
29874		ARTHROSCOPY KNEE SURG; REMOV LOOSE/ FB	1,561.77	1,837.38	1,837.38
29875		ARTHROSCOPY KNEE SURG; SYNOVECTOMY LTD (SEP PRO)	1,541.22	1,813.20	1,813.20
29876		ARTHROSCOPY KNEE SURG; SYNOVECTOMY MAJOR	1,839.19	2,163.75	2,163.75

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
29877		ARTHROSCOPY KNEE SURG; DEBRID/SHAV ARTIC CARTIL	1,643.97	1,934.08	1,934.08
29879		ARTHROSCOP KNEE SURG; ABRAS PLSTY/ DRILL/MICROFX	1,890.56	2,224.19	2,224.19
29880		ARTHROSCOPY KNEE SURG; W/MENISECTMY (MED & LAT)	2,260.46	2,659.36	2,659.36
29881		ARTHROSCOPY KNEE SURG; W/MENISECTMY (MEDIAL/LAT)	1,870.02	2,200.02	2,200.02
29882		ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED/LAT)	2,024.14	2,381.34	2,381.34
29887		ARTHROSCOPY KNEE; DRILL- OSTEOCHOND LES W/FIXA	2157.71	2538.48	2538.48
29888		ARTHROSCOPIC ALLY AIDED ACL REPAIR/A UGMENT/RECON	3,308.49	3,892.34	3,892.34
30200		INJ INTO TURBINATE THERAP	52.60	64.17	64.17
30300		REMOV FB INTRANASAL; OFFIC TYPE	76.50	93.33	93.33

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		PROC			
30420		RHINOPLASTY PRIMARY; INCL MAJOR SEPTAL REPR	2,639.25	3,219.95	3,219.95
30520		SEPTOPLASTY/ SMR W/WO CARTIL SCORING/REPL AC W/GFT	1,434.38	1,749.98	1,749.98
30901		CONTRL NASAL HEMORR-ANT-S IMPL ANY METHD	95.63	116.67	116.67
30903		CONTRL NASAL HEMORR-ANT-C OMPLX ANY METHD	153.00	186.66	186.66
30905		CONTRL NASAL HEMORR-POST- W/PACKS-CAUT; INIT	296.44	361.66	361.66
31000		LAVAGE BY CANNULATION; MAXIL SINUS	74.80	88.00	88.00
31231		NASAL ENDO DX UNILAT/BI LAT (SEPART PROC)	224.40	264.00	264.00
31237		NASAL/SINUS ENDO SURG; W/BX/POLYPEC T (SEP PROC)	807.84	950.40	950.40
31500		INTUBATION	208.09	180.95	180.95

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		ENDOTRACHEAL EMER PROC			
31505		LARYNGOSCOPY INDIRECT; DX (SEP PROC)	166.47	144.76	144.76
31515		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; ASPIRAT	312.14	271.43	271.43
31525		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; DX EX NB	457.80	398.09	398.09
31575		LARYNGOSCOPY FLEXIBLE FIBEROPTIC; DX	218.50	190.00	190.00
31600		TRACHEOSTOMY PLANNED (SEPART PROC)	584.96	508.66	584.96
31622		BRONCHOSCOPY ; DX W/WO CELL WASHING (SEP PROC)	422.00	366.96	422.00
31645		BRONCHOSCOPY ; W/THERAP ASPIR TRACHB RONCH-INIT	451.25	392.39	451.25
32000		THORACENTESI S-ASPIRAT-IN IT/SUBSQT	146.34	131.65	163.17
32002		THORACENTESIS W/INSRT	274.40	246.84	305.94

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
32020		TUBE (SEPART PROC) TUBE THORACO STOMY W/WO WATER SEAL (SEPART PROC)	457.33	411.40	509.90
32405		BX LUNG/MEDI ASTINUM PERCUT NEEDLE	310.98	279.75	346.73
32480		REMOV LUNG OTHER THAN TOT PNEUMONECTOM Y; 1 LOBE	2,195.16	1,974.72	2,447.52
32601		THORACOSCOPY DX (SEP PRO); LUNGS & PLEURAL WO BX	548.79	493.68	611.88
33210		INSRT/REPLAC TEMP ONE CHMBR ELECT/ CATH (SEP PRO)	676.84	703.89	754.65
33212		INSRT/REPLAC PACEMKR PULSE GEN; 1 CHMBR ATRL/V EN	750.01	779.98	836.24
33249		INSRT/REPOSI TION LEAD(S) -DEFIB & INSRT GEN	1,811.01	1,883.38	2,019.20
35301		THROMBOENDAR TERECT;	2,378.09	2,473.12	2,878.98

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
35656		CAROTID/SUBC LAV BY NECK INCS BYPASS GFT	2,286.63	2,378.00	2,768.25
36000		W/OTHER THAN VEIN; FEMORAL- POP INTRO NEEDLE	64.94	67.54	78.62
36005		/INTRACATHET ER VEIN INJ PROC	128.05	133.17	155.02
36010		CONTRAST VENOGRAPHY INTRO CATH	329.27	342.43	398.63
36140		SUPER/INFERI OR VENA CAVA INTRO NEEDLE	274.40	285.36	332.19
36200		/INTRACATHET ER; EXTREM ART INTRO CATH	411.59	428.04	498.29
36400		AORTA VENIPUNCT <3>	45.73	47.56	55.37
36406		YR; FEM/JUGULAR/ SAGITTAL SINUS VENIPUNCTURE	50.31	52.32	60.90
36410		<3 YR; OTHER VEIN VENIPUNCT 3	36.59	38.05	44.29
		YR W/MD SKILL (SEP PRO) NOT ROUTINE			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
36415		ROUTINE VENIPUNCT/FI NGER/HEEL STICK-COLLEC SPECM	7.50	7.80	9.08
36425		VENIPUNCTURE CUTDOWN; AGE 1/OVER	82.32	85.61	99.66
36430		TRANSFUSION BLD/BLD COMPONENTS	73.17	76.10	88.58
36488		PLCMT CENTRAL VENOUS CATH; PERCUT 2 YR/UNDER	210.37	218.78	254.68
36489		PLCMT CENTRAL VENOUS CATH; PERCUT OVER AGE 2	210.37	218.78	254.68
36491		PLCMT CENTRAL VENOUS CATH; CUTDOWN 2 YR	402.45	418.53	487.21
36533		INSRT VENOUS ACCESS DEVICE W/WO SUBQ RESERVOIR	750.01	779.98	907.99
36535		REMOV VENOUS ACCESS DEVICE & /OR SUBQ RESERVOIR	420.74	437.55	509.36
36600		ART PUNCT WITHDRAWAL	45.73	47.56	55.37

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
36620		BLD DX ART CATH/CAN	155.49	161.70	188.24
36800		NULAT-SAMPL MONITOR (SEP PRO); PERQ INSRT CANNUL A (SEPART PROC); VEIN-VEIN	310.98	323.41	376.48
36830		CREATE AV FISTULA (SEPART PROC); NONAUTOG GFT	1,472.59	1,531.43	1,782.75
36860		EXT CANNULA DECLOT (SP); WO BALLOON CATH	274.40	285.36	332.19
37609		LIG/BX TEMPORAL ART	365.86	380.48	442.92
37620		INTERRUPTION PART/COMPLT- INFERIOR VENA CAVA	1,371.98	1,426.80	1,660.95
43235		UGI ENDO; DX W/WO COLLEC SPECMN-BRUSH /WASH (SEP)	303.69	308.86	325.01
43246		UGI ENDO; W/DIRECTED PLCMT PERQ GASTROSTOMY TUBE	607.38	617.72	650.01
43247		UGI ENDO;	414.12	421.17	443.19

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
43248		W/REMOV FB UGI ENDO; W/INSRT GUIDE WIRE-D ILAT ESOPHAGUS	365.81	372.03	391.48
43249		UGI ENDO; W/BALLOON DILAT ESOPHA GUS (<30MM DIAM)	400.32	407.13	428.42
43255		UGI ENDO; W/CONTRL BLEEDING ANY METHD	483.14	491.37	517.06
43259		UGI ENDO; W/ENDO ULTRASOUND EXAM	365.81	372.03	391.48
43260		ERCP; DX W/WO COLLEC SPECMN-BRUSH /WASH (SEP PRO)	510.75	519.44	546.60
43450		DILAT ESOPH- UNGUIDED SOUND/BOUGIE -1/MX PASSES	96.63	98.27	103.41
43760		CHANGE GASTROSTOMY TUBE	98.18	110.52	106.86
43830		GASTROSTMY; WO CONSTRUC GASTRIC TUBE (SEP PROC)	998.20	1,123.62	1,086.41
44005		ENTEROLYSIS	1,143.31	1,334.69	1,348.97

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		(SEPART PROC)			
44120		ENTERECTOMY SM INTES; SNGL RESECT & ANASTOM	1,502.64	1,754.16	1,772.93
44139		MOBILIZA SPLENIC FLEXURE PERFMD W/PART COLECTOMY	106.16	123.94	125.26
44140		COLECTOMY PART; W/ANAS TOM	1,633.30	1,906.70	1,927.10
44143		COLECTOMY PART; W/END COLOSTOMY & CLO DIST SEGMT	1,714.97	2,002.04	2,023.46
44145		COLECTOMY PART; W/COLO PROCTOSTOMY	1,796.63	2,097.37	2,119.81
44160		COLECTOMY W/REMOV TERM ILEUM & ILEOCOLOSTOMY	1,796.63	2,097.37	2,119.81
44500		INTRO LONG GI TUBE (SEPART PROC)	68.60	80.08	80.94
44960		APPY; RUPT APPY W/ABSCE SS/GEN PERITONITIS	982.82	982.82	982.82
45300		PROCSIGMOSCO	69.55	67.12	64.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
45330		PY RIGID; DX W/WO SPECMN (SEP PROC) SIGMOIDOSCOP	135.00	130.30	125.00
45355		Y FLEX; DX W/WO SPECMN (SEP PROC) COLONOSCOPY	261.82	252.70	242.43
45378		RIGID/FLEX TRNSABD VIA COLOTOMY 1/MX COLONOSCOPY	490.92	473.82	454.56
46040		FLEX-PROX SPLEN FLEX; DX (SEP PRO) I & D ISCHIO	401.28	332.50	358.53
46600		RECTAL & /OR PERIRECT ABSCCESS (SEP PRO) ANOSCOPY; DX	48.58	40.25	43.40
47000		W/WO COLLEC SPECMN (SEPART PROC) BX LIVER	227.50	255.00	282.83
47600		NEEDLE; PERCUT CHOLEY	1,345.83	1,500.00	1,613.33
47605		CHOLEY; W/CHOLANGIOG RAPHY	1,435.55	1,600.00	1,720.88
49000		EXPLOR LAPAROTOMY-C ELIOTOMY	1,076.66	1,200.00	1,290.66

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		W/WO BX (SEP PRO)			
49080		PERITONEOCEN TESIS-ABD PARACENTESIS; INIT	143.56	160.00	172.09
49320		LAP SURG-ABD /PERITNM; DX-W/WO SPECMN (SEP PROC)	771.60	860.00	924.97
49421		INSRT INTRAP ERITONEAL CANNULA-DRAIN; PERM	717.77	800.00	860.44
50230		NEPHRECTOMY; RADICAL W/REGIONAL LYMPHADENECT OMY	3,362.01	2,764.62	2,917.20
50392		INTRO INTRAC ATH/CATH-REN AL PELVIS-DR AIN PERCUT	493.72	405.99	428.40
50394		INJ PROC PYELOGRAPHY THRU NEPHROS TOMY TUBE	117.55	96.67	102.00
51600		INJ PROC-CYS TOGRAPHY/VOI DING URETHRO CYSTOGRAPHY	72.11	60.34	62.70
51700		BLADDER IRRIGA SIMPL	48.07	40.23	41.80

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		LAVAGE & /OR INSTILL			
51725		SIMPL CYSTOM ETROGRAM	156.23	130.74	135.85
51725	26	SIMPL CYSTOM ETROGRAM	132.79	111.13	115.47
51741		COMPLX UROFLOWMETRY	96.14	80.46	83.60
51741	26	COMPLX UROFLOWMETRY	81.72	68.39	71.06
52000		CYSTOURETHRO SCOPY (SEPART PROC)	264.39	221.25	229.90
52005		CYSTOURETHRO SCOPY W/URET ERAL CATH EXCLUS-RAD	432.63	362.05	376.20
52204		CYSTOURETHRO SCOPY W/BX	456.67	382.17	397.10
52281		CYSTOURETHRO SCOPY W/CALI BRAT & /OR DILAT URETHRAL	432.63	362.05	376.20
52310		CYSTOURETHRO SCOPY W/REMOV FB (SEP PRO); SIMPL	480.70	402.28	418.00
52332		CYSTOURETHRO SCOPY W/INSRT INDWELLING STENT	648.95	543.08	564.30
52335		CYSTOURETHRO SCOPY W/URET EROSCOPY &/OR	1,081.58	905.13	940.50

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		PYEOSCOPY			
53600		DILAT URETHRAL STRICT-SOUND	79.48	66.32	80.91
		DILAT-MALE; INIT			
53601		DILAT URETHRAL STRICT-SOUND/ DILAT-MALE; SUBSQT	59.61	49.74	60.68
		DILAT FE URETHRA INCL SUPPOSITORY; INIT			
53660		DILAT FE URETHRA INCL SUPPOSITORY; INIT	66.24	55.26	67.42
		DILAT FE URETHRA INCL SUPPOSITORY; SUBSQT			
53661		DILAT FE URETHRA INCL SUPPOSITORY; SUBSQT	52.99	44.21	53.94
		CATH URETHRA; SIMPL			
53670		CATH URETHRA; SIMPL	50.34	42.00	51.24
		CATH URETHRA; COMPLIC			
53675		CATH URETHRA; COMPLIC	92.73	77.37	94.39
		INJ CORPORA CAVERNOSA W/PHARMACOLO GIC AGENT			
54235		INJ CORPORA CAVERNOSA W/PHARMACOLO GIC AGENT	146.74	143.48	119.56
		C DELIV ONLY;			
59514		C DELIV ONLY;	1,741.50	1,720.02	1,841.09
		C DELIV ONLY; INCL PP CARE			
59515		C DELIV ONLY; INCL PP CARE	1,876.50	1,853.36	1,983.81
		TX INCOMPL AB ANY TRIMESTER COMPLT SURGICALLY			
59812		TX INCOMPL AB ANY TRIMESTER COMPLT SURGICALLY	729.00	720.01	770.69

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
59820		TX MISSED AB COMPLT SURGICALLY; FIRST TRIMES TER	756.00	746.68	799.23
62270		SPINAL PUNCT LUMBAR DX	205.64	220.90	179.85
62273		INJ EPIDURAL -BLOOD/CLOT PATCH	494.77	531.49	432.73
62282		INJ NEUROLY W/WO OTH TX SUBSTANCE; EPIDUR LUMB	618.46	664.36	540.91
62284		INJ PROC-MYE LOGRAPHY & /OR CAT-SPIN AL	587.54	631.14	513.86
62290		INJ PROC DISKOGRAPHY EA LEVEL; LUMBAR	525.69	564.71	459.77
62310		INJ 1 NOT LYTIC-W/WO CM-DX/TX-EPI DUR; CERV/TH OR	587.54	631.14	513.86
62311		INJ 1 NOT LYTIC W/WO CM-DX/TX-EPI DUR; LUMB/SAC	510.23	548.10	446.25
62318		INJ NOT LYTIC-W/WO CM-DX/TX-EPI	680.31	730.80	595.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
62319		DUR; CERV/TH OR INJ NOT	587.54	631.14	513.86
63001		LYTIC-W/WO CM-DX/TX-EPI DUR; LUMB/SAC LAMINECT	4329.22	4650.52	3786.34
63003		W/EXPLOR WO FACETECT 1-2 VERTEB; CERV LAMINECT	4947.68	5314.88	4327.25
63015		W/EXPLOR WO FACETECT 1-2 VERTEB; THORAC LAMINECTOMY	5318.76	5713.50	4651.80
63030		W/EXPLOR 2 VERTEBRAL SEGMENT; CERV LAMINOT W/	4,731.22	5,082.35	4,137.93
63035		DECOMP; 1 INTERSPACE LUMB LAMINOT	1,546.15	1,660.90	1,352.27
63042		W/DECOMP; EA ADD INTERSPA CE CERV/LUMB AR LAMINOTOMY	5,535.22	5,946.02	4,841.11
63047		W/DECOMP NERV ROOT RE-EXPLOR; LUMBAR LAMINECTOMY	5,720.76	6,145.33	5,003.38

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
63048		SNGL VERTEBR AL SEGMENT-UNI /BIL; LUMBAR LAMINECTOMY 1 SEGMENT-UNI/BIL; EA ADD CERV/THOR/LUM	1,855.38	1,993.08	1,622.72
63075		DISKECTOMY ANT W/DECOMP; CERV SNGL INTERSPACE	4,885.83	5,248.44	4,273.15
63076		DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE	1,638.92	1,760.55	1,433.40
64415		INJ ANES AGENT; BRACHIAL PLEXUS	200.00	187.50	187.50
64435		INJ ANES AGENT; PARACERVICAL NERV	160.00	150.00	150.00
64440		INJ ANES AGENT; PARAVERTEB NERV 1 VERTEB LEVEL	200.00	187.50	187.50
64445		INJ ANES AGENT; SCIATIC NERV	173.34	162.50	162.50
64450		INJ ANES AGENT; OTHER	104.00	97.50	97.50

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
64470		PERIPHERAL NERV/BRANCH INJ ANES/STE ROID FACET JT/NRV; CERV/THOR-1L EVEL	200.00	187.50	187.50
64472		INJ ANES/STE ROID FACET JT/NRV; CERV/THOR-EA ADD	100.00	93.75	93.75
64475		INJ ANES/STE ROID FACET JT/NRV; LUMB/SAC-1LE VEL	166.67	156.25	156.25
64476		INJ ANES/STE ROID FACET JT/NRV; LUMB/SAC-EA ADD	80.00	75.00	75.00
64479		INJ ANES/STE ROID EPIDUR; CERV/THOR 1 LEVEL	240.00	225.00	225.00
64480		INJ ANES/STE ROID EPIDUR; CERV/THOR-EA ADD	120.00	112.50	112.50
64483		INJ ANES/STE ROID EPIDUR; LUMB/SAC 1 LEVEL	200.00	187.50	187.50

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
64484		INJ ANES/STE ROID EPIDUR; LUMB/SAC-EA ADD	100.00	93.75	93.75
64505		INJ ANES AGENT; SPHENOPALATI NE GANGLION	133.34	125.00	125.00
64520		INJ ANES AGENT; LUMBAR/THORA CIC	346.67	325.00	325.00
64550		APPLIC SURFACE NEUROSTIMULA TOR	93.33	87.50	87.50
64565		PERCUT IMPLNT NEUROSTIM ELECTRODES; NEUROMUSCUL	213.34	200.00	200.00
64613		DESTRCT BY NEUROLYTIC AGENT; CERV SPINAL MUSCL	453.34	425.00	425.00
64640		DESTRCT; OTHER PERIPH ERAL NERV/BR ANCH	240.00	225.00	225.00
64718		NEUROPLASTY & /OR TRANSP OSIT; ULNAR NERV @ ELBOW	1,733.36	1,625.00	1,625.00
64721		NEUROPLASTY	1,226.68	1,150.00	1,150.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
64722		& /OR TRANSP O; MEDIAN @ CARPAL TUNNEL DECOMP; UNSPECIFIED	1,226.68	1,150.00	1,150.00
65205		NERV (SPECIFY) REMOV FB EXT EYE; CONJUNC SUPERF	45.40	49.14	49.14
65210		REMOV FB EXT EYE; CONJUNC EMBEDDED/SUB CONJUNC	50.88	55.07	55.07
65220		REMOV FB EXT EYE; CORNEAL WO SLIT LAMP	56.35	61.00	61.00
65222		REMOV FB EXT EYE; CORNEAL W/SLIT LAMP	64.18	69.47	69.47
65435		REMOV CORNEAL EPITHELIUM; W/WO CHEMOCAUTERI ZAT	86.35	86.35	105.60
67101		REPR RETINAL DETACHMENT; CRYOTHERAPY/ DIATHERMY	1,671.70	1,755.17	1,665.66
67105		REPR RETINAL DETACHMENT; PHOTOCOAGULA TION	1,671.70	1,755.17	1,665.66
67107		REPR RETINAL DETACHMENT;	2,517.38	2,643.07	2,508.29

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		SCLERAL BUCKLING			
67145		PROPHYLAXIS	1,081.69	1,135.70	1,077.78
		RETINAL DETACH; PHOTOCOAGULA TION			
67500		RETROBULBAR INJ; MEDS	92.00	107.70	107.95
69420		MYRINGOTOMY INCL ASPIRAT & /OR EUSTAC HIAN INFLAT	200.00	214.95	247.38
69433		TYMPANOSTOMY LOCAL/TOPICAL ANES	272.73	293.12	337.34
69436		TYMPANOSTOMY GEN ANES	363.64	390.82	449.78
70030		RAD EXAM EYE DETECTION FB	78.57	63.84	67.20
70030	26	RAD EXAM EYE DETECTION FB	31.40	25.55	26.88
70100		RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	50.51	41.04	43.20
70100	26	RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	20.18	16.43	17.28
70110		RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	85.31	69.31	72.96

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70110	26	RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	34.09	27.74	29.18
70120		RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	50.51	41.04	43.20
70120	26	RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	20.18	16.43	17.28
70140		RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	72.96	59.28	62.40
70140	26	RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	29.15	23.73	24.96
70150		RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	89.79	72.96	76.80
70150	26	RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	35.88	29.20	30.72
70160		RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	56.12	45.60	48.00
70160	26	RAD EXAM NASAL BONES	22.43	18.25	19.20

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70200		COMPLT MINI 3 VIEWS RAD EXAM; ORBITS	90.92	73.87	77.76
70200	26	COMPLT MINI 4 VIEWS RAD EXAM; ORBITS	36.33	29.57	31.10
70210		COMPLT MINI 4 VIEWS RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	61.73	50.16	52.80
70210	26	RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	24.67	20.08	21.12
70220		RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	101.02	82.08	86.40
70220	26	RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	40.37	32.85	34.56
70250		RAD EXAM SKULL; LESS THAN 4 VIEWS W/WO STEREO	72.96	59.28	62.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70250	26	RAD EXAM SKULL; LESS THAN 4 VIEWS W/WO STEREO	29.15	23.73	24.96
70260		RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/WO STEREO	101.02	82.08	86.40
70260	26	RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/WO STEREO	40.37	32.85	34.56
70300		RAD EXAM TEETH; SNGL VIEW	21.32	17.33	18.24
70300	26	RAD EXAM TEETH; SNGL VIEW	8.52	6.94	7.30
70320		RAD EXAM TEETH; COMPLT FULL MOUTH	76.33	62.02	65.28
70320	26	RAD EXAM TEETH; COMPLT FULL MOUTH	30.50	24.82	26.11
70330		RAD EXAM TMJ OPEN & CLO MOUTH; BILAT	134.69	109.44	115.20
70330	26	RAD EXAM TMJ OPEN & CLO MOUTH; BILAT	53.82	43.80	46.08

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70336		MRI TEMPOROM ANDIBULAR JT	914.76	743.28	782.40
70336	26	MRI TEMPOROM ANDIBULAR JT	182.77	148.33	156.48
70350		CEPHALOGRAM ORTHODONTIC	67.34	54.72	57.60
70350	26	CEPHALOGRAM ORTHODONTIC	26.91	21.90	23.04
70355		ORTHOPANTOGR AM	66.22	53.81	56.64
70355	26	ORTHOPANTOGR AM	26.46	21.54	22.66
70360		RAD EXAM; NECK SOFT TISS	69.59	56.54	59.52
70360	26	RAD EXAM; NECK SOFT TISS	27.81	22.63	23.81
70450		CAT HEAD/BRA IN; WO CONTRAST MAT	424.27	344.74	362.88
70450	26	CAT HEAD/BRA IN; WO CONTRAST MAT	106.06	86.18	90.72
70460		CAT HEAD/BRA IN; W/CONTRA ST MAT	488.24	396.72	417.60
70460	26	CAT HEAD/BRA IN; W/CONTRA ST MAT	122.06	99.18	104.40
70470		CAT HEAD/BRA IN; WO CONTRAST FOLLOWED BY CONTRAST	585.89	476.06	501.12
70470	26	CAT HEAD/BRA	146.48	119.02	125.28

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70480		IN; WO CONTRAST FOLLOWED BY CONTRAST CAT ORBIT/SE LLA/OUTER-MI	461.31	374.83	394.56
70480	26	D-INNER EAR; WO CONTRAST CAT ORBIT/SE LLA/OUTER-MI	115.32	93.71	98.64
70481		D-INNER EAR; WO CONTRAST CAT ORBIT/SE LLA/OUTER-MI	530.90	431.38	454.08
70481	26	D-INNER EAR; W/CONTRAST CAT ORBIT/SE LLA/OUTER-MI	132.72	107.84	113.52
70482		D-INNER EAR; W/CONTRAST CAT ORBIT/SE LLA/EAR; WO	636.40	517.10	544.32
70482	26	CONTRAST THEN CONTRAST CAT ORBIT/SE LLA/EAR; WO	159.10	129.28	136.08
70486		CONTRAST THEN CONTRAST CAT MAXILLOF ACIAL AREA;	448.96	364.80	384.00
70486	26	WO CONTRAST CAT MAXILLOF ACIAL AREA; WO CONTRAST	112.24	91.20	96.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70487		CAT MAXILLOF ACIAL AREA; W/CONTRAST	516.30	419.52	441.60
70487	26	CAT MAXILLOF ACIAL AREA; W/CONTRAST	129.08	104.88	110.40
70490		CAT SOFT TISS NECK; WO CONTRAST	461.31	374.83	394.56
70490	26	CAT SOFT TISS NECK; WO CONTRAST	115.32	93.71	98.64
70491		CAT SOFT TISS NECK; W/CONTRAST	530.90	431.38	454.08
70491	26	CAT SOFT TISS NECK; W/CONTRAST	132.72	107.84	113.52
70492		CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	636.40	517.10	544.32
70492	26	CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	159.10	129.28	136.08
70540		MRI ORBIT FACE & NECK	985.47	800.74	842.88
70540	26	MRI ORBIT FACE & NECK	196.89	159.80	168.58
70541		MRI ANGIO HEAD & /OR NECK W/WO CONTRAST MAT	938.33	762.43	802.56

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
70541	26	MRI ANGIO HEAD & /OR NECK W/WO CONTRAST MAT	187.47	152.15	160.51
70551		MRI BRAIN; WO CONTRAST	920.37	747.84	787.20
70551	26	MRI BRAIN; WO CONTRAST	183.89	149.24	157.44
70552		MRI BRAIN; W/CONTRAST	1,058.43	860.02	905.28
70552	26	MRI BRAIN; W/CONTRAST	211.47	171.63	181.06
70553		MRI BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	1,270.55	1,032.38	1,086.72
70553	26	MRI BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	253.85	206.02	217.34
71010		RAD EXAM CHEST; SNGL VIEW FRONTAL	47.61	41.40	41.40
71010	26	RAD EXAM CHEST; SNGL VIEW FRONTAL	19.03	16.55	16.55
71020		RAD EXAM CHEST 2 VIEWS FRONTA L & LAT	55.22	48.02	48.02
71020	26	RAD EXAM CHEST 2 VIEWS FRONTA L & LAT	22.08	19.20	19.20

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
71021		RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	80.94	70.38	70.38
71021	26	RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	32.36	28.14	28.14
71022		RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	82.85	72.04	72.04
71022	26	RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	33.12	28.80	28.80
71030		RAD EXAM CHEST COMPLT MINI 4 VIEWS	90.46	78.66	78.66
71030	26	RAD EXAM CHEST COMPLT MINI 4 VIEWS	36.17	31.45	31.45
71035		RAD EXAM CHEST SPECIA L VIEWS	59.98	52.16	52.16
71035	26	RAD EXAM CHEST SPECIA L VIEWS	23.98	20.85	20.85
71100		RAD EXAM RIBS UNILAT; 2 VIEWS	62.85	54.65	54.65
71100	26	RAD EXAM RIBS UNILAT; 2 VIEWS	25.13	21.85	21.85

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
71101		RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	72.37	62.93	62.93
71101	26	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	28.93	25.16	25.16
71110		RAD EXAM RIBS BILAT; 3 VIEWS	76.18	66.24	66.24
71110	26	RAD EXAM RIBS BILAT; 3 VIEWS	30.45	26.48	26.48
71111		RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	90.46	78.66	78.66
71111	26	RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	36.17	31.45	31.45
71120		RAD EXAM; STERNUM MINI 2 VIEWS	55.22	48.02	48.02
71120	26	RAD EXAM; STERNUM MINI 2 VIEWS	22.08	19.20	19.20
71250		CAT THORAX; WO CONTRAST MAT	459.91	399.92	399.92
71250	26	CAT THORAX; WO CONTRAST MAT	114.98	99.98	99.98

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
71260		CAT THORAX; W/CONTRAST MAT	528.47	459.54	459.54
71260	26	CAT THORAX; W/CONTRAST MAT	132.12	114.89	114.89
71270		CAT THORAX; WO CONTRAST THEN W/CONTR AST	635.12	552.28	552.28
71270	26	CAT THORAX; WO CONTRAST THEN W/CONTR AST	158.78	138.07	138.07
72010		RAD EXAM SPINE-ENTIRE -SURVEY STUDY AP & LAT	149.28	118.76	130.77
72010	26	RAD EXAM SPINE-ENTIRE -SURVEY STUDY AP & LAT	59.65	47.50	52.28
72020		RAD EXAM SPINE SNGL VIEW SPEC LEVEL	54.68	43.50	47.90
72020	26	RAD EXAM SPINE SNGL VIEW SPEC LEVEL	21.85	17.40	19.15
72040		RAD EXAM SPINE CERV;	78.20	62.21	68.50

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72040	26	ANTEROPOSTER IOR & LAT RAD EXAM	31.25	24.88	27.38
72050		SPINE CERV; ANTEROPOSTER IOR & LAT RAD EXAM	99.52	79.17	87.18
72050	26	SPINE CERV; MINI 4 VIEWS RAD EXAM	39.77	31.67	34.85
72052		SPINE CERV; MINI 4 VIEWS RAD EXAM	118.12	93.96	103.46
72052	26	COMPLT INCL OBLIQ & FLEX RAD EXAM	47.20	37.58	41.36
72069		SPINE CERV; COMPLT INCL OBLIQ & FLEX RAD EXAM	76.56	60.90	67.06
72069	26	SPINE THORAC OLUMBAR STANDING RAD EXAM	30.59	24.36	26.81
72070		SPINE THORAC OLUMBAR STANDING RAD EXAM	75.46	60.03	66.10
72070	26	SPINE; THORACIC ANTEROPOSTER IOR & LAT RAD EXAM	30.15	24.01	26.43

