

Exhibit #1 - Proposed						
List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
MS-DRG	MDC	TYPE	MS-DRG Title	Weights	Geometric mean LOS	Arithmetic mean LOS
1	PRE	SURG	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	26.1593	28.7	36.9
2	PRE	SURG	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	13.5076	15.0	17.9
3	PRE	SURG	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	18.1651	23.3	29.9
4	PRE	SURG	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	11.3727	19.5	23.6
5	PRE	SURG	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	10.1187	14.5	19.8
6	PRE	SURG	LIVER TRANSPLANT W/O MCC	4.8989	7.9	8.6
7	PRE	SURG	LUNG TRANSPLANT	10.6284	16.7	20.1
8	PRE	SURG	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	5.2639	8.9	10.1
10	PRE	SURG	PANCREAS TRANSPLANT	4.5373	7.8	8.5
11	PRE	SURG	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W MCC	4.9047	10.9	13.4
12	PRE	SURG	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W CC	3.7831	8.6	9.7
13	PRE	SURG	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES OR LARYNGECTOMY W/O CC/MCC	2.3133	5.9	6.7
14	PRE	SURG	ALLOGENEIC BONE MARROW TRANSPLANT	11.7843	24.0	27.2
16	PRE	SURG	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC OR T-CELL IMMUNOTHERAPY	6.5290	17.1	18.4
17	PRE	SURG	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	4.3917	8.0	10.8

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20	01	SURG	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	10.3756	13.7	16.5
21	01	SURG	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	7.4511	11.5	13.1
22	01	SURG	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	5.1938	6.5	8.2
23	01	SURG	CRANIOTOMY W MAJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PDX W MCC OR CHEMOTHERAPY IMPLANT OR EPILEPSY W NEUROSTIMULATOR	5.4256	7.3	10.2
24	01	SURG	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	3.8390	4.2	5.4
25	01	SURG	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	4.2739	6.7	8.8
26	01	SURG	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	2.9179	4.1	5.4
27	01	SURG	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	2.4065	2.1	2.7
28	01	SURG	SPINAL PROCEDURES W MCC	5.3836	9.0	11.7
29	01	SURG	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	3.1404	4.3	5.7
30	01	SURG	SPINAL PROCEDURES W/O CC/MCC	2.1847	2.4	3.0
31	01	SURG	VENTRICULAR SHUNT PROCEDURES W MCC	4.0372	7.0	9.7
32	01	SURG	VENTRICULAR SHUNT PROCEDURES W CC	2.2237	3.1	4.6
33	01	SURG	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	1.6940	1.8	2.3
34	01	SURG	CAROTID ARTERY STENT PROCEDURE W MCC	3.5954	4.8	6.9
35	01	SURG	CAROTID ARTERY STENT PROCEDURE W CC	2.1921	2.1	2.9
36	01	SURG	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	1.7283	1.2	1.4

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37	01	SURG	EXTRACRANIAL PROCEDURES W MCC	3.2008	5.1	7.5
38	01	SURG	EXTRACRANIAL PROCEDURES W CC	1.6522	2.1	3.1
39	01	SURG	EXTRACRANIAL PROCEDURES W/O CC/MCC	1.1338	1.3	1.5
40	01	SURG	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	3.8291	7.5	10.3
41	01	SURG	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	2.3229	4.2	5.2
42	01	SURG	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	1.8812	2.5	3.1
52	01	MED	SPINAL DISORDERS & INJURIES W CC/MCC	1.7018	4.1	5.8
53	01	MED	SPINAL DISORDERS & INJURIES W/O CC/MCC	0.9167	2.7	3.3
54	01	MED	NERVOUS SYSTEM NEOPLASMS W MCC	1.3151	3.8	5.1
55	01	MED	NERVOUS SYSTEM NEOPLASMS W/O MCC	1.0080	3.0	4.2
56	01	MED	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	1.9915	5.3	7.8
57	01	MED	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	1.1893	3.8	5.5
58	01	MED	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	1.7340	5.0	6.9
59	01	MED	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	1.0795	3.6	4.4
60	01	MED	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	0.8323	3.0	3.5
61	01	MED	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W MCC	2.7961	5.0	6.4
62	01	MED	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W CC	1.9203	3.3	3.9

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63	01	MED	ISCHEMIC STROKE, PRECEREBRAL OCCLUSION OR TRANSIENT ISCHEMIA W THROMBOLYTIC AGENT W/O CC/MCC	1.6291	2.4	2.7
64	01	MED	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	1.8080	4.4	6.0
65	01	MED	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	1.0043	3.0	3.7
66	01	MED	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	0.7269	2.1	2.5
67	01	MED	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	1.4626	3.6	4.7
68	01	MED	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	0.8914	2.2	2.8
69	01	MED	TRANSIENT ISCHEMIA W/O THROMBOLYTIC	0.7657	2.1	2.5
70	01	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	1.6339	4.5	6.1
71	01	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	0.9864	3.3	4.3
72	01	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	0.7419	2.4	2.9
73	01	MED	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	1.4061	3.7	5.1
74	01	MED	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	0.9693	2.9	3.7
75	01	MED	VIRAL MENINGITIS W CC/MCC	1.4836	4.8	6.0
76	01	MED	VIRAL MENINGITIS W/O CC/MCC	0.8200	2.8	3.4
77	01	MED	HYPERTENSIVE ENCEPHALOPATHY W MCC	1.5477	4.1	5.2
78	01	MED	HYPERTENSIVE ENCEPHALOPATHY W CC	0.9668	3.0	3.8
79	01	MED	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	0.7472	2.1	2.5
80	01	MED	NONTRAUMATIC STUPOR & COMA W MCC	1.7891	4.4	6.7

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81	01	MED	NONTRAUMATIC STUPOR & COMA W/O MCC	0.8217	2.7	3.4
82	01	MED	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	2.1174	3.9	6.0
83	01	MED	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	1.2660	3.2	4.1
84	01	MED	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	0.9169	2.2	2.7
85	01	MED	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	2.1269	4.7	6.4
86	01	MED	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	1.2104	3.1	4.0
87	01	MED	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	0.8460	2.1	2.6
88	01	MED	CONCUSSION W MCC	1.4274	3.5	4.8
89	01	MED	CONCUSSION W CC	1.0492	2.7	3.3
90	01	MED	CONCUSSION W/O CC/MCC	0.7951	1.9	2.3
91	01	MED	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	1.5829	4.1	5.7
92	01	MED	OTHER DISORDERS OF NERVOUS SYSTEM W CC	0.9364	3.0	3.8
93	01	MED	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	0.7373	2.2	2.7
94	01	MED	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	3.6120	8.0	10.9
95	01	MED	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	2.3675	5.6	7.0
96	01	MED	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	2.1152	4.4	5.2
97	01	MED	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	3.2477	7.9	10.8
98	01	MED	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	1.8193	5.3	6.8

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99	01	MED	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	1.2631	3.7	4.6
100	01	MED	SEIZURES W MCC	1.7166	4.2	5.7
101	01	MED	SEIZURES W/O MCC	0.8395	2.6	3.3
102	01	MED	HEADACHES W MCC	1.0504	2.9	3.9
103	01	MED	HEADACHES W/O MCC	0.7784	2.3	2.9
113	02	SURG	ORBITAL PROCEDURES W CC/MCC	2.2978	4.5	6.2
114	02	SURG	ORBITAL PROCEDURES W/O CC/MCC	1.2579	2.3	2.9
115	02	SURG	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	1.3632	3.5	4.5
116	02	SURG	INTRAOCULAR PROCEDURES W CC/MCC	1.6958	4.0	5.8
117	02	SURG	INTRAOCULAR PROCEDURES W/O CC/MCC	1.0083	2.3	3.1
121	02	MED	ACUTE MAJOR EYE INFECTIONS W CC/MCC	1.0573	4.0	5.2
122	02	MED	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	0.7059	3.2	4.1
123	02	MED	NEUROLOGICAL EYE DISORDERS	0.7546	2.0	2.5
124	02	MED	OTHER DISORDERS OF THE EYE W MCC	1.3261	3.6	4.9
125	02	MED	OTHER DISORDERS OF THE EYE W/O MCC	0.7997	2.6	3.3
129	03	SURG	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	2.4011	3.7	5.3
130	03	SURG	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	1.4898	2.3	2.9
131	03	SURG	CRANIAL/FACIAL PROCEDURES W CC/MCC	2.6428	4.2	5.7
132	03	SURG	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	1.5395	2.0	2.5
133	03	SURG	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	2.0935	4.0	5.8