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72072		SPINE; THORACIC ANTEROPOSTER IOR & LAT RAD EXAM	80.93	64.38	70.89
72072	26	SPINE; THORACIC AP & LAT W/SWIM VIEW RAD EXAM	32.34	25.75	28.34
72074		SPINE; THORACIC AP & LAT W/SWIM VIEW RAD EXAM	92.97	73.95	81.43
72074	26	SPINE; THORACIC COMPLT W/OBLIQ MINI 4 RAD EXAM SPINE;	37.15	29.58	32.56
72080		THORACIC COMPLT W/OBLIQ MINI 4 RAD EXAM SPINE;	78.74	62.64	68.98
72080	26	THORACOLUMBA R AP & LAT RAD EXAM SPINE;	31.46	25.06	27.58
72090		THORACOLUMBA R AP & LAT RAD EXAM SPINE;	92.97	73.95	81.43
		SCOLIOSIS STUDY W/SUPI NE & ERECT			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72090	26	RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPI NE & ERECT	37.15	29.58	32.56
72100		RAD EXAM SPINE LUMBOS ACRAL; AP & LAT	71.09	56.55	62.27
72100	26	RAD EXAM SPINE LUMBOS ACRAL; AP & LAT	28.41	22.62	24.90
72110		RAD EXAM SPINE LUMBOS ACRAL; COMPLT W/OBLIQ VIEWS	103.90	82.65	91.01
72110	26	RAD EXAM SPINE LUMBOS ACRAL; COMPLT W/OBLIQ VIEWS	41.52	33.06	36.39
72114		RAD EXAM SPINE LUMBOS ACRAL; COMPLT INCL BENDING	131.24	104.40	114.96
72114	26	RAD EXAM SPINE LUMBOS ACRAL; COMPLT INCL BENDING	52.44	41.76	45.96
72120		RAD EXAM SPINE LUMBOS	101.71	80.91	89.09

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		ACRAL BENDIN G ONLY MINI 4			
72120	26	RAD EXAM	40.64	32.36	35.62
		SPINE LUMBOS ACRAL BENDIN G ONLY MINI 4			
72125		CAT CERV	528.23	420.21	462.71
		SPINE; WO CONTRAST			
72125	26	CAT CERV	132.19	105.29	115.92
		SPINE; WO CONTRAST			
72126		CAT CERV	606.98	482.85	531.69
		SPINE; W/CONTRAST			
72126	26	CAT CERV	151.90	120.99	133.20
		SPINE; W/CONTRAST			
72128		CAT THORACIC	528.23	420.21	462.71
		SPINE; WO CONTRAST			
72128	26	CAT THORACIC	132.19	105.29	115.92
		SPINE; WO CONTRAST			
72131		CAT LUMBAR	528.23	420.21	462.71
		SPINE; WO CONTRAST			
72131	26	CAT LUMBAR	132.19	105.29	115.92
		SPINE; WO CONTRAST			
72132		CAT LUMBAR	606.98	482.85	531.69
		SPINE; W/CONTRAST			
72132	26	CAT LUMBAR	151.90	120.99	133.20

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72141		SPINE; W/CONTRAST MRI SPINAL	902.27	717.75	790.35
72141	26	CANAL & CONTENTS CERV; WO CONTRAST MRI SPINAL	180.26	143.55	158.40
72146		CANAL & CONTENTS THORACIC; WO	984.29	783.00	862.20
72146	26	CONTRST MRI SPINAL	196.65	156.60	172.80
72148		CANAL & CONTENTS LUMBAR; WO	935.08	743.85	819.09
72148	26	CONTRAST MRI SPINAL	186.82	148.77	164.16
72149		CANAL & MRI SPINAL	1,075.05	855.21	941.71

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72149	26	CONTENTS LUMBAR; W/CONTRAST MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	214.79	171.04	188.74
72156		MRI SPINAL CANAL WO THEN W/CONTR AST CERV	1,245.67	990.93	1,091.16
72156	26	MRI SPINAL CANAL WO THEN W/CONTR AST CERV	248.87	198.19	218.69
72157		MRI SPINAL CANAL WO THEN W/CONTR AST; THORACIC	1,358.31	1,080.54	1,189.84
72157	26	MRI SPINAL CANAL WO THEN W/CONTR AST; THORACIC	271.38	216.11	238.46
72158		MRI SPINAL CANAL WO THEN W/CONTR AST; LUMBAR	1,290.51	1,026.60	1,130.44
72158	26	MRI SPINAL CANAL WO THEN W/CONTR AST; LUMBAR	257.83	205.32	226.56
72170		RAD EXAM PELVIS;	62.34	49.59	54.61

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		ANTEROPOSTER IOR ONLY			
72170	26	RAD EXAM PELVIS; ANTEROPOSTER IOR ONLY	24.91	19.84	21.83
		ANTEROPOSTER IOR ONLY			
72190		RAD EXAM PELVIS; COMPLT MINI 3 VIEWS	78.74	62.64	68.98
		COMPLT MINI 3 VIEWS			
72190	26	RAD EXAM PELVIS; COMPLT MINI 3 VIEWS	31.46	25.06	27.58
		COMPLT MINI 3 VIEWS			
72192		CAT PELVIS; WO CONTRAST	441.83	351.48	387.03
		WO CONTRAST			
72192	26	CAT PELVIS; WO CONTRAST	110.57	88.07	96.96
		WO CONTRAST			
72193		CAT PELVIS; W/CONTRAST	508.55	404.55	445.47
		W/CONTRAST			
72193	26	CAT PELVIS; W/CONTRAST	127.27	101.37	111.60
		W/CONTRAST			
72194		CAT PELVIS; WO CONTRAST THEN W/CONTR AST	610.26	485.46	534.56
		WO CONTRAST THEN W/CONTR AST			
72194	26	CAT PELVIS; WO CONTRAST THEN W/CONTR AST	152.72	121.64	133.92
		WO CONTRAST THEN W/CONTR AST			
72196		MRI PELVIS	923.04	734.28	808.55
72196	26	MRI PELVIS	184.41	146.86	162.05
72200		RAD EXAM SACROILIAC	65.62	52.20	57.48

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
72200	26	JT; LESS THAN 3 VIEWS RAD EXAM SACROILIAC	26.22	20.88	22.98
72202		JT; LESS THAN 3 VIEWS RAD EXAM SACROILIAC	77.65	61.77	68.02
72202	26	JT; 3/MORE VIEWS RAD EXAM SACROILIAC	31.03	24.71	27.19
72220		JT; 3/MORE VIEWS RAD EXAM SACRUM & COCCYX MINI	66.71	53.07	58.44
72220	26	2 VIEWS RAD EXAM SACRUM & COCCYX MINI	26.66	21.23	23.36
72240		2 VIEWS MYELOGRAPHY CERV-RAD S & I	349.97	278.40	306.56
72240	26	MYELOGRAPHY CERV-RAD S & I	122.54	97.60	107.20
72265		MYELOGRAPHY LUMBOSACRAL- RAD S & I	343.40	273.18	300.81
72265	26	MYELOGRAPHY LUMBOSACRAL- RAD S & I	120.24	95.77	105.19
73000		RAD EXAM; CLAV COMPLT	58.40	48.86	50.96

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73000	26	RAD EXAM; CLAV COMPLT	23.39	19.53	20.40
73010		RAD EXAM; SCAPULA COMPLT	61.23	51.22	53.43
73010	26	RAD EXAM; SCAPULA COMPLT	24.52	20.48	21.39
73020		RAD EXAM SHOULDER; 1 VIEW	51.81	43.34	45.21
73020	26	RAD EXAM SHOULDER; 1 VIEW	20.75	17.33	18.10
73030		RAD EXAM SHOULDER; COMPLT MINI 2 VIEWS	65.93	55.16	57.54
73030	26	RAD EXAM SHOULDER; COMPLT MINI 2 VIEWS	26.40	22.05	23.03
73040		RAD EXAM SHOULDER ARTHROGRAPHY -RAD S & I	176.12	147.36	153.71
73040	26	RAD EXAM SHOULDER ARTHROGRAPHY -RAD S & I	61.72	51.61	53.86
73050		RAD EXAM; ACROMIOCLAV JT BILAT W/WO WT	58.40	48.86	50.96

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73050	26	DISTRACT RAD EXAM; ACROMIOCLAV JT BILAT W/WO WT	23.39	19.53	20.40
73060		DISTRACT RAD EXAM; HUMERUS MINI 2 VIEWS	54.63	45.70	47.68
73060	26	RAD EXAM; HUMERUS MINI 2 VIEWS	21.87	18.27	19.08
73070		RAD EXAM ELBOW; ANTEROPOSTER IOR & LAT VIEWS	48.98	40.98	42.74
73070	26	RAD EXAM ELBOW; ANTEROPOSTER IOR & LAT VIEWS	19.62	16.38	17.11
73080		RAD EXAM ELBOW; COMPLT MINI 3 VIEWS	54.63	45.70	47.68
73080	26	RAD EXAM ELBOW; COMPLT MINI 3 VIEWS	21.87	18.27	19.08
73090		RAD EXAM; FOREARM ANTEROPOSTER IOR & LAT	47.09	39.40	41.10

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73090	26	VIEWS RAD EXAM; FOREARM ANTEROPOSTER IOR & LAT VIEWS	18.86	15.75	16.45
73100		RAD EXAM WRIST; ANTEROPOSTER IOR & LAT VIEWS	43.32	36.25	37.81
73100	26	RAD EXAM WRIST; ANTEROPOSTER IOR & LAT VIEWS	17.35	14.49	15.13
73110		RAD EXAM WRIST; COMPLT MINI 3 VIEWS	48.98	40.98	42.74
73110	26	RAD EXAM WRIST; COMPLT MINI 3 VIEWS	19.62	16.38	17.11
73120		RAD EXAM HAND; 2 VIEWS	44.26	37.04	38.63
73120	26	RAD EXAM HAND; 2 VIEWS	17.73	14.81	15.46
73130		RAD EXAM HAND; MINI 3 VIEWS	48.98	40.98	42.74
73130	26	RAD EXAM HAND; MINI 3 VIEWS	19.62	16.38	17.11

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73140		RAD EXAM FINGER(S) MINI 2 VIEWS	37.20	31.13	32.47
73140	26	RAD EXAM FINGER(S) MINI 2 VIEWS	14.90	12.44	13.00
73200		CAT UPPER EXTREM; WO CONTRAST	380.51	318.35	332.09
73200	26	CAT UPPER EXTREM; WO CONTRAST	95.24	79.59	83.22
73220		MRI UPPER EXTREM OTHER THAN JT	795.87	665.86	694.59
73220	26	MRI UPPER EXTREM OTHER THAN JT	159.37	133.51	138.58
73221		MRI ANY JT UPPER EXTREM	776.09	649.31	677.33
73221	26	MRI ANY JT UPPER EXTREM	155.41	130.19	135.14
73500		RAD EXAM HIP; UNILAT 1 VIEW	42.44	35.40	36.35
73500	26	RAD EXAM HIP; UNILAT 1 VIEW	16.96	14.15	14.55
73510		RAD EXAM HIP; COMPLT MINI 2 VIEWS	52.62	43.90	45.07
73510	26	RAD EXAM HIP; COMPLT MINI 2 VIEWS	21.03	17.55	18.04

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73520		RAD EXAM HIPS BILAT MIN 2 VIEWS W/AP VIEW PELVIS	67.90	56.64	58.16
73520	26	RAD EXAM HIPS BILAT MIN 2 VIEWS W/AP VIEW PELVIS	27.14	22.64	23.28
73540		RAD EXAM PELVIS & HIPS INFANT/ CHILD MINI 2 VIEWS	57.71	48.14	49.44
73540	26	RAD EXAM PELVIS & HIPS INFANT/ CHILD MINI 2 VIEWS	23.07	19.24	19.79
73542		RAD EXAM S I JT ARTHROGRA PHY RAD S & I	158.71	132.40	135.95
73542	26	RAD EXAM S I JT ARTHROGRA PHY RAD S & I	55.49	46.38	47.50
73550		RAD EXAM FEMUR ANTERO POSTERIOR & LAT VIEWS	50.92	42.48	43.62
73550	26	RAD EXAM FEMUR ANTERO POSTERIOR & LAT VIEWS	20.36	16.98	17.46

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73560		RAD EXAM KNEE; ONE/TW O VIEWS	46.68	38.94	39.99
73560	26	RAD EXAM KNEE; ONE/TW O VIEWS	18.66	15.57	16.01
73562		RAD EXAM KNEE; THREE VIEWS	55.17	46.02	47.26
73562	26	RAD EXAM KNEE; THREE VIEWS	22.06	18.40	18.92
73564		RAD EXAM KNEE; COMPLT 4/MORE VIEWS	61.95	51.68	53.07
73564	26	RAD EXAM KNEE; COMPLT 4/MORE VIEWS	24.77	20.66	21.24
73565		RAD EXAM KNEE; BOTH KNEES STANDI NG AP	46.68	38.94	39.99
73565	26	RAD EXAM KNEE; BOTH KNEES STANDI NG AP	18.66	15.57	16.01
73590		RAD EXAM; TIB & FIB AP & LAT VIEWS	50.92	42.48	43.62
73590	26	RAD EXAM; TIB & FIB AP & LAT VIEWS	20.36	16.98	17.46
73592		RAD EXAM; LOWER EXTREM	50.92	42.48	43.62

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73592	26	INFANT MINI 2 VIEWS RAD EXAM; LOWER EXTREM	20.36	16.98	17.46
73600		INFANT MINI 2 VIEWS RAD EXAM	45.83	38.23	39.26
73600	26	ANK; ANTEROP OSTERIOR & LAT VIEWS RAD EXAM	18.32	15.28	15.71
73610		ANK; ANTEROP OSTERIOR & LAT VIEWS RAD EXAM	49.22	41.06	42.17
73610	26	ANK; COMPLT MINI 3 VIEWS RAD EXAM	19.68	16.41	16.88
73620		ANK; COMPLT MINI 3 VIEWS RAD EXAM FT; ANTEROPOSTER	47.53	39.65	40.71
73620	26	IOR & LAT VIEWS RAD EXAM FT; ANTEROPOSTER	19.00	15.85	16.30
73630		IOR & LAT VIEWS RAD EXAM FT; COMPLT MINI	49.22	41.06	42.17
73630	26	3 VIEWS RAD EXAM FT; COMPLT MINI	19.68	16.41	16.88
		3 VIEWS			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
73650		RAD EXAM; CALCAN MINI 2 VIEWS	42.44	35.40	36.35
73650	26	RAD EXAM; CALCAN MINI 2 VIEWS	16.96	14.15	14.55
73660		RAD EXAM; TOE(S) MINI 2 VIEWS	37.34	31.15	31.99
73660	26	RAD EXAM; TOE(S) MINI 2 VIEWS	14.93	12.45	12.80
73700		CAT LOWER EXTREM; WO CONTRAST	342.87	286.03	293.71
73700	26	CAT LOWER EXTREM; WO CONTRAST	85.95	71.51	73.53
73720		MRI LOWER EXTREM OTHER THAN JT	717.15	598.26	614.32
73720	26	MRI LOWER EXTREM OTHER THAN JT	143.82	119.99	122.53
73721		MRI ANY JT LOWER EXTREM	699.33	583.39	599.05
73721	26	MRI ANY JT LOWER EXTREM	140.24	117.01	119.48
74000		RAD EXAM ABD; SNGL ANTEROPOSTER IOR VIEW	53.71	45.92	44.04
74000	26	RAD EXAM ABD; SNGL	21.47	18.36	17.63

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74010		ANTEROPOSTERIOR VIEW RAD EXAM	67.13	57.40	55.06
74010	26	ABD; AP & ADD OBLIQ & CONE VIEWS RAD EXAM	26.84	22.95	22.04
74020		ABD; AP & ADD OBLIQ & CONE VIEWS RAD EXAM	74.36	63.58	60.98
74020	26	ABD; COMPLT INCL DECUBIT US & /OR ERECT RAD EXAM	29.73	25.42	24.41
74022		ABD; COMPLT INCL DECUBIT US & /OR ERECT RAD EXAM	103.27	88.30	84.70
74022	26	ACUTE ABD SERIES-PA CHEST RAD EXAM	41.29	35.30	33.90
74150		ABD; COMPLT ACUTE ABD SERIES-PA CHEST CAT ABD; WO CONTRAST	464.72	397.35	381.15
74150	26	CAT ABD; WO CONTRAST RAD EXAM	116.44	99.45	95.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74160		CONTRAST CAT ABD; W/CONTRAST	534.93	457.39	438.75
74160	26	CAT ABD; W/CONTRAST	134.03	114.48	109.82
74170		CAT ABD; WO CONTRAST THEN W/CONTR AST	641.31	548.34	525.99
74170	26	CAT ABD; WO CONTRAST THEN W/CONTR AST	160.69	137.24	131.65
74181		MRI ABD	871.60	745.25	714.87
74181	26	MRI ABD	174.71	149.39	142.64
74210		RAD EXAM; PHARYNX & /OR CERV ESOPH	110.55	101.87	91.28
74210	26	RAD EXAM; PHARYNX & /OR CERV ESOPH	44.17	40.79	36.53
74220		RAD EXAM; ESOPH	115.01	105.99	94.97
74220	26	RAD EXAM; ESOPH	45.95	42.44	38.01
74240		RAD EXAM GI TRACT UPPER; W/WO DELAY FILM WO KUB	154.10	142.00	127.24
74240	26	RAD EXAM GI TRACT UPPER; W/WO DELAY	61.57	56.86	50.92

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74241		FILM WO KUB RAD EXAM GI TRACT UPPER; W/WO DELAY FILM W/KUB	155.22	143.03	128.16
74241	26	RAD EXAM GI TRACT UPPER; W/WO DELAY FILM W/KUB	62.02	57.27	51.29
74245		RAD EXAM GI TRACT UPPER; W/SM BOWEL W/MX SERIAL	251.25	231.53	207.45
74245	26	RAD EXAM GI TRACT UPPER; W/SM BOWEL W/MX SERIAL	100.40	92.70	83.03
74246		RAD EXAM GI TRACT UPPER- AIR CONTRAST; WO KUB	165.27	152.29	136.46
74246	26	RAD EXAM GI TRACT UPPER- AIR CONTRAST; WO KUB	66.03	60.98	54.61
74247		RAD EXAM GI TRACT UPPER- AIR CONTRAST; W/KUB	173.09	159.50	142.91
74247	26	RAD EXAM GI TRACT UPPER- AIR CONTRAST; W/KUB	69.16	63.86	57.20
74249		RAD EXAM GI	256.83	236.67	212.06

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74249	26	TRACT UPPER- AIR CONTRAST; W/SM BOWEL RAD EXAM GI	102.63	94.76	84.87
74250		TRACT UPPER- AIR CONTRAST; W/SM BOWEL RAD EXAM SM	128.42	118.34	106.03
74250	26	BOWEL INCL MX SERIAL FILMS RAD EXAM SM	51.31	47.38	42.44
74270		BOWEL INCL MX SERIAL FILMS RAD EXAM	180.90	166.70	149.36
74270	26	COLON; BARIUM ENEMA W/WO KUB RAD EXAM	72.29	66.74	59.78
74280		COLON; BARIUM ENEMA W/WO KUB RAD EXAM	236.73	218.15	195.46
74280	26	COLON; AIR CONTRAST W/HI DENSITY BARIUM RAD EXAM	94.60	87.34	78.23
74290		COLON; AIR CONTRAST W/HI DENSITY BARIUM CHOLECYSTOGR	92.68	85.41	76.53
		APHY ORAL CONTRAST			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74290	26	CHOLECYSTOGR APHY ORAL CONTRAST	37.03	34.20	30.63
74400		UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	186.82	158.40	158.40
74400	26	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	74.69	63.30	63.30
74410		UROGRAPHY INFUSION DRIP TECH & /OR BOLUS TECH	199.27	168.96	168.96
74410	26	UROGRAPHY INFUSION DRIP TECH & /OR BOLUS TECH	79.67	67.52	67.52
74415		UROGRAPHY INFUSION DRIP & /OR BOLUS; W/NEPHROTOM	224.18	190.08	190.08
74415	26	UROGRAPHY INFUSION DRIP & /OR BOLUS; W/NEPHROTOM	89.63	75.96	75.96
74420		UROGRAPHY RETROGRADE W/WO KUB	124.55	105.60	105.60

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
74420	26	UROGRAPHY RETROGRADE W/WO KUB	49.80	42.20	42.20
76000		FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	159.83	139.37	139.37
76000	26	FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	55.99	48.73	48.73
76005		FLUORO GUID/LOCALIZ NEEDLE/CATH- SPINE INJ PROCS	216.50	188.78	188.78
76005	26	FLUORO GUID/LOCALIZ NEEDLE/CATH- SPINE INJ PROCS	75.84	66.01	66.01
76006		RAD EXAM STRESS VIEW(S) ANY JT-STRESS BY PHYS	84.27	73.49	73.49
76006	26	RAD EXAM STRESS VIEW(S) ANY JT-STRESS BY PHYS	50.58	44.08	44.08
76150		XERORADIOGRA PHY	72.65	63.35	63.35
76150	26	XERORADIOGRA	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		PHY			
76506		ECHO B-SCAN & /OR REAL TIME W/A-MOD E WHERE INDICA	182.69	158.86	158.86
76506	26	ECHO B-SCAN & /OR REAL TIME W/A-MOD E WHERE INDICA	82.24	71.51	71.51
76511		OPHTH ULTRAS OUND ECHO DX; A-SCAN ONLY	199.49	173.47	173.47
76511	26	OPHTH ULTRAS OUND ECHO DX; A-SCAN ONLY	89.80	78.09	78.09
76512		OPHTH ULTRAS OUND ECHO DX; CONTACT B-SCAN	220.49	191.73	191.73
76512	26	OPHTH ULTRAS OUND ECHO DX; CONTACT B-SCAN	99.26	86.31	86.31
76516		OPHTH BIOMET RY BY ULTRAS OUND ECHO A-SCAN	209.99	182.60	182.60
76516	26	OPHTH BIOMET RY BY ULTRAS OUND ECHO A-SCAN	94.53	82.20	82.20
76519		OPHTH BIOMET	209.99	182.60	182.60

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
76519	26	RY A-SCAN; W/IO LENS POWER CALCUL AT OPHTH BIOMET	94.53	82.20	82.20
76536		RY A-SCAN; W/IO LENS POWER CALCUL AT ECHO-SOFT	166.95	145.17	145.17
76536	26	TISS HEAD & NECK B-SCAN W/IMAGE DOCUMN ECHO-SOFT	75.15	65.35	65.35
76700		TISS HEAD & NECK B-SCAN W/IMAGE DOCUMN ECHO ABD	196.65	178.00	169.60
76700	26	B-SCAN W/IMAGE DOCUMEN; COMPLT ECHO ABD	88.55	80.20	76.40
76705		B-SCAN W/IMAGE DOCUMEN; COMPLT ECHO ABD	147.49	133.50	127.20
76705	26	B-SCAN & /OR REAL TIME W/IMAGE DOC; LTD ECHO ABD	66.41	60.15	57.30

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
76770		B-SCAN & /OR REAL TIME W/IMAGE DOC; LTD ECHO RETROPE RITON B-SCAN W/IMAGE DOCUMENT; COMPLT	187.81	169.99	161.97
76770	26	ECHO RETROPE RITON B-SCAN W/IMAGE DOCUMENT; COMPLT	84.57	76.59	72.96
76775		ECHO RETROPE RITON B-SCAN W/IMAGE DOCUMENT; LTD	120.95	109.47	104.30
76775	26	ECHO RETROPE RITON B-SCAN W/IMAGE DOCUMENT; LTD	54.46	49.32	46.99
76805		ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; COMPLT	199.66	184.08	189.21
76805	26	ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; COMPLT	89.92	82.84	85.14

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
76815		ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; LTD	146.64	135.20	138.97
76815	26	ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; LTD	66.04	60.84	62.53
76816		ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; REPEAT	128.59	118.56	121.87
76816	26	ECHO PG UTERUS B-SCAN W/IMAGE DOCUMENT; REPEAT	57.91	53.35	54.83
76818		FETAL BIOPHY SICAL PROFILE	208.68	192.40	197.77
76818	26	FETAL BIOPHY SICAL PROFILE	93.98	86.58	88.99
76830		ECHO TRANSVA GINAL	225.60	208.00	213.80
76830	26	ECHO TRANSVA GINAL	101.60	93.60	96.20
76856		ECHO PELVIC B-SCAN W/IMAGE DOCUMENT;	197.40	182.00	187.08

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
76856	26	COMPLT ECHO PELVIC B-SCAN W/IMAGE DOCUMENT;	88.90	81.90	84.18
76857		COMPLT ECHO PELVIC B-SCAN W/IMAGE DOCUMENT;	180.48	166.40	171.04
76857	26	LTD/F U ECHO PELVIC B-SCAN W/IMAGE DOCUMENT;	81.28	74.88	76.96
76870		LTD/F U ECHO SCROTUM & CONTENTS	169.20	156.00	160.35
76870	26	ECHO SCROTUM & CONTENTS	76.20	70.20	72.15
76872		ECHOGRAPHY TRANSRECTAL;	241.39	222.56	228.77
76872	26	ECHOGRAPHY TRANSRECTAL;	108.71	100.15	102.93
76880		ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMENT	169.20	156.00	160.35
76880	26	ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMENT	76.20	70.20	72.15

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
76934		ULTRASON GUIDAN THORACENT/AB D PARACENT-R AD S & I	168.07	154.96	159.28
76934	26	ULTRASON GUIDAN THORACENT/AB D PARACENT-R AD S & I	75.69	69.73	71.67
78006		THYROID IMAGING W/UPTAKE; SNGL DETERM	209.23	181.27	186.25
78006	26	THYROID IMAGING W/UPTAKE; SNGL DETERM	62.80	54.45	55.94
78007		THYROID IMAGING W/UPTAKE; MX DETERM	236.96	205.30	210.94
78007	26	THYROID IMAGING W/UPTAKE; MX DETERM	71.13	61.66	63.36
78215		LIVER & SPLEEN IMAGING; STATIC ONLY	346.61	300.30	308.55
78215	26	LIVER & SPLEEN IMAGING; STATIC ONLY	86.65	75.08	77.28

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
78223		HEPATOBI DUCT SYST IMAGING INCL GB W/WO FUNCT	325.19	281.74	289.48
78223	26	HEPATOBI DUCT SYST IMAGING INCL GB W/WO FUNCT	81.29	70.43	72.50
78300		BONE & /OR JT IMAGING; LTD AREA	289.89	251.16	258.06
78300	26	BONE & /OR JT IMAGING; LTD AREA	87.02	75.44	77.51
78305		BONE & /OR JT IMAGING; MX AREAS	359.21	311.22	319.77
78305	26	BONE & /OR JT IMAGING; MX AREAS	107.84	93.48	96.05
78306		BONE & /OR JT IMAGING; WHOLE BODY	384.42	333.06	342.21
78306	26	BONE & /OR JT IMAGING; WHOLE BODY	115.40	100.04	102.79
78315		BONE & /OR JT IMAGING; 3 PHASE STUDY	409.63	354.90	364.65
78315	26	BONE & /OR JT IMAGING; 3 PHASE STUDY	122.97	106.60	109.53
78351		BONE DENSITY -1/MORE	185.28	160.52	164.93

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
78351	26	SITES; DUAL PHOTON ABSORP BONE DENSITY -1/MORE	55.61	48.22	49.54
78461		SITES; DUAL PHOTON ABSORP MYOCARDIAL	644.07	558.01	573.34
78461	26	PERFUS IMAG; MX STUDIES REST/STRESS MYOCARDIAL	193.34	167.61	172.21
78464		PERFUS IMAG; MX STUDIES REST/STRESS MYOCARDIAL	567.18	491.40	504.90
78464	26	TOMO (SPECT) SNGL STUDY MYOCARDIAL	113.33	98.10	100.80
78465		PERFUS IMAG; TOMO (SPECT) SNGL STUDY MYOCARDIAL	869.68	753.48	774.18
78465	26	PERFUS IMAG; TOMO (SPECT) MX STUDIES MYOCARDIAL	173.78	150.42	154.56
78472		PERFUS IMAG; TOMO (SPECT) MX STUDIES CARDIAC BLD	410.90	355.99	365.77
		POOL IMAG GATED EQUILI B; SNGL STUDY			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
78472	26	CARDIAC BLD POOL IMAG GATED EQUILI B; SNGL STUDY	123.34	106.93	109.86
78481		CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	434.84	376.74	387.09
78481	26	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	130.54	113.16	116.27
78580		PULM PERFUSI ON IMAGING PARTICULATE	317.62	275.18	282.74
78580	26	PULM PERFUSI ON IMAGING PARTICULATE	79.41	68.80	70.81
78707		KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	394.51	341.80	351.19
78707	26	KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	118.43	102.66	105.48
80048		BASIC METABO LIC PANEL	23.82	23.16	17.60
80048	26	BASIC METABO LIC PANEL	0.00	0.00	0.00
80050		GENERAL HEALTH PANEL	62.36	60.67	46.10

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
80050	26	GENERAL HEALTH PANEL	0.00	0.00	0.00
80051		ELECTROLYTE PANEL	19.27	18.75	14.25
80051	26	ELECTROLYTE PANEL	0.00	0.00	0.00
80053		COMP METABOLIC PANEL	32.88	31.99	24.30
80053	26	COMP METABOLIC PANEL	0.00	0.00	0.00
80055		OB PANEL	71.44	69.49	52.80
80055	26	OB PANEL	0.00	0.00	0.00
80061		LIPID PANEL	43.65	42.47	32.27
80061	26	LIPID PANEL	0.00	0.00	0.00
80072		ARTHRITIS PANEL	61.23	59.56	45.25
80072	26	ARTHRITIS PANEL	0.00	0.00	0.00
80074		ACUTE HEPATITIS PANEL	106.58	103.68	78.78
80074	26	ACUTE HEPATITIS PANEL	0.00	0.00	0.00
80076		HEPATIC FUNCTION PANEL	22.68	22.06	16.76
80076	26	HEPATIC FUNCTION PANEL	0.00	0.00	0.00
80100		DRUG SCREEN; MX DRUG CLASSES EA PROC	62.68	71.15	73.83