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134	03	SURG	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	1.2007	2.0	2.5
135	03	SURG	SINUS & MASTOID PROCEDURES W CC/MCC	2.2974	4.4	6.4
136	03	SURG	SINUS & MASTOID PROCEDURES W/O CC/MCC	1.2234	1.8	2.7
137	03	SURG	MOUTH PROCEDURES W CC/MCC	1.3731	3.6	4.7
138	03	SURG	MOUTH PROCEDURES W/O CC/MCC	0.8474	2.0	2.4
139	03	SURG	SALIVARY GLAND PROCEDURES	1.1492	2.0	2.7
146	03	MED	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	1.9159	5.3	7.4
147	03	MED	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	1.2216	3.7	5.0
148	03	MED	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	0.7229	2.1	2.8
149	03	MED	DYSEQUILIBRIUM	0.7111	2.0	2.5
150	03	MED	EPISTAXIS W MCC	1.3282	3.5	4.8
151	03	MED	EPISTAXIS W/O MCC	0.6938	2.2	2.7
152	03	MED	OTITIS MEDIA & URI W MCC	1.0283	3.2	4.0
153	03	MED	OTITIS MEDIA & URI W/O MCC	0.7070	2.4	2.9
154	03	MED	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	1.4230	3.9	5.3
155	03	MED	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	0.8758	2.9	3.6
156	03	MED	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	0.6596	2.2	2.7
157	03	MED	DENTAL & ORAL DISEASES W MCC	1.6533	4.4	6.1
158	03	MED	DENTAL & ORAL DISEASES W CC	0.8846	2.8	3.6
159	03	MED	DENTAL & ORAL DISEASES W/O CC/MCC	0.6802	2.1	2.6

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163	04	SURG	MAJOR CHEST PROCEDURES W MCC	4.9033	9.6	12.1
164	04	SURG	MAJOR CHEST PROCEDURES W CC	2.5524	4.8	5.9
165	04	SURG	MAJOR CHEST PROCEDURES W/O CC/MCC	1.8461	2.9	3.5
166	04	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	3.4838	7.9	10.1
167	04	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W CC	1.8868	4.3	5.6
168	04	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3394	2.4	3.0
175	04	MED	PULMONARY EMBOLISM W MCC	1.4613	4.3	5.3
176	04	MED	PULMONARY EMBOLISM W/O MCC	0.8944	2.7	3.4
177	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	1.8248	5.4	6.8
178	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	1.2649	4.3	5.2
179	04	MED	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	0.9187	3.2	4.0
180	04	MED	RESPIRATORY NEOPLASMS W MCC	1.6903	4.9	6.5
181	04	MED	RESPIRATORY NEOPLASMS W CC	1.1362	3.4	4.4
182	04	MED	RESPIRATORY NEOPLASMS W/O CC/MCC	0.7934	2.2	2.7
183	04	MED	MAJOR CHEST TRAUMA W MCC	1.4764	4.4	5.5
184	04	MED	MAJOR CHEST TRAUMA W CC	0.9967	3.2	3.8
185	04	MED	MAJOR CHEST TRAUMA W/O CC/MCC	0.7330	2.4	2.8
186	04	MED	PLEURAL EFFUSION W MCC	1.5567	4.4	5.8
187	04	MED	PLEURAL EFFUSION W CC	1.0486	3.2	4.1
188	04	MED	PLEURAL EFFUSION W/O CC/MCC	0.7677	2.4	3.0
189	04	MED	PULMONARY EDEMA & RESPIRATORY FAILURE	1.2332	3.8	4.8

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190	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	1.1900	3.8	4.7
191	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	0.9121	3.1	3.7
192	04	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	0.7244	2.5	3.0
193	04	MED	SIMPLE PNEUMONIA & PLEURISY W MCC	1.3048	4.2	5.2
194	04	MED	SIMPLE PNEUMONIA & PLEURISY W CC	0.8949	3.3	3.9
195	04	MED	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	0.6866	2.6	3.1
196	04	MED	INTERSTITIAL LUNG DISEASE W MCC	1.6315	4.8	6.2
197	04	MED	INTERSTITIAL LUNG DISEASE W CC	0.9993	3.2	4.0
198	04	MED	INTERSTITIAL LUNG DISEASE W/O CC/MCC	0.7602	2.5	3.1
199	04	MED	PNEUMOTHORAX W MCC	1.7783	5.3	6.9
200	04	MED	PNEUMOTHORAX W CC	1.0670	3.4	4.2
201	04	MED	PNEUMOTHORAX W/O CC/MCC	0.6980	2.4	3.0
202	04	MED	BRONCHITIS & ASTHMA W CC/MCC	0.9398	3.0	3.7
203	04	MED	BRONCHITIS & ASTHMA W/O CC/MCC	0.6963	2.4	2.9
204	04	MED	RESPIRATORY SIGNS & SYMPTOMS	0.7668	2.2	2.8
205	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	1.5107	4.0	5.4
206	04	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	0.8592	2.4	3.1
207	04	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	5.5941	12.0	13.9
208	04	MED	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <=96 HOURS	2.4333	4.9	6.7
215	05	SURG	OTHER HEART ASSIST SYSTEM IMPLANT	9.6416	5.3	8.7

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216	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	9.8124	12.4	15.2
217	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	6.3558	7.3	8.8
218	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	5.8913	4.1	5.4
219	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	7.6824	9.1	11.0
220	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	5.1978	6.1	6.7
221	05	SURG	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	4.6110	4.2	4.8
222	05	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	8.1631	9.2	11.1
223	05	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	6.4094	5.3	6.3
224	05	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	7.4517	7.7	9.5
225	05	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	5.7605	4.1	4.8
226	05	SURG	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	6.8555	6.5	8.3
227	05	SURG	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	5.3586	3.1	4.1
228	05	SURG	OTHER CARDIOTHORACIC PROCEDURES W MCC	6.5739	6.7	9.7
229	05	SURG	OTHER CARDIOTHORACIC PROCEDURES W/O MCC	4.6555	3.4	4.7
231	05	SURG	CORONARY BYPASS W PTCA W MCC	8.3844	10.3	12.0
232	05	SURG	CORONARY BYPASS W PTCA W/O MCC	6.1534	8.0	8.8

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233	05	SURG	CORONARY BYPASS W CARDIAC CATH W MCC	7.6239	11.5	12.9
234	05	SURG	CORONARY BYPASS W CARDIAC CATH W/O MCC	5.1310	8.1	8.6
235	05	SURG	CORONARY BYPASS W/O CARDIAC CATH W MCC	5.7927	8.8	10.1
236	05	SURG	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	3.9100	6.0	6.4
239	05	SURG	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	4.6917	10.2	12.9
240	05	SURG	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	2.7332	7.0	8.5
241	05	SURG	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	1.5973	4.4	5.2
242	05	SURG	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	3.7396	5.4	7.0
243	05	SURG	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	2.5579	3.3	4.0
244	05	SURG	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	2.1257	2.3	2.7
245	05	SURG	AICD GENERATOR PROCEDURES	5.0545	4.4	6.1
246	05	SURG	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	3.2493	4.1	5.4
247	05	SURG	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	2.0876	2.2	2.6
248	05	SURG	PERCUTANEOUS CARDIOVASCULAR PROCEDURES W NON-DRUG-ELUTING STENT W MCC OR 4+ ARTERIES OR STENTS	3.1772	4.7	6.2
249	05	SURG	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	1.9950	2.4	2.9
250	05	SURG	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	2.5874	3.9	5.3

Exhibit #1 - Proposed						
List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
251	05	SURG	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	1.6809	2.2	2.7
252	05	SURG	OTHER VASCULAR PROCEDURES W MCC	3.2633	5.3	7.6
253	05	SURG	OTHER VASCULAR PROCEDURES W CC	2.5867	4.1	5.4
254	05	SURG	OTHER VASCULAR PROCEDURES W/O CC/MCC	1.8127	2.3	2.8
255	05	SURG	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	2.5418	6.5	8.1
256	05	SURG	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	1.7446	5.2	6.2
257	05	SURG	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	1.1279	3.5	4.3
258	05	SURG	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	2.9891	5.0	6.4
259	05	SURG	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	2.1099	2.7	3.4
260	05	SURG	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	3.5801	6.7	9.1
261	05	SURG	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	1.9889	3.3	4.2
262	05	SURG	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	1.6414	2.3	2.7
263	05	SURG	VEIN LIGATION & STRIPPING	2.3902	4.2	6.3
264	05	SURG	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.1563	6.5	9.2
265	05	SURG	AICD LEAD PROCEDURES	3.1367	3.7	5.1
266	05	SURG	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	7.2356	4.0	6.1
267	05	SURG	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	5.8894	2.3	2.9

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268	05	SURG	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	6.7101	6.4	9.5
269	05	SURG	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	4.1701	1.7	2.4
270	05	SURG	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	5.0465	6.6	9.4
271	05	SURG	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	3.4859	4.3	5.7
272	05	SURG	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	2.6238	2.2	2.8
273	05	SURG	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	3.6431	5.3	7.3
274	05	SURG	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	2.9904	2.0	2.6
280	05	MED	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	1.6507	4.2	5.4
281	05	MED	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	0.9711	2.6	3.2
282	05	MED	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	0.7499	1.8	2.2
283	05	MED	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	1.7977	3.0	4.7
284	05	MED	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	0.7573	1.7	2.2
285	05	MED	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	0.5924	1.3	1.6
286	05	MED	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	2.1751	5.2	6.9
287	05	MED	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	1.1393	2.3	3.0
288	05	MED	ACUTE & SUBACUTE ENDOCARDITIS W MCC	2.6831	7.3	9.6

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289	05	MED	ACUTE & SUBACUTE ENDOCARDITIS W CC	1.6878	5.3	6.6
290	05	MED	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	1.0009	3.3	4.3
291	05	MED	HEART FAILURE & SHOCK W MCC	1.3424	4.1	5.2
292	05	MED	HEART FAILURE & SHOCK W CC	0.9143	3.3	4.0
293	05	MED	HEART FAILURE & SHOCK W/O CC/MCC	0.6647	2.4	2.8
294	05	MED	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	1.1595	3.4	4.4
295	05	MED	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	0.5507	2.3	3.1
296	05	MED	CARDIAC ARREST, UNEXPLAINED W MCC	1.5311	2.0	3.2
297	05	MED	CARDIAC ARREST, UNEXPLAINED W CC	0.6314	1.2	1.5
298	05	MED	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	0.4827	1.1	1.2
299	05	MED	PERIPHERAL VASCULAR DISORDERS W MCC	1.4475	3.9	5.2
300	05	MED	PERIPHERAL VASCULAR DISORDERS W CC	1.0196	3.2	4.1
301	05	MED	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	0.7249	2.3	2.8
302	05	MED	ATHEROSCLEROSIS W MCC	1.0719	2.8	3.7
303	05	MED	ATHEROSCLEROSIS W/O MCC	0.6621	1.9	2.3
304	05	MED	HYPERTENSION W MCC	1.0722	3.0	3.9
305	05	MED	HYPERTENSION W/O MCC	0.7150	2.2	2.7
306	05	MED	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	1.3997	3.8	5.1
307	05	MED	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	0.8508	2.4	3.1
308	05	MED	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	1.1982	3.6	4.6

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309	05	MED	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	0.7566	2.5	3.0
310	05	MED	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	0.5616	1.9	2.2
311	05	MED	ANGINA PECTORIS	0.6869	1.9	2.4
312	05	MED	SYNCOPE & COLLAPSE	0.8013	2.3	2.9
313	05	MED	CHEST PAIN	0.7071	1.7	2.1
314	05	MED	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	2.0143	4.8	6.5
315	05	MED	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	0.9514	2.8	3.6
316	05	MED	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	0.7484	2.0	2.4
326	06	SURG	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	5.2357	10.1	13.5
327	06	SURG	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	2.4752	4.9	6.7
328	06	SURG	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	1.5390	2.2	2.8
329	06	SURG	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	4.9835	10.8	13.4
330	06	SURG	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	2.5151	6.1	7.4
331	06	SURG	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.6937	3.7	4.2
332	06	SURG	RECTAL RESECTION W MCC	3.4507	7.0	9.0
333	06	SURG	RECTAL RESECTION W CC	1.9323	4.4	5.4
334	06	SURG	RECTAL RESECTION W/O CC/MCC	1.3125	2.4	2.9
335	06	SURG	PERITONEAL ADHESIOLYSIS W MCC	4.0465	10.0	12.3
336	06	SURG	PERITONEAL ADHESIOLYSIS W CC	2.2926	6.3	7.7

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337	06	SURG	PERITONEAL ADHESIOLYSIS W/O CC/MCC	1.6090	4.0	4.8
338	06	SURG	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	2.8536	6.6	8.2
339	06	SURG	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	1.7370	4.2	5.2
340	06	SURG	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.1871	2.4	2.9
341	06	SURG	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	2.3046	4.6	6.4
342	06	SURG	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.4221	2.7	3.5
343	06	SURG	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	1.0851	1.7	2.0
344	06	SURG	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	2.9837	7.6	10.0
345	06	SURG	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	1.7030	4.7	6.0
346	06	SURG	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	1.2711	3.4	4.0
347	06	SURG	ANAL & STOMAL PROCEDURES W MCC	2.3911	5.7	7.8
348	06	SURG	ANAL & STOMAL PROCEDURES W CC	1.3971	3.6	4.6
349	06	SURG	ANAL & STOMAL PROCEDURES W/O CC/MCC	0.9487	2.1	2.6
350	06	SURG	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	2.4294	5.1	6.9
351	06	SURG	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	1.4986	3.4	4.1
352	06	SURG	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	1.0556	2.1	2.5
353	06	SURG	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	2.9562	6.0	7.8

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354	06	SURG	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	1.7326	3.8	4.7
355	06	SURG	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	1.3583	2.5	3.0
356	06	SURG	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	3.9651	7.8	10.3
357	06	SURG	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.1257	4.7	5.9
358	06	SURG	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.3460	2.8	3.5
368	06	MED	MAJOR ESOPHAGEAL DISORDERS W MCC	1.9297	4.7	6.2
369	06	MED	MAJOR ESOPHAGEAL DISORDERS W CC	1.1013	3.2	3.9
370	06	MED	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	0.7420	2.2	2.8
371	06	MED	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	1.7234	5.4	7.0
372	06	MED	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	1.0319	4.0	4.9
373	06	MED	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	0.7579	3.1	3.7
374	06	MED	DIGESTIVE MALIGNANCY W MCC	2.0581	5.5	7.5
375	06	MED	DIGESTIVE MALIGNANCY W CC	1.1988	3.7	4.8
376	06	MED	DIGESTIVE MALIGNANCY W/O CC/MCC	0.9134	2.5	3.1
377	06	MED	G.I. HEMORRHAGE W MCC	1.7808	4.5	5.7
378	06	MED	G.I. HEMORRHAGE W CC	0.9849	3.0	3.6
379	06	MED	G.I. HEMORRHAGE W/O CC/MCC	0.6526	2.1	2.5
380	06	MED	COMPLICATED PEPTIC ULCER W MCC	1.9334	5.1	6.6
381	06	MED	COMPLICATED PEPTIC ULCER W CC	1.0897	3.3	4.0

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For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
382	06	MED	COMPLICATED PEPTIC ULCER W/O CC/MCC	0.7683	2.5	2.9
383	06	MED	UNCOMPLICATED PEPTIC ULCER W MCC	1.3435	4.0	4.9
384	06	MED	UNCOMPLICATED PEPTIC ULCER W/O MCC	0.8546	2.6	3.2
385	06	MED	INFLAMMATORY BOWEL DISEASE W MCC	1.6868	5.3	7.2
386	06	MED	INFLAMMATORY BOWEL DISEASE W CC	0.9771	3.5	4.4
387	06	MED	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	0.6976	2.8	3.3
388	06	MED	G.I. OBSTRUCTION W MCC	1.5240	4.8	6.4
389	06	MED	G.I. OBSTRUCTION W CC	0.8396	3.3	4.0
390	06	MED	G.I. OBSTRUCTION W/O CC/MCC	0.5912	2.5	2.9
391	06	MED	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	1.2152	3.7	4.9
392	06	MED	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	0.7532	2.6	3.2
393	06	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	1.6178	4.4	6.1
394	06	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	0.9349	3.1	3.9
395	06	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.6762	2.3	2.8
405	07	SURG	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	5.3464	9.5	12.7
406	07	SURG	PANCREAS, LIVER & SHUNT PROCEDURES W CC	2.8184	5.6	7.0
407	07	SURG	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	2.0032	3.8	4.5
408	07	SURG	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	4.0385	9.2	11.9
409	07	SURG	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	2.3037	5.5	6.9