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
80100	26	DRUG SCREEN; MX DRUG CLASSES EA PROC	0.00	0.00	0.00
80101		DRUG SCREEN; SNGL DRUG CLASS EA DRUG CLASS	49.86	56.60	58.73
80101	26	DRUG SCREEN; SNGL DRUG CLASS EA DRUG CLASS	0.00	0.00	0.00
80102		DRUG CONFIRM EA PROC	71.23	80.85	83.90
80102	26	DRUG CONFIRM EA PROC	0.00	0.00	0.00
80103		TISS PREP DRUG ANALY	35.62	40.43	41.95
80103	26	TISS PREP DRUG ANALY	0.00	0.00	0.00
80150		AMIKACIN	64.11	72.77	75.51
80150	26	AMIKACIN	0.00	0.00	0.00
80152		AMITRIPTYLINE	71.23	80.85	83.90
80152	26	AMITRIPTYLINE	0.00	0.00	0.00
80154		BENZODIAZEPI NES	71.23	80.85	83.90
80154	26	BENZODIAZEPI NES	0.00	0.00	0.00
80156		CARBAMAZEPINE	56.98	64.68	67.12
80156	26	CARBAMAZEPINE	0.00	0.00	0.00
80158		CYCLOSPORINE	85.48	97.02	100.68
80158	26	CYCLOSPORINE	0.00	0.00	0.00
80160		DESIPRAMINE	71.23	80.85	83.90
80160	26	DESIPRAMINE	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
80162		DIGOXIN	54.14	61.45	63.76
80162	26	DIGOXIN	0.00	0.00	0.00
80164		DIPROPYLACET IC ACID	56.98	64.68	67.12
80164	26	DIPROPYLACET IC ACID	0.00	0.00	0.00
80166		DOXEPIN	71.23	80.85	83.90
80166	26	DOXEPIN	0.00	0.00	0.00
80168		ETHOSUXIMIDE	64.11	72.77	75.51
80168	26	ETHOSUXIMIDE	0.00	0.00	0.00
80170		GENTAMICIN	56.98	64.68	67.12
80170	26	GENTAMICIN	0.00	0.00	0.00
80172		GOLD	56.98	64.68	67.12
80172	26	GOLD	0.00	0.00	0.00
80174		IMIPRAMINE	71.23	80.85	83.90
80174	26	IMIPRAMINE	0.00	0.00	0.00
80176		LIDOCAINE	56.98	64.68	67.12
80176	26	LIDOCAINE	0.00	0.00	0.00
80178		LITHIUM	32.77	37.19	38.59
80178	26	LITHIUM	0.00	0.00	0.00
80182		NORTRIPTYLINE	71.23	80.85	83.90
80182	26	NORTRIPTYLINE	0.00	0.00	0.00
80184		PHENOBARBITAL	56.98	64.68	67.12
80184	26	PHENOBARBITAL	0.00	0.00	0.00
80185		PHENYTOIN; TOT	54.14	61.45	63.76
80185	26	PHENYTOIN; TOT	0.00	0.00	0.00
80186		PHENYTOIN; FREE	56.98	64.68	67.12
80186	26	PHENYTOIN; FREE	0.00	0.00	0.00
80188		PRIMIDONE	56.98	64.68	67.12
80188	26	PRIMIDONE	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
80190		PROCAINAMIDE	56.98	64.68	67.12
80190	26	PROCAINAMIDE	0.00	0.00	0.00
80192		PROCAINAMIDE; W/METABOLITES	78.35	88.94	92.29
80192	26	PROCAINAMIDE; W/METABOLITES	0.00	0.00	0.00
80194		QUINIDINE	56.98	64.68	67.12
80194	26	QUINIDINE	0.00	0.00	0.00
80196		SALICYLATE	34.19	38.81	40.27
80196	26	SALICYLATE	0.00	0.00	0.00
80197		TACROLIMUS	85.48	97.02	100.68
80197	26	TACROLIMUS	0.00	0.00	0.00
80198		THEOPHYLLINE	54.14	61.45	63.76
80198	26	THEOPHYLLINE	0.00	0.00	0.00
80200		TOBRAMYCIN	64.11	72.77	75.51
80200	26	TOBRAMYCIN	0.00	0.00	0.00
80201		TOPIRAMATE	56.98	64.68	67.12
80201	26	TOPIRAMATE	0.00	0.00	0.00
80202		VANCOMYCIN	56.98	64.68	67.12
80202	26	VANCOMYCIN	0.00	0.00	0.00
80299		QUAN DRUG NES	71.23	80.85	83.90
80299	26	QUAN DRUG NES	0.00	0.00	0.00
81000		UA DIP STICK/TABLET REAGENT; NON-AUTO W/MICRO	12.39	9.57	12.74
81000	26	UA DIP STICK/TABLET REAGENT; NON-AUTO W/MICRO	0.00	0.00	0.00
81001		UA DIP STICK/TABLET	12.39	9.57	12.74

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
81001	26	REAGENT; AUTO W/MICRO UA DIP	0.00	0.00	0.00
81002		STICK/TABLET REAGENT; AUTO W/MICRO UA DIP	9.69	7.49	9.97
81002	26	STICK/TABLET REAGENT; WO MICRO NON-AUTO UA DIP	0.00	0.00	0.00
81003		STICK/TABLET REAGENT; WO MICRO NON-AUTO UA DIP	9.69	7.49	9.97
81003	26	STICK/TABLET REAGENT; WO MICRO AUTO UA DIP	0.00	0.00	0.00
81005		UA; QUAL/SEM IQUAN EX IMMUNOASSAYS	8.62	6.66	8.86
81005	26	UA; QUAL/SEM IQUAN EX IMMUNOASSAYS	0.00	0.00	0.00
81007		UA; BACTERUR IA SCRN NON-CULT TECH COMMERC	12.92	9.99	13.30

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
81007	26	IAL KIT UA; BACTERUR	0.00	0.00	0.00
81015		IA SCR NON-CULT TECH COMMERCIAL KIT UA; MICRO	9.69	7.49	9.97
81015	26	ONLY UA; MICRO	0.00	0.00	0.00
81020		ONLY UA; 2 OR 3 GLASS TEST	11.85	9.15	12.19
81020	26	GLASS TEST UA; 2 OR 3 GLASS TEST	0.00	0.00	0.00
82055		ALCOHOL; ANY SPECMN EX BREATH	32.31	24.96	33.24
82055	26	ALCOHOL; ANY SPECMN EX BREATH	0.00	0.00	0.00
82105		ALPHA-FETOPR OTEIN; SERUM	50.62	39.11	52.08
82105	26	ALPHA-FETOPR OTEIN; SERUM	0.00	0.00	0.00
82106		ALPHA-FETOPR OTEIN; AMNIOTIC FLUID	50.62	39.11	52.08
82106	26	ALPHA-FETOPR OTEIN; AMNIOTIC FLUID	0.00	0.00	0.00
82150		AMYLASE	17.23	13.31	17.73
82150	26	AMYLASE	0.00	0.00	0.00
82172		APOLIPOPROTE	35.54	27.46	36.56

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		IN EA			
82172	26	APOLIPOPROTE	0.00	0.00	0.00
		IN EA			
82247		BILIRUBIN;	14.00	10.82	14.40
		TOT			
82247	26	BILIRUBIN;	0.00	0.00	0.00
		TOT			
82248		BILIRUBIN;	14.00	10.82	14.40
		DIRECT			
82248	26	BILIRUBIN;	0.00	0.00	0.00
		DIRECT			
82251		BILI; TOT &	16.16	12.49	16.62
		DIRECT			
82251	26	BILI; TOT &	0.00	0.00	0.00
		DIRECT			
82270		BLD OCCULT;	10.77	8.32	11.08
		FECES 1-3			
		SIMULTANEOUS			
		DETERM			
82270	26	BLD OCCULT;	0.00	0.00	0.00
		FECES 1-3			
		SIMULTANEOUS			
		DETERM			
82273		BLD OCCULT;	10.77	8.32	11.08
		OTHER SOURCE			
		S QUAL			
82273	26	BLD OCCULT;	0.00	0.00	0.00
		OTHER SOURCE			
		S QUAL			
82310		CALCIUM; TOT	14.00	10.82	14.40
82310	26	CALCIUM; TOT	0.00	0.00	0.00
82374		CARBON	14.00	10.82	14.40
		DIOXIDE			
82374	26	CARBON	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		DIOXIDE			
82785		GG; IGE	46.31	35.79	47.64
82785	26	GG; IGE	0.00	0.00	0.00
82800		GASES BLD PH ONLY	28.00	21.63	28.81
82800	26	GASES BLD PH ONLY	0.00	0.00	0.00
82803		GASES BLD ANY COMBO-PH /PCO2/PO2/CO 2/HCO3	54.93	42.44	56.51
82803	26	GASES BLD ANY COMBO-PH /PCO2/PO2/CO 2/HCO3	0.00	0.00	0.00
82805		GASES BLD ANY COMBO; W/O2 SAT EX OXIMETRY	59.24	45.77	60.94
82805	26	GASES BLD ANY COMBO; W/O2 SAT EX OXIMETRY	0.00	0.00	0.00
82810		GASES BLD O2 SAT ONLY DIREC MEASUR EX OXIMETRY	30.16	23.30	31.02
82810	26	GASES BLD O2 SAT ONLY DIREC MEASUR EX OXIMETRY	0.00	0.00	0.00
82947		GLU; QUAN	14.00	10.82	14.40
82947	26	GLU; QUAN	0.00	0.00	0.00
82948		GLU; BLD	10.77	8.32	11.08

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
82948	26	REAGENT STRIP GLU; BLD	0.00	0.00	0.00
82950		REAGENT STRIP GLU; POST	18.31	14.14	18.84
82950	26	GLU DOSE GLU; POST	0.00	0.00	0.00
82951		GLU DOSE GLU; TOLERAN	39.85	30.79	41.00
82951	26	CE TEST 3 SPECMN GLU; TOLERAN	0.00	0.00	0.00
82952		CE TEST 3 SPECMN GLU; TOLERAN	10.77	8.32	11.08
82952	26	CE TEST EA ADD BEYOND 3 SPECMN GLU; TOLERAN	0.00	0.00	0.00
82977		CE TEST EA ADD BEYOND 3 SPECMN GLUTAMYLTRAN	14.00	10.82	14.40
82977	26	SFERASE GAMMA GLUTAMYLTRAN	0.00	0.00	0.00
83001		SFERASE GAMMA GONADOTROPIN; FOLLICLE	53.85	41.61	55.40
83001	26	STIM HORMONE GONADOTROPIN; FOLLICLE	0.00	0.00	0.00
83002		STIM HORMONE GONADOTROPIN; LUTEINIZIN G HORMONE	53.85	41.61	55.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
83002	26	GONADOTROPIN; LUTEINIZIN G HORMONE	0.00	0.00	0.00
83020		HGB FRACTION AT & QUANTIT AT: ELEC-PHO RE	40.39	31.20	41.55
83020	26	HGB FRACTION AT & QUANTIT AT: ELEC-PHO RE	12.11	9.36	12.45
83036		HGB; GLYCATED	31.23	24.13	32.13
83036	26	HGB; GLYCATED	0.00	0.00	0.00
83518		IMMUNOASSAY ANALYTE NOT AB/INFECT AG; SINGL STEP	21.54	16.64	22.16
83518	26	IMMUNOASSAY ANALYTE NOT AB/INFECT AG; SINGL STEP	0.00	0.00	0.00
83519		IMMUNOASSAY ANALYTE QUAN; BY RADIOPHARM TECH	45.23	34.95	46.54
83519	26	IMMUNOASSAY ANALYTE QUAN; BY RADIOPHARM TECH	0.00	0.00	0.00
83540		IRON	14.00	10.82	14.40

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
83540	26	IRON	0.00	0.00	0.00
83550		IRON BINDING CAPACITY	18.85	14.56	19.39
83550	26	IRON BINDING CAPACITY	0.00	0.00	0.00
83718		LIPOPROTEIN DIRECT MEASUR; HIGH DENSITY CHOL	20.46	15.81	21.05
83718	26	LIPOPROTEIN DIRECT MEASUR; HIGH DENSITY CHOL	0.00	0.00	0.00
83719		LIPOPROTEIN DIRECT MEASUR; VLDL CHOL	22.62	17.48	23.27
83719	26	LIPOPROTEIN DIRECT MEASUR; VLDL CHOL	0.00	0.00	0.00
83735		MAGNESIUM	15.08	11.65	15.51
83735	26	MAGNESIUM	0.00	0.00	0.00
84066		PHOSPHATASE ACID; PROSTA TIC	41.40	41.65	56.02
84066	26	PHOSPHATASE ACID; PROSTATIC	0.00	0.00	0.00
84075		PHOSPHATASE ALKALINE	16.31	16.41	22.07
84075	26	PHOSPHATASE ALKALINE	0.00	0.00	0.00
84132		POTASSIUM; SERUM	16.31	16.41	22.07

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
84132	26	POTASSIUM; SERUM	0.00	0.00	0.00
84144		PROGESTERONE	62.73	63.10	84.87
84144	26	PROGESTERONE	0.00	0.00	0.00
84146		PROLACTIN	62.73	63.10	84.87
84146	26	PROLACTIN	0.00	0.00	0.00
84155		PROT; TOT EX REFRACTOMETR Y	16.31	16.41	22.07
84155	26	PROT; TOT EX REFRACTOMETR Y	0.00	0.00	0.00
84165		PROT; ELEC-P HORE FRACTIO NATION & QUAN	45.17	45.43	61.11
84165	26	PROT; ELEC-P HORE FRACTIO NATION & QUAN	9.03	9.07	12.21
84233		RECEPTOR ASSAY; ESTROGEN	89.08	89.60	120.52
84233	26	RECEPTOR ASSAY; ESTROGEN	0.00	0.00	0.00
84295		SODIUM; SERUM	16.31	16.41	22.07
84295	26	SODIUM; SERUM	0.00	0.00	0.00
84403		TESTOSTERONE; TOT	58.96	59.31	79.78
84403	26	TESTOSTERONE; TOT	0.00	0.00	0.00
84436		THYROXINE; TOT	22.58	22.72	30.56
84436	26	THYROXINE; TOT	0.00	0.00	0.00
84439		THYROXINE; FREE	37.64	37.86	50.92

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
84439	26	THYROXINE; FREE	0.00	0.00	0.00
84443		THYROID STIM HORMONE	52.69	53.00	71.29
84443	26	THYROID STIM HORMONE	0.00	0.00	0.00
84450		TRANSFERASE; ASPARTATE AMINO	16.31	16.41	22.07
84450	26	TRANSFERASE; ASPARTATE AMINO	0.00	0.00	0.00
84460		TRANSFERASE; ALANINE AMINO	16.31	16.41	22.07
84460	26	TRANSFERASE; ALANINE AMINO	0.00	0.00	0.00
84478		TRIGLYCERIDES	16.31	16.41	22.07
84478	26	TRIGLYCERIDES	0.00	0.00	0.00
84479		THYROID HORMONE UPTAKE/HORMO NE BINDING RATIO	22.58	22.72	30.56
84479	26	THYROID HORMONE UPTAKE/HORMO NE BINDING RATIO	0.00	0.00	0.00
84480		TRIIODOTHYRO NINE T3; TOT (TT3)	50.18	50.48	67.90
84480	26	TRIIODOTHYRO NINE T3; TOT (TT3)	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
84520		UREA NITRO; QUAN	16.31	16.41	22.07
84520	26	UREA NITRO; QUAN	0.00	0.00	0.00
84550		URIC ACID; BLD	16.31	16.41	22.07
84550	26	URIC ACID; BLD	0.00	0.00	0.00
84702		GONADOTROPIN CHORIONIC; QUAN	50.18	50.48	67.90
84702	26	GONADOTROPIN CHORIONIC; QUAN	0.00	0.00	0.00
84703		GONADOTROPIN CHORIONIC; QUAL	28.86	29.03	39.04
84703	26	GONADOTROPIN CHORIONIC; QUAL	0.00	0.00	0.00
85002		BLEEDING TIME	27.60	22.87	24.61
85002	26	BLEEDING TIME	0.00	0.00	0.00
85007		BLD CT; MANUAL DIFF WBC CT	15.78	13.07	14.06
85007	26	BLD CT; MANUAL DIFF WBC CT	0.00	0.00	0.00
85009		BLD CT; DIFF WBC CT BUFFY COAT	15.78	13.07	14.06
85009	26	BLD CT; DIFF WBC CT BUFFY COAT	0.00	0.00	0.00
85014		BLD CT; OTHER THAN	11.83	9.80	10.55

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		SPUN HEMATOC RIT			
85014	26	BLD CT; OTHER THAN SPUN HEMATOC RIT	0.00	0.00	0.00
85018		BLD CT; HGB	11.83	9.80	10.55
85018	26	BLD CT; HGB	0.00	0.00	0.00
85021		BLD CT; HG AUTOMATED	19.72	16.34	17.58
85021	26	BLD CT; HG AUTOMATED	0.00	0.00	0.00
85022		BLD CT; HG AUTOMATED & MANUAL DIFF WBC CT	23.00	19.06	20.51
85022	26	BLD CT; HG AUTOMATED & MANUAL DIFF WBC CT	0.00	0.00	0.00
85023		BLD CT; HG/PLATELET CT AUTO & MANUAL WBC	28.92	23.96	25.78
85023	26	BLD CT; HG/PLATELET CT AUTO & MANUAL WBC	0.00	0.00	0.00
85024		BLD CT; HG/PLATELET CT AUTO & AUTO PART WBC	23.66	19.60	21.10
85024	26	BLD CT; HG/PLATELET	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
85025		CT AUTO & AUTO PART WBC BLD CT; HG/PLATELET	24.32	20.15	21.68
85025	26	CT AUTO & AUTO COMPLT WBC BLD CT; HG/PLATELET	0.00	0.00	0.00
85027		CT AUTO & AUTO COMPLT WBC BLD CT; HG & PLATELET CT	23.00	19.06	20.51
85027	26	AUTOMATED BLD CT; HG & PLATELET CT AUTOMATED	0.00	0.00	0.00
85031		BLD CT; HG MANUAL COMPLT CBC	24.32	20.15	21.68
85031	26	BLD CT; HG MANUAL COMPLT CBC	0.00	0.00	0.00
85044		BLD CT; RETICULOCYTE CT MANUAL	19.72	16.34	17.58
85044	26	BLD CT; RETICULOCYTE CT MANUAL	0.00	0.00	0.00
85060		BLD SMEAR PERIPHERAL INTERPT-PHYS W/WRIT REPORT	46.01	38.12	41.02

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
85060	26	BLD SMEAR PERIPHERAL INTERPT-PHYS W/WRIT REPORT	46.01	38.12	41.02
85095		BONE MARROW; ASPIRAT ONLY	139.33	115.43	124.23
85095	26	BONE MARROW; ASPIRAT ONLY	139.33	115.43	124.23
85097		BONE MARROW; SMEAR INTERP T ONLY W/WO DIF CELL CT	118.30	98.01	105.48
85097	26	BONE MARROW; SMEAR INTERP T ONLY W/WO DIF CELL CT	118.30	98.01	105.48
85576		PLATELET; AGGREGATION EA AGENT	65.72	54.45	58.60
85576	26	PLATELET; AGGREGATION EA AGENT	13.17	10.90	11.70
85590		PLATELET; MANUAL CT	15.78	13.07	14.06
85590	26	PLATELET; MANUAL CT	0.00	0.00	0.00
85595		PLATELET; AUTOMATED CT	15.78	13.07	14.06
85595	26	PLATELET; AUTOMATED CT	0.00	0.00	0.00
85610		PROTHROMBIN TIME	18.40	15.25	16.41
85610	26	PROTHROMBIN TIME	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
85651		SED RATE ERYTHROCYTE NON- AUTOMATED	16.43	13.61	14.65
85651	26	SED RATE ERYTHROCYTE NON- AUTOMATED	0.00	0.00	0.00
85652		SED RATE, ERYTHROCYTE; AUTO	16.43	13.61	14.65
85652	26	SED RATE, ERYTHROCYTE; AUTO	0.00	0.00	0.00
85730		THROMBOPLAST IN TIME PART; PLASMA /WHOLE BLD	22.34	18.51	19.92
85730	26	THROMBOPLAST IN TIME PART; PLASMA /WHOLE BLD	0.00	0.00	0.00
86003		ALLERG SPEC IGE; QUAN/SE MI-QUAN, EA ALLERG	12.38	13.71	15.65
86003	26	ALLERG SPEC IGE; QUAN/SE MI-QUAN, EA ALLERG	0.00	0.00	0.00
86005		ALLERG SPEC IGE; QUAL MULTIALLERG SCREEN	56.25	62.30	71.15

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
86005	26	ALLERG SPEC IGE; QUAL MULTIALLERG SCREEN	0.00	0.00	0.00
86038		ANTINUCLEAR ANTIB	39.38	43.61	49.81
86038	26	ANTINUCLEAR ANTIB	0.00	0.00	0.00
86060		ANTISTREPTOL YSIN 0; TITER	27.00	29.90	34.15
86060	26	ANTISTREPTOL YSIN 0; TITER	0.00	0.00	0.00
86140		C-REACTIVE PROT	21.38	23.67	27.04
86140	26	C-REACTIVE PROT	0.00	0.00	0.00
86255		FLUORESCENT NONINFECT AGENT ANTIB; SCREEN EA	39.38	43.61	49.81
86255	26	FLUORESCENT NONINFECT AGENT ANTIB; SCREEN EA	0.00	0.00	0.00
86256		FLUORESCENT ANTIB; TITER EA ANTIB	48.38	53.58	61.19
86256	26	FLUORESCENT ANTIB; TITER EA ANTIB	0.00	0.00	0.00
86280		HEMAGGLUTINA TION INHIBIT TEST	32.63	36.13	41.27
86280	26	HEMAGGLUTINA TION INHIBIT TEST	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		TION INHIBIT TEST			
86310		HETEROPHILE ANTIB; TITER AFTER ABSORPT	28.13	31.15	35.58
86310	26	HETEROPHILE ANTIB; TITER AFTER ABSORPT	0.00	0.00	0.00
86316		IMMUNOASSAY TUMOR ANTIG EA	58.50	64.79	74.00
86316	26	IMMUNOASSAY TUMOR ANTIG EA	0.00	0.00	0.00
86317		IMMUNOASSAY INFEC AGENT ANTIB QUAN NOS	27.00	29.90	34.15
86317	26	IMMUNOASSAY INFEC AGENT ANTIB QUAN NOS	0.00	0.00	0.00
86318		IMMUNOASSAY INFEC AGENT ANTIB SNGL STEP	27.00	29.90	34.15
86318	26	IMMUNOASSAY INFEC AGENT ANTIB SNGL STEP	0.00	0.00	0.00
86329		IMMUNODIFFUS ION; NES	54.00	59.81	68.30
86329	26	IMMUNODIFFUS ION; NES	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
86403		PARTICLE AGGLUTINATIO N; SCREEN-EA ANTIB	18.00	19.94	22.77
86403	26	PARTICLE AGGLUTINATIO N; SCREEN-EA ANTIB	0.00	0.00	0.00
86430		RHEUMATOID FACTOR; QUAL	21.38	23.67	27.04
86430	26	RHEUMATOID FACTOR; QUAL	0.00	0.00	0.00
86580		SKIN TEST; TUBERCULOSIS INTRADERMAL	14.63	16.20	18.50
86580	26	SKIN TEST; TUBERCULOSIS INTRADERMAL	0.00	0.00	0.00
86585		SKIN TEST; TUBERCULOSIS TINE TEST	11.25	12.46	14.23
86585	26	SKIN TEST; TUBERCULOSIS TINE TEST	0.00	0.00	0.00
86592		SYPHILIS TEST; QUAL	14.63	16.20	18.50
86592	26	SYPHILIS TEST; QUAL	0.00	0.00	0.00
86701		ANTIB; HIV-1	38.25	42.36	48.38
86701	26	ANTIB; HIV-1	0.00	0.00	0.00
86702		ANTIB; HIV-2	56.25	62.30	71.15
86702	26	ANTIB; HIV-2	0.00	0.00	0.00
86703		ANTIB; HIV-1 & HIV-2 SNGL	38.25	42.36	48.38

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		ASSAY			
86703	26	ANTIB; HIV-1 & HIV-2 SNGL	0.00	0.00	0.00
		ASSAY			
86704		HEPATITIS B CORE ANTIBOD	39.38	43.61	49.81
		Y; IGG & IGM			
86704	26	HEPATITIS B CORE ANTIBOD	0.00	0.00	0.00
		Y; IGG & IGM			
86706		HEPATITIS B SURFACE	34.88	38.63	44.11
		ANTIBODY			
86706	26	HEPATITIS B SURFACE	0.00	0.00	0.00
		ANTIBODY			
86708		HEPATITIS A ANTIBODY;	41.63	46.10	52.65
		IGG & IGM			
86708	26	HEPATITIS A ANTIBODY;	0.00	0.00	0.00
		IGG & IGM			
86803		HEPATITIS C ANTIBODY;	55.13	61.05	69.73
		ANTIBODY;			
86803	26	HEPATITIS C ANTIBODY;	0.00	0.00	0.00
		ANTIBODY;			
86850		ANTIB SCREEN RBC EA SERUM	22.50	24.92	28.46
		TECH			
86850	26	ANTIB SCREEN RBC EA SERUM	0.00	0.00	0.00
		TECH			
86890		AUTOLGUS BLD/COMP	90.00	99.68	113.84

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
86890	26	COLLEC PROCES/STOR; PREDEPOSIT AUTOLGUS BLD/COMP COLLEC PROCES/STOR; PREDEPOSIT	0.00	0.00	0.00
86900		BLD TYPING; ABO	12.38	13.71	15.65
86900	26	BLD TYPING; ABO	0.00	0.00	0.00
86901		BLD TYPING; RH	11.25	12.46	14.23
86901	26	BLD TYPING; RH	0.00	0.00	0.00
86905		BLD TYPING; RBC ANTIG OTHER THAN ABO/RH EA	13.50	14.95	17.08
86905	26	BLD TYPING; RBC ANTIG OTHER THAN ABO/RH EA	0.00	0.00	0.00
87015		CONCNTRAT PARASITES OVA/TUBERCLE BACILLUS	22.18	20.17	27.29
87015	26	CONCNTRAT PARASITES OVA/TUBERCLE BACILLUS	0.00	0.00	0.00
87040		CULTURE BACTERIAL	29.57	26.89	36.39

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87040	26	DEFINITIVE; BLD CULTURE	0.00	0.00	0.00
87045		BACTERIAL DEFINITIVE; BLD CULTURE	34.85	31.70	42.88
87045	26	BACTERIAL DEFINITIVE; STOOL CULTURE	0.00	0.00	0.00
87060		BACTERIAL DEFINITIVE; STOOL CULTURE	19.01	17.29	23.39
87060	26	BACTERIAL DEFINITIVE; THROAT/NOSE CULTURE	0.00	0.00	0.00
87070		BACTERIAL DEFINITIVE; THROAT/NOSE CULTURE	28.51	25.93	35.09
87070	26	BACTERIAL DEFINITIVE; ANY OTHER SOURCE CULTURE	0.00	0.00	0.00
87072		BACTERIAL DEFINITIVE; ANY OTHER SOURCE CULT/DIRECT BACT ID EA	19.01	17.29	23.39

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87072	26	COMMERCIAL KIT NOT URIN CULT/DIRECT BACT ID EA COMMERCIAL KIT NOT URIN	0.00	0.00	0.00
87081		CULTURE BACTERIAL SCREENING ONLY SNGL ORGANISMS	16.90	15.37	20.79
87081	26	CULTURE BACTERIAL SCREENING ONLY SNGL ORGANISMS	0.00	0.00	0.00
87082		CULT PREBT PATHOGEN SCRN ONLY KIT; SNGL ORGAN	16.90	15.37	20.79
87082	26	CULT PREBT PATHOGEN SCRN ONLY KIT; SNGL ORGAN	0.00	0.00	0.00
87084		CULT PREBT SCRN ONLY KIT; W/COLONY ESTIMATES	21.12	19.21	25.99
87084	26	CULT PREBT SCRN ONLY KIT; W/COLONY ESTIMATES	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87085		CULT PREBT SCREEN ONLY KIT; W/COLONY COUNT	23.23	21.13	28.59
87085	26	CULT PREBT SCREEN ONLY KIT; W/COLONY COUNT	0.00	0.00	0.00
87086		CULTURE BACTERIAL URIN; QUAN COLONY CT	26.40	24.01	32.49
87086	26	CULTURE BACTERIAL URIN; QUAN COLONY CT	0.00	0.00	0.00
87087		CULTURE BACTERIAL URIN; COMMER CIAL KIT	20.06	18.25	24.69
87087	26	CULTURE BACTERIAL URIN; COMMERCIAL KIT	0.00	0.00	0.00
87088		CULTURE BACTERIAL URIN; IDENT ADD QUAN/KIT	25.34	23.05	31.19
87088	26	CULTURE BACTERIAL URIN; IDENT ADD QUAN/KIT	0.00	0.00	0.00
87101		CULTURE	22.18	20.17	27.29

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87101	26	FUNGI ISOLAT ION; SKIN CULTURE	0.00	0.00	0.00
87102		FUNGI ISOLAT ION; SKIN CULTURE	27.46	24.97	33.79
87102	26	FUNGI ISOLAT ION; OTHER SOURCE CULTURE	0.00	0.00	0.00
87106		FUNGI ISOLAT ION; OTHER SOURCE CULTURE	28.51	25.93	35.09
87106	26	FUNGI DEFINI TIVE IDENT EA FUNGUS CULTURE	0.00	0.00	0.00
87109		FUNGI DEFINITIVE IDENT EA FUNGUS CULTURE	60.72	55.23	74.73
87109	26	MYCOPLASMA ANY SOURCE CULTURE	0.00	0.00	0.00
87110		MYCOPLASMA ANY SOURCE CULTURE	42.24	38.42	51.98
87110	26	CHLAMYDIA CULTURE	0.00	0.00	0.00
87177		CHLAMYDIA OVA & PARASI TES DIRECT	31.68	28.82	38.99

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87177	26	SMEARS CONCNRAT & IDENT OVA & PARASI TES DIRECT	0.00	0.00	0.00
87184		SMEARS CONCNRAT & IDENT SENSITIVITY	21.12	19.21	25.99
87184	26	ANTIBIOTIC; DISK METHOD/ PLATE SENSITIVITY	0.00	0.00	0.00
87186		ANTIBIOTIC; DISK METHOD/ PLATE SENSITIV	24.29	22.09	29.89
87186	26	ANTIBIOTIC; MICROTITR MIC ANY #ANTIBIO	0.00	0.00	0.00
87205		SENSITIV ANTIBIOTIC; MICROTITR MIC ANY #ANTIBIO	13.73	12.49	16.89
87205	26	SMEAR PRIM SOURCE W/INTERPT; ROUTINE STAIN	0.00	0.00	0.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
87210		SMEAR PRIM W/INTERPT; WET MOUNT W/SMIPL STAIN	12.67	11.53	15.59
87210	26	SMEAR PRIM W/INTERPT; WET MOUNT W/SMIPL STAIN	0.00	0.00	0.00
87253		VIRUS IDENT; TISS CULTURE ADD STUDIES EA ISOLATE	52.80	48.03	64.98
87253	26	VIRUS IDENT; TISS CULTURE ADD STUDIES EA ISOLATE	0.00	0.00	0.00
87340		INFEC AG-IMM UNOASSAY; HEP B SURFACE ANTIG	30.62	27.85	37.69
87340	26	INFEC AG-IMM UNOASSAY; HEP B SURFACE ANTIG	0.00	0.00	0.00
88104		CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	70.00	82.20	86.85
88104	26	CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	56.02	65.75	69.50
88108		CYTOPATH CONCENTRATION	79.80	93.71	99.01

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
88108	26	TECH-SMEARS & INTERP CYTOPATH CONCENTRATION	63.86	74.96	79.23
88141		TECH-SMEARS & INTERP CYTOPATH	24.50	28.77	30.40
88141	26	CERV/VAG; REQ INTERPT PHYS CYTOPATH	24.50	28.77	30.40
88150		CERV/VAG; MANUAL SCR W/SUPERV CYTPH SLIDE	23.80	27.95	29.53
88150	26	CERV/VAG; MANUAL SCR W/SUPERV CYTPH SLIDE	0.00	0.00	0.00
88155		CYTOPATH SLIDES CERV/VAG	26.25	30.83	32.57
88155	26	DEFIN HORMON AL EVAL CYTOPATH SLIDES CERV/VAG	0.00	0.00	0.00
88160		DEFIN HORMONAL EVAL CYTOPATH	49.00	57.54	60.80