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List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
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410	07	SURG	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	1.6522	3.7	4.5
411	07	SURG	CHOLECYSTECTOMY W C.D.E. W MCC	3.9903	8.2	11.0
412	07	SURG	CHOLECYSTECTOMY W C.D.E. W CC	2.3860	5.6	6.5
413	07	SURG	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	1.6848	3.5	4.3
414	07	SURG	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	3.5674	8.0	9.8
415	07	SURG	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.0064	5.2	6.0
416	07	SURG	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	1.3939	3.2	3.8
417	07	SURG	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	2.4110	5.3	6.7
418	07	SURG	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.6601	3.7	4.4
419	07	SURG	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	1.3059	2.5	2.9
420	07	SURG	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W MCC	3.5091	7.7	10.5
421	07	SURG	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W CC	1.7749	4.1	5.4
422	07	SURG	HEPATOBIILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	1.5002	2.8	3.4
423	07	SURG	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W MCC	3.9384	8.6	12.3
424	07	SURG	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W CC	2.1552	5.5	7.3
425	07	SURG	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	1.4896	3.4	4.1
432	07	MED	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	1.8123	4.7	6.4

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433	07	MED	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	1.0226	3.3	4.2
434	07	MED	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	0.6503	2.3	2.8
435	07	MED	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	1.6941	4.8	6.3
436	07	MED	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	1.1284	3.5	4.5
437	07	MED	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	0.8657	2.4	3.1
438	07	MED	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	1.6314	4.6	6.3
439	07	MED	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	0.8574	3.2	3.9
440	07	MED	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	0.6218	2.5	2.9
441	07	MED	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	1.8398	4.7	6.5
442	07	MED	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	0.9325	3.2	4.0
443	07	MED	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	0.6955	2.5	3.0
444	07	MED	DISORDERS OF THE BILIARY TRACT W MCC	1.6036	4.4	5.7
445	07	MED	DISORDERS OF THE BILIARY TRACT W CC	1.0614	3.1	3.9
446	07	MED	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	0.7939	2.3	2.7
453	08	SURG	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	9.5288	7.5	9.6
454	08	SURG	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	6.3682	4.0	4.7

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455	08	SURG	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	5.0438	2.6	3.0
456	08	SURG	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	9.0945	9.4	11.5
457	08	SURG	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	6.5735	5.2	6.1
458	08	SURG	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	5.1544	3.2	3.6
459	08	SURG	SPINAL FUSION EXCEPT CERVICAL W MCC	6.3703	6.2	7.9
460	08	SURG	SPINAL FUSION EXCEPT CERVICAL W/O MCC	4.0635	2.8	3.4
461	08	SURG	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	4.4763	5.5	6.7
462	08	SURG	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	3.2180	2.9	3.2
463	08	SURG	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	5.1014	9.8	12.9
464	08	SURG	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	2.9367	5.4	7.0
465	08	SURG	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	1.8413	2.7	3.5
466	08	SURG	REVISION OF HIP OR KNEE REPLACEMENT W MCC	5.1068	6.6	8.2
467	08	SURG	REVISION OF HIP OR KNEE REPLACEMENT W CC	3.4899	3.4	4.1
468	08	SURG	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	2.8115	2.2	2.5
469	08	SURG	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC OR TOTAL ANKLE REPLACEMENT	3.1598	4.9	6.1
470	08	SURG	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	1.9995	2.2	2.5

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471	08	SURG	CERVICAL SPINAL FUSION W MCC	5.0115	6.4	8.6
472	08	SURG	CERVICAL SPINAL FUSION W CC	2.9544	2.4	3.2
473	08	SURG	CERVICAL SPINAL FUSION W/O CC/MCC	2.3916	1.5	1.8
474	08	SURG	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	3.7917	8.8	11.1
475	08	SURG	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	2.1298	5.7	7.1
476	08	SURG	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	1.1483	3.1	4.0
477	08	SURG	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	3.1236	8.2	10.2
478	08	SURG	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	2.2731	5.3	6.5
479	08	SURG	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	1.7968	3.4	4.2
480	08	SURG	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	2.9995	6.3	7.4
481	08	SURG	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	2.0620	4.4	4.8
482	08	SURG	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	1.6692	3.5	3.7
483	08	SURG	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	2.4024	1.6	1.9
485	08	SURG	KNEE PROCEDURES W PDX OF INFECTION W MCC	3.3074	8.1	9.6
486	08	SURG	KNEE PROCEDURES W PDX OF INFECTION W CC	2.2090	5.3	6.2
487	08	SURG	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	1.6548	3.7	4.2

Exhibit #1 - Proposed						
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For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
488	08	SURG	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	2.1209	3.8	5.0
489	08	SURG	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	1.2943	2.1	2.5
492	08	SURG	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	3.3638	6.1	7.6
493	08	SURG	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	2.2421	4.0	4.8
494	08	SURG	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	1.7578	2.7	3.2
495	08	SURG	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	3.4021	7.2	9.7
496	08	SURG	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	1.9670	3.5	4.5
497	08	SURG	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	1.4404	1.9	2.4
498	08	SURG	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	2.2745	5.1	6.8
499	08	SURG	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	1.1215	2.1	2.6
500	08	SURG	SOFT TISSUE PROCEDURES W MCC	3.0515	7.2	9.6
501	08	SURG	SOFT TISSUE PROCEDURES W CC	1.6814	4.2	5.2
502	08	SURG	SOFT TISSUE PROCEDURES W/O CC/MCC	1.2936	2.4	3.0
503	08	SURG	FOOT PROCEDURES W MCC	2.5490	6.7	8.4
504	08	SURG	FOOT PROCEDURES W CC	1.7291	4.8	5.8
505	08	SURG	FOOT PROCEDURES W/O CC/MCC	1.5795	2.8	3.4
506	08	SURG	MAJOR THUMB OR JOINT PROCEDURES	1.4187	3.8	4.8

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507	08	SURG	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	1.9499	4.5	5.9
508	08	SURG	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	1.4541	2.1	2.6
509	08	SURG	ARTHROSCOPY	1.6593	4.3	5.5
510	08	SURG	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	2.6898	5.0	6.2
511	08	SURG	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	1.8511	3.4	4.0
512	08	SURG	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	1.5310	2.2	2.5
513	08	SURG	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	1.6402	4.1	5.3
514	08	SURG	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	0.9970	2.4	2.9
515	08	SURG	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	3.0579	6.4	8.2
516	08	SURG	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	1.8794	3.8	4.7
517	08	SURG	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	1.3817	2.2	2.7
518	08	SURG	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	3.1051	3.5	5.4
519	08	SURG	BACK & NECK PROC EXC SPINAL FUSION W CC	1.8555	3.1	4.0
520	08	SURG	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	1.3167	1.9	2.3
533	08	MED	FRACTURES OF FEMUR W MCC	1.5381	4.2	5.7
534	08	MED	FRACTURES OF FEMUR W/O MCC	0.7690	2.9	3.5

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535	08	MED	FRACTURES OF HIP & PELVIS W MCC	1.2460	3.9	4.9
536	08	MED	FRACTURES OF HIP & PELVIS W/O MCC	0.7528	2.9	3.4
537	08	MED	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	0.9122	3.1	3.7
538	08	MED	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	0.7253	2.5	2.9
539	08	MED	OSTEOMYELITIS W MCC	2.0119	6.0	8.1
540	08	MED	OSTEOMYELITIS W CC	1.2842	4.4	5.7
541	08	MED	OSTEOMYELITIS W/O CC/MCC	0.8833	3.1	4.0
542	08	MED	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	1.8168	5.1	6.9
543	08	MED	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	1.0618	3.7	4.5
544	08	MED	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	0.7992	2.8	3.3
545	08	MED	CONNECTIVE TISSUE DISORDERS W MCC	2.4459	5.6	7.9
546	08	MED	CONNECTIVE TISSUE DISORDERS W CC	1.2016	3.6	4.6
547	08	MED	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	0.8322	2.7	3.2
548	08	MED	SEPTIC ARTHRITIS W MCC	2.0615	6.1	7.9
549	08	MED	SEPTIC ARTHRITIS W CC	1.2380	4.0	5.1
550	08	MED	SEPTIC ARTHRITIS W/O CC/MCC	0.9256	3.0	3.6
551	08	MED	MEDICAL BACK PROBLEMS W MCC	1.5734	4.4	5.7
552	08	MED	MEDICAL BACK PROBLEMS W/O MCC	0.8963	3.0	3.6
553	08	MED	BONE DISEASES & ARTHROPATHIES W MCC	1.2284	4.0	5.0
554	08	MED	BONE DISEASES & ARTHROPATHIES W/O MCC	0.7522	2.8	3.4

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555	08	MED	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	1.2556	3.7	4.9
556	08	MED	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	0.7644	2.7	3.3
557	08	MED	TENDONITIS, MYOSITIS & BURSITIS W MCC	1.3917	4.5	5.6
558	08	MED	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	0.8574	3.1	3.7
559	08	MED	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	1.7756	4.8	6.5
560	08	MED	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	1.0213	3.6	4.6
561	08	MED	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	0.7575	2.7	3.5
562	08	MED	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	1.3893	4.1	5.1
563	08	MED	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	0.8328	3.0	3.4
564	08	MED	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	1.5438	4.7	6.0
565	08	MED	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	0.9679	3.4	4.1
566	08	MED	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	0.7632	2.6	3.2
570	09	SURG	SKIN DEBRIDEMENT W MCC	3.0000	7.6	10.0
571	09	SURG	SKIN DEBRIDEMENT W CC	1.6993	5.2	6.5
572	09	SURG	SKIN DEBRIDEMENT W/O CC/MCC	1.1757	3.4	4.2
573	09	SURG	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	5.2653	10.7	15.3
574	09	SURG	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	3.0088	7.4	10.3

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575	09	SURG	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.7725	4.8	6.1
576	09	SURG	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	4.8540	8.3	12.7
577	09	SURG	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	2.4936	4.7	6.9
578	09	SURG	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	1.5323	2.7	3.5
579	09	SURG	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	2.7901	6.5	8.8
580	09	SURG	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	1.5831	4.0	5.2
581	09	SURG	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	1.2345	2.4	3.0
582	09	SURG	MASTECTOMY FOR MALIGNANCY W CC/MCC	1.5694	2.4	3.4
583	09	SURG	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	1.3788	1.7	2.0
584	09	SURG	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	1.8675	3.6	4.7
585	09	SURG	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	1.5638	2.2	2.7
592	09	MED	SKIN ULCERS W MCC	1.6997	5.4	7.1
593	09	MED	SKIN ULCERS W CC	1.1229	4.2	5.3
594	09	MED	SKIN ULCERS W/O CC/MCC	0.8140	3.2	3.9
595	09	MED	MAJOR SKIN DISORDERS W MCC	1.9576	5.2	7.0
596	09	MED	MAJOR SKIN DISORDERS W/O MCC	0.9911	3.4	4.3
597	09	MED	MALIGNANT BREAST DISORDERS W MCC	1.6951	4.9	6.6
598	09	MED	MALIGNANT BREAST DISORDERS W CC	1.1594	3.5	4.7
599	09	MED	MALIGNANT BREAST DISORDERS W/O CC/MCC	0.7165	2.2	2.9

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600	09	MED	NON-MALIGNANT BREAST DISORDERS W CC/MCC	0.9556	3.5	4.3
601	09	MED	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	0.6162	2.7	3.0
602	09	MED	CELLULITIS W MCC	1.4314	4.7	5.8
603	09	MED	CELLULITIS W/O MCC	0.8445	3.3	3.9
604	09	MED	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	1.3967	3.9	5.0
605	09	MED	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	0.8539	2.7	3.3
606	09	MED	MINOR SKIN DISORDERS W MCC	1.3730	4.2	5.8
607	09	MED	MINOR SKIN DISORDERS W/O MCC	0.7980	2.8	3.6
614	10	SURG	ADRENAL & PITUITARY PROCEDURES W CC/MCC	2.3633	3.5	4.9
615	10	SURG	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	1.4763	2.0	2.3
616	10	SURG	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	4.0911	10.1	12.6
617	10	SURG	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	2.0654	5.9	7.0
618	10	SURG	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	1.1584	3.5	4.2
619	10	SURG	O.R. PROCEDURES FOR OBESITY W MCC	2.9085	3.0	4.7
620	10	SURG	O.R. PROCEDURES FOR OBESITY W CC	1.7957	2.0	2.5
621	10	SURG	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	1.5700	1.5	1.7
622	10	SURG	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	3.7583	8.7	11.9
623	10	SURG	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	1.9173	5.4	6.6

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624	10	SURG	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	1.2986	3.3	4.0
625	10	SURG	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	2.8003	4.9	7.1
626	10	SURG	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	1.5846	2.4	3.5
627	10	SURG	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	1.0844	1.4	1.7
628	10	SURG	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	3.6714	7.3	10.0
629	10	SURG	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	2.3289	6.0	7.2
630	10	SURG	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	1.5338	2.9	3.6
637	10	MED	DIABETES W MCC	1.3554	3.9	5.0
638	10	MED	DIABETES W CC	0.8646	2.9	3.6
639	10	MED	DIABETES W/O CC/MCC	0.6308	2.1	2.6
640	10	MED	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W MCC	1.1768	3.3	4.4
641	10	MED	MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	0.7406	2.6	3.2
642	10	MED	INBORN AND OTHER DISORDERS OF METABOLISM	1.2582	3.2	4.3
643	10	MED	ENDOCRINE DISORDERS W MCC	1.5936	5.0	6.3
644	10	MED	ENDOCRINE DISORDERS W CC	0.9902	3.5	4.2
645	10	MED	ENDOCRINE DISORDERS W/O CC/MCC	0.7421	2.7	3.2
652	11	SURG	KIDNEY TRANSPLANT	3.3215	5.3	6.2

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653	11	SURG	MAJOR BLADDER PROCEDURES W MCC	5.3781	10.4	13.2
654	11	SURG	MAJOR BLADDER PROCEDURES W CC	2.8663	6.2	7.2
655	11	SURG	MAJOR BLADDER PROCEDURES W/O CC/MCC	2.0806	3.7	4.4
656	11	SURG	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	3.3157	6.0	7.9
657	11	SURG	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	1.9419	3.6	4.3
658	11	SURG	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	1.5646	2.3	2.6
659	11	SURG	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	2.7051	6.1	8.1
660	11	SURG	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	1.4376	3.2	4.1
661	11	SURG	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	1.0727	2.0	2.3
662	11	SURG	MINOR BLADDER PROCEDURES W MCC	3.1354	7.4	10.2
663	11	SURG	MINOR BLADDER PROCEDURES W CC	1.6338	3.9	5.1
664	11	SURG	MINOR BLADDER PROCEDURES W/O CC/MCC	1.1910	1.9	2.4
665	11	SURG	PROSTATECTOMY W MCC	3.1292	8.1	10.6
666	11	SURG	PROSTATECTOMY W CC	1.7598	4.2	5.7
667	11	SURG	PROSTATECTOMY W/O CC/MCC	1.0799	2.2	2.8
668	11	SURG	TRANSURETHRAL PROCEDURES W MCC	2.7955	7.0	9.2
669	11	SURG	TRANSURETHRAL PROCEDURES W CC	1.5763	4.0	5.2
670	11	SURG	TRANSURETHRAL PROCEDURES W/O CC/MCC	0.9636	2.1	2.6
671	11	SURG	URETHRAL PROCEDURES W CC/MCC	1.6856	3.9	5.3

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672	11	SURG	URETHRAL PROCEDURES W/O CC/MCC	1.0615	1.9	2.3
673	11	SURG	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	3.5706	7.9	10.9
674	11	SURG	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	2.2753	5.2	6.8
675	11	SURG	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	1.6206	2.8	3.5
682	11	MED	RENAL FAILURE W MCC	1.5024	4.4	5.8
683	11	MED	RENAL FAILURE W CC	0.9074	3.2	4.0
684	11	MED	RENAL FAILURE W/O CC/MCC	0.6196	2.3	2.7
686	11	MED	KIDNEY & URINARY TRACT NEOPLASMS W MCC	1.7147	5.1	6.8
687	11	MED	KIDNEY & URINARY TRACT NEOPLASMS W CC	1.0373	3.3	4.2
688	11	MED	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	0.7863	2.0	2.4
689	11	MED	KIDNEY & URINARY TRACT INFECTIONS W MCC	1.0776	3.8	4.7
690	11	MED	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	0.7846	3.0	3.5
691	11	MED	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	1.6075	3.0	4.0
692	11	MED	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	1.1336	2.0	2.4
693	11	MED	URINARY STONES W/O ESW LITHOTRIPSY W MCC	1.3076	3.8	5.1
694	11	MED	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	0.7007	2.1	2.6
695	11	MED	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	1.1290	3.6	4.7
696	11	MED	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	0.6845	2.4	2.9
697	11	MED	URETHRAL STRICTURE	0.9661	2.5	3.6
698	11	MED	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	1.5973	4.9	6.1