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
88160	26	SMEARS ANY OTHR SOURCE; SCREEN & INTRPT CYTOPATH	39.21	46.03	48.65
88161		SMEARS ANY OTHR SOURCE; SCREEN & INTRPT CYTOPATH	56.00	65.76	69.48
88161	26	SMEARS OTHR SOURCE; PREP/SCREEN/ INTERPT CYTOPATH	39.20	46.04	48.64
88170		SMEARS OTHR SOURCE; PREP/SCREEN/ INTERPT FINE NEEDL ASPIRAT WWO PREP SMEARS; SUPERF TISS	128.79	151.25	159.80
88170	26	FINE NEEDL ASPIRAT WWO PREP SMEARS; SUPERF TISS	103.07	120.98	127.88
88173		EVAL FINE NEEDL ASPIRAT; INTERPT & REPORT	131.60	154.54	163.28
88173	26	EVAL FINE NEEDL ASPIRAT; INTERPT &	111.86	131.32	138.74

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		REPORT			
88180		FLOW CYTOMETRY; EA CELL SURFACE MARKER	127.40	149.60	158.07
88180	26	FLOW CYTOMETRY; EA CELL SURFACE MARKER	25.45	29.94	31.58
88300		LEVEL I-SURG PATH GROSS EXAM ONLY	30.88	36.88	31.84
88300	26	LEVEL I-SURG PATH GROSS EXAM ONLY	21.62	25.82	22.29
88302		LEVEL II-SURG PATH GROSS/MICRO EXAM	60.67	72.44	62.54
88302	26	LEVEL II-SURG PATH GROSS/MICRO EXAM	36.41	43.45	37.51
88304		LEVEL III-SURG PATH GROSS/MICRO EXAM	79.42	94.82	81.86
88304	26	LEVEL III-SURG PATH GROSS/MICRO EXAM	47.66	56.88	49.10
88305		LEVEL IV-SURG PATH GROSS/MICRO	114.71	136.97	118.25

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
88305	26	EXAM LEVEL IV-SURG	80.29	95.89	82.78
88307		PATH GROSS/MICRO EXAM			
88307		LEVEL V-SURG	184.20	219.94	189.88
88307	26	PATH GROSS/M ICRO EXAM			
88307	26	LEVEL V-SURG	138.11	165.00	142.45
88309		PATH GROSS/M ICRO EXAM			
88309		LEVEL VI-SURG	255.90	305.54	263.78
88309	26	PATH GROSS/MICRO EXAM			
88309	26	LEVEL VI-SURG	191.86	229.22	197.90
88311		PATH GROSS/MICRO EXAM			
88311		DECALCIFICATIO N	29.78	35.56	30.70
88311	26	PROC			
88311	26	DECALCIFICATIO N	23.81	28.46	24.57
88312		PROC			
88312		SPECIAL	44.12	52.68	45.48
88312	26	STAINS; GRP I MICROORGANISM S EA			
88312	26	SPECIAL	35.28	42.16	36.40
88312		STAINS; GRP I MICROORGANISM S			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
88313		EA SPEC STAINS; GRP II ALL BUT ICYTOCHE M/IPEROX EA	33.09	39.51	34.11
88313	26	SPEC STAINS; GRP II ALL BUT ICYTOCHE M/IPEROX EA	26.46	31.62	27.30
88342		IMMUNOCYTOCH EMISTRY EA ANTIB	110.30	131.70	113.70
88342	26	IMMUNOCYTOCH EMISTRY EA ANTIB	88.20	105.40	91.00
88346		IMMUNOFLUORE SCENT STUDY EA ANTIB; DIRECT METHD	80.52	96.14	83.00
88346	26	IMMUNOFLUORE SCENT STUDY EA ANTIB; DIRECT METHD	64.39	76.94	66.43
90703		TETANUS TOXOID ABSORBED-IM/ JET INJ USE	4.88	4.56	4.44
90782		THERAP/PROPH YLACTIC/DX INJ; SUBQ/IM	9.37	12.32	10.00
90784		THERAP/PROPH YLACTIC/DX INJ; IV	19.47	25.59	20.76
90788		IM INJ	10.09	13.27	10.77

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
90801		ANTIBIOTIC PSYCH DX	148.17	151.30	169.07
90804		INTERVIEW EXAM PSYCHOTHER	77.75	79.39	88.72
90805		OV/OP-BEHV MOD/SUPPT 20-30 MIN; PSYCHOTHER	89.49	91.38	102.11
90806		OV/OP-BEHV MOD 20-30 MIN; W/MED E & M	99.02	101.12	113.00
90807		PSYCHOTHER OV/OP-BEHV MOD/SUPPT 45-50 MIN; PSYCHOTHER	114.43	116.84	130.57
90816		OV/OP-BEHV MOD 45-50 MIN; W/MED E & M	87.29	89.13	99.60
90817		INPT/P-HOS/R CS-BEHV MOD 20-30 MIN; PSYCHOTHER	99.76	101.86	113.83
90818		IP/RCS-BEHV MOD 20-30 MIN; W/MED E & M	110.76	113.10	126.39
		INPT/P-HOS/R CS-BEHV MOD 45-50 MIN;			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
90819		PSYCHOTHER IP/RCS-BEHV MOD 45-50 MIN; W/MED E & M	127.63	130.33	145.64
90901		BIOFEEDBACK TRAINING-ANY MODALITY	85.09	85.96	76.56
90935		HEMODIALYSIS PROC W/SNGL PHYS EVAL	249.39	251.94	224.40
92004		OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	77.38	86.62	86.62
92012		OPHTH SERV: MED EXAM & EVAL; ITER MED ESTAB PT	55.89	62.56	62.56
92014		OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	68.78	76.99	76.99
92020		GONIOSCOPY (SEPART PROC)	33.99	30.78	30.00
92081		VISUAL FIELD EXAM UNILAT/ BILAT W/I & R; LTD	33.99	30.78	30.00
92081	26	VISUAL FIELD EXAM UNILAT/ BILAT W/I & R; LTD	6.80	6.16	5.99
92082		VISUAL FIELD	57.91	52.44	51.11

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		EXAM UNI/BIL W/I & R; INTERMED			
92082	26	VISUAL FIELD	11.59	10.49	10.21
		EXAM UNI/BIL W/I & R; INTERMED			
92083		VISUAL FIELD	88.13	79.80	77.77
		EXAM UNILAT/ BILAT W/I & R; EXTEN			
92083	26	VISUAL FIELD	17.64	15.96	15.54
		EXAM UNILAT/ BILAT W/I & R; EXTEN			
92100		SERIAL TONOMETRY (SEPART PROC) W/I & R SAME DA	31.48	28.50	27.78
92225		OPHTH EXTEN W/RETINAL DRAW W/I & R; INIT	54.14	49.02	47.77
92226		OPHTH EXTEN W/RETINAL DRAW W/I & R; SUBSQT	46.58	42.18	41.11
92235		FLUORESCEIN ANGIOGRAPHY W/I & R	171.22	155.04	151.10
92235	26	FLUORESCEIN ANGIOGRAPHY W/I & R	51.41	46.51	45.29

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
92240		INDOCYANINE- GREEN ANGIO W/INTERP & REPORT	171.22	155.04	151.10
92240	26	INDOCYANINE- GREEN ANGIO W/INTERP & REPORT	51.41	46.51	45.29
92250		FUNDUS PHOTOGRAPHY W/I & R	54.14	49.02	47.77
92250	26	FUNDUS PHOTOGRAPHY W/I & R	16.25	14.71	14.32
92551		SCREENING TEST PURE TONE AIR ONLY	20.15	17.55	16.82
92552		PURE TONE AUDIOMETRY; AIR ONLY	29.45	25.65	24.59
92553		PURE TONE AUDIOMETRY; AIR & BONE	44.95	39.15	37.53
92557		COMP AUDIOME TRY THRESHOL D EVAL & SPEECH RECOGNI	79.05	68.85	65.99
92567		TYMPANOMETRY	31.00	27.00	25.88
92982		PERQ TRNSLUM NL CORON BALOON ANGIOPLSTY; 1 VESSEL	1,957.83	1,957.83	1,890.38

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
92982	26	PERQ TRNSLUM NL CORON BALOON ANGIOPLSTY; 1 VESSEL	1,957.83	1,957.83	1,890.38
93000		ECG-ROUTINE W/12 LEADS; W/INTERPT & REPORT	43.02	41.03	41.42
93010		ECG-ROUTINE W/12 LEADS; INTERPT & REPORT ONLY	17.21	16.41	16.57
93010	26	ECG-ROUTINE W/12 LEADS; INTERPT & REPORT ONLY	17.21	16.41	16.57
93014		TELEPHONIC POST-SX ECG/30 DA; INTERPT & REPORT	49.64	47.34	47.79
93014	26	TELEPHONIC POST-SX ECG/30 DA; INTERPT & REPORT	49.64	47.34	47.79
93015		CV STRESS TEST W/TREAD MILL-PHARM; INTRPT & REPRT	248.18	236.70	238.95
93016		CV STRESS TEST W/TREAD	62.04	59.18	59.74

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		MILL; PHY SUPERVS ONLY			
93016	26	CV STRESS TEST W/TREAD	62.04	59.18	59.74
		MILL; PHY SUPERVS ONLY			
93018		CV STRESS TEST W/TREAD	62.04	59.18	59.74
		MILL; INTERPT & REPRT ONLY			
93018	26	CV STRESS TEST W/TREAD	62.04	59.18	59.74
		MILL; INTERPT & REPRT ONLY			
93040		RHYTHM ECG 1-3 LEADS; W/INTERPT & REPORT	26.47	25.25	25.49
93042		RHYTHM ECG 1-3 LEADS; INTERPT & REPORT ONLY	17.21	16.41	16.57
93042	26	RHYTHM ECG 1-3 LEADS; INTERPT & REPORT ONLY	17.21	16.41	16.57
93224		ECG-24 HR W/SUPERIMPOS IT SCAN; REPRT-REVV-I NTRPT	274.65	261.95	264.44
93227		ECG-24 HR W/SUPERIMPOS IT SCAN; MD	109.75	104.67	105.67

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		REVIEW & REPRT			
93227	26	ECG-24 HR W/SUPERIMPOS IT SCAN; MD REVIEW & REPRT	109.75	104.67	105.67
93307		ECHO TRNSTHO RAC REAL-TIM E W/WO M-MODE; COMPLT	319.92	348.04	348.04
93307	26	ECHO TRNSTHO RAC REAL-TIM E W/WO M-MODE; COMPLT	127.97	139.32	139.32
93320		DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; COMPLT	195.92	213.14	213.14
93320	26	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; COMPLT	78.37	85.32	85.32
93325		DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	138.88	151.09	151.09
93325	26	DOPPLER ECHO COLOR FLOW VELOCITY MAPPING	55.55	60.48	60.48
93501		RT HEART CATH	1,079.00	1,019.85	1,201.85
93501	26	RT HEART CATH	485.55	458.90	540.80
93503		INSRT &	234.06	221.23	260.71

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		PLCMT FLO DIREC CATH- MONITOR PURPOSES			
93510		LT HEART CATH RETROGR AD-BRACH/AX/ FEM ART; PERCUT	1,992.00	1,882.80	2,218.80
93510	26	LT HEART CATH RETROGR AD-BRACH/AX/ FEM ART; PERCUT	896.40	847.20	998.40
93526		COMBO RT HEART CATH & RETROGRADE LT HEART CATH	2,490.00	2,353.50	2,773.50
93526	26	COMBO RT HEART CATH & RETROGRADE LT HEART CATH	1,120.50	1,059.00	1,248.00
93540		INJ PROC DURING CARDIAC CATH; AORTOC ORON VEN GFT	68.06	64.33	75.81
93540	26	INJ PROC DURING CARDIAC CATH; AORTOC ORON VEN GFT	68.06	64.33	75.81
93543		INJ PROC-CAR DIAC CATH;	43.99	41.58	49.00

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
93543	26	LT VENT/LT ATRIAL ANGIO INJ PROC-CAR DIAC CATH;	43.99	41.58	49.00
93545		LT VENT/LT ATRIAL ANGIO INJ PROC-CAR DIAC CATH;			
93545	26	SELECT CORONARY ANGIO INJ PROC-CAR DIAC CATH;	70.55	66.68	78.58
93545	26	SELECT CORONARY ANGIO INJ PROC-CAR DIAC CATH;	70.55	66.68	78.58
93556		IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	514.60	486.39	573.19
93556	26	IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	77.19	72.85	85.87
93880		DUPLEX SCAN EXTRACRANIAL ART; COMPLT BILAT STUDY	349.66	266.32	290.33
93880	26	DUPLEX SCAN EXTRACRANIAL ART; COMPLT BILAT STUDY	139.75	106.58	116.13
93882		DUPLEX SCAN EXTRACRAN	251.18	191.31	208.56

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
93882	26	ART; UNILAT/ LTD STUDY DUPLEX SCAN	100.40	76.56	83.42
93922		EXTRACRAN ART; UNILAT/ LTD STUDY NONINVASIV	221.21	168.49	183.68
93922	26	PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	88.41	67.43	73.47
93923		NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX	256.89	195.66	213.30
93923	26	LEVELS NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX	102.67	78.30	85.32
93924		LEVELS NONINVASIV PHYSIOL STDY-LO EXTM ART COMPLT	242.62	184.79	201.45
93924	26	BILAT NONINVASIV PHYSIOL STDY-LO EXTM	96.97	73.95	80.58

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		ART COMPLT BILAT			
93925		DUPLEX SCAN LOWR EXTREM ART/BYPASS; COMPLT BILAT	329.67	251.10	273.74
93925	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; COMPLT BILAT	131.77	100.49	109.49
93926		DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	196.95	150.01	163.53
93926	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	78.72	60.03	65.41
93930		DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	323.97	246.75	269.00
93930	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	129.48	98.75	107.60
93931		DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	168.41	128.27	139.83
93931	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	67.31	51.33	55.93

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
93965		NON-INVASIV PHYSIOLOG STDIES EXTREM VEINS BILAT	206.94	157.62	171.83
93965	26	NON-INVASIV PHYSIOLOG STDIES EXTREM VEINS BILAT	82.71	63.08	68.73
93970		DUPLEX SCAN-EXTREM VEINS; COMPLT BILAT STUDY	316.83	241.31	263.07
93970	26	DUPLEX SCAN-EXTREM VEINS; COMPLT BILAT STUDY	126.63	96.57	105.23
93971		DUPLEX SCAN-EXTREM VEINS; UNILAT/LTD STUDY	196.95	150.01	163.53
93971	26	DUPLEX SCAN-EXTREM VEINS; UNILAT/LTD STUDY	78.72	60.03	65.41
94010		SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO	52.02	56.71	60.10

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		RATE			
94010	26	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO	20.81	22.67	24.04
		RATE			
94060		BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	79.83	87.03	92.23
94060	26	BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	31.93	34.80	36.89
94150		VITAL CAPACI TY TOT (SEPART PROC)	17.00	18.53	19.64
94150	26	VITAL CAPACITY TOT (SEPART PROC)	6.80	7.41	7.85
94240		FUNCT RESIDU AL CAPACITY/ RESIDUAL VOLUM: MX METHD	62.83	68.50	72.59
94240	26	FUNCT RESIDU AL CAPACITY/ RESIDUAL VOLUM: MX METHD	12.57	13.73	14.52
94375		RESPIRATORY FLOW VOLUM LOOP	61.80	67.38	71.40
94375	26	RESPIRATORY	12.36	13.50	14.28

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
94720		FLOW VOLUM LOOP CARBON MONOXIDE DIFFUS CAPACITY ANY METHD	66.95	73.00	77.35
94720	26	CARBON MONOXIDE DIFFUS CAPACITY ANY METHD	26.78	29.19	30.94
95024		INTRACUT W/ALLERG EXTRCT-IMMED REACT-SPEC #TEST	8.50	8.50	8.50
95117		PROF SERV ALLERG IMMUNOTX WO EXTRACT; 2/MORE INJ	25.50	25.00	22.00
95819		EEG AWAKE & ASLEEP (INCL HYPERVENT/PH OTIC STIM)	168.64	128.70	148.67
95819	26	EEG AWAKE & ASLEEP (INCL HYPERVENT/PH OTIC STIM)	67.46	51.48	59.44
95831		MUSC TEST MAN (SEP PROC) W/RPT; EXTREM/TRUNK	32.97	25.16	29.07

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
95832		MUSC TEST MAN (SEP PROC) W/RPT; HAND W/WO COMPAR	37.29	28.46	32.88
95833		MUSC TEST MAN (SEP PROC) W/RPT; TOT BOD EX HANDS	86.48	66.00	76.24
95834		MUSC TEST MAN (SEP PROC) W/RPT; TOT BODY W HANDS	95.13	72.60	83.86
95851		ROM MEAS-REP ORT (SEP PRO); EA EXTREM/TRUNK SECT	34.59	26.40	30.50
95852		ROM MEAS-REP ORT (SEP PRO); HAND W/WO COMPAR	34.59	26.40	30.50
95860		NEEDLE EMG; 1 EXTREM W/WO RELATED PARASPIN AREAS	140.53	107.25	123.89
95860	26	NEEDLE EMG; 1 EXTREM W/WO RELATED PARASPIN AREAS	112.42	85.80	99.06

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
95861		NEEDLE EMG; 2 EXTREM W/WO RELATED PARASPIN AREAS	182.69	139.43	161.06
95861	26	NEEDLE EMG; 2 EXTREM W/WO RELATED PARASPIN AREAS	146.15	111.54	128.78
95869		NEEDLE EMG; THORACIC PARASPINAL MUSCLES	108.10	82.50	95.30
95869	26	NEEDLE EMG; THORACIC PARASPINAL MUSCLES	86.48	66.00	76.20
95900		NERVE CONDUCT STUDY EA NRV; MOTOR WO F-WAVE	80.53	61.46	71.00
95900	26	NERVE CONDUCT STUDY EA NRV; MOTOR WO F-WAVE	64.42	49.17	56.77
95903		NERVE CONDUCT STUDY EA NRV; MOTOR W/F-WAVE	125.94	96.11	111.02
95903	26	NERVE CONDUCT STUDY EA NRV; MOTOR W/F-WAVE	100.75	76.89	88.77

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
95904		NERVE CONDUCT STUDY EA NRV; SENSORY /MIXED	80.53	61.46	71.00
95904	26	NERVE CONDUCT STUDY EA NRV; SENSORY /MIXED	64.42	49.17	56.77
95925		SOMATOSENSOR Y STUDY ANY/ALL NERV; UPPER LIMBS	228.63	174.49	201.56
95925	26	SOMATOSENSOR Y STUDY ANY/ALL NERV; UPPER LIMBS	182.91	139.59	161.16
95926		SOMATOSENSOR Y STUDY ANY/ALL NERV; LOWER LIMBS	228.63	174.49	201.56
95926	26	SOMATOSENSOR Y STUDY ANY/ALL NERV; LOWER LIMBS	182.91	139.59	161.16
95934		H-REFLEX AMP & LATENCY STUDY; GASTROCNEMUS OLEUS	90.80	69.30	80.05
95934	26	H-REFLEX AMP	72.65	55.44	64.01

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
96100		& LATENCY STUDY; GASTROCNEM/S OLEUS PSYCH TESTIN	105.00	106.26	128.24
96117		G W/I & R PER HR NEUROPSYCH TESTING BATTERY W/I & R PER HR	102.50	103.73	125.19
96900		ACTINOTHERAPY	32.30	27.46	27.46
96912		PHOTOCHEMOTH ERAPY; PSORALENS & ULTRAVIOLET A	43.35	36.85	36.85
97001		PHYS THERAP EVAL	82.27	82.27	80.02
97002		PHYS THERAP RE-EVAL	41.14	41.14	40.01
97003		OCCUPATIONAL THERAP EVAL	82.27	82.27	80.02
97004		OCCUPATIONAL THERAP RE-EVAL	41.14	41.14	40.01
97010		APPLIC MODAL 1/ AREAS; HOT/COLD PACKS	0.00	0.00	0.00
97012		APPLIC MODAL 1/ AREAS; TRACTION-MECH	27.42	27.42	26.67
97014		APPLIC MODAL 1/ AREAS;	27.00	27.00	26.26

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
97016		ELEC STIM APPLIC MODAL 1/ AREAS;	33.42	33.42	32.51
97018		VASOPNEUMATI C DEVICES APPLIC MODAL 1/ AREAS;	27.42	27.42	26.67
97020		PARAFFIN BATH APPLIC MODAL 1/ AREAS;	26.57	26.57	25.84
97022		MICROWAVE APPLIC MODAL 1/ AREAS;	26.57	26.57	25.84
97024		WHIRLPOOL APPLIC MODAL 1/ AREAS;	27.42	27.42	26.67
97026		DIATHERMY APPLIC MODAL 1/ AREAS;	25.71	25.71	25.01
97028		INFRARED APPLIC MODAL 1/ AREAS;	25.71	25.71	25.01
97032		ULTRAVIOLET APPLIC MODAL 1/ AREAS;	24.85	24.85	24.17
97033		ELEC STIM EA 15 MIN APPLIC MODAL 1/ AREAS;	35.99	35.99	35.01
97034		IONTOPHORESIS EA 15 MIN APPLIC MODAL 1/ AREAS; CONTRAST	24.00	24.00	23.34

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		BATHS EA 15 MIN			
97035		APPLIC MODAL 1/ AREAS; ULTRASOUND EA 15 MIN	24.42	24.42	23.75
97036		APPLIC MODAL 1/ AREAS; HUBBARD TANK EA 15 MIN	39.42	39.42	38.34
97110		THERAP PROC 1/ AREAS EA 15 MIN; EXERCISES	43.19	44.77	40.00
97112		THERAP PROC 1/ AREAS EA 15 MIN; BALANCE/COOR DIN	42.27	43.82	39.15
97113		THERAP PROC 1/ AREAS EA 15 MIN; AQUATIC THERAP	47.79	49.53	44.25
97116		THERAP PROC 1/ AREAS EA 15 MIN; GAIT TRAINING	38.14	39.53	35.32
97124		THERAP PROC 1/ AREAS EA 15 MIN; MASSAGE	28.49	29.53	26.38
97140		MANUAL THERAP	33.08	34.29	30.64

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
97504		TECH-1/ REGIONS-EA 15 MIN ORTHOTICS	45.95	47.63	42.55
97520		FIT & TRAIN- UP & /LOW EXTREMS-EA 15 MIN PROSTH	45.95	47.63	42.55
97530		TRAIN-UP & /LOW EXTREM EA 15 MIN THERAP	45.95	47.63	42.55
97535		ACTIVITIES DIRECT PT CONTACT EA 15 MIN SELF CARE/HO	36.76	38.10	34.04
97537		ME MGMT TRAIN-1 ON 1 EA 15 MIN COMMUNITY/WO	36.76	38.10	34.04
97542		RK REINTEGRA T TRAIN-1 ON 1 EA 15 MIN WHEELCHAIR	25.73	26.67	23.83
97545		MGMT/PROPULS ION TRAIN-EA 15 MIN WORK HARDENI	154.39	160.02	142.97
97546		NG/CONDITION ING; INIT 2 HR WORK HARDENI	61.57	63.82	57.02

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		NG/CONDITION ING; EA ADD HR			
97703		CHECKOUT ORTHO/PROSTH USE-ESTAB PT-EA 15 MIN	27.15	32.57	28.04
97750		PHYS PERFORM ANCE TEST/ME ASUR W/REPORT EA 15 MIN	45.73	54.85	47.23
98925		OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED	38.58	46.28	39.85
98926		OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED	50.73	60.85	52.40
98927		OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED	60.02	71.99	61.99
98928		OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED	65.73	78.84	67.90
98929		OSTEOPATHIC MANIP TX; 9-10 BODY	68.59	82.27	70.85

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		REGIONS INVOLVED			
98940		CHIROPRACTIC MANIP TX; SPINAL 1-2	30.01	35.99	31.00
		REGIONS			
98941		CHIROPRACTIC MANIP TX; SPINAL 3-4	38.58	46.28	39.85
		REGIONS			
98942		CHIROPRACTIC MANIP TX; SPINAL 5	50.73	60.85	52.40
		REGIONS			
99000		HANDL & /OR CONVEY SPECMN-TRANS F OFFIC TO LAB	14.95	13.00	13.00
		REGIONS			
99050		SERV REQUEST AFTR OFFIC HRS ADD TO BASIC SERV	45.84	39.86	39.86
		REGIONS			
99054		SERV REQUEST ED SUN & HOLIDAYS ADD BASIC SERV	45.84	39.86	39.86
		REGIONS			
99058		OFFIC SERV PROVID-EMER BASIS	61.78	53.72	53.72
		REGIONS			
99141		SEDATION W/WO ANALGES IA; IV/IM/IN HALATION	194.32	168.97	168.97

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99201		OFFIC/OUTPT VISIT E & M NEW SELF LIMIT/MINOR 10MIN	48.06	52.16	49.30
99202		OFFIC/OUTPT VISIT E & M NEW LOW-MOD SEVERITY 20MIN	59.90	65.02	61.45
99203		OFFIC/OUTPT VISIT E & M NEW MODERAT SEVERITY 30MIN	78.01	84.67	80.02
99204		OFFIC/OUTPT VISIT E & M NEW MOD-HI SEVERITY 45 MIN	111.44	120.96	114.32
99205		OFFIC/OUTPT VISIT E & M NEW MOD-HI SEVERITY 60 MIN	150.44	163.30	154.33
99211		OFFIC/OUTPT VISIT E & M ESTAB NO PHYS PRES 5 MIN	25.84	28.63	27.53
99212		OFFIC/OUTPT VISIT E & M EST SELF-LIM IT/MINOR	36.72	40.69	39.12

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99213		10MIN OFFIC/OUTPT VISIT E & M EST LOW-MOD SEVERITY	46.92	51.99	49.99
99214		15MIN OFFIC/OUTPT VISIT E & M EST MOD-HI SEVERITY 25	68.00	75.35	72.45
99215		MIN OFFIC/OUTPT VISIT E & M ESTAB MOD-HI SEVRTY 40 MIN	108.80	120.56	115.92
99217		OBSRV CARE D/C DA MGMT	71.52	76.08	67.98
99218		INIT OBSRV CARE-DA E & M LOW SEVERI TY	89.40	95.10	84.98
99219		INIT OBSRV CARE-DA E & M MODERATE SEVERITY	121.58	129.34	115.57
99220		INIT OBSRV CARE-DA E & M HIGH SEVERITY	152.58	162.30	145.02
99221		INIT HOSP CARE-DA E & M LOW SEVERI TY 30 MIN	99.53	105.88	94.61
99222		INIT HOSP	134.10	142.65	127.46

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99223		CARE-DA E & M MODERATE SEVERITY 50 MIN INIT HOSP	164.50	174.98	156.35
99231		CARE-DA E & M HIGH SEVERITY 70 MIN SUBSQT HOSP	52.45	55.79	49.85
99232		CARE-DA E & M STABLE/REC OVER 15 MIN SUBSQT HOSP	71.52	76.08	67.98
99233		CARE-DA E & M MINOR COMPLIC 25 MIN SUBSQT HOSP	105.49	112.22	100.27
99234		CARE-DA E & M SIGNIFIC COMPLIC 35 MIN OBSRV/INPT HOSP CARE E & M LOW SEVERITY	98.34	104.61	93.47
99235		OBSRV/INPT HOSP CARE E & M MODERATE SEVERITY	133.50	142.02	126.90
99236		OBSRV/INPT HOSP CARE E & M HIGH	168.07	178.79	159.75

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99238		SEVERITY HOSP D/C DA MGMT; 30 MIN/LESS	61.98	65.94	58.92
99239		HOSP D/C DA MGMT; MORE THAN 30 MIN	77.48	82.42	73.65
99241		OFFIC CONS NEW/ESTAB SELF LIMIT/M INOR 15 MIN	82.80	79.38	79.38
99242		OFFICE CONS NEW/ESTAB LOW SEVERITY 30 MIN	105.57	101.21	101.21
99243		OFFIC CONS NEW/ESTAB MODERATE SEVERITY 40 MIN	134.55	128.99	128.99
99244		OFFIC CONS NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	175.95	168.68	168.68
99245		OFFIC CONS NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	222.18	213.00	213.00
99251		INIT INPT CONS NEW/EST AB SELF LIMIT/MINOR	97.98	93.93	93.93

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
		20 MIN			
99252		INIT INPT	125.58	120.39	120.39
		CONS NEW/EST			
		AB LOW			
		SEVERITY 40			
		MIN			
99253		INIT INPT	154.56	148.18	148.18
		CONS NEW/EST			
		AB MODERATE			
		SEVERITY			
		55MIN			
99254		INIT INPT	193.20	185.22	185.22
		CONS NEW/EST			
		AB MOD-HI			
		SEVERITY 80			
		MIN			
99255		INIT INPT	242.88	232.85	232.85
		CONS NEW/EST			
		AB MOD-HI			
		SEVERITY 110			
		MIN			
99261		F/U INPT	52.44	50.27	50.27
		CONS ESTAB			
		STABLE/RECOV			
		ER 10 MIN			
99262		F/U INPT	82.80	79.38	79.38
		CONS ESTAB			
		MINOR COMPLI			
		C 20 MIN			
99263		F/U INPT	120.06	115.10	115.10
		CONS ESTAB			
		SIGNIF			
		COMPLIC 30			
		MIN			

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99271		CONFIRM CONS NEW/ESTAB SELF LIMIT/M INOR	82.80	79.38	79.38
99272		CONFIRM CONS NEW/ESTAB LOW SEVERITY	105.57	101.21	101.21
99273		CONFIRM CONS NEW/ESTAB MODERATE SEVERITY	134.55	128.99	128.99
99274		CONFIRM CONS NEW/ESTAB MED DECISION MOD COMPLX	175.95	168.68	168.68
99275		CONFIRM CONS NEW/ESTAB MED DECISION HI COMPLX	222.18	213.00	213.00
99281		EMER DEPT VISIT E & M SELF LIMITED /MINOR	91.34	84.90	83.11
99282		EMER DEPT VISIT E & M LOW-MODERATE SEVERITY	122.96	114.29	111.88
99283		EMER DEPT VISIT E & M MODERATE SEVERITY	185.02	171.98	168.35
99284		EMER DEPT VISIT E & M HIGH SEVERIT	276.36	256.89	251.46

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99285		Y URGENT EVAL EMER DEPT E & M-HIGH SEVERITY IMMED SIGNIF THREAT	412.19	383.15	375.06
99291		CRITICAL CARE E & M-CRIT ILL/INJUR; 1ST 30-74 MIN	350.00	305.00	319.00
99292		CRITICAL CARE E & M-CRIT ILL/INJUR; EA ADD 30 MIN	175.00	152.50	159.50
99354		PROLONG PHYS SERV OFFIC/O TH OUTPT W/PT; 1ST HR	201.25	175.38	183.43
99355		PROLONG PHYS SERV OUTPT W/PT; EA ADD 30 MIN	100.63	87.69	91.71
99356		PROLONG PHYS SERV INPT W/PT; 1ST HR	262.50	228.75	239.25
99357		PROLONG PHYS SERV INPT W/PT; EA ADD 30 MIN	131.25	114.38	119.63
99358		PROLONG E & M BEFORE/AFT ER PT CONTAC	192.50	167.75	175.45

32 N.J.R. 4332(a)

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
99360		T; 1ST HR PHYS STANDBY SERV REQ PROLONG MD ATTEND EA 30 MN	131.25	114.38	119.63

[A>Exhibit 2<A]

Dental Fee Schedule

CPT	Description	Region 1	Region 2	Region 3
(Reserved)				

[A>Exhibit 3<A]

Fee Schedule--Home Care Services

Service	Region 1	Region 2	Region 3
Registered Nurse Visit	125	125	130
Home Health Aide Visit	81	81	100
Medical Social Worker Visit	162	162	173
Physical Therapy Visit	119	119	130
Occupational Therapy Visit	119	119	130
Speech Therapy Visit	125	125	130

[A>Exhibit 4<A]

Fee Schedule--Ambulance Services

HCPCS	Description	Fee
A0300	AMBUL SERV-BLS-NON-ER TRNSPRT-ALL INCL	149.00
A0302	AMBUL SERV-BLS-ER TRNSPRT-ALL INCL	149.00
A0320	AMBUL SERV-BLS-NON-ER-INCL	149.00

32 N.J.R. 4332(a)

Fee Schedule--Ambulance Services

HCPCS	Description	Fee
	SUPPLIES-MILES SEPAR	
A0322	AMBUL SERV-BLS-ER-INCL	149.00
	SUPPLIES-MILEAGE SEPARATE	
A0340	AMBUL SERV-BLS-NON-ER-INCL	142.34
	MILES-DISP SUPPLY SEP	
A0342	AMBUL SERV-BLS-ER-INCL	142.34
	MILES-DISP SUPPLIES SEPAR	
A0360	AMBUL SERV-BLS-NON-ER-MILES	142.34
	& SUPPLIES SEPARATE	
A0362	AMBUL SERV-BLS-ER-MILES &	142.34
	DISP SUPPLIES SEPARATE	
A0380	BLS MILEAGE PER MILE	5.72
A0422	AMBUL ALS/BLS O2 & O2	37.07
	SUPPLIES LIFE SUSTAINING	
Z0224	CARDIAC MONITORING DURING	61.78
	AN AMBULANCE TRIP	

[A>Exhibit 5<A]

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A4214		STERILE SALINE/WATER	1.54
		30CC VIAL	
A4310		INSERT TRAY WO	6.81
		DRAIN BAG/CATHETER	
A4311		INSERT TRAY WO	12.04
		DRAIN BAG	
		W/INDWELL CATH LATEX	
A4312		INSERT TRAY WO	14.62
		DRAIN BAG	
		W/INDWELL CATH SILICON	
A4313		INSERT TRAY WO	17.31
		DRAIN BAG W/3 WAY	
		INDWELL CATH	
A4314		INSERT TRAY	22.90

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A4315		W/DRAIN BAG & INDWELL CATH LATEX INSERT TRAY	24.61
A4316		W/DRAIN BAG & INDWELL CATH SILICONE INSERT TRAY	25.71
A4320		W/DRAIN BAG & 3/WAY INDWELL CATH IRRIGATION TRAY	4.81
A4322		W/BULB/PISTON SYRINGE IRRIGATION SYRINGE	2.81
A4323		BULB/PISTON EACH STERILE SALINE IRRIGATION	8.37
A4326		SOLUTION 1000 ML MALE EXT CATHETER	10.29
A4327		SPECIALTY TYPE EACH FEMALE EXT URINARY	40.32
A4328		COLLECT DEVICE; METAL CUP EA FEMALE EXT URINARY	9.97
A4329		COLLECT DEVICE POUCH EACH EXT CATH STARTER	24.30
A4330		SET MALE/FEMALE W/SUPPLIES 7DAY PERIANAL FECAL	6.82
A4338		COLLECTION POUCH W/ADHESIVE EACH INDW CATH FOLEY 2 WAY	10.08
A4340		ATEX W/COATING EACH INDWELL CATH	30.28
A4344		SPECIALTY TYPE EACH INDW CATH FOLEY 2	12.99

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A4346		WAY SILICONE EACH INDW CATH FOLEY 3	16.26
A4347		WAY CONT IRRIGATION EACH MALE EXTERNAL CATH W/WO ADHESIVE/ANTI REFLUX /12	19.33
A4351		INTERMITTENT URINARY CATH	1.66
A4352		STRAIGHT TIP EACH INTERMITTENT URINARY CATH COUDE TIP EACH	6.12
A4354		INSERTION TRAY W/DRAIN BAG W/O CATH	11.16
A4355		IRRIG TUB SET CONT IRRIG VIA FOLEY EACH	8.50
A4356		EXT URETHRAL CLAMP/COMPRESS DEVICE EACH	43.52
A4357		BDSO DRBG DAY/NIGHT WWO TUB/ANTIREFLUX EACH	8.77
A4358		URINARY LEG BAG VINYL WWO TUB EACH	6.33
A4359		URINARY SUSPENSORY WO LEG BAG EACH	29.22
A4361		"OSTOMY FACEPLATE, EACH"	17.42
A4362		SKIN BARRIER SOLID 4X4/EQUIVALENT EACH	3.30
A4363		SKIN BARRIER LIQ POW/PASTE PER OZ	3.50

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A4364		ADHESIVE OSTOMY/CA TH LIQUID CEMENT POWDER PER OZ	2.80
A4367		"OSTOMY BELT, EACH"	7.01
A4397		"IRRIGATION SUPPLY SLEEVE, EACH"	4.57
A4398		OSTOMY IRRIGATION SUPPLY BAG-EA	13.17
A4399		OSTOMY IRRIG SUPPLY-CONE/CATHET ER INCL BRUSH	11.70
A4400		OSTOMY IRRIGATION SET	46.62
A4402		LUBRICANT PER OUNCE	1.32
A4404		OSTOMY RING EACH	1.47
A4454		TAPE ALL TYPES ALL SIZES	2.17
A4455		ADHESIVE REMOVER/S OLVENT (TAPE-CEMENT) PER OUNCE	1.33
A4560		PESSARY	18.47
A4595		"TENS SUPPLIES, 2 LEAD, PER MONTH"	27.48
A4611	NU	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	140.54
A4611	RR	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	19.43
A4611	UE	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	187.38
A4612	NU	BATTERY CABLES REPLACEMENT PT OWN	49.42

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		VENTILATOR	
A4612	RR	BATTERY CABLES	64.80
		REPLACEMENT PT OWN	
		VENTILATOR	
A4612	UE	BATTERY CABLES	6.60
		REPLACEMENT PT OWN	
		VENTILATOR	
A4613	NU	BATTERY CHARGER	99.48
		REPLACEMENT PT OWN	
		VENTILATOR	
A4613	RR	BATTERY CHARGER	13.76
		REPLACEMENT PT OWN	
		VENTILATOR	
A4613	UE	BATTERY CHARGER	137.55
		REPLACEMENT PT OWN	
		VENTILATOR	
A4618	NU	BREATHING CIRCUITS	6.36
A4618	RR	BREATHING CIRCUITS	0.97
A4618	UE	BREATHING CIRCUITS	8.48
A4622		TRACHEOSTOMY/LARYN	54.63
		GECTOMY TUBE	
A4623		TRACHEOSTOMY INNER	6.25
		CANNULA (REPLACEMENT ONLY)	
A4624	NU	TRACHEAL SUCTION	2.24
		CATHETER ANY TYPE EACH	
A4625		TRACH CARE KIT FOR	6.61
		NEW TRACHEOSTOMY	
A4626		TRACHEOSTOMY	3.05
		CLEANING BRUSH EACH	
A4630	NU	REPLACE BATTERY	5.43
		MED NECESSARY TENS PT OWN	
A4631	NU	REPLACE BATTERY	68.17

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		ELECTRONIC	
		WHEELCHAIR PT OWN	
A4631	RR	REPLACE BATTERY	90.88
		ELECTRONIC	
		WHEELCHAIR PT OWN	
A4631	UE	REPLACE BATTERY	9.08
		ELECTRONIC	
		WHEELCHAIR PT OWN	
A4635	NU	UNDERARM PAD	3.23
		CRUTCH REPLACEMENT	
		EACH	
A4635	RR	UNDERARM PAD	0.66
		CRUTCH REPLACEMENT	
		EACH	
A4635	UE	UNDERARM PAD	4.88
		CRUTCH REPLACEMENT	
		EACH	
A4636	NU	REPLACE HANDGRIP	2.49
		CANE CRUTCH WALKER	
		EACH	
A4636	RR	REPLACE HANDGRIP	3.41
		CANE CRUTCH WALKER	
		EACH	
A4636	UE	REPLACE HANDGRIP	0.41
		CANE CRUTCH WALKER	
		EACH	
A4637	NU	REPLACE TIP CANE	1.53
		CRUTCH WALKER EACH	
A4637	RR	REPLACE TIP CANE	0.29
		CRUTCH WALKER EACH	
A4637	UE	REPLACE TIP CANE	2.03
		CRUTCH WALKER EACH	
A4640	NU	REPLACE PAD MED	42.79
		NEC ALT PRESSURE	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		PAD PT OWN	
A4640	RR	REPLACE PAD MED	5.70
		NEC ALT PRESSURE	
		PAD PT OWN	
A4640	UE	REPLACE PAD MED	57.04
		NEC ALT PRESSURE	
		PAD PT OWN	
A5051		POUCH CLOSED	2.21
		W/BARRIER ATTACHED	
		(1 PIECE)	
A5052		POUCH CLOSED	1.59
		WO/BARRIER	
		ATTACHED (1 PIECE)	
A5053		POUCH CLOSED USE	1.66
		FACEPLATE	
A5054		POUCH CLOSED USE	1.37
		BARRIER W/FLANGE	
		(2 PIECE)	
A5055		STOMA CAP	1.35
A5061		POUCH DRAINABLE	2.58
		W/BARRIER ATTACHED	
		(1 PIECE)	
A5062		POUCH DRAINABLE	2.12
		WO/BARRIER	
		ATTACHED (1 PIECE)	
A5063		POUCH DRAINABLE	2.09
		USE BARRIER	
		W/FLANGE (2 PIECE)	
A5071		POUCH URINARY	4.15
		W/BARRIER ATTACHED	
		(1 PIECE)	
A5072		POUCH URINARY WO	3.36
		BARRIER ATTACH (1	
		PIECE)	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A5073		POUCH URINARY USE BARRIER W/FLANGE (2 PIECE)	3.04
A5081		CONTINENT DEVICE PLUG CONTINENT STOMA	3.14
A5082		CONTINENT DEVICE CATH CONTINENT STOMA	11.34
A5093		OSTOMY ACCESSORY CONVEX INSERT	1.85
A5102		BEDSIDE DRAIN BTL RIGID/EXPAND W/WO TUBING EA	21.39
A5105		URINARY SUSPENSORY W/LEG BAG W/WO TUBE	38.88
A5112		URINARY LEG BAG LATEX	28.07
A5113		LEG STRAP LATEX REPLCE ONLY PER SET	4.48
A5114		LEG STRAP FOAM/FABRIC REPLAC ONLY PER SET	8.52
A5119		SKIN BARRIER WIPES BOX PER 50	10.35
A5121		SKIN BARRIER SOLID 6X6/EQUIVALENT EACH	6.24
A5122		SKIN BARRIER SOLID 8X8/EQUIVALENT EACH	10.42
A5123		SKIN BARRIER W/FLANGE ANY SIZE EACH	5.11
A5126		ADHES/NON-ADHES DISK/FOAM PAD	1.26

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A5131		APPLIANCE CLEAN (INCONTINENCE/OSTO MY) PER 16 OZ	15.13
E0100	NU	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	13.85
E0100	RR	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	4.82
E0100	UE	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	17.89
E0105	NU	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	34.57
E0105	RR	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	46.85
E0105	UE	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	7.18
E0110	NU	CRUTCHS FOREAREM ALL MAT ADJ/FIXED W/TIP HANDGRP	51.91
E0110	RR	CRUTCHS FOREAREM ALL MAT ADJ/FIXED W/TIP HANDGRP	12.97
E0110	UE	CRUTCHS FOREAREM ALL MAT ADJ/FIXED W/TIP HANDGRP	69.22
E0111	NU	CRUTCH FOREARM VAR MAT ADJ/FIX W/TIP HANDGRIP EA	39.20
E0111	RR	CRUTCH FOREARM VAR	50.80

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		MAT ADJ/FIX W/TIP	
		HANDGRIP EA	
E0111	UE	CRUTCH FOREARM VAR	7.95
		MAT ADJ/FIX W/TIP	
		HANDGRIP EA	
E0112	NU	CRUTCHS UNDERARM	26.92
		WOOD ADJ/FIX PAIR	
		PAD/TIP GRIP	
E0112	RR	CRUTCHS UNDERARM	8.05
		WOOD ADJ/FIX PAIR	
		PAD/TIP GRIP	
E0112	UE	CRUTCHS UNDERARM	35.29
		WOOD ADJ/FIX PAIR	
		PAD/TIP GRIP	
E0113	NU	CRUTCH UNDERARM	15.13
		WOOD ADJ/FIX	
		PAD/TIP/GRIP EA	
E0113	RR	CRUTCH UNDERARM	4.91
		WOOD ADJ/FIX	
		PAD/TIP/GRIP EA	
E0113	UE	CRUTCH UNDERARM	20.15
		WOOD ADJ/FIX	
		PAD/TIP/GRIP EA	
E0114	NU	CRUTCHES UND'ARM	34.02
		NOT WOOD ADJ/FIX	
		W/PAD/TIP/GRIP	
E0114	RR	CRUTCHES UND'ARM	8.18
		NOT WOOD ADJ/FIX	
		W/PAD/TIP/GRIP	
E0114	UE	CRUTCHES UND'ARM	45.01
		NOT WOOD ADJ/FIX	
		W/PAD/TIP/GRIP	
E0116	NU	CRUTCH UND'ARM NOT	17.02
		WOOD ADJ/FIX	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0116	RR	W/PAD/TIP/GRIP CRUTCH UND'ARM NOT WOOD ADJ/FIX	5.15
E0116	UE	W/PAD/TIP/GRIP CRUTCH UND'ARM NOT WOOD ADJ/FIX	22.69
E0130	NU	W/PAD/TIP/GRIP WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	50.09
E0130	RR	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	16.05
E0130	UE	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	66.85
E0135	NU	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	52.15
E0135	RR	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	16.46
E0135	UE	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	71.03
E0141	NU	RIGID WALKER WHEELED WO SEAT	82.48
E0141	RR	RIGID WALKER WHEELED WO SEAT	21.33
E0141	UE	RIGID WALKER WHEELED WO SEAT	109.97
E0142	NU	RIGID WALKER WHEELED W/SEAT	124.93
E0142	RR	RIGID WALKER	25.21

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		WHEELED W/SEAT	
E0142	UE	RIGID WALKER	164.04
		WHEELED W/SEAT	
E0143	NU	FOLDING WALKER	85.82
		WHEELED WO SEAT	
E0143	RR	FOLDING WALKER	114.68
		WHEELED WO SEAT	
E0143	UE	FOLDING WALKER	20.60
		WHEELED WO SEAT	
E0145	RR	WALKER WHEELED W/SEAT & CRUTCH ATTACHMENTS	16.82
E0146	RR	FOLDING WALKER	15.44
		WHEELED W/SEAT	
E0147	NU	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	411.22
E0147	RR	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	548.27
E0147	UE	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	54.82
E0153	NU	PLATFORM ATTACHMEN T FOREARM CRUTCH EA	49.62
E0153	RR	PLATFORM ATTACHMEN T FOREARM CRUTCH EA	7.47
E0153	UE	PLATFORM ATTACHMEN T FOREARM CRUTCH EA	66.18
E0154	NU	PLATFORM ATTACHMEN T WALKER EA	51.10
E0154	RR	PLATFORM ATTACHMEN T WALKER EA	8.17
E0154	UE	PLATFORM ATTACHMEN	67.25

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		T WALKER EA	
E0155	NU	WHEEL ATT RIGID PICK-UP WALKER	22.94
E0155	RR	WHEEL ATT RIGID PICK-UP WALKER	3.67
E0155	UE	WHEEL ATT RIGID PICK-UP WALKER	30.11
E0156	NU	SEAT ATTACHMENT WALKER	18.93
E0156	RR	SEAT ATTACHMENT WALKER	3.22
E0156	UE	SEAT ATTACHMENT WALKER	25.21
E0157	NU	CRUTCH ATTACHMENT WALKER EA	49.82
E0157	RR	CRUTCH ATTACHMENT WALKER EA	66.42
E0157	UE	CRUTCH ATTACHMENT WALKER EA	8.57
E0158	NU	LEG EXTENSIONS WALKER PER SET OF 4	23.17
E0158	RR	LEG EXTENSIONS WALKER PER SET OF 4	3.38
E0158	UE	LEG EXTENSIONS WALKER PER SET OF 4	30.69
E0160	NU	SITZ TYPE BATH/EQUIP-PORTABL E-USE W/WO COMMODE	20.09
E0160	RR	SITZ TYPE BATH/EQUIP-PORTABL E-USE W/WO COMMODE	26.80
E0160	UE	SITZ TYPE BATH/EQUIP-PORTABL E-USE W/WO COMMODE	4.13

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0161	NU	SITZ TYP BATH-PORT -USE W/WO COMMODE-W/FAUCET ATT	18.74
E0161	RR	SITZ TYP BATH-PORT -USE W/WO COMMODE-W/FAUCET ATT	25.01
E0161	UE	SITZ TYP BATH-PORT -USE W/WO COMMODE-W/FAUCET ATT	3.40
E0163	NU	COMMODE CHAIR STATIONARY W/FIXED ARMS	73.39
E0163	RR	COMMODE CHAIR STATIONARY W/FIXED ARMS	23.30
E0163	UE	COMMODE CHAIR STATIONARY W/FIXED ARMS	105.20
E0164	NU	COMMODE CHAIR MOBILE W/FIXED ARMS	110.30
E0164	RR	COMMODE CHAIR MOBILE W/FIXED ARMS	25.21
E0164	UE	COMMODE CHAIR MOBILE W/FIXED ARMS	173.03
E0165	RR	COMMODE CHAIR STATIONARY W/DETACHABLE ARMS	17.38
E0166	RR	COMMODE CHAIR MOBILE W/DETACHABLE ARMS	25.25
E0167	NU	PAIL/PAN USE W/COMMODE CHAIR	8.62
E0167	RR	PAIL/PAN USE W/COMMODE CHAIR	1.21

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0167	UE	PAIL/PAN USE W/COMMODE CHAIR	11.45
E0175	NU	FOOT REST USE W/COMMODE CHAIR EA	39.52
E0175	RR	FOOT REST USE W/COMMODE CHAIR EA	5.37
E0175	UE	FOOT REST USE W/COMMODE CHAIR EA	63.17
E0176	NU	AIR PRESSURE PAD CUSHION NONPOSITIONING	75.94
E0176	RR	AIR PRESSURE PAD CUSHION NONPOSITIONING	102.16
E0176	UE	AIR PRESSURE PAD CUSHION NONPOSITIONING	13.50
E0177	NU	WATER PRESSURE PAD/CUSHION NONPOSITIONING	75.94
E0177	RR	WATER PRESSURE PAD/CUSHION NONPOSITIONING	101.24
E0177	UE	WATER PRESSURE PAD/CUSHION NONPOSITIONING	11.59
E0178	NU	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	79.44
E0178	RR	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	14.32
E0178	UE	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	105.91
E0179	NU	DRY PRESSURE PAD/CUSHION NONPOSITIONING	8.98
E0179	RR	DRY PRESSURE PAD/CUSHION	1.19

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		NONPOSITIONING	
E0179	UE	DRY PRESSURE	11.41
		PAD/CUSHION	
		NONPOSITIONING	
E0180	RR	PRESSURE PAD	19.43
		ALTERNATING W/PUMP	
E0181	RR	PRESSURE PAD	21.55
		ALTERNATING W/PUMP	
		HEAVY DUTY	
E0182	RR	PUMP ALTERNATING	24.98
		PRESSURE PAD	
E0184	NU	DRY PRESSURE	121.07
		MATTRESS	
E0184	RR	DRY PRESSURE	23.43
		MATTRESS	
E0184	UE	DRY PRESSURE	157.85
		MATTRESS	
E0185	NU	GEL/GEL LIKE PRESS	199.03
		PAD STAN MATRS	
		LENGTH/WIDTH	
E0185	RR	GEL/GEL LIKE PRESS	259.33
		PAD STAN MATRS	
		LENGTH/WIDTH	
E0185	UE	GEL/GEL LIKE PRESS	42.86
		PAD STAN MATRS	
		LENGTH/WIDTH	
E0186	RR	AIR PRESSURE	19.36
		MATTRESS	
E0187	RR	WATER PRESSURE	21.52
		MATTRESS	
E0191	NU	HEEL/ELBOW	7.12
		PROTECTOR EACH	
E0191	RR	HEEL/ELBOW	0.97
		PROTECTOR EACH	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0191	UE	HEEL/ELBOW PROTECTOR EACH	9.53
E0192	NU	LOW PRESS/POSIT EQUALIZATION W/C PAD	276.86
E0192	RR	LOW PRESS/POSIT EQUALIZATION W/C PAD	37.18
E0192	UE	LOW PRESS/POSIT EQUALIZATION W/C PAD	369.14
E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOW THERAPY)	829.27
E0194	RR	AIR FLUIDIZED BED	3004.43
E0196	RR	GEL PRESSURE MATTRESS	26.34
E0197	NU	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	157.80
E0197	RR	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	29.16
E0197	UE	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	179.65
E0198	NU	H20 PRESS PAD STAN MATRS LENGTH/WIDTH	136.32
E0198	RR	H20 PRESS PAD STAN MATRS LENGTH/WIDTH	21.89
E0198	UE	H20 PRESS PAD STAN MATRS LENGTH/WIDTH	179.65
E0199	NU	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	22.93
E0199	RR	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	3.05
E0199	UE	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	30.57
E0200	NU	HEAT LAMP WO STAND	48.23

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		INCL BULB/INFRARED ELEMENT	
E0200	RR	HEAT LAMP WO STAND	64.28
		INCL BULB/INFRARED ELEMENT	
E0200	UE	HEAT LAMP WO STAND	10.26
		INCL BULB/INFRARED ELEMENT	
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	59.72
E0205	NU	HEAT LAMP W/STAND	118.00
		INCL BULB/INFRARED ELEMENT	
E0205	RR	HEAT LAMP W/STAND	18.93
		INCL BULB/INFRARED ELEMENT	
E0205	UE	HEAT LAMP W/STAND	157.34
		INCL BULB/INFRARED ELEMENT	
E0210	NU	ELECTRIC HEAT PAD STANDARD	23.35
E0210	RR	ELECTRIC HEAT PAD STANDARD	2.93
E0210	UE	ELECTRIC HEAT PAD STANDARD	31.13
E0215	NU	ELECTRIC HEAT PAD MOIST	43.08
E0215	RR	ELECTRIC HEAT PAD MOIST	6.32
E0215	UE	ELECTRIC HEAT PAD MOIST	57.43
E0220	NU	HOT WATER BOTTLE	5.13
E0220	RR	HOT WATER BOTTLE	0.72

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0220	UE	HOT WATER BOTTLE	6.87
E0225	NU	HYDROCOLLATOR UNIT INCL PADS	236.32
E0225	RR	HYDROCOLLATOR UNIT INCL PADS	315.10
E0225	UE	HYDROCOLLATOR UNIT INCL PADS	31.06
E0230	NU	ICE CAP/COLLAR	5.14
E0230	RR	ICE CAP/COLLAR	6.88
E0230	UE	ICE CAP/COLLAR	0.77
E0235	RR	PARAFFIN BATH UNIT PORTABLE	16.46
E0236	RR	PUMP WATER CIRCULATING PAD	36.51
E0238	NU	NON ELECTRIC HEAT PAD MOIST	18.96
E0238	RR	NON ELECTRIC HEAT PAD MOIST	2.59
E0238	UE	NON ELECTRIC HEAT PAD MOIST	25.79
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	321.81
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	429.06
E0239	UE	HYDROCOLLATOR UNIT PORTABLE	42.91
E0249	NU	PAD WATER CIRCULATING HEAT UNIT	71.25
E0249	RR	PAD WATER CIRCULATING HEAT UNIT	95.00
E0249	UE	PAD WATER CIRCULATING HEAT UNIT	10.44
E0250	RR	HOSP BED FIX HEIGHT W/ANY SIDE	88.63

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		RAILS/MATTRESS	
E0251	RR	HOSP BED FIX	64.54
		HEIGHT W/ANY RAILS	
		WO MATTRESS	
E0255	RR	HOSP BED VARIABLE	96.89
		HI-LO W/ANY RAILS	
		W/MATTRESS	
E0256	RR	HOSP BED VARIABLE	67.58
		HI-LO W/ANY RAILS	
		WO MATTRESS	
E0260	RR	HOSP BED SEMI-ELEC	148.02
		W/ANY RAILS	
		W/MATTRESS	
E0261	RR	HOSP BED SEMI-ELEC	111.03
		W/ANY RAILS WO	
		MATTRESS	
E0265	RR	HOSP BED TOTAL	183.25
		ELEC W/ANY RAILS	
		W/MATTRESS	
E0266	RR	HOSP BED TOTAL	169.39
		ELEC W/ANY RAILS	
		WO MATTRESS	
E0271	NU	MATTRESS INNERSPRING	151.06
E0271	RR	MATTRESS INNERSPRING	22.00
E0271	UE	MATTRESS INNERSPRING	201.44
E0272	NU	MATTRESS FOAM	139.43
		RUBBER	
E0272	RR	MATTRESS FOAM	185.91
		RUBBER	
E0272	UE	MATTRESS FOAM	20.15
		RUBBER	
E0275	NU	BED PAN STANDARD	10.95
		METAL/PLASTIC	
E0275	RR	BED PAN STANDARD	1.52

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		METAL/PLASTIC	
E0275	UE	BED PAN STANDARD	14.60
		METAL/PLASTIC	
E0276	NU	BED PAD FRACTURE	10.04
		METAL/PLASTIC	
E0276	RR	BED PAD FRACTURE	12.69
		METAL/PLASTIC	
E0276	UE	BED PAD FRACTURE	1.49
		METAL/PLASTIC	
E0277	RR	POWERED PRESS-REDU CING AIR MATRS	615.66
E0280	NU	BED CRADLE ANY TYPE	26.47
E0280	RR	BED CRADLE ANY TYPE	35.29
E0280	UE	BED CRADLE ANY TYPE	3.92
E0290	RR	HOSP BED FIX HEIGHT WO RAILS W/MATTRESS	60.60
E0291	RR	HOSP BED FIX HEIGHT WO RAILS WO MATTRESS	44.02
E0292	RR	HOSP BED VARIABLE HI-LO WO RAILS W/MATTRESS	68.14
E0293	RR	HOSP BED VARIABLE HI-LO WO RAILS WO MATTRESS	65.52
E0294	RR	HOSP BED SEMI-ELEC TRIC WO RAILS W/MATTRESS	106.33
E0295	RR	HOSP BED SEMI-ELECTRIC WO RAILS WO MATTRESS	106.33
E0296	RR	HOSP BED TOTAL-ELETRIC WO RAILS W/MATTRESS	134.45
E0297	RR	HOSP BED TOTAL-ELECTRIC	134.18

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		WO RAILS WO MATTRESS	
E0305	RR	BED SIDE RAILS	14.42
		HALF LENGTH	
E0310	NU	BEDSIDE RAILS FULL	140.13
		LENGTH	
E0310	RR	BEDSIDE RAILS FULL	21.71
		LENGTH	
E0310	UE	BEDSIDE RAILS FULL	185.18
		LENGTH	
E0325	NU	URINAL MALE JUG	5.88
		TYPE ANY MATERIAL	
E0325	RR	URINAL MALE JUG	1.44
		TYPE ANY MATERIAL	
E0325	UE	URINAL MALE JUG	8.19
		TYPE ANY MATERIAL	
E0326	NU	URINAL FEMALE JUG	7.50
		TYPE ANY MATERIAL	
E0326	RR	URINAL FEMALE JUG	1.14
		TYPE ANY MATERIAL	
E0326	UE	URINAL FEMALE JUG	10.02
		TYPE ANY MATERIAL	
E0424	RR	STATIONARY	228.80
		COMPRESSED O2 SYS	
		RENT; INCL EQUIP	
E0431	RR	PORTABLE GAS O2	35.97
		SYSTEM RENTAL;	
		INCL EQUIP	
E0434	RR	PORTABLE LIQUID O2	35.97
		SYSTEM RENTAL;	
		INCL EQUIP	
E0439	RR	STATIONARY LIQUID	228.80
		O2 SYS RENT; INCL	
		EQUIP	
E0441		O2 CONTENTS	162.98

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		GASEOUS PER UNIT	
E0442		O2 CONTENTS LIQUID	162.98
		PER UNIT	
E0443		PORTABLE O2	21.41
		CONTENTS GASEOUS	
		PER UNIT	
E0444		PORTABLE O2	21.41
		CONTENTS LIQUID	
		PER UNIT	
E0450	RR	VOL VENT STAT/PORT	910.44
		/BACKUP RATE/INVAS	
		INTERFACE	
E0452	RR	INTERMITTENT	208.04
		ASSIST DEV W/CONT	
		POS AIRWAY PRESS	
E0453	RR	THERAPEUTIC	520.64
		VENTILATOR USE TO	
		12 HRS PER DAY	
E0457	RR	CHEST SHELL	58.61
		(CUIRASS)	
E0459	RR	CHEST WRAP	48.54
E0460	RR	NEGATIVE PRESSURE	594.75
		VENTILATOR	
		PORTABLE/STATIONARY	
E0462	RR	ROCKING BED W/WO	277.95
		SIDE RAILS	
E0480	RR	PERCUSSOR	41.91
		ELECTRIC/PNEUMATIC	
		HOME MODEL	
E0500	RR	IPPB MACHINE ALL	104.71
		MAN/AUTO VALVES	
		INT/EXT POWER	
E0550	RR	HUMIDIFIER DURABLE	47.81
		SUPPLEMENTAL	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0560	NU	W/IPPB/OXYGEN HUMIDIFIER DURABLE SUPPLEMENT	139.06
E0560	RR	W/IPPB/OXYGEN HUMIDIFIER DURABLE SUPPLEMENT	104.30
E0560	UE	W/IPPB/OXYGEN HUMIDIFIER DURABLE SUPPLEMENT	16.29
E0565	RR	W/IPPB/OXYGEN COMPRESSOR AIR POWER SOURCE EQUIPMENT	49.47
E0570	RR	NEBULIZER WITH COMPRESSOR	18.82
E0575	RR	NEBULIZER ULTRASONIC	98.03
E0585	RR	NEBULIZER W/COMPRESSOR & HEATER	33.45
E0600	RR	SUCTION PUMP HOME MODEL PORTABLE	42.00
E0601	RR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	95.48
E0605	NU	VAPORIZER ROOM TYPE	20.76
E0605	RR	VAPORIZER ROOM TYPE	2.93
E0605	UE	VAPORIZER ROOM TYPE	25.21
E0606	RR	POSTURAL DRAINAGE BOARD	18.60
E0607	NU	HOME BLOOD GLUCOSE MONITOR	47.78
E0607	RR	HOME BLOOD GLUCOSE MONITOR	63.73