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For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
699	11	MED	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	1.0254	3.4	4.2
700	11	MED	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	0.7601	2.5	3.1
707	12	SURG	MAJOR MALE PELVIC PROCEDURES W CC/MCC	1.7908	2.3	3.2
708	12	SURG	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	1.4073	1.3	1.4
709	12	SURG	PENIS PROCEDURES W CC/MCC	2.0420	3.6	5.8
710	12	SURG	PENIS PROCEDURES W/O CC/MCC	1.6757	1.7	2.2
711	12	SURG	TESTES PROCEDURES W CC/MCC	2.0837	5.2	7.1
712	12	SURG	TESTES PROCEDURES W/O CC/MCC	1.0781	2.4	2.9
713	12	SURG	TRANSURETHRAL PROSTATECTOMY W CC/MCC	1.4597	2.9	4.2
714	12	SURG	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	0.9086	1.7	2.1
715	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	2.2135	5.4	7.6
716	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	1.4625	1.5	1.8
717	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	1.9535	4.2	5.8
718	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	1.2395	2.4	3.0
722	12	MED	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	1.6660	5.1	7.0
723	12	MED	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	1.0868	3.4	4.5
724	12	MED	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.6893	1.9	2.5
725	12	MED	BENIGN PROSTATIC HYPERTROPHY W MCC	1.2167	4.0	5.1
726	12	MED	BENIGN PROSTATIC HYPERTROPHY W/O MCC	0.7501	2.6	3.2

Exhibit #1 - Proposed						
List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
727	12	MED	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	1.4163	4.6	5.9
728	12	MED	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	0.7855	3.0	3.6
729	12	MED	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	1.0735	3.3	4.5
730	12	MED	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	0.5711	2.0	2.3
734	13	SURG	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	2.3056	3.7	5.2
735	13	SURG	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	1.3670	1.8	2.1
736	13	SURG	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	4.0310	8.9	11.6
737	13	SURG	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	2.0238	4.6	5.4
738	13	SURG	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	1.3896	2.8	3.1
739	13	SURG	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	3.5883	6.6	9.4
740	13	SURG	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	1.7422	3.0	4.0
741	13	SURG	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	1.3232	1.7	2.0
742	13	SURG	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	1.7113	3.0	3.9
743	13	SURG	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	1.1182	1.8	2.0
744	13	SURG	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	1.6948	4.1	5.6

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For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
745	13	SURG	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	1.0684	2.1	2.6
746	13	SURG	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	1.6789	3.5	5.1
747	13	SURG	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	0.9603	1.6	2.0
748	13	SURG	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	1.3006	1.6	2.0
749	13	SURG	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	2.5665	5.7	7.8
750	13	SURG	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	1.2314	2.4	2.9
754	13	MED	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	1.8278	5.2	7.1
755	13	MED	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.0702	3.3	4.4
756	13	MED	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.7836	2.2	2.7
757	13	MED	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	1.3884	4.7	6.1
758	13	MED	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	1.0241	3.7	4.6
759	13	MED	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	0.7127	2.6	3.2
760	13	MED	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	0.8729	2.6	3.3
761	13	MED	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	0.5484	1.8	2.1
768	14	SURG	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	1.1174	2.7	4.2
769	14	SURG	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.5163	3.3	4.5

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770	14	SURG	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	1.0709	1.8	2.7
776	14	MED	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.6557	2.5	3.1
779	14	MED	ABORTION W/O D&C	0.7548	1.7	2.7
783	14	SURG	CESAREAN SECTION W STERILIZATION W MCC	1.7400	4.6	6.4
784	14	SURG	CESAREAN SECTION W STERILIZATION W CC	1.0895	3.3	4.1
785	14	SURG	CESAREAN SECTION W STERILIZATION W/O CC/MCC	0.8371	2.7	3.0
786	14	SURG	CESAREAN SECTION W/O STERILIZATION W MCC	1.5433	4.4	5.9
787	14	SURG	CESAREAN SECTION W/O STERILIZATION W CC	1.0621	3.5	4.2
788	14	SURG	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	0.8902	3.0	3.2
789	15	MED	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	1.6627	1.8	1.8
790	15	MED	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	5.4831	17.9	17.9
791	15	MED	PREMATURITY W MAJOR PROBLEMS	3.7448	13.3	13.3
792	15	MED	PREMATURITY W/O MAJOR PROBLEMS	2.2594	8.6	8.6
793	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	3.8467	4.7	4.7
794	15	MED	NEONATE W OTHER SIGNIFICANT PROBLEMS	1.3615	3.4	3.4
795	15	MED	NORMAL NEWBORN	0.1843	3.1	3.1
796	14	SURG	VAGINAL DELIVERY W STERILIZATION/D&C W MCC	1.4485	3.4	5.0
797	14	SURG	VAGINAL DELIVERY W STERILIZATION/D&C W CC	0.8306	2.2	2.4
798	14	SURG	VAGINAL DELIVERY W STERILIZATION/D&C WO CC/MCC	0.8306	2.2	2.4

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List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
799	16	SURG	SPLENECTOMY W MCC	4.6966	8.3	11.0
800	16	SURG	SPLENECTOMY W CC	2.5985	4.6	6.0
801	16	SURG	SPLENECTOMY W/O CC/MCC	1.5510	2.4	2.8
802	16	SURG	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	3.3440	7.4	10.0
803	16	SURG	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	1.7173	4.1	5.2
804	16	SURG	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	1.2336	2.1	2.6
805	14	MED	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	0.9991	3.0	4.1
806	14	MED	VAGINAL DELIVERY W/O STERILIZATION/D&C W CC	0.6873	2.4	2.7
807	14	MED	VAGINAL DELIVERY W/O STERILIZATION/D&C W/O CC/MCC	0.5942	2.1	2.2
808	16	MED	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	2.1334	5.5	7.4
809	16	MED	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	1.1992	3.6	4.5
810	16	MED	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	0.9215	2.6	3.2
811	16	MED	RED BLOOD CELL DISORDERS W MCC	1.3518	3.7	4.9
812	16	MED	RED BLOOD CELL DISORDERS W/O MCC	0.8799	2.7	3.5
813	16	MED	COAGULATION DISORDERS	1.6079	3.7	4.9
814	16	MED	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	1.6495	4.5	6.2
815	16	MED	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	0.9600	3.0	3.8

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816	16	MED	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	0.7212	2.2	2.7
817	14	SURG	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W MCC	2.5045	3.8	6.5
818	14	SURG	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W CC	1.3710	2.8	4.1
819	14	SURG	OTHER ANTEPARTUM DIAGNOSES W O.R. PROCEDURE W/O CC/MCC	0.8440	1.6	2.0
820	17	SURG	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	5.3903	10.9	15.1
821	17	SURG	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	2.3485	4.2	6.0
822	17	SURG	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	1.2097	1.9	2.4
823	17	SURG	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W MCC	4.4867	10.4	13.8
824	17	SURG	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W CC	2.1814	5.2	7.1
825	17	SURG	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER PROC W/O CC/MCC	1.3592	2.5	3.5
826	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	4.9008	9.8	12.7
827	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	2.2341	4.7	6.1
828	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	1.6338	3.0	3.7
829	17	SURG	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W CC/MCC	3.0986	6.4	9.5

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830	17	SURG	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS W OTHER PROCEDURE W/O CC/MCC	1.4225	2.6	3.2
831	14	MED	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W MCC	1.0126	3.2	4.4
832	14	MED	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W CC	0.7159	2.5	3.6
833	14	MED	OTHER ANTEPARTUM DIAGNOSES W/O O.R. PROCEDURE W/O CC/MCC	0.4775	1.9	2.5
834	17	MED	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	5.4700	9.9	16.5
835	17	MED	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	2.1133	4.4	7.0
836	17	MED	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	1.2142	2.6	3.9
837	17	MED	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	5.3606	12.8	18.2
838	17	MED	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	2.3602	5.9	7.9
839	17	MED	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	1.2471	4.5	4.9
840	17	MED	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	3.2551	6.9	9.9
841	17	MED	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	1.6184	4.2	5.6
842	17	MED	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	1.1197	2.9	3.8
843	17	MED	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	1.8368	5.3	7.3
844	17	MED	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	1.1611	3.7	4.8
845	17	MED	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	0.8665	2.6	3.4

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846	17	MED	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	2.8066	6.2	8.7
847	17	MED	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	1.3240	3.6	4.1
848	17	MED	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	0.9261	2.8	3.3
849	17	MED	RADIOTHERAPY	1.9634	5.0	7.0
853	18	SURG	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	5.0275	9.9	12.8
854	18	SURG	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	2.1739	5.7	7.0
855	18	SURG	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	1.5718	3.7	4.6
856	18	SURG	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	4.4680	9.0	12.0
857	18	SURG	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	2.0479	5.3	6.7
858	18	SURG	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	1.3783	3.7	4.5
862	18	MED	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	1.8231	5.0	6.6
863	18	MED	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	0.9790	3.5	4.3
864	18	MED	FEVER AND INFLAMMATORY CONDITIONS	0.8643	2.8	3.4
865	18	MED	VIRAL ILLNESS W MCC	1.3501	3.9	5.2
866	18	MED	VIRAL ILLNESS W/O MCC	0.8088	2.7	3.3
867	18	MED	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	2.1063	5.6	7.5

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868	18	MED	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	1.0558	3.5	4.5
869	18	MED	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	0.7734	2.7	3.3
870	18	MED	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	6.2815	12.4	14.4
871	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	1.8418	4.8	6.2
872	18	MED	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	1.0390	3.6	4.3
876	19	SURG	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	3.3327	7.2	15.1
880	19	MED	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.8104	2.6	3.6
881	19	MED	DEPRESSIVE NEUROSES	0.7569	3.8	5.0
882	19	MED	NEUROSES EXCEPT DEPRESSIVE	0.7736	3.2	4.4
883	19	MED	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.3043	4.8	7.9
884	19	MED	ORGANIC DISTURBANCES & INTELLECTUAL DISABILITY	1.3484	4.3	6.8
885	19	MED	PSYCHOSES	1.1913	5.8	8.2
886	19	MED	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.9879	3.7	6.3
887	19	MED	OTHER MENTAL DISORDER DIAGNOSES	1.0230	3.0	4.4
894	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.5151	2.1	2.9
895	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	1.4227	8.6	11.4
896	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	1.7036	4.8	6.8
897	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	0.8049	3.4	4.3

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901	21	SURG	WOUND DEBRIDEMENTS FOR INJURIES W MCC	4.3619	9.2	13.2
902	21	SURG	WOUND DEBRIDEMENTS FOR INJURIES W CC	1.9127	4.9	6.5
903	21	SURG	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	1.1681	2.9	3.7
904	21	SURG	SKIN GRAFTS FOR INJURIES W CC/MCC	3.2229	6.7	9.8
905	21	SURG	SKIN GRAFTS FOR INJURIES W/O CC/MCC	1.7781	3.5	4.8
906	21	SURG	HAND PROCEDURES FOR INJURIES	1.8489	2.8	4.7
907	21	SURG	OTHER O.R. PROCEDURES FOR INJURIES W MCC	4.1951	7.2	10.2
908	21	SURG	OTHER O.R. PROCEDURES FOR INJURIES W CC	1.9836	4.0	5.1
909	21	SURG	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	1.3273	2.5	3.1
913	21	MED	TRAUMATIC INJURY W MCC	1.4574	3.6	5.3
914	21	MED	TRAUMATIC INJURY W/O MCC	0.8225	2.5	3.1
915	21	MED	ALLERGIC REACTIONS W MCC	1.6675	3.7	4.9
916	21	MED	ALLERGIC REACTIONS W/O MCC	0.6319	1.8	2.2
917	21	MED	POISONING & TOXIC EFFECTS OF DRUGS W MCC	1.4540	3.5	4.8
918	21	MED	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	0.7667	2.3	3.0
919	21	MED	COMPLICATIONS OF TREATMENT W MCC	1.8194	4.3	6.0
920	21	MED	COMPLICATIONS OF TREATMENT W CC	0.9942	2.9	3.7
921	21	MED	COMPLICATIONS OF TREATMENT W/O CC/MCC	0.7078	2.2	2.7
922	21	MED	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	1.5174	3.8	5.5
923	21	MED	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	0.8443	2.6	3.8

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927	22	SURG	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	18.0646	22.1	28.7
928	22	SURG	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	5.8462	10.7	15.0
929	22	SURG	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	2.9605	5.8	7.9
933	22	MED	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	2.8467	2.5	4.5
934	22	MED	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	1.8233	4.2	6.0
935	22	MED	NON-EXTENSIVE BURNS	1.8209	3.4	5.3
939	23	SURG	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	3.2495	6.4	9.3
940	23	SURG	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	2.1594	3.7	5.0
941	23	SURG	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	1.8593	2.3	3.0
945	23	MED	REHABILITATION W CC/MCC	1.3704	9.4	11.6
946	23	MED	REHABILITATION W/O CC/MCC	1.0457	7.1	8.0
947	23	MED	SIGNS & SYMPTOMS W MCC	1.1944	3.5	4.8
948	23	MED	SIGNS & SYMPTOMS W/O MCC	0.7745	2.6	3.3
949	23	MED	AFTERCARE W CC/MCC	1.1430	4.5	6.4
950	23	MED	AFTERCARE W/O CC/MCC	0.7471	3.4	4.8
951	23	MED	OTHER FACTORS INFLUENCING HEALTH STATUS	0.8009	2.5	3.4
955	24	SURG	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	6.0498	7.4	10.8
956	24	SURG	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	3.7535	6.1	7.5

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957	24	SURG	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	7.5313	9.7	13.6
958	24	SURG	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	4.1507	6.9	8.7
959	24	SURG	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	2.3310	3.8	4.7
963	24	MED	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	2.7486	5.3	8.0
964	24	MED	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	1.4444	3.9	4.8
965	24	MED	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	0.9578	2.7	3.2
969	25	SURG	HIV W EXTENSIVE O.R. PROCEDURE W MCC	5.5969	11.7	15.9
970	25	SURG	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	2.6735	6.3	8.5
974	25	MED	HIV W MAJOR RELATED CONDITION W MCC	2.7161	6.4	8.9
975	25	MED	HIV W MAJOR RELATED CONDITION W CC	1.2848	4.1	5.3
976	25	MED	HIV W MAJOR RELATED CONDITION W/O CC/MCC	0.9414	3.1	4.0
977	25	MED	HIV W OR W/O OTHER RELATED CONDITION	1.1698	3.4	4.6
981		SURG	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4.3526	8.4	11.3
982		SURG	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	2.4384	4.8	6.4
983		SURG	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.5613	2.5	3.3
987		SURG	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	3.3134	8.0	10.7
988		SURG	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	1.677	4.4	5.8

Exhibit #1 - Proposed						
List of Medicare Severity Diagnosis-Related Groups (MS-DRG) Relative Weights						
For Inpatient Hospital Discharges Occurring on or after 1/1/2019						
989		SURG	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	1.0417	2.1	2.8
998		**	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS			
999		**	UNGROUPABLE			

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Exhibit #2 - Proposed			
Hospital Base Rates and Cost To Charge Ratios (CCR)			
For Hospital Discharge Dates of Service on and After 1/1/2019			
Provider Number	Name	Base Rates	Total CCR
60001	NORTH COLORADO MEDICAL CENTER	\$ 6,992.94	0.268
60003	LONGMONT UNITED HOSPITAL	\$ 6,406.44	0.323
60004	PLATTE VALLEY MEDICAL CENTER	\$ 6,353.48	0.42
60006	MONTROSE MEMORIAL HOSPITAL	\$ 6,246.76	0.404
60008	SAN LUIS VALLEY HEALTH	\$ 6,246.76	0.371
60009	LUTHERAN MEDICAL CENTER	\$ 6,428.83	0.312
60010	POUDRE VALLEY HOSPITAL	\$ 6,523.02	0.302
60011	DENVER HEALTH MEDICAL CENTER	\$ 8,259.65	0.324
60012	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	\$ 6,774.73	0.242
60013	MERCY REGIONAL MEDICAL CENTER	\$ 7,897.50	0.335
60014	PRESBYTERIAN ST LUKES MEDICAL CENTER	\$ 6,924.74	0.167
60015	CENTURA HEALTH-ST ANTHONY HOSPITAL	\$ 6,444.85	0.203
60016	CENTURA HEALTH-ST THOMAS MORE HOSPITAL	\$ 6,842.86	0.411
60020	PARKVIEW MEDICAL CENTER INC	\$ 6,755.30	0.173
60022	UNIVERSITY COLO HEALTH MEMORIAL HOSPITAL CENTRAL	\$ 6,413.84	0.241
60023	ST MARYS MEDICAL CENTER	\$ 6,879.37	0.308
60024	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	\$ 8,076.21	0.173
60027	FOOTHILLS HOSPITAL	\$ 6,303.18	0.218
60028	SAINT JOSEPH HOSPITAL	\$ 7,065.04	0.239
60030	MCKEE MEDICAL CENTER	\$ 6,358.96	0.366

Exhibit #2 - Proposed			
Hospital Base Rates and Cost To Charge Ratios (CCR)			
For Hospital Discharge Dates of Service on and After 1/1/2019			
Provider Number	Name	Base Rates	Total CCR
60031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	\$ 6,420.07	0.227
60032	ROSE MEDICAL CENTER	\$ 6,796.52	0.136
60034	SWEDISH MEDICAL CENTER	\$ 6,598.56	0.12
60044	COLORADO PLAINS MEDICAL CENTER	\$ 6,512.53	0.264
60049	UCHEALTH YAMPA VALLEY MEDICAL CENTER	\$ 9,341.54	0.539
60054	COMMUNITY HOSPITAL	\$ 6,239.11	0.322
60064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	\$ 6,327.72	0.23
60065	NORTH SUBURBAN MEDICAL CENTER	\$ 6,658.49	0.115
60071	DELTA COUNTY MEMORIAL HOSPITAL	\$ 6,169.13	0.427
60075	VALLEY VIEW HOSPITAL ASSOCIATION	\$ 8,163.20	0.414
60076	STERLING REGIONAL MEDCENTER	\$ 7,744.57	0.495
60096	VAIL HEALTH HOSPITAL	\$ 11,953.07	0.516
60100	MEDICAL CENTER OF AURORA, THE	\$ 6,524.51	0.146
60103	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	\$ 6,495.17	0.3
60104	ST ANTHONY NORTH HEALTH CAMPUS	\$ 7,407.82	0.272
60112	SKY RIDGE MEDICAL CENTER	\$ 6,197.93	0.125
60113	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	\$ 6,244.53	0.198
60114	PARKER ADVENTIST HOSPITAL	\$ 6,302.81	0.231
60116	GOOD SAMARITAN MEDICAL CENTER	\$ 6,193.79	0.244
60117	ANIMAS SURGICAL HOSPITAL, LLC	\$ 6,078.12	0.356

Exhibit #2 - Proposed			
Hospital Base Rates and Cost To Charge Ratios (CCR)			
For Hospital Discharge Dates of Service on and After 1/1/2019			
Provider Number	Name	Base Rates	Total CCR
60118	ST ANTHONY SUMMIT MEDICAL CENTER	\$ 6,353.48	0.335
60119	MEDICAL CENTER OF THE ROCKIES	\$ 6,166.58	0.33
60124	ORTHOCOLORADO HOSPITAL AT ST ANTHONY MED CAMPUS	\$ 6,181.96	0.183
60125	CASTLE ROCK ADVENTIST HOSPITAL	\$ 6,245.48	0.274
60126	BANNER FORT COLLINS MEDICAL CENTER	\$ 6,246.76	0.535
60127	SCL HEALTH COMMUNITY HOSPITAL- WESTMINSTER	\$ 6,426.88	0.224
69999	Any Unlisted Hospital	\$ 6,830.10	0.290

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Exhibit #3 – Proposed	
Critical Access Hospitals	
Effective for Dates of Service on and After 1/1/2019	
Hospital Name	Location in Colorado
Arkansas Valley Regional Medical Center	La Junta
Aspen Valley Hospital	Aspen
Colorado Canyon Hospital and Medical Center	Fruita
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Grand River Hospital District	Rifle
Gunnison Valley Hospital	Gunnison
Haxtun Hospital District	Haxtun
Heart of the Rockies Regional Medical Center	Salida
KEEFE MEMORIAL HOSPITAL	CHEYENNE WELLS
Kit Carson County Memorial Hospital	Burlington
Lincoln Community Hospital	Hugo
Melissa Memorial Hospital	Holyoke
Middle Park Medical Center	Kremmling/Granby
Mt San Rafael Hospital	Trinidad
Pagosa Springs Medical Center	Pagosa Springs
Pikes Peak Regional Hospital	Woodland Park
Pioneers Medical Center	Meeker
Prowers Medical Center	Lamar
Rangely District Hospital	Rangely
Rio Grande Hospital	Del Norte

San Luis Valley Hospital	La Jara
Sedgwick County Health Center	Julesburg
Southeast Colorado Hospital	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St Vincent General Hospital District	Leadville
The Memorial Hospital	Craig
UC HEALTH PIKES PEAK REGIONAL HOSPITAL	WOODLAND PARK
Weisbrod Memorial County Hospital	Eads
Wray Community District Hospital	Wray
Yuma District Hospital	Yuma

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
701	Sr89 strontium	\$2,532.58	\$2,152.69	
726	Dexrazoxane HCl injection	\$401.79	\$341.52	
731	Sargramostim injection	\$68.02	\$57.82	
736	Amphotericin b liposome inj	\$37.27	\$31.68	
738	Rasburicase	\$474.32	\$403.17	
751	Mechlorethamine hcl inj	\$526.46	\$447.49	
752	Dactinomycin injection	\$2,527.22	\$2,148.14	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
759	Naltrexone, depot form	\$5.86	\$4.98	
800	Leuprolide acetate	\$1,957.41	\$1,663.80	
802	Etoposide oral	\$132.80	\$112.88	
807	Aldesleukin injection	\$6,477.09	\$5,505.53	
809	Bcg live intravesical vac	\$239.01	\$203.16	
810	Goserelin acetate implant	\$676.25	\$574.81	
812	Carmustine injection	\$6,935.01	\$5,894.76	
820	Daunorubicin injection	\$78.42	\$66.66	
823	Docetaxel injection	\$3.13	\$2.66	
825	Nelarabine injection	\$273.45	\$232.43	
832	Idarubicin hcl injection	\$78.12	\$66.40	
836	Interferon alfa-2b inj	\$56.67	\$48.17	
838	Interferon gamma 1-b inj	\$11,354.64	\$9,651.44	
840	Inj melphalan hydrochl	\$2,147.40	\$1,825.29	
843	Pegaspargase injection	\$25,815.73	\$21,943.37	
844	Pentostatin injection	\$3,560.36	\$3,026.31	
849	Rituximab injection	\$1,580.10	\$1,343.09	
850	Streptozocin injection	\$606.07	\$515.16	
851	Thiotepa injection	\$1,349.85	\$1,147.37	
856	Porfimer sodium injection	\$38,195.22	\$32,465.94	
858	Inj cladribine	\$38.12	\$32.40	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
864	Mitoxantrone hydrochl	\$57.67	\$49.02	
868	Oral aprepitant	\$12.02	\$10.22	
873	Hyalgan supartz visco-3 dose	\$153.37	\$130.36	
874	Synvisc or synvisc-one	\$22.07	\$18.76	
875	Euflexxa inj per dose	\$279.41	\$237.50	
877	Orthovisc inj per dose	\$252.19	\$214.36	
887	Azathioprine parenteral	\$423.29	\$359.80	
890	Lymphocyte immune globulin	\$3,497.00	\$2,972.45	
901	Alpha 1 proteinase inhibitor	\$8.17	\$6.94	
902	Injection,onabotulinumtoxinA	\$11.03	\$9.38	
903	Cytomegalovirus imm IV /vial	\$2,032.43	\$1,727.57	
910	Interferon beta-1b / .25 MG	\$683.57	\$581.03	
925	Factor viii	\$1.95	\$1.66	
927	Factor viii recombinant	\$2.30	\$1.96	
928	Factor ix complex	\$2.53	\$2.15	
929	Anti-inhibitor	\$3.61	\$3.07	
931	Factor IX non-recombinant	\$2.07	\$1.76	
932	Factor ix recombinant nos	\$2.72	\$2.31	
943	Octagam injection	\$64.06	\$54.45	
944	Gammagard liquid injection	\$73.30	\$62.31	
946	Hepagam b im injection	\$113.71	\$96.65	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
947	Flebogamma injection	\$60.58	\$51.49	
948	Gamunex-C/Gammaked	\$73.27	\$62.28	
961	Albumin (human),5%, 50ml	\$21.24	\$18.05	
963	Albumin (human), 5%, 250 ml	\$98.50	\$83.73	
964	Albumin (human), 25%, 20 ml	\$40.48	\$34.41	
965	Albumin (human), 25%, 50ml	\$96.19	\$81.76	
1015	Injection glatiramer acetate	\$381.09	\$323.93	
1052	Injection, voriconazole	\$4.03	\$3.43	
1064	I131 iodide cap, rx	\$35.96	\$30.57	
1083	Adalimumab injection	\$2,118.47	\$1,800.70	
1138	Hepagam b intravenous