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0607	UE	HOME BLOOD GLUCOSE MONITOR	6.37
E0608	RR	APNEA MONITOR	233.91
E0609	NU	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	453.78
E0609	RR	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	60.50
E0609	UE	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	605.02
E0610	NU	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	170.18
E0610	RR	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	23.93
E0610	UE	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	226.88
E0615	NU	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	301.56
E0615	RR	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	55.80
E0615	UE	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	402.07
E0621	NU	SLING/SEAT PATIENT LIFT CANVAS/NYLON	58.67
E0621	RR	SLING/SEAT PATIENT LIFT CANVAS/NYLON	8.82

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0621	UE	SLING/SEAT PATIENT LIFT CANVAS/NYLON	77.83
E0627	NU	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	236.56
E0627	RR	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	31.55
E0627	UE	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	315.44
E0628	NU	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	236.56
E0628	RR	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	315.44
E0628	UE	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	31.55
E0629	NU	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	236.56
E0629	RR	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	31.55
E0629	UE	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	315.44
E0630	RR	PATIENT LIFT HYDRAULIC W/SEAT/SLING	92.36
E0635	RR	PATIENT LIFT ELECTRIC W/SEAT/SLING	99.20

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0650	NU	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	467.97
E0650	RR	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	84.76
E0650	UE	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	623.93
E0651	NU	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	657.02
E0651	RR	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	87.61
E0651	UE	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	876.02
E0652	NU	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	3748.29
E0652	RR	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	424.80
E0652	UE	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	4298.17
E0655	NU	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF ARM	74.77
E0655	RR	NONSEGMENTAL	12.09

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		PNEUMATIC-USE	
		W/COMPRESSOR HALF ARM	
E0655	UE	NONSEGMENTAL	99.72
		PNEUMATIC-USE	
		W/COMPRESSOR HALF ARM	
E0660	NU	NONSEGMENTAL	105.29
		PNEUMATIC-USE	
		W/COMPRESSOR FULL LEG	
E0660	RR	NONSEGMENTAL	152.37
		PNEUMATIC-USE	
		W/COMPRESSOR FULL LEG	
E0660	UE	NONSEGMENTAL	15.86
		PNEUMATIC-USE	
		W/COMPRESSOR FULL LEG	
E0665	NU	NONSEGMENTAL	83.41
		PNEUMATIC-USE	
		W/COMPRESSOR FULL ARM	
E0665	RR	NONSEGMENTAL	13.42
		PNEUMATIC-USE	
		W/COMPRESSOR FULL ARM	
E0665	UE	NONSEGMENTAL	111.07
		PNEUMATIC-USE	
		W/COMPRESSOR FULL ARM	
E0666	NU	NONSEGMENTAL	98.80
		PNEUMATIC-USE	
		W/COMPRESSOR HALF LEG	
E0666	RR	NONSEGMENTAL	13.58
		PNEUMATIC-USE	
		W/COMPRESSOR HALF LEG	
E0666	UE	NONSEGMENTAL	131.71
		PNEUMATIC-USE	
		W/COMPRESSOR HALF LEG	
E0667	NU	SEGMENTAL	231.61
		PNEUMATIC-USE	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0667	RR	W/COMPRESSOR FULL LEG SEGMENTAL	308.82
		PNEUMATIC-USE	
E0667	UE	W/COMPRESSOR FULL LEG SEGMENTAL	30.89
		PNEUMATIC-USE	
E0668	NU	W/COMPRESSOR FULL LEG SEGMENTAL	268.69
		PNEUMATIC-USE	
E0668	RR	W/COMPRESSOR FULL ARM SEGMENTAL	358.26
		PNEUMATIC-USE	
E0668	UE	W/COMPRESSOR FULL ARM SEGMENTAL	35.36
		PNEUMATIC-USE	
E0669	NU	W/COMPRESSOR FULL ARM SEGMENTAL	124.53
		PNEUMATIC-USE	
E0669	RR	W/COMPRESSOR HALF LEG SEGMENTAL	16.61
		PNEUMATIC-USE	
E0669	UE	W/COMPRESSOR HALF LEG SEGMENTAL	166.03
		PNEUMATIC-USE	
E0671	NU	W/COMPRESSOR HALF LEG SEGMENT GRAD PRESS	297.12
		PNEUMATIC	
E0671	RR	APPLIANCE FULL LEG SEGMENT GRAD PRESS	39.62
		PNEUMATIC	
E0671	UE	APPLIANCE FULL LEG SEGMENT GRAD PRESS	396.17
		PNEUMATIC	
		APPLIANCE FULL LEG	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0672	NU	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	230.89
E0672	RR	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	30.79
E0672	UE	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	307.83
E0673	NU	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	191.86
E0673	RR	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	25.58
E0673	UE	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	255.79
E0690	NU	ULTRAVIOLET CABINET APPROPRIATE HOME USE	826.70
E0690	RR	ULTRAVIOLET CABINET APPROPRIATE HOME USE	1104.87
E0690	UE	ULTRAVIOLET CABINET APPROPRIATE HOME USE	114.10
E0720	NU	TENS 2 LEAD LOCALIZED STIMULATION	350.61
E0730	NU	TENS 4 LEAD LARGE AREA/MULTIPLE NERVE STIMULATE	353.45
E0731		FORM FIT CONDUCTIVE	340.22

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0744	RR	GARMENT TENS/NMES NEUROMUSCULAR STIMULATOR	87.34
E0745	RR	SCOLIOSIS NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	85.38
E0747	NU	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	2432.20
E0747	RR	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	324.28
E0747	UE	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	3242.92
E0748	NU	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	2506.92
E0748	RR	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	3342.55
E0748	UE	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	334.25
E0749	RR	OSTEOGENESIS STIM ELEC (SURGICALLY IMPLANTED)	244.30
E0776	NU	IV POLE	85.39
E0776	RR	IV POLE	17.79
E0776	UE	IV POLE	116.07

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0781	RR	AMB INFUS PUMP 1/MULTI CHAN ELEC/BATT PT WEARS	214.74
E0782	NU	INFUSION PUMP-IMPL ANTABLE-NON PROGRAMMABLE	2766.39
E0782	RR	INFUSION PUMP-IMPL ANTABLE-NON PROGRAMMABLE	3688.52
E0782	UE	INFUSION PUMP-IMPL ANTABLE-NON PROGRAMMABLE	368.86
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY 1/MULTICHANL	256.36
E0840	NU	TRACTION FRAME TO HEADBOARD CERV TRACTION	44.53
E0840	RR	TRACTION FRAME TO HEADBOARD CERV TRACTION	13.23
E0840	UE	TRACTION FRAME TO HEADBOARD CERV TRACTION	59.41
E0850	NU	TRACTION STAND FREESTANDING CERV TRACTION	63.89
E0850	RR	TRACTION STAND FREESTANDING CERV TRACTION	11.70
E0850	UE	TRACTION STAND FREESTANDING CERV TRACTION	85.18

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0855	NU	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	359.56
E0855	RR	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	47.94
E0855	UE	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	479.42
E0860	NU	TRACTION EQUIPMENT OVERDOOR CERV	24.35
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERV	6.21
E0860	UE	TRACTION EQUIPMENT OVERDOOR CERV	32.47
E0870	NU	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	75.16
E0870	RR	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	12.61
E0870	UE	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	100.21
E0880	NU	TRACTION STAND FREESTANDING EXTREMITY TRACTION	77.04
E0880	RR	TRACTION STAND FREESTANDING EXTREMITY TRACTION	101.78
E0880	UE	TRACTION STAND FREESTANDING EXTREMITY TRACTION	18.80
E0890	NU	TRACTION FRAME TO	78.63

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		FOOTBOARD PELVIC TRACTION	
E0890	RR	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	31.31
E0890	UE	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	97.62
E0900	NU	TRACTION STAND FREESTANDING PELVIC TRACTION	77.93
E0900	RR	TRACTION STAND FREESTANDING PELVIC TRACTION	26.35
E0900	UE	TRACTION STAND FREESTANDING PELVIC TRACTION	103.88
E0910	RR	TRAPEZE BARS TO BED W/GRAB BAR (PT HELPER)	18.66
E0920	RR	FRACTURE FRAME TO BED INCL WEIGHTS	37.86
E0930	RR	FRACTURE FRAME FREESTANDING W/WEIGHTS	37.86
E0935	RR	PASSIVE MOTION EXERCISE DEVICE	21.68
E0940	RR	TRAPEZE BAR FREESTANDING COMPLETE W/GRAB BAR	30.22
E0941	RR	GRAVITY ASSIST TRACTION DEVICE ANY TYPE	36.94
E0942	NU	CERVICAL HEAD	14.19

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		HARNESS/HALTER	
E0942	RR	CERVICAL HEAD	2.23
		HARNESS/HALTER	
E0942	UE	CERVICAL HEAD	18.93
		HARNESS/HALTER	
E0943	NU	CERVICAL PILLOW	19.78
E0943	RR	CERVICAL PILLOW	3.09
E0943	UE	CERVICAL PILLOW	26.39
E0944	NU	PELVIC BELT/HARNES	29.36
		S/HALTER	
E0944	RR	PELVIC BELT/HARNES	39.13
		S/HALTER	
E0944	UE	PELVIC BELT/HARNES	4.39
		S/HALTER	
E0945	NU	EXTREMITY	32.73
		BELT/HARNESS	
E0945	RR	EXTREMITY	42.28
		BELT/HARNESS	
E0945	UE	EXTREMITY	4.23
		BELT/HARNESS	
E0946	RR	FX FRAME DUAL	56.43
		W/CROSS BARS	
		ATTACH BED	
E0947	NU	FX FRAME ATTACH	433.84
		COMPLX PELVIC	
		TRACTION	
E0947	RR	FX FRAME ATTACH	59.99
		COMPLX PELVIC	
		TRACTION	
E0947	UE	FX FRAME ATTACH	578.46
		COMPLX PELVIC	
		TRACTION	
E0948	NU	FX FRAME ATTACH	394.60
		COMPLX CERVICAL	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		TRACTION	
E0948	RR	FX FRAME ATTACH	55.93
		COMPLX CERVICAL	
		TRACTION	
E0948	UE	FX FRAME ATTACH	559.51
		COMPLX CERVICAL	
		TRACTION	
E0950	NU	TRAY	74.37
E0950	RR	TRAY	9.93
E0950	UE	TRAY	99.15
E0951	NU	LOOP HEEL EA	13.48
E0951	RR	LOOP HEEL EA	1.80
E0951	UE	LOOP HEEL EA	17.97
E0952	NU	LOOP TOE EA	13.48
E0952	RR	LOOP TOE EA	1.80
E0952	UE	LOOP TOE EA	17.97
E0953	NU	PNEUMATIC TIRE EA	27.95
E0953	RR	PNEUMATIC TIRE EA	39.02
E0953	UE	PNEUMATIC TIRE EA	3.83
E0954	NU	SEMI PNEUMATIC	29.94
		CASTER EA	
E0954	RR	SEMI PNEUMATIC	39.91
		CASTER EA	
E0954	UE	SEMI PNEUMATIC	4.50
		CASTER EA	
E0958	RR	WHEELCHAIR ATTACH	40.45
		CONVERT ANY TO 1	
		ARM DRIVE	
E0959	NU	AMPUTEE ADAPTER	63.83
		(COMPENSATE WEIGHT	
		TRANSFER)	
E0959	RR	AMPUTEE ADAPTER	8.47
		(COMPENSATE WEIGHT	
		TRANSFER)	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0959	UE	AMPUTEE ADAPTER (COMPENSATE WEIGHT TRANSFER)	84.34
E0961	NU	BRAKE EXTENSION FOR WHEELCHAIR	18.10
E0961	RR	BRAKE EXTENSION FOR WHEELCHAIR	2.52
E0961	UE	BRAKE EXTENSION FOR WHEELCHAIR	24.11
E0962	NU	"1" CUSHION FOR WHEELCHAIR"	42.55
E0962	RR	"1" CUSHION FOR WHEELCHAIR"	5.67
E0962	UE	"1" CUSHION FOR WHEELCHAIR"	56.74
E0963	NU	"2" CUSHION FOR WHEELCHAIR"	50.95
E0963	RR	"2" CUSHION FOR WHEELCHAIR"	67.78
E0963	UE	"2" CUSHION FOR WHEELCHAIR"	6.89
E0964	NU	"3" CUSHION FOR WHEELCHAIR"	56.74
E0964	RR	"3" CUSHION FOR WHEELCHAIR"	7.62
E0964	UE	"3" CUSHION FOR WHEELCHAIR"	75.62
E0965	NU	"4" CUSHION FOR WHEELCHAIR"	60.65
E0965	RR	"4" CUSHION FOR WHEELCHAIR"	80.84
E0965	UE	"4" CUSHION FOR WHEELCHAIR"	8.09
E0966	NU	HOOK ON HEAD REST	46.31

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		EXTENSION	
E0966	RR	HOOK ON HEAD REST	6.17
		EXTENSION	
E0966	UE	HOOK ON HEAD REST	61.75
		EXTENSION	
E0967	NU	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	94.55
E0967	RR	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	12.61
E0967	UE	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	126.03
E0968	RR	COMMODE SEAT WHEELCHAIR	17.10
E0969	NU	NARROWING DEVICE WHEELCHAIR	104.58
E0969	RR	NARROWING DEVICE WHEELCHAIR	139.44
E0969	UE	NARROWING DEVICE WHEELCHAIR	13.95
E0970	NU	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	34.46
E0970	RR	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	45.94
E0970	UE	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	4.10
E0971	NU	ANTI TIPPING DEVICE WHEELCHAIRS	45.09
E0971	RR	ANTI TIPPING	6.05

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		DEVICE WHEELCHAIRS	
E0971	UE	ANTI TIPPING	60.09
		DEVICE WHEELCHAIRS	
E0972	NU	TRANSFER BOARD/DEVICE	33.80
E0972	RR	TRANSFER BOARD/DEVICE	4.55
E0972	UE	TRANSFER BOARD/DEVICE	45.05
E0973	NU	ADJUST HT DETACH	82.25
		ARMS DESK/FULL	
		WHEELCHAIR	
E0973	RR	ADJUST HT DETACH	109.66
		ARMS DESK/FULL	
		WHEELCHAIR	
E0973	UE	ADJUST HT DETACH	10.44
		ARMS DESK/FULL	
		WHEELCHAIR	
E0974	NU	GRADE AIDE	56.52
		(PREVENT ROLL	
		BACK) WHEELCHAIR	
E0974	RR	GRADE AIDE	7.93
		(PREVENT ROLL	
		BACK) WHEELCHAIR	
E0974	UE	GRADE AIDE	75.36
		(PREVENT ROLL	
		BACK) WHEELCHAIR	
E0975	NU	REINFORCED SEAT	35.60
		UPHOLSTERY	
		WHEELCHAIR	
E0975	RR	REINFORCED SEAT	4.72
		UPHOLSTERY	
		WHEELCHAIR	
E0975	UE	REINFORCED SEAT	47.45
		UPHOLSTERY	
		WHEELCHAIR	
E0976	NU	REINFORCED BACK	35.92

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		WHEELCHAIR	
		UPHOLSTERY/OTHER MAT	
E0976	RR	REINFORCED BACK	4.72
		WHEELCHAIR	
		UPHOLSTERY/OTHER MAT	
E0976	UE	REINFORCED BACK	47.90
		WHEELCHAIR	
		UPHOLSTERY/OTHER MAT	
E0977	NU	WEDGE CUSHION	44.44
		WHEELCHAIR	
E0977	RR	WEDGE CUSHION	5.93
		WHEELCHAIR	
E0977	UE	WEDGE CUSHION	59.23
		WHEELCHAIR	
E0978	NU	BELT SAFETY	32.02
		W/AIRPLANE BUCKLE	
		WHEELCHAIR	
E0978	RR	BELT SAFETY	42.68
		W/AIRPLANE BUCKLE	
		WHEELCHAIR	
E0978	UE	BELT SAFETY	4.25
		W/AIRPLANE BUCKLE	
		WHEELCHAIR	
E0979	NU	BELT SAFETY	24.17
		W/VELCRO CLOSE	
		WHEELCHAIR	
E0979	RR	BELT SAFETY	3.14
		W/VELCRO CLOSE	
		WHEELCHAIR	
E0979	UE	BELT SAFETY	30.98
		W/VELCRO CLOSE	
		WHEELCHAIR	
E0980	NU	SAFETY VEST	23.52
		WHEELCHAIR	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0980	RR	SAFETY VEST	31.53
		WHEELCHAIR	
E0980	UE	SAFETY VEST	3.14
		WHEELCHAIR	
E0990	NU	ELEVATING LEGREST	74.38
		EA	
E0990	RR	ELEVATING LEGREST	12.61
		EA	
E0990	UE	ELEVATING LEGREST	95.21
		EA	
E0991	NU	UPHOLSTERY SEAT	32.99
E0991	RR	UPHOLSTERY SEAT	4.19
E0991	UE	UPHOLSTERY SEAT	43.76
E0992	NU	SOLID SEAT INSRT	57.86
E0992	RR	SOLID SEAT INSRT	77.14
E0992	UE	SOLID SEAT INSRT	7.50
E0993	NU	BACK UPHOLSTERY	28.40
E0993	RR	BACK UPHOLSTERY	37.70
E0993	UE	BACK UPHOLSTERY	3.76
E0994	NU	ARM REST EA	12.03
E0994	RR	ARM REST EA	1.60
E0994	UE	ARM REST EA	16.04
E0995	NU	CALF REST EA	18.93
E0995	RR	CALF REST EA	2.53
E0995	UE	CALF REST EA	25.21
E0996	NU	TIRE SOLID EA	20.70
E0996	RR	TIRE SOLID EA	27.20
E0996	UE	TIRE SOLID EA	2.62
E0997	NU	CASTER W/FORK	47.59
E0997	RR	CASTER W/FORK	6.80
E0997	UE	CASTER W/FORK	63.44
E0998	NU	CASTER WO FORK	27.41
E0998	RR	CASTER WO FORK	3.78
E0998	UE	CASTER WO FORK	36.51

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E0999	NU	PNEUMATIC TIRE W/WHEEL	82.25
E0999	RR	PNEUMATIC TIRE W/WHEEL	109.66
E0999	UE	PNEUMATIC TIRE W/WHEEL	10.97
E1000	NU	TIRE PNEUMATIC CASTER	25.75
E1000	RR	TIRE PNEUMATIC CASTER	34.34
E1000	UE	TIRE PNEUMATIC CASTER	3.78
E1001	NU	WHEEL SINGLE	70.15
E1001	RR	WHEEL SINGLE	9.82
E1001	UE	WHEEL SINGLE	93.53
E1031	RR	"ROLLABOUT CHAIR ALL TYPES W/CASTORS 5"/MORE"	48.18
E1050	RR	FULL RECLINE WHEELCHAIR FIX ARM DETACHABLE LEGS	97.14
E1060	RR	FULL RECLINE WHEELCHIAR DETACH ARMS/LEGS	108.07
E1065	NU	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	2079.77
E1065	RR	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	252.10
E1065	UE	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	2773.02
E1066	NU	BATTERY CHARGER	188.59

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
E1066	RR	BATTERY CHARGER	25.21
E1066	UE	BATTERY CHARGER	251.45
E1069	NU	DEEP CYCLE BATTERY	80.37
E1069	RR	DEEP CYCLE BATTERY	10.77
E1069	UE	DEEP CYCLE BATTERY	107.16
E1070	RR	FULL RECLINE WHEELCHAIR DETACH ARMS/FOOTREST	104.47
E1083	RR	HEMI WHEELCHAIR FIXED FULL ARMS DETACH LEGREST	68.83
E1084	RR	HEMI WHEELCHAIR DETACH ARMS/LEGS FOOTREST	93.57
E1085	RR	HEMI WHEELCHAIR FIXED ARMS DETACH FOOTRESTS	66.01
E1086	RR	HEMI WHEELCHAIR DETACH ARMS DESK FOOTRESTS	80.16
E1087	RR	HI STR LITE WHEELCHIAR FIX FULL ARM DET LEGS	110.65
E1088	RR	HI STR LITE WHEELCHAIR DETACH ARMS DESK LEGS	143.81
E1089	RR	HI STR LITE WHEELCHAIR FIX ARMS DETACH FOOTREST	97.45
E1090	RR	HI STR LITE WHEELCHAIR DETACH ARMS DESK FOOTREST	111.54
E1091	RR	YOUTH WHEELCHAIR	79.52

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		ANY TYPE	
E1092	RR	WIDE HEAVY DUTY WHEELCHAIR DETACH	122.57
		ARM DESK LEG	
E1093	RR	WIDE HVY DUTY WHEELCHAIR DETACH	105.42
		FULL ARM DESK FT	
E1100	RR	SEMI RECLINE WHEELCHAIR FIX	99.02
		FULL ARMS DETACH	
		LEG	
E1110	RR	SEMI RECILNE DETACH ARM (DESK	96.96
		FULL) ELEVATE LEG	
E1130	RR	STANDARD WHEELCHAI R FIX FULL ARMS	43.40
		DETACH FOOT	
E1140	RR	WHEELCHAIR DETACH ARMS (DESK FULL)	66.93
		DETACH FOOT	
E1150	RR	WHEELCHAIR DETACH ARMS (DESK FULL)	74.55
		DETACH LEG	
E1160	RR	WHEELCHAIR FIX FULL ARMS DETACH	58.62
		LEGRESTS	
E1170	RR	AMPUTEE WHEELCHAIR FIX FULL ARM	82.32
		DETACH LEGRESTS	
E1171	RR	AMPUTEE WHEELCHAIR FIX FULL ARM W/O	65.50
		FOOT/LEG	
E1172	RR	AMPUTEE WHEELCHAIR DETACH ARMS WO	84.22

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		FOOT/LEG	
E1180	RR	AMPUTEE WHEELCHAIR	90.03
		DETACH ARMS DETACH	
		FOOTRESTS	
E1190	RR	AMPUTEE WHEELCHAIR	104.02
		DETACH ARMS DETACH	
		ELEV LEG	
E1195	RR	HVY DTY WHEELCHAIR	101.86
		FIX FULL ARMS	
		DETACH ELEV LEG	
E1200	RR	AMPUTEE WHEELCHAIR	77.46
		FIX FULL ARMS	
		DETACH FOOTREST	
E1210	RR	MOTOR WHEELCHAIR	362.08
		FIX FULL ARMS	
		DETACH ELEV LEG	
E1211	RR	MOTOR WHEELCHAIR	399.19
		DETACH ARMS DETACH	
		ELEV LEG	
E1212	RR	MOTOR WHEELCHAIR	328.86
		FIX FULL ARMS	
		DETACH FOOTRESTS	
E1213	RR	MOTOR WHEELCHAIR	353.67
		DETACH ARMS DETACH	
		FOOTRESTS	
E1221	RR	WHEELCHAIR W/FIX	39.98
		ARM FOOTRESTS	
E1222	RR	WHEELCHAIR W/FIX	64.66
		ARM ELEVATING	
		LEGRESTS	
E1223	RR	WHEELCHAIR	70.60
		W/DETACH ARMS	
		FOOTRESTS	
E1224	RR	WHEELCHAIR	77.41

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		W/DETACH ARMS	
		ELEVATING LEGRESTS	
E1225	RR	SEMI RECLINE BACK	43.11
		FOR CUSTOM	
		WHEELCHAIR	
E1226	NU	FULL RECLINE BACK	390.31
		FOR CUSTOM	
		WHEELCHAIR	
E1226	RR	FULL RECLINE BACK	53.57
		FOR CUSTOM	
		WHEELCHAIR	
E1226	UE	FULL RECLINE BACK	520.45
		FOR CUSTOM	
		WHEELCHAIR	
E1227	NU	SPECIAL HEIGHT	198.54
		ARMS FOR WHEELCHAIR	
E1227	RR	SPECIAL HEIGHT	26.04
		ARMS FOR WHEELCHAIR	
E1227	UE	SPECIAL HEIGHT	264.69
		ARMS FOR WHEELCHAIR	
E1228	RR	SPECIAL BACK	22.72
		HEIGHT FOR	
		WHEELCHAIR	
E1230	NU	POWER OP VEHICLE	#1450.29
		(3-4 WHEEL)	
		BRAND/NAME/MODEL	
E1230	RR	POWER OP VEHICLE	#212.18
		(3-4 WHEEL)	
		BRAND/NAME/MODEL	
E1230	UE	POWER OP VEHICLE	#1941.10
		(3-4 WHEEL)	
		BRAND/NAME/MODEL	
E1240	RR	LITE WHEELCHAIR	98.26
		DETACH ARM DETACH	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		ELEV LEGREST	
E1250	RR	LITE WHEELCHAIR	68.93
		FIX FULL ARMS	
		DETACH FOOTREST	
E1260	RR	LITE WHEELCHIAR	88.90
		DETACH ARMS DETACH	
		FOOTREST	
E1270	RR	LITE WHEELCHAIR	73.29
		FIX FULL ARMS	
		DETACH ELEV LEG	
E1280	RR	HEAVY DUTY	117.15
		WHEELCHAIR DETACH	
		ARMS ELEV LEGRESTS	
E1285	RR	HVY DTY WHEELCHAIR	97.78
		FIX FULL ARMS	
		DETACH FOOTREST	
E1290	RR	HEAVY DTY	119.37
		WHEELCHAIR DETACH	
		ARMS DETACH	
		FOOTREST	
E1295	RR	HEAVY DUTY	112.73
		WHEELCHAIR FIX	
		FULL ARMS ELEV	
		LEGREST	
E1296	NU	SPECIAL WHEELCHAIR	298.97
		SEAT HEIGHT FROM	
		FLOOR	
E1296	RR	SPECIAL WHEELCHAIR	40.49
		SEAT HEIGHT FROM	
		FLOOR	
E1296	UE	SPECIAL WHEELCHAIR	398.62
		SEAT HEIGHT FROM	
		FLOOR	
E1297	NU	SPECIAL WHEELCHAIR	63.61

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		SEAT DEPTH BY UPHOLSTERY	
E1297	RR	SPECIAL WHEELCHAIR	9.42
		SEAT DEPTH BY UPHOLSTERY	
E1297	UE	SPECIAL WHEELCHAIR	84.81
		SEAT DEPTH BY UPHOLSTERY	
E1298	NU	SPECIAL WHEELCHAIR	273.20
		SEAT DEPTH/WIDTH BY CONST	
E1298	RR	SPECIAL WHEELCHAIR	36.43
		SEAT DEPTH/WIDTH BY CONST	
E1298	UE	SPECIAL WHEELCHAIR	364.27
		SEAT DEPTH/WIDTH BY CONST	
E1310	NU	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	1536.19
E1310	RR	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	175.19
E1310	UE	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	2048.25
E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER	97.84
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	155.51
E1372	UE	IMMERSION EXTERNAL HEATER FOR	22.59

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		NEBULIZER	
E1375	NU	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	157.30
E1375	RR	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	209.73
E1375	UE	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	39.80
E1400	RR	OXYGEN CONCENTRATE MAX 2LITER/MIN 85%CONCENTRATE	228.80
E1401	RR	OXYGEN CONCENTRATE 2-3 LITER/MIN 85% CONCENTRATE	228.80
E1402	RR	OXYGEN CONCENTRATE 3-4 LITER/MIN 85% CONCENTRATE	228.80
E1403	RR	OXYGEN CONCENTRATE 4-5 LITER/MIN 85% CONCENTRATE	228.80
E1404	RR	OXYGEN CONCENTRATE OVER 5 LITER/MIN 85%	228.80
L0100		CERV CRANIOSTENOSIS HELMET MOLDED TO PT MODEL	480.05
L0110		CERV CRANIOSTENOSIS HELMET NON MOLDED	102.13
L0120		CERV FLEXIBLE NON ADJUSTABLE (FOAM COLLAR)	18.86
L0130		CERV FLEXIBLE	154.64

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		THERMOPLASTIC	
		COLLAR MOLDED TO PT	
L0140		CERV SEMI-RIGID	45.51
		ADJUSTABLE	
		(PLASTIC COLLAR)	
L0150		CERV SEMI-RIGID	87.91
		ADJUSTABLE MOLDED	
		CHIN CUP	
L0160		CERV SEMI RIGID	119.13
		WIRE FRAME	
		OCCIPITAL/MANDIBLE	
L0170		CERV COLLAR MOLDED	458.46
		TO PT MODEL	
L0172		CERV COLLAR SEMI	104.03
		RIGID THERMOPLASTI	
		C 2 PIECE	
L0174		CERV COLLAR SEMI	195.29
		RIGID THERMOPLASTIC	
		W/THORACIC	
L0180		CERV MULT POST	288.31
		COLLAR OCCIP/MAND	
		SUPP ADJ	
L0190		CERV MULT POST	386.17
		COLLAR OCCIP/MAND	
		ADJ CERV BARS	
L0200		CERV MULT POST	371.86
		COLLAR OCCIP/MAND	
		ADJ CERV W/THOR	
L0210		THORACIC RIB BELT	40.00
L0220		THORACIC RIB BELT	109.74
		CUSTOM FABRICATED	
L0300		TLSO FLEXIBLE	144.71
		(DORSO-LUMBAR	
		SURGICAL SUPPORT)	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L0310		TLSO FLEX CUSTOM FABRICATED	312.45
L0315		TLSO FLEX ELASTIC TYPE W/RIGID POSTERIOR PANEL	239.39
L0317		TLSO FLEX HYPEREXTENSION ELASTIC W/RIGID PANEL	295.27
L0320		TLSO ANT/POST CONTROL W/APRON FRONT	265.60
L0330		TLSO ANT/POST/LAT CONTROL W/APRON FRONT	325.86
L0340		TLSO ANT/POST/LAT/ ROTARY CONTROL W/APRON FRONT	464.09
L0350		TLSO ANT/POST/LAT/ ROTARY CONTROL FLEXION CUSTOM	723.38
L0360		TLSO ANT/POST/LAT/ ROTARY FLEX MOLD TO PT MODEL	1072.83
L0370		TLSO ANT/POST/LAT/ ROTARY HYPEREXTENSION	344.23
L0380		TLSO ANT/POST/LAT/ ROTARY CONTROL W/EXTENSIONS	589.83
L0390		TLSO ANT-POST-LAT CONTRL MOLDED TO PT MODEL	1222.19
L0400		TLSO ANT-POST-LAT CONTRL MOLDED	1362.03

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L0410		W/INTERFACE MAT TLSO ANT-POST-LAT	1353.14
		CONTRL 2 PIECE MOLDED TO PT	
L0420		TLSO ANT-POST-LAT	1438.67
		CONTRL 2 PIECE W/INTERFACE	
L0430		TLSO ANT-POST-LAT	1056.68
		CONTRL W/INTERFACE -CUSTOM FIT	
L0440		TLSO ANT-POST-LAT	799.50
		CONTRL W/FRONT SECT CUSTOM	
L0500		LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT)	100.54
L0510		LSO FLEX SURG SUPPORT CUSTOM FABRICATED	231.86
L0515		LSO FLEX SURG SUPP ELASTIC TYPE W/RIGID PANEL	156.94
L0520		LSO ANT/POST/LAT CONTROL W/APRON FRONT	324.37
L0530		LSO ANT/POST CONTROL W/APRON FRONT	294.51
L0540		LSO LUMBAR FLEXION	388.91
L0550		LSO ANT-POST-LAT CONTRL MOLDED TO PT MODEL	1044.61
L0560		LSO AP-LAT CONTRL MOLDED MODEL	1048.49

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L0565		W/INTERFACE MAT LSO ANT-POST-LAT	797.18
L0600		CONTRL CUSTOM FIT SACROILIAC	68.78
L0610		FLEXIBLE (SACROILI AC SURG SUPPORT)	183.65
L0620		SACROILIAC SEMI RIGID W/APRON FRONT	401.31
L0700		CTL SO ANT/POST/LAT CONTROL MOLDED TO PT MODEL	1437.21
L0710		CTL SO ANT/POST/LAT MOLDED TO PT W/INTERFACE	1491.92
L0810		HALO PROC CERV HALO INC INTO JACKET VEST	1862.14
L0820		HALO PROC CERV HALO INC INTO PLASTER BODY JACKET	1535.58
L0830		HALO PROC CERV HALO INC INTO MILWAUKEE TYPE	2229.20
L0860		ADD TO HALO PROC MRI COMPATIBLE SYSTEM	866.03
L0900		TORSO SUPP-PTOSIS SUPP	113.82
L0910		TORSO SUPP PTOSIS CUSTOM FABRICATED	253.95
L0920		TORSO SUPP	120.65

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		PENDULOUS ABDOMEN SUPPORT	
L0930		TORSO SUPP	287.86
		PENDULOUS ABDOMEN CUSTOM FABRICATED	
L0940		TORSO SUPPORT-POST	112.41
		SURGICAL SUPPORT	
L0950		TORSO SUPP POST	275.41
		SURGICAL CUSTOM FABRICATED	
L0960		TORSO SUPP POST	49.11
		SURGICAL PADS FOR SUPPORT	
L0970		TLSO CORSET FRONT	84.09
L0972		LSO CORSET FRONT	81.06
L0974		TLSO FULL CORSET	127.28
L0976		LSO FULL CORSET	113.67
L0978		AXILLARY CRUTCH EXTENSION	136.84
L0980		PERONEAL STRAPS PAIR	12.41
L0982		STOCKING SUPPORTER GRIPS SET OF 4	11.57
L1000		CTLSO INCL INIT ORTHOSIS INCL MODEL	1443.28
L1010		ADD TO CTLSO SCOLIOSIS AXILLA SLING	47.71
L1020		ADD CTLSO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD	61.45
L1025		ADD CTLSO/SCOLIOSIS ORTHOSIS FLOAT KYPHOSIS	118.19
L1030		ADD CTLSO SCOLIOSIS LUMBAR	45.22

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		BOLSTER PAD	
L1040		ADD CTLSO	55.46
		SCOLIOSIS	
		LUMBAR/RIB PAD	
L1050		ADD CTLSO	59.19
		SCOLIOSIS STERNAL PAD	
L1060		ADD CTLSO	67.99
		SCOLIOSIS THORACIC PAD	
L1070		ADD CTLSO	63.97
		SCOLIOSIS	
		TRAPEZIUS SLING	
L1080		ADD CTLSO	39.34
		SCOLIOSIS OUTRIGGER	
L1085		ADD CTLSO	109.43
		SCOLIOSIS	
		OUTRIGGER BILAT	
		W/EXTENSION	
L1090		ADD CTLSO	71.51
		SCOLIOSIS LUMBAR	
		SLING	
L1100		ADD CTLSO	116.07
		SCOLIOSIS RING	
		FLANGE PLASTIC/LEATHER	
L1110		ADD CTLSO	181.56
		SCOLIOSIS RING	
		FLANGE MOLD TO PT	
		MODEL	
L1120		ADD CTLSO	28.23
		SCOLIOSIS EA	
		UPRIGHT COVER	
L1200		TLSO INCL FURNISH	1113.85
		INIT ORTHOSIS ONLY	
L1210		ADD TLSO LAT	248.02
		THORACIC EXTENSION	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L1220		ADD TLSO ANTERIOR THORACIC EXTENSION	209.99
L1230		ADD TLSO MILWAUKEE TYPE SUPER STURCTURE	538.81
L1240		ADD TLSO LUMBAR DEROTATION PAD	55.71
L1250		ADD TLSO ANTERIOR ASIS PAD	51.36
L1260		ADD TLSO ANTERIOR/ THORACIC DEROTATION PAD	53.78
L1270		ADD TLSO ABDOMINAL PAD	55.08
L1280		ADD TLSO RIB GUSSET (ELASTIC) EA	65.88
L1290		ADD TLSO LATERAL TROCHANTERIC PAD	55.87
L1300		OTHER SCOLIOSIS PROC BODY JACKET MOLDED TO MODEL	1583.32
L1310		OTHER SCOLIOSIS PROC POST OP BODY JACKET	1576.98
L1500		THKAO MOBILITY FRAME	1350.32
L1510		THKAO STANDING FRAME	1139.02
L1520		THKAO SWIVEL WALKER	2113.12
L1600		HO ABDUCTION HIP JOINTS FLEX FREJKA W/COVER	91.61
L1610		HO ABDUCTION CONTROL FLEXIBLE	34.11

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		FREJKA COVER ONLY	
L1620		HO ABDUCTION	105.41
		CONTROL FELXIBLE	
		PAVLIK HARNESS	
L1630		HO ABDUCTION	120.46
		CONTROL SEMI	
		FLEXIBLE	
L1640		HO ABDUCTION	383.28
		STATIC PELVIC BAND	
		SPREAD BAR CUFFS	
L1650		HO-ABDUCT CONTRL	164.59
		HIP JT-STATIC-ADJUSTABLE	
L1660		HO-ABDUCT CONTRL	121.66
		HIP JT-STATIC-PLASTIC	
L1680		HO ABDUCTION	866.17
		DYNAMIC PELVIC/HIP	
		CONTROL W/CUFFS	
L1685		HO ABDUCTION POST	845.59
		OP CUSTOM	
		FABRICATED	
L1686		HO-ABDUCT CONTRL	864.63
		HIP JT-POST-OP HIP	
		ABDUCT TYPE	
L1700		LEGG PERTHES	1085.60
		ORTHOSIS TORONTO	
		TYPE	
L1710		LEGG PERTHES	1270.82
		ORTHOSIS NEWINGTON	
		TYPE	
L1720		LEGG PERTHES	936.75
		ORTHOSIS TRILATERAL	
L1730		LEGG PERTHES	826.12
		ORTHOSIS SCOTTISH	
		RITE TYPE	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L1750		LEGG PERTHES ORTHOSIS LEGG PERTHES SLING	186.49
L1755		LEGG PERTHES ORTHOSIS PATTERN BOTTOM STYLE	1158.48
L1800		KNEE ORTHOSIS ELASTIC W/STAYS	47.29
L1810		KO ELASTIC W/JOINTS	76.36
L1815		KO ELASTIC/OTHER ELASTIC MATERIAL W/CONDYLAR PAD	68.87
L1820		KO ELASTIC W/CONDYLAR PADS & JOINTS	104.63
L1825		KO ELASTIC KNEE CAP	39.09
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL	73.72
L1832		KO-ADJUST KNEE JTS-POSITION ORTHOSIS-RIGID SUPP	576.27
L1834		KO WO/ JOINT RIGID MOLDED TO PT MODEL	624.77
L1840		KO DEROTATOIN MED/LAT ANT CRUC LIG CUSTOM FAB	735.63
L1843		KO SNGL UPRT THIGH/CALF W/ADJ FLEX/JNT CUST FIT	665.82
L1844		KO 1 UPRIGHT THIGH & CALF W/ADJUST FLEX MOLDED	1162.33
L1845		KO UPRIGHT THIGH/CALF ADJ	730.31

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L1846		FLEX CUSTOM FIT KO UPRIGHT THIGH/CALF ADJ FLEX MOLD TO PT MODEL	970.03
L1850		KO SWEDISH TYPE	224.70
L1855		KO MOLD PLASTIC THIGH/CALF W/UPRIGHT JTS MOLDED	1041.58
L1858		KO MOLD PLASTIC POLYCENTRIC JTS PNEUM KNEE PADS	932.44
L1860		KO MOD SUPRACONDYL AR PROS SOCKET MOLD TO PT	929.12
L1870		KO UPRIGHT THIGH/CALF LACERS MOLD TO PT W/JTS	916.87
L1880		KO UPRIGHT NON MOLD THIGH/CALF W/KNEE JTS	593.54
L1885		"KO, SNGL/DBL UPRT, THIGH & CALF, W/FUNCT ARC"	783.30
L1900		AFO SPRING WIRE DORSIFLEX ASSIST CALF BAND	191.78
L1902		AFO ANKLE GAUNTLET	74.27
L1904		AFO MOLD ANKLE GAUNTLET MOLD TO PT MODEL	345.71
L1906		AFO MULTILIGAMENTU S ANKLE SUPPORT	86.34

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L1910		AFO POST 1 BAR CLASP ATTACH TO SHOE COUNTER	236.51
L1920		AFO 1 UPRIGHT W/STATIC/ADJUSTABLE STOP	265.86
L1930		AFO-PLASTIC	168.17
L1940		AFO MOLD TO PT MODEL PLASTIC	446.26
L1945		AFO MOLDED PT MODEL PLASTIC RIGID ANT/TIB SECT	658.07
L1950		AFO SPRIAL MOLD PT MODEL PLASTIC	706.01
L1960		AFO POST SOLID ANKLE MOLD TO PT MODEL PLASTIC	525.39
L1970		AFO PLASTIC MOLD TO PT MODEL W/ANKLE JOINT	670.91
L1980		AFO 1 UPRIGHT FREE PLANTAR SOLID STIRRUP	292.85
L1990		AFO 2 UPRIGHT FREE PLANTAR SOLID STIRRUP	377.90
L2000		KAFO 1 UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP	813.07
L2010		KAFO 1 UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT	876.40
L2020		KAFO UPRIGHT FREE KNEE/ANKLE SOLID	901.81

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		STIRRUP	
L2030		KAFO UPRIGHT FREE	924.66
		ANKLE SOLID	
		STIRRUP W/O JT	
L2035		KAFO FULL PLSTC	130.74
		STAT PREFAB PEDS SZ	
L2036		KAFO FULL PLASTIC	1758.58
		UPRIGHT FREE KNEE	
		MOLD TO PT	
L2037		KAFO FULL PLASTIC	1556.05
		1 UPRIGHT FREE	
		KNEE MOLD TO PT	
L2038		KAFO FULL PLASTIC	1335.22
		W/O JOINT W/MULTI	
		AXIS ANKLE	
L2039		KAFO PLSTC	1649.13
		HINGE-MED/LAT	
		CONTRL MOLD TO	
		PT-EA	
L2040		HKAFO BILAT	126.21
		ROTATION STRAPS	
		PELVIC BAND/BELT	
L2050		HKAFO BILAT	347.17
		TORSION CABLES HIP	
		JNT PELVIC BAND	
L2060		HKAFO BILAT	436.98
		TORSION CABLE	
		BALLBEARING HIP JNT	
L2070		HKAFO UNILAT	96.21
		ROTATION STRAP	
		PELVIC BAND/BELT	
L2080		HKAFO UNILAT	271.30
		TORSION CABLE HIP	
		JNT PELVIC BAND	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L2090		HKAFO UNILAT TORSION CABLE BALLBEARING HIP JNT	311.72
L2102		AFO FRACTURE/TIBIA ORTHOSIS PLASTER MOLD TO PT	415.42
L2104		AFO FRACTURE/TIBIA ORTHOSIS SYNTHETIC MOLD TO PT	422.93
L2106		AFO FRACTURE/TIBIA ORTHOSIS THERMOPLA STIC MOLDED	620.15
L2108		AFO FRACTURE/TIBIA ORTHOSIS MOLD TO MODEL	921.83
L2112		AFO-FRACTURE/TIBIA L FX ORTHOSIS-SOFT	421.27
L2114		AFO-FRACTURE/TIBIAL FX ORTHOSIS-SEMI-RIGID	549.73
L2116		AFO-FRACTURE/TIBIA FX ORTHOSIS-RIGID	604.80
L2122		KAFO FRACTURE/FEMO RAL PLASTER CAST MOLD TO PT	701.26
L2124		KAFO FRACTURE/FEMO RAL SYNTHETIC CAST MOLD TO PT	782.95
L2126		KAFO FRACTURE/FEMO RAL THERMOPLASTIC MOLD TO PT	1135.02
L2128		KAFO FRACTURE/FEMO RAL MOLD TO PT MODEL	1468.58
L2132		KAFO-FX/FEMORAL FX	764.61

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L2134		CAST ORTHOSIS-SOFT KAFO-FRACTURE/FEMO	916.74
L2136		RAL CAST ORTHOSIS- SEMI-RIGID KAFO-FRACTURE/FEMO RAL CAST ORTHOSIS- RIGID	1120.93
L2180		ADD LOW EXT ORTH PLASTIC SHOE INS W/ANKLE JNT	83.25
L2182		ADD LOW EXT ORTH DROP LOCK KNEE JOINT	65.16
L2184		ADD LOW EXT ORTH LIMITED MOTION KNEE JOINT	88.06
L2186		ADD LOW EXT ORTH ADJ KNEE JOINT LERMAN TYPE	117.68
L2188		ADD LOW EXT ORTH QUADRILATERAL BRIM	283.88
L2190		ADD LOW EXT ORTH WAIST BELT	66.86
L2192		ADD LOW EXT ORTH HIP JNT THIGH FLANGE PELV BELT	323.48
L2200		ADD LOW EXT LIMITED ANKLE MOTION EA JOINT	35.02
L2210		ADD LOW EXT DORSIFELXION ASSIST EA JOINT	52.22
L2220		ADD LOW EXT DORSIFLEXION	66.04

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		PLANTAR ASST/RESIST EA	
L2230		ADD LOW EXT SPLIT FLAT CALIPER STIRRUP/PLATE	54.55
L2240		ADD LOW EXT ROUND CALIPER & PLATE ATTACH	59.45
L2250		ADD LOW EXT FOOT PLATE MOLD TO PT MODELW/STIRRUP	252.60
L2260		ADD LOW EXT REINFORCED SOLID STIRRUP	190.01
L2265		ADD LOW EXT LONG TONGUE STIRRUP	83.72
L2270		ADD LOW EXT VARUS/VALGUS CORRECT PAD/LINED PAD	39.04
L2275		ADD LOWER EXT VARUS/VULGAS CORRECT PLASTIC MODIF	89.61
L2280		ADD LOW EXT MOLDED INNER BOOT	371.14
L2300		ADD LOW EXT ABDUCTION BAR JOINTED ADJUSTABLE	255.21
L2310		ADD LOW EXT ABDUCTION BAR STRAIGHT	87.46
L2320		ADD LOW EXT NON MOLDED LACER	175.05

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L2330		ADD LOW EXT LACER MOLDED TO PT MODEL	372.18
L2335		ADD LOW EXT ANTERIOR SWING BAND	161.50
L2340		ADD LOW EXT PRETIBIAL SHELL MOLD TO PT MODEL	345.33
L2350		ADD LOW EXT PROSTHETIC SOCKET MOLD TO PT MODEL	841.87
L2360		ADD LOW EXT EXTENDED STEEL SHANK	49.04
L2370		ADD LOW EXT PATTEN BOTTOM	243.32
L2375		ADD LOW EXT TORSION CONT ANKLE JNT HALF STIRRUP	80.32
L2380		ADD LOW EXT TORSION CONT STRAIGHT KNEE JOINT EA	87.52
L2385		ADD LOW EXT STRAIGHT KNEE JNT HVY DTY EA JNT	95.22
L2390		ADD LOW EXT OFFSET KNEE JNT EA JNT	82.95
L2395		ADD LOW EXT OFFSET KNEE JNT HVY DTY EA JNT	111.22
L2397		ADD LOWER EXTREM ORTHOSIS SUSPENSIO N SLEVE	83.91
L2405		ADD KNEE JNT DROP	40.11

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		LOCK EA JNT	
L2415		ADD KNEE JNT CAM	130.55
		LOCK EA JNT	
L2425		ADD KNEE JNT	155.38
		DISC/DIAL LOCK ADJ	
		KNEE FLEX EA JNT	
L2430		KNEE JT ADD-RATCHE	72.89
		T LOCK KNEE	
		EXTENSTION-EA JT	
L2435		ADD KNEE JNT	117.65
		POLYCENTRIC JNT EA	
		JNT	
L2492		ADD KNEE JNT LIFT	82.59
		LOOP DROP LOCK RING	
L2500		ADD LOW EXT	224.27
		THIGH/GLUTEAL/ISCH	
		EAL WT BEAR RING	
L2510		ADD LOW EXT WT	601.04
		BEAR QUADRILATERAL	
		BRIM MOLD PT	
L2520		ADD LOW EXT WT	403.52
		BEAR QUADRILATERAL	
		BRIM CUSTOM	
L2525		ADD LOW EXT	997.40
		ISCHIAL M-1 BRIM	
		MOLD TO PT MODEL	
L2526		ADD LOW EXT	486.92
		ISCHIAL M-1 BRIM	
		CUSTOM FIT	
L2530		ADD LOW EXT WT	217.66
		BEAR LACER NON	
		MOLDED	
L2540		ADD LOW EXT WT	307.04
		BEAR LACER MOLD PT	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		MODEL	
L2550		ADD LOW EXT WT	248.12
		BEAR HIGHROLL CUFF	
L2570		ADD LOW EXT PELV	338.60
		HIP JNT CLEVIS	
		TYPE 2 POS JNT	
L2580		ADD LOW EXT PELV	378.54
		SLING	
L2600		ADD LOW EXT PELV	146.00
		HIP JNT CLEVIS	
		THRUST BEAR FREE	
L2610		ADD LOW EXT PELV	201.47
		HIP JNT CLEVIS	
		THRUST BEAR LOCK	
L2620		ADD LOW EXT PELV	253.43
		HIP JNT HVY DTY EA	
L2622		ADD LOW EXT PELV	218.00
		HIP JNT ADJ	
		FLEXION EA	
L2624		"ADD LOW EXT PELV	252.07
		HIP JNT ADJ FLEX,	
		EXTEN, ABDUCT"	
L2627		ADD LOW EXT PELV	1482.67
		PLAST MOLD TO PT	
		MODEL W/CABLE	
L2628		ADD LOW EXT PELV	1530.89
		METAL FRAME RECIP	
		HIP JNT CABLE	
L2630		ADD LOW EXT PELV	214.40
		BAND & BELT UNILAT	
L2640		ADD LOW EXT PELV	318.54
		BAND & BELT BILAT	
L2650		ADD LOW EXT	87.59
		PELV/THORAC	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		GLUTEAL PAD EA	
L2660		ADD LOW EXT	132.49
		THORACIC BAND	
L2670		ADD LOW EXT	149.77
		THORACIC PARASPINAL	
		UPRIGHTS	
L2680		ADD LOW EXT	139.22
		THORACIC LATERAL	
		SUPPORT UPRIGHTS	
L2750		ADD LOW EXT ORTH	69.93
		PLATING CHROME/NIC	
		KEL PER BAR	
L2755		LOW EXTREM ADD	96.92
		ORTHOSIS CARBON	
		GRAPHITE LAMINATE	
L2760		ADD LOW EXT ORTH	53.13
		(PRE)EXTENSION PER	
		BAR	
L2770		ADD LOW EXTREM	51.73
		ORTHOSIS ANY	
		MATERIAL PER BAR/JT	
L2780		ADD LOW EXT ORTH	57.92
		NON CORROSIVE	
		FINISH PER BAR	
L2785		ADD LOW EXT ORTH	26.52
		DROP LOCK RETAINER	
		EA	
L2795		ADD LOW EXT ORTH	67.88
		KNEE CONT FULL	
		KNEE CAP	
L2800		ADD LOW EXT ORTH	75.83
		KNEE CONT CAP	
		MED/LAT PULL	
L2810		ADD LOW EXT ORTH	55.52

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		KNEE CONT CONDYLAR PAD	
L2820		ADD LOW EXT ORTH SOFT INTERFACE MOLD BELOW KNEE	70.91
L2830		ADD LOW EXT ORTH SOFT INTERFACE MOLD ABOVE KNEE	82.25
L2840		ADD LOW EXT ORTH TIBIAL SOCK	36.75
L2850		FRACTURE/EQUAL EA ADD LOW EXT ORTH FEMORAL SOCK	47.26
L3224		FRACTURE/EQUAL EA ORTHO FOOTWEAR-WOMAN SHOE-OXFORD-PART OF BRACE	46.04
L3225		ORTHO FOOTWEAR-MAN SHOE-OXFORD-PART OF BRACE	51.71
L3650		SO FIGURE 8 DESIGN ABDUCT RESTRAINER	47.39
L3660		SO FIGURE 8 ABDUCTION RESTRAIN CANVAS & WEBBING	73.18
L3670		SO ACROMIO/CLAVICU LAR CANVAS & WEBBING	93.26
L3700		EO ELASTIC W/STAYS	56.21
L3710		EO ELASTIC W/METAL JNT	89.76
L3720		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF FREE MOTION	606.67

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L3730		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF EXTEN/FLEX	817.83
L3740		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF ADJ LOCK	917.18
L3800		WHFO SHORT OPPONENS NO ATTACH	139.10
L3805		WHFO LONG OPPONENS NO ATTACH	295.35
L3810		"WHFO ADD THUMB ABDUCTION "C" BAR"	45.08
L3815		WHFO ADD SECOND MP ABDUCTION ASSIST	43.22
L3820		WHFO ADD IP EXTEN ASSIST W/MP EXTEN STOP	71.89
L3825		WHFO ADD MP EXTEN STOP	46.64
L3830		WHFO ADD MP EXTEN ASSIST	58.89
L3835		WHFO ADD MP SPRING EXTEN ASSIST	63.85
L3840		WHFO ADD SPRING SWIVEL THUMB	43.73
L3845		WHFO THUMB IP EXTEN ASSIST W/MP STOP	56.47
L3850		WHO ADD ACTION WRIST W/DORSIFLEXI ON ASSIST	107.55
L3855		WHFO ADD ADJ MP FLEXION CONTROL	81.31

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L3860		WHFO ADD ADJUSTABLE MP FLEXION CONTROL & IP	111.30
L3900		WHFO DYNAMIC FLEX RECIPROCAL WRIST/FINGER DRIVEN	900.13
L3901		WHFO DYNAMIC FLEX RECIPROCAL CABLE DRIVEN	1236.79
L3902		WHFO EXTERNAL POWER COMPRESS GAS	1694.50
L3904		WHFO EXTERNAL POWER ELECTRIC	2037.15
L3906		WHO WRIST GAUNTLET MOLD TO PT MODEL	284.04
L3907		WHFO WRIST GAUNTLET W/THUMB SPICA MOLD TO MODEL	414.83
L3908		WHO WRIST EXTEN CONTRL COCK-UP NONMOLDED	55.57
L3910		WHFO SWANSON DESIGN	283.82
L3912		HFO FLEX GLOVE W/ELASTIC FINGER CONTROL	65.97
L3914		WHO WRIST EXTENSION COCK-UP	79.26
L3916		WHFO WRIST EXTENSION COCK-UP W/OUTRIGGER	88.35
L3918		HFO KNUCKLE BENDER	54.52
L3920		HFO KNUCKLE BENDER W/OUTRIGGER	78.70
L3922		HFO KNUCKLE BENDER	68.02

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		2 SEGMENT TO FLEX JOINTS	
L3924		WHFO OPPENHEIMER	74.17
L3926		WHFO THOMAS SUSPENSION	72.31
L3928		HFO FINGER EXTEN W/CLOCK SPRING	48.52
L3930		WHFO FINGER EXTEN W/WRIST SUPPORT	44.71
L3932		FO SAFETY PIN SPRING WIRE	32.69
L3934		FO SAFETY PIN MODIFIED	33.52
L3936		WHFO PALMER	62.82
L3938		WHFO DORSAL WRIST	64.89
L3940		WHFO DORSAL WRIST W/OUTRIGGER ATTACH	74.78
L3942		HFO REVERSE KNUCKLE BENDER	51.72
L3944		HFO REVERSE KNUCKLE BENDER W/OUTRIGGER	68.32
L3946		HFO COMPOSITE ELASTIC	61.65
L3948		FO FINGER KNUCKLE BENDER	44.82
L3950		WHFO COMB OPPENHEIMER W/KNUCKLE BEND 2 ATTACH	104.32
L3952		WHFO COMP OPPENHEIVER W/REVERSE KNUCKLE 2 ATTACH	115.78

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L3954		HFO SPREADING HAND	76.82
L3960		SEWHO ABDUCT POSITION AIRPLANE DESIGN	524.40
L3962		SEWHO ABDUCT POSITION ERBS PALSEY DESIGN	499.12
L3963		SEWHO MOLD SHOULDER/ARM/WRIST W/ARTIC ELBOW JNT	1266.76
L3964	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	444.29
L3964	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	59.23
L3964	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	592.43
L3965	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	709.01
L3965	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	94.55
L3965	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	945.35
L3966	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	534.13
L3966	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	71.22

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L3966	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	712.17
L3968	NU	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	675.93
L3968	RR	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	90.12
L3968	UE	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	901.23
L3969	NU	SEO MOBILE ARM MONOSUSPEN/OVERHEA D/YOKE SUPP	459.91
L3969	RR	SEO MOBILE ARM MONOSUSPEN/OVERHEA D/YOKE SUPP	613.21
L3969	UE	SEO MOBILE ARM MONOSUSPEN/OVERHEA D/YOKE SUPP	61.33
L3970	NU	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	189.07
L3970	RR	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	252.10
L3970	UE	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	25.21
L3972	NU	SEO ADD MOBILE ARM OFFSET/LAT ROCKER W/ELASTIC	120.23
L3972	RR	SEO ADD MOBILE ARM	16.04

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		OFFSET/LAT ROCKER W/ELASTIC	
L3972	UE	SEO ADD MOBILE ARM	160.31
		OFFSET/LAT ROCKER W/ELASTIC	
L3974	NU	SEO ADD MOBILE ARM	101.98
		SUPP SUPINATOR	
L3974	RR	SEO ADD MOBILE ARM	135.97
		SUPP SUPINATOR	
L3974	UE	SEO ADD MOBILE ARM	13.61
		SUPP SUPINATOR	
L3980		UP EXT FRACTURE	245.89
		ORTH HUMERAL	
L3982		UP EXT FRACTURE	346.25
		ORTH RDIUS/ULNAR	
L3984		UP EXT FRACTURE	256.12
		ORTH WRIST	
L3985		UP EXT FRACTURE	542.12
		ORTH FOREARM HAND W/WRIST HINGE	
L3986		UP EXT FRAC ORTH COMBINATION	453.71
L3995		ADD UP EXT ORTH SOCK FRACTURE OR EQUAL EA	30.33
L4000		REPLACE GIRDLE MILWAUKEE ORTH	906.42
L4010		REPLACE TRILATERAL SOCKET BRIM	562.59
L4020		REPLACE QUADRILAT SOCKET BRIM MOLD TO PT MODEL	780.90
L4030		REPLACE QUADRILAT SOCKET BRIM CUSTOM	478.55

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		FIT	
L4040		REPLACE MOLD THIGH LACER	343.12
L4045		REPLACE NON MOLDED THIGH LACER	233.19
L4050		REPLACE MOLD CALF LACER	391.32
L4055		REPLACE NON MOLD CALF LACER	190.04
L4060		REPLACE HIGH ROLL CUFF	225.92
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	200.06
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH	73.48
L4090		REPLACE METAL BAND KAFO/AFO CALF/DIST AL THIGH	76.41
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	92.12
L4110		REPLACE LEATHER CUFF KAFO/AFO CALF/DISTAL THIGH	79.47
L4130		REPLACE PRETIBIAL SHELL	352.70
L4310		MULTI PODUS ORTH PREP MANAGE SYSTEM LOW EXT	342.15
L4320		ADD AFO/MULT PODUS SYS LOW EXT/FLEX FT W/VELCRO	103.24

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L4350		PNEUMATIC ANKLE CONTRL & SPLINT	63.54
L4360		PNEUMATIC WALKING SPLINT	204.20
L4370		PNEUMATIC FULL LEG SPLINT	134.20
L4380		PNEUMATIC KNEE SPLINT	94.42
L4390		REPLAC SOFT INTRAFC MAT MULTI-PODUS TYPE SPLINT	116.79
L4392		REPLACE SOFT INTERFACE MATERIAL STATIC AFO	17.46
L4394		REPLACE SOFT INTRFC MAT FT DROP SPLINT	12.74
L4396		STATIC AFO POSIT/PRESS REDUC MAY USE MINIMAL AMB	124.52
L4398		FT DROP SPLINT-REC UMBENT POSITIONING DEVICE	57.34
L5000		PART FT SHOE INSERT W/LONGITUDI NAL ARCH TOE FILL	382.66
L5010		PART FT MOLD SOCKET ANKLE HT W/TOE FILLER	1170.47
L5020		PART FT MOLD SOCKET TUBIAL TUBERCLE HT W/TOEFILL	1500.91

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5050		ANKLE SYMES MOLD SOCKET SACH FT	1852.70
L5060		ANKLE SYMES METAL FRAME MOLD LEATHER SOCKET	2789.14
L5100		BELOW KNEE MOLD SOCKET SHIN SACH FT	1919.48
L5105		BELOW KNEE PLAST SOCKET/JNTS THIGH LACER SACH FT	3206.51
L5150		KNEE DISARTICULAT MOLD SOCKET EXT KNEE JNT SHIN	2954.07
L5160		KNEE DISARTICULATE MOLD SOCKET BENT KNEE EXT JNT	2892.83
L5200		ABOVE KNEE MOLD SOCK 1 AXIS CONSTANT FRICTION	2503.04
L5210		ABOVE KNEE SHORT PROSTH W/O BLOCK NO ANKLE JNT	2450.41
L5220		ABOVE KNEE SHORT PROS W/ARTIC ANKLE/FT DYNAMIC	2236.62
L5230		ABOVE KNEE PROX FEMORAL DEFFICIENC Y SACH FOOT	2881.15
L5250		HIP DISARTIC CANADIAN TYPE MOLD SOCK HIP JNT	4197.38
L5270		HIP DISARTIC TILT TABLE MOLD SOCK LOCK HIP JNT	3895.21

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5280		HEMIPELVECTOMY CANADIAN TYPE MOLD SOCK HIP JNT	3856.26
L5300		BELOW KNEE MOLD SOCK SACH FT INCL COVER & FINISH	2137.73
L5310		KNEE DISARTIC MOLD SOCK SACH FT INC COVER/FINISH	3311.76
L5320		ABOVE KNEE MOLD SOCK OPEN END 1 AXIS KNEE	3192.77
L5330		HIP DISARTIC CANADIAN TYPE 1 AXIS KNEE	4459.26
L5340		HEMIPELVECTOMY CANADIAN TYPE MOLDED INC COVER	4891.30
L5400		POST SURG APPLY RIGID DRESS W/1CHANGE BELOW KNEE	911.52
L5410		POST SURG APPLY RIGID DRESS EA ADD CAST/REALIGN	316.44
L5420		POST SURG APPLY RIGID DRESS 1 CHANGE AK KNEE	1151.21
L5430		POST SURG APPLY RIGID DRESS AK KNEE EA ADD CAST	508.15
L5450		POST SURG APPLY NON WT BEAR RIGID BELOW KNEE	343.24

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5460		POST SURG APPLY NON WT RIGID ABOVE KNEE	412.98
L5500		INIT BK PTB SOCK NON-ALIGN DIRECT FORM	972.71
L5505		INIT AK/DISARTIC ISCHIAL LEVEL NON-ALIGN	1317.30
L5510		PREP BK PTB NON-ALIGN MOLD TO MODEL	1102.63
L5520		PREP BK PTB NON-ALIGN PLASTIC DIRECT FORM	1330.63
L5530		PREP BK PTB NON-ALIGN THERMOPLASTIC MOLD-MODEL	1308.15
L5535		PREP BK PTB PREFABRICATED ADJUS OPEN END	1436.57
L5540		PREP BK PTB NON-ALIGN LAMINATED SOCK MOLD-MODEL	1370.81
L5560		PREP AK/DISARTIC NON-ALIGN PLAST MOLD-MODEL	1720.02
L5570		PREP AK/DISARTIC NON-ALIGN THERMOPLAS DIRECT	1732.48
L5580		PREP AK/DISARTIC NON-ALIGN	1963.69

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		THERMOPLAS	
		MOLD-MODEL	
L5585		PREP AK/DISARTIC	1937.77
		NON-ALIGN PREFAB	
		ADJUS OPEN END	
L5590		PREP AK/DISARTIC	2020.44
		NON-ALIGN	
		LAMINATED	
		MOLD-MODEL	
L5595		PREP HIP/HEMIPELVE	3366.51
		CTOMY THERMOPLASTIC	
		MOLD MODEL	
L5600		PREP HIP/HEMIPELVE	3724.28
		CTOMY LAMINATE	
		MOLD MODEL	
L5610		ADD LO EXTREM ENDO	1568.04
		AK HYDRACADENCE SYST	
L5611		ADD LO EXTREM ENDO	1220.25
		AK 4 BAR W/FRICT	
		SWING CONTRL	
L5613		ADD LO EXTREM ENDO	1856.08
		AK 4 BAR W/HYDRAULIC	
		SWING	
L5614		ADD LO EXTREM EXO	1254.63
		AK 4 BAR W/PNEUMATIC	
		SWING	
L5616		ADD LO EXTREM UNI	1028.62
		ENDO MX SYST	
		FRICITION SWING	
L5617		"ADD LO EXTREM,	424.36
		QUICK CHANGE,	
		SELF-ALIGN, AK/BK"	
L5618		ADD LOW EXT TEST	224.47
		SOCKET SYMES	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5620		ADD LOW EXT TEST SOCKET BELOW KNEE	249.12
L5622		ADD LOW EXT TEST SOCKET KNEE DISARTICULATION	366.09
L5624		ADD LOW EXT TEST SOCKET ABOVE KNEE	318.12
L5626		ADD LOW EXT TEST SOCKET HIP DISARTICULATION	361.10
L5628		ADD LOW EXT TEST SOCKET HEMIPELVECTOMY	377.56
L5629		ADD LOW EXT BELOW KNEE ACRYLIC SOCKET	320.92
L5630		ADD LOW EXT SYMES TYPE EXPANDABLE WALL SOCKET	343.36
L5631		ADD LOW EXT ABOVE KNEE/DISARTICULATION ACRYLIC	443.69
L5632		ADD LOW EXT SYMES PTB BRIM DESIGN SOCKET	183.18
L5634		ADD LOW EXT SYMES TYPE POST OPEN CANADIAN SOCKET	270.08
L5636		ADD LOW EXT SYMES TYPE MEDIAL OPENIN SOCKET	257.30
L5637		ADD LOW EXT BELOW KNEE TOTAL CONTACT	279.15
L5638		ADD LOW EXT BELOW KNEE LEATHER SOCKET	443.44
L5639		ADD LOW EXT BELOW	1081.76

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5640		KNEE WOOD SOCKET ADD LOW EXT KNEE DISARTICULATE LEATHER SOCKET	645.72
L5642		ADD LOW EXT ABOVE KNEE LEATHER SOCKET	559.97
L5643		ADD LOW EXT HIP DISARTIC FLEX INNER EXT FRAME	1178.80
L5644		ADD LOW EXT ABOVE KNEE WOOD SOCKET	447.33
L5645		ADD LOW EXT BELOW KNEE FLEX INNER EXT FRAME	604.29
L5646		ADD LOW EXT BELOW KNEE AIR CUSHION SOCKET	439.40
L5647		ADD LOW EXT BELOW KNEE SUCTION SOCKET	630.61
L5648		ADD LOW EXT ABOVE KNEE AIR CUSHION SOCKET	554.17
L5649		ADD LOW EXT ISCHIAL CONTAIN NARROW M-1 SOCKET	1441.98
L5650		ADD LOW EXT TOTAL CONTACT ABOVE KNEE/DISARTIC	492.98
L5651		ADD LOW EXT ABOVE KNEE FLEX INNER EXT FRAME	909.53
L5652		ADD LOW EXT SUCTION SUSPEN ABOVE KNEE/DISARTIC	330.20

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5653		ADD LOW EXT KNEE DISARTIC EXPANDABL E WALL SOCKET	440.78
L5654		ADD LOW EXT SOCKET INSERT SYMES	266.01
L5655		ADD LOW EXT SOCKET INSERT BELOW KNEE	258.44
L5656		ADD LOW EXT SOCKET INSERT KNEE DISARTICULATION	367.17
L5658		ADD LOW EXT SOCKET INSERT ABOVE KNEE	296.46
L5660		ADD LOW EXT SOCKET INSERT SYMES SILICONE GEL	436.63
L5661		ADD LOW EXT SOCKET INSERT MULTI-DUROM ETER SYMES	462.24
L5662		ADD LOW EXT SOCKET INSERT BELOW KNEE SILICONE	400.39
L5663		ADD LOW EXT SOCKET INSERT KNEE DISARTIC SILICONE	533.60
L5664		ADD LOW EXT SOCKET INSERT ABOVE KNEE SILICONE	533.60
L5665		ADD LOW EXT SOCKET INSERT MULTI-DUROM ETER BELOW	387.79
L5666		ADD LOW EXT BELOW KNEE CUFF SUSPENSION	59.55
L5667		ADD SOCKET INSRT	1239.60

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		ABOV/BELO KNEE-SUC SUSP W/LOCK	
L5668		ADD LOW EXT BELOW KNEE MOLDED DISTAL CUSHION	79.70
L5669		ADD SOCKET INSRT ABOV/BELO KNEE-SUC SUSP WO LOCK	950.55
L5670		ADD LOW EXT BELOW KNEE MOLD SUPRACONDYLAR SUSP	212.62
L5672		ADD LOW EXT BELOW KNEE REMOVABLE MEDIAL BRIM	225.84
L5674		ADD LOW EXT BELOW KNEE LATEX SLEEVE SUSP EA	48.41
L5675		ADD LOW EXT BELOW KNEE LATEX SLEEVE HVY DTY	65.61
L5676		ADD LOW EXT BELOW KNEE KNEE JNTS 1 AXIS PAIR	274.45
L5677		ADD LOW EXT BELOW KNEE KNEE JNT POLYCENTRIC PAIR	373.42
L5678		ADD LOW EXT BELOW KNEE JOINT COVERS PAIR	30.07
L5680		ADD LOW EXT BELOW KNEE THIGH LACER NON MOLDED	295.21
L5682		ADD LOW EXT BELOW KNEE THIGH LACER	493.76

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		GLUTEAL/ISCH	
L5684		ADD LOW EXT BELOW	37.43
		KNEE FORK STRAP	
L5686		ADD LOW EXT BELOW	51.59
		KNEE BACK CHECK	
		(EXTENSION)	
L5688		ADD LOW EXT BELOW	61.68
		KNEE WAIST BELT	
		WEBBING	
L5690		ADD LOW EXT BELOW	78.41
		KNEE WAIST BELT	
		PADDED/LINED	
L5692		ADD LOW EXT ABOVE	100.64
		KNEE PELV CONTROL	
		BELT LIGHT	
L5694		ADD LOW EXT ABOVE	137.40
		KNEE PELV CONT	
		BELT PAD/LINED	
L5695		ADD LOW EXT ABOVE	143.65
		KNEE PELV CONT	
		NEOPRENE SLEEVE	
L5696		ADD LOW EXT ABOVE	152.22
		KNEE/DISARTIC PELV	
		JNT	
L5697		ADD LOW EXT ABOVE	60.80
		KNEE/DISARTIC PELV	
		BAND	
L5698		ADD LOW EXT ABOVE	99.18
		KNEE/DISARTIC	
		SILESIA BANDAGE	
L5699		ALL LOW EXT	144.06
		PROSTHESIS	
		SHOULDER HARNESS	
L5700		REPLAC SOCKET	2112.72

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		BELOW KNEE MOLDED PT MODEL	
L5701		REPLAC SOCKET	2621.01
		ABOVE KNEE/DISART INCL ATTACH PLAT	
L5702		REPLAC SOCKET HIP	3303.38
		DISARTIC INCL HIP JT	
L5704		REPLAC CUSTOM SHAPED COVER BELOW KNEE	430.78
L5705		REPLAC CUSTOM SHAPED COVER ABOVE KNEE	789.76
L5706		REPLAC CUSTOM SHAPED COVER KNEE DISARTIC	770.31
L5707		REPLAC CUSTOM SHAPED COVER HIP DISARTIC	1034.92
L5710		ADD KNEE/SHIN 1 AXIS MANUAL LOCK	286.65
L5711		ADD KNEE/SHIN 1 AXIS MANUAL LOCK	430.40
		ULTRA LIGHT MAT	
L5712		ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE	373.00
L5714		ADD KNEE/SHIN 1 AXIS VARIABLE FRICTION SWING	328.60
L5716		ADD KNEE/SHIN POLYCENTRIC MECHANICAL STANCE LOCK	552.00

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5718		ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE	689.94
L5722		ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRIC STANCE	683.81
L5724		ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL	1423.79
L5726		ADD KNEE/SHIN 1 AXIS EXT JNTS FLUID SWING	1317.49
L5728		ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE	2005.17
L5780		ADD KNEE/SHIN 1 AXIS (HYDRA)PNEUMA TIC SWING CONT	867.11
L5785		ADD BELOW KNEE ULTRA LIGHT MATERIAL	393.49
L5790		ADD ABOVE KNEE ULTRA LIGHT MATERIAL	544.57
L5795		ADD HIP DISARTIC ULTRA LIGHT MATERIAL	813.18
L5810		ADD KNEE/SHIN 1 AXIS MANUAL LOCK	380.99
L5811		ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT	552.36
L5812		ADD KNEE/SHIN 1	428.13

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		AXIS FRICTION	
		SWING STANCE PHASE	
L5814		ADD KNEE-SHIN SYST	2761.26
		HYDRAUL CNTRL STNC	
		PHASE LOCK	
L5816		ADD KNEE/SHIN	644.10
		POLYCENTRIC MECH	
		STANCE PHASE CONT	
L5818		ADD KNEE/SHIN	779.49
		POLYCENTRIC	
		FRICTION SWING	
		STANCE	
L5822		ADD KNEE/SHIN 1	1599.16
		AXIS PNEUMATIC	
		SWING FRICTION	
L5824		ADD KNEE/SHIN 1	1438.04
		AXIS FLUID SWING	
		PHASE CONTROL	
L5826		ADD KNEE/SHIN 1	2361.38
		AXIS HYDRO SWING	
		PHASE CONTRL	
L5828		ADD KNEE/SHIN 1	2613.50
		AXIS FLUID SWING	
		STANCE PHASE	
L5830		ADD KNEE/SHIN 1	1542.27
		AXIS PNEUMATIC	
		SWING PHASE CONT	
L5840		ADD ENDOSKEL	2686.07
		KNEE-SHIN SYST 4	
		BAR LINK/MULTI	
L5845		"ADD, ENDO,	1332.63
		KNEE-SHIN SYST,	
		STANCE FLEX ADJUS"	
L5846		"ADD, ENDO,	4111.16

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5850		KNEE-SHIN, MICROPRO CNTRL, SWING ONLY" ADD ABOVE KNEE/HIP DISARTIC KNEE EXTENSION ASST	101.52
L5855		ADD ENDOSKELETAL SYST HIP DISART MECH HIP EXTEN	233.90
L5910		ADD BELOW KNEE ALIGNABLE SYSTEM	300.07
L5920		ADD ABOVE KNEE HIP DISARTIC ALIGNABLE SYSTEM	401.85
L5925		ADD ENDOSKEL SYST AK KNEE/HIP DISARTIC MANUAL	254.48
L5930		"ADD, ENDO SYSTEM, HIGH ACTIVITY KNEE CNTRL FRAM"	2552.81
L5940		ADD BELOW KNEE ULTRA LIGHT MATERIAL	412.71
L5950		ADD ABOVE KNEE ULTRA LIGHT MATERIAL	669.07
L5960		ADD HIP DISARTIC ULTRA LIGHT MATERIAL	969.24
L5962		ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER	445.17
L5964		ADD ENDOSKELETAL SYST AK FLEX	772.10

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5966		PROTECTIVE COVER ADD ENDOSKELETAL SYST HIP DISARTIC FLEX COVER	994.60
L5970		ALL LOW EXT PROS FT EXTERNAL KEEL SACH FT	153.82
L5972		ALL LOW EXT PROS FLEX KEEL FT	266.92
L5974		ALL LOW EXT PROS FT SINGLE AXIS ANKLE/FT	176.49
L5976		ALL LOW EXT PROS ENERGY STORING FT	535.20
L5978		ALL LO EXTREM PROSTH FT MULTI-AXIAL ANKLE/FT	221.02
L5979		ALL LO EXTREM PROSTH MULTI-AXAL ANKLE/FT DYNAMIC	1728.13
L5980		ALL LOW EXT PROS FLEX FT SYSTEM	3687.48
L5981		ALL LOW EXTREM PROSTH FLEX-WALK SYST/EQUAL	2350.24
L5982		ALL EXO LOW EXT PROS AXIAL ROTATION UNIT	437.84
L5984		ALL ENDO LOW EXT PROS AXIAL ROTATION UNIT	431.45
L5985		"ALL ENDO LO EXTREM PROSTH, DYN	214.16

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L5986		PROSTH PYLON" ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT	479.93
L5987		ALL LO EXTREM PROSTH SHANK FT SYST W/LOAD PYLON	5348.57
L6000		PARTIAL HAND ROBIN-AIDS THUMB REMAINING	1029.21
L6010		PARTIAL HAND ROBIN-AIDS LITTLE/RING FINGER	1175.82
L6020		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING	1044.08
L6050		WRIST DISARTIC MOLD SOCK FLEX ELBOW HING TRICEP	1678.46
L6055		WRIST DISARTIC MOLD SOCK W/EXPAND INTERFACE	2187.30
L6100		BELOW ELBOW MOLD SOCK FLEX ELBOW HINGE TRICEP	1943.51
L6110		BELOW ELBOW MOLD SOCK (MUENSTER/NOR THWEST TYPE)	2061.42
L6120		BELOW ELBOW MOLD DBL WALL SPLIT SOCK SETUP HINGE	2239.43
L6130		BELOW ELBOW MOLD DBL WALL SPLIT SOCK STUMP ACT	2423.61

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L6200		ELBOW DISARTIC MOLDED OUTSIDE LOCK HINGE FOREARM	2066.16
L6205		ELBOW DISARTIC MOLDED W/EXP INTERFACE FOREARM	3100.78
L6250		ABOVE ELBOW MOLD DBL WALL SOCK INT LOCK FOREARM	2143.32
L6300		SHOULDER DISARTIC MOLDED SOCKET SHOULDER DOWN	3424.78
L6310		SHOULDER DISARTIC PASSIVE RESTORE COMPLETE PROS	2445.42
L6320		SHOULDER DISARTIC PASSIVE RESTORE SHOULDER CAP	1294.29
L6350		INTERSCAP/THORAC MOLDED SOCKET SHOULDER DOWN	3955.40
L6360		INTERSCAP/THORAC PASSIVE RESTORE COMPLETE	2412.35
L6370		INTERSCAP/THORAC PASSIVE RESTORE SHOULDER CAP	2051.03
L6380		POST SURG APPLY RIGID DRESS WRIST DISARTIC	1048.64
L6382		POST SURG APPLY RIGID DRESS ELBOW DISARTIC	1495.21
L6384		POST SURG APPLY	1925.33

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		RIGID DRESS	
		SHOULDER DISARTIC	
L6386		POST SURG/FITTING	405.53
		EA ADD CAST	
		CHANGE/REALIGNMENT	
L6388		POST SURG/FITTING	332.95
		APPLY RIGID	
		DRESSING ONLY	
L6400		BELOW ELBOW MOLD	2045.42
		SOCKET INCL SOFT	
		PROSTH TISS	
L6450		ELBOW DISARTIC	2349.87
		MOLD SOCKET INCL	
		SOFT PROSTH TISS	
L6500		ABOVE ELBOW MOLD	2421.46
		SOCK INCL SOFT	
		PROSTH TISS	
L6550		SHOULDER DISARTIC	2888.03
		MOLD SOCK INCL	
		SOFT PROSTH TIS	
L6570		INTERSCAPULA/THORA	3529.98
		CIC MOLD SOCK INCL	
		SOFT PROSTH	
L6580		PREP WRIST	1186.80
		DISARTIC 1 WALL	
		PLASTIC MOLD TO PT	
L6582		PREP WRIST	1048.64
		DISARTIC 1 WALL	
		SOCK DIRECT FORM	
L6584		PREP ELBOW 1 WALL	1591.59
		PLAST FAIR LEAD	
		MOLD PT MODEL	
L6586		PREP ELBOW 1 WALL	1426.44
		PLAST FAIR LEAD	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		DIRECT MOLD	
L6588		PREP SHOULDER 1	2185.19
		WALL PLAST SOCK	
		MOLD PT MODEL	
L6590		PREP SHOULDER 1	2035.32
		WALL SOCK FAIR	
		LEAD DIRECT FORM	
L6600		UP EXT ADD	189.42
		POLYCENTRIC HINGE	
		PAIR	
L6605		UP EXT ADD 1 PIVOT	187.03
		HINGE PAIR	
L6610		UP EXT ADD FLEX	126.09
		METAL HINGE PAIR	
L6615		UP EXT ADD	139.20
		DISCONNECT LOCKING	
		WRIST UNIT	
L6616		UP EXT ADD ADD	57.28
		DISCONNECT INSERT	
		LOCK WRIST EA	
L6620		UP EXT ADD	229.64
		FLEXION/FRICTION	
		WRIST UNIT	
L6623		UP EXT ADD SPRING	485.82
		ASSIST ROTATION	
		WRIST W/LATCH	
L6625		UP EXT ADD ROTATE	402.81
		WRIST UNIT W/CABLE	
		LOCK	
L6628		UP EXT ADD QUICK	362.81
		DISCONNECT HOOK	
		ADAP OTTO BACK	
L6629		UP EXT ADD	132.72
		DISCONNECT LAMINAT	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L6630		COLLAR W/COUPLING UP EXT ADD STAINLESS STEEL ANY WRIST	163.23
L6632		UP EXT ADD LATEX SUSP SLEEVE EACH	49.21
L6635		UP EXT ADD LIFT ASSIST FOR ELBOW	153.05
L6637		UP EXT ADD NUDGE CONTROL ELBOW LOCK	278.10
L6640		UP EXT ADD SHOULDER ABDUCTION JNT PAIR	282.87
L6641		UP EXT ADD EXCURSION AMPLIFIER PULLEY TYPE	162.00
L6642		UP EXT ADD EXCURSION AMPLIFIER LEVER TYPE	219.58
L6645		UP EXT ADD SHOULDER FLEXION-A BDUCTION JNT EA	244.42
L6650		UP EXT ADD SHOULDER UNIVERSAL JNT EA	293.61
L6655		UP EXT ADD STANDARD CONTROL CABLE EXTRA	60.53
L6660		UP EXT ADD HVY DTY CONTROL CABLE	69.52
L6665		UP EXT ADD TEFLON OR EQUAL CABLE	40.40

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		LINING	
L6670		UP EXT ADD HOOK TO HAND CABLE ADAPTER	44.76
L6672		UP EXT ADD HARNESS CHEST/SHOULDER SADDLE TYPE	155.24
L6675		UP EXT ADD HARNESS FIGURE 8 TYPE SINGLE CONTROL	102.94
L6676		UP EXT ADD HARNESS FIGURE 8 TYPE DUAL CONTROL	110.49
L6680		UP EXT ADD TEST SOCKET WRIST DISARTIC BELOW ELB	221.45
L6682		UP EXT ADD TEST SOCKET ELBOW DISARTIC ABOVE ELB	237.49
L6684		UP EXT ADD TEST SOCKET SHOULDER DISARTIC/THORAC	337.12
L6686		UP EXT ADD SUCTION SOCKET	453.66
L6687		UP EXT ADD FRAME SOCKET BELOW ELBOW	444.60
L6688		UP EXT ADD FRAME SOCKET ABOVE ELBOW	412.84
L6689		UP EXT ADD FRAME SOCKET SHOULDER DISARTIC	680.42
L6690		UP EXT ADD FRAME SOCKET INTERSCAPUL AR/THORACIC	585.25
L6691		UP EXT ADD	279.13

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		REMOVABLE INSERT EA	
L6692		UP EXT ADD	429.59
		SILICONE GEL	
		INSERT/EQUAL EA	
L6700		TERM DEVICE HOOK	392.87
		DORRANCE MODEL #3	
L6705		TERM DEVICE HOOK	230.65
		DORRANCE MODEL #5	
L6710		TERM DEVICE HOOK	261.39
		DORRANCE MODEL #5X	
L6715		TERM DEVICE HOOK	259.64
		DORRANCE MODEL #5XA	
L6720		TERM DEVICE HOOK	646.12
		DORRANCE MODEL #6	
L6725		TERM DEVICE HOOK	312.81
		DORRANCE MODEL #7	
L6730		TERM DEVICE HOOK	559.51
		DORRANCE MODEL #7LO	
L6735		TERM DEVICE HOOK	225.67
		DORRANCE MODEL #8	
L6740		TERM DEVICE HOOK	294.22
		DORRANCE MODEL #8X	
L6745		TERM DEVICE HOOK	269.21
		DORRANCE MODEL #88X	
L6750		TERM DEVICE HOOK	266.10
		DORRANCE MODEL #10P	
L6755		TERM DEVICE HOOK	265.34
		DORRANCE MODEL #10X	
L6765		TERM DEVICE HOOK	277.22
		DORRANCE MODEL #12P	
L6770		TERM DEVICE HOOK	267.24
		DORRANCE MODEL #99X	
L6775		TERM DEVICE HOOK	316.65
		DORRANCE MODEL #555	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L6780		TERM DEVICE HOOK DORRANCE MODEL #SS555	338.47
L6790		TERM DEVICE HOOK ACCU HOOK OR EQUAL	351.18
L6795		TERM DEVICE HOOK 2 LOAD OR EQUAL	937.33
L6800		TERM DEVICE HOOK APRL VC OR EQUAL	767.37
L6805		TERM DEVICE MODIFIER WRIST FLEX UNIT	302.48
L6806		TERM DEVICE-HOOK-T RS GRIP-GRIP III-VC OR EQ	1202.49
L6807		TERM DEVICE/HOOK/G RIP I/GRIP II VC OR EQUAL	1157.61
L6808		TERM DEVICE-HOOK-T RS ADEPT-INFANT/CH ILD-VC OR EQ	879.06
L6809		TERM DEVICE HOOK TRS SUPER SPORT PASSIVE	374.69
L6810		TERM DEVICE PINCHER TOOL OTTO BOCK OR EQUAL	141.27
L6825		TERM DEVICE HAND DORRANCE VO	833.65
L6830		TERM DEVICE HAND APRL VC	1025.61
L6835		TERM DEVICE HAND SIERRA VO	893.41
L6840		TERM DEVICE HAND	620.67

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		BECKER IMPERIAL	
L6845		TERM DEVICE BECKER	717.56
		LOCK GRIP	
L6850		TERM DEVICE BECKER	521.83
		PLYLITE	
L6855		TERM DEVICE HAND	663.79
		ROBIN-AIDS VO	
L6860		TERM DEVICE HAND	520.63
		ROBIN-AIDS VO SOFT	
L6865		TERM DEVICE HAND	328.82
		PASSIVE HAND	
L6867		TERM DEVICE HAND	811.66
		DETROIT INFANT	
		HAND (MECH)	
L6868		TERM DEVICE HAND	192.50
		PASSIVE INFANT	
		(STEEPER/HOSMER)	
L6870		TERM DEVICE HAND	201.80
		CHILD MITT	
L6872		TERM DEVICE HAND	862.65
		NYU CHILD HAND	
L6873		TERM DEVICE HAND	374.79
		MECHANICAL INFANT	
		STEEP/EQUAL	
L6875		TERM DEVICE HAND	750.77
		BOCK VC	
L6880		TERM DEVICE HAND	509.20
		BOCK VO	
L6890		TERM DEVICE GLOVE	171.75
		FOR ABOVE	
		PRODUCTION GLOVE	
L6895		TERM DEVICE GLOVE	422.91
		FOR ABOVE CUSTOM	
		GLOVE	

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L6900		HAND RESTORE PART HAND W/GLOVE THUMB/1 FINGER	1344.30
L6905		HAND RESTORE PART HAND W/GLOVE MULT FINGERS	1328.27
L6910		HAND RESTORE PART HAND W/GLOVE NO FINGERS	1381.08
L6915		HAND RESTORE REPLACEMENT GLOVE FOR ABOVE	474.13
L6920		WRIST DISARTIC SWITCH CONTROL TERM DEVICE	5054.46
L6925		WRIST DISARTIC MYOELECTRONIC CONTROL TERM DEVICE	5835.30
L6930		BELOW ELBOW SWITCH CONTROL TERM DEVICE	5085.80
L6935		BELOW ELBOW MYOELECTRONIC CONTROL TERM DEVICE	5944.54
L6940		ELBOW DISARTIC SWITCH CONTROL TERM DEVICE	7044.61
L6945		ELBOW DISARTIC MYOELECTRONIC CONTROL TERM DEVICE	7898.19
L6950		ABOVE ELBOW SWITCH CONTORL TERM DEVICE	7552.89
L6955		ABOVE ELBOW MYOELECTRONIC CONTROL TERM DEVICE	9045.62

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
L6960		SHOULDER DISARTIC SWITCH CONTROL TERM DEVICE	9123.19
L6965		SHOULDER DISARTIC MYOELECTRONIC TERM DEVICE	10733.87
L6970		INTERSCAPULAR/THOR ACIC SWITCH CONTROL TER DEV	11046.13
L6975		INTERSCAPULAR/THOR ACIC MYOELECTRONIC TERM DEV	12103.06
L7010		ELECT HAND OTTO BOCK STEEPER/EQUAL SWITCH CONT	2766.17
L7015		ELECT HAND TEKNIK VARIETY VILLAGE SWITCH CONT	4474.73
L7020		ELECT GREIFER OTTO BOCK SWITCH CONTROL	2853.93
L7025		ELECT HAND OTTO BOCK MYOELECTRONIC ALLY CONT	2982.70
L7030		ELECT HAND TEKNIK VARIETY VILLAGE MYOELECTRONIC	4730.49
L7035		ELECT GREIFER OTTO BOCK MYOELECTRONIC ALLY CONT	2814.93
L7040		PREHENSILE ACTUATOR HOSMER SWITCH CONTROL	2310.80
L7045		ELECT HOOK CHILD MICHIGAN SWITCH	1224.16

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		CONTROL	
L7170		ELECT ELBOW HOSMER	4440.82
		SWITCH CONTROL	
L7180		ELEC ELBOW-BOSTON/ UT/OR EQ-MYOELECTR	27225.59
		ONICAL CNTRL	
L7185		ELECT ELBOW ADOLESCENT VARIETY	5430.84
		VILLAGE SWITCH	
L7186		ELECT ELBOW CHILD VARIETY VILLAGE	8273.65
		SWITCH CONTROL	
L7190		ELECT ELBOW ADOLESCENT VARIETY	7628.65
		VILL MYOELECTRON	
L7191		ELECT ELBOW CHILD VARIETY VILLAGE	8554.18
		MYOELECTRON	
L7260		ELECT WRIST ROTATOR OTTO	1490.51
		BOCK/EQUAL	
L7261		ELECT WRIST ROTATOR FOR UTAH	2713.31
		ARM	
L7266		SERVO CONTROL STEEPER OR EQUAL	749.85
L7272		ANALOGUE CONTROL UNB OR EQUAL	1685.63
L7274		PROPORTIONAL CONTROL 6-12	4754.83
		VOLT-LIBERTY/UT OR EQ	
L7360		SIX VOLT BATTERY OTTO BOCK OR EQUAL	229.63

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		EACH	
L7362		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	211.63
L7364		TWELVE VOLT BATTERY UTAH OR EQUAL EACH	402.39
L7366		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	542.04
L7900		VACUUM ERECTION SYSTEM	390.66
L8300		TRUSS SINGLE W/STANDARD PAD	63.88
L8310		TRUSS DOUBLE W/STANDARD PADS	133.74
L8320		TRUSS ADDITION TO STANDARD PAD WATER PAD	40.49
L8330		TRUSS ADDITION TO STANDARD PAD SCROTAL PAD	37.39
L8400		PROSTH SHEATH BELOW KNEE EA	15.89
L8410		PROSTH SHEATH ABOVE KNEE EA	19.25
L8415		PROSTH SHEATH UPPER LIMB EA	18.21
L8417		PROSTH SHEATH SOCK INC GEL CUSH LAYER AK/BK-EA	55.83
L8420		PROSTHETIC SOCK MULT PLY BK EACH	17.06
L8430		PROSTH SOCK MULT	19.73

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		PLY ABOVE KNEE EACH	
L8435		PROSTH SOCK MULT	16.64
		PLY UPPER LIMB EA	
L8440		PROSTH SHRINKER	40.98
		BELOW KNEE EA	
L8460		PROSTH SHRINKER	50.48
		ABOVE KNEE EA	
L8465		PROSTH SHRINKER	36.95
		UPPER LIMB EA	
L8470		PROSTH SOCK SINGLE	5.06
		PLY FITTING BELOW	
		KNEE EACH	
L8480		PROSTH SOCK SINGLE	6.97
		PLY FITTING ABOVE	
		KNEE EACH	
L8485		PROSTH SOCK SINGLE	8.46
		PLY FITTING UPPER	
		LIMB EA	
L8490		ADD PROSTH	120.95
		SHEATH/SOCK AIR	
		SEAL SUCTION RETENT	
L8500		ARTIFICIAL LARYNX	575.58
		ANY TYPE	
L8501		TRACHEOSTOMY	91.49
		SPEAKING VALVE	
L8603		COLLAGEN IMPLANT-U	330.74
		RIN TRACT/2.5CC	
		SYR-INCLU SUPP	
L8610		OCULAR IMPLANT	525.03
L8612		AQUEOUS SHUNT	501.48
L8613		OSSICULA IMPLANT	253.85
L8630		METACARPOPHALANGEA	255.16
		L JOINT IMPLANT	
L8641		METATARSAL JOINT	265.11

32 N.J.R. 4332(a)

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
		IMPLANT	
L8642		HALLUX IMPLANT	232.41
L8658		INTERPHALANGEAL	231.15
		JOINT IMPLANT	
L8670		VASCULAR GRAFT	421.58
		MATERIAL-SYN-IMPLA	
		NT	
V2623		PROSTHETIC EYE	877.77
		PLASTIC CUSTOM	
V2624		POLISHING/RESURFAC	46.10
		ING OF OCULAR	
		PROSTHESIS	
V2625		ENLARGEMENT OF	280.31
		OCULAR PROSTHESIS	
V2626		REDUCTION OF	151.10
		OCULAR PROSTHESIS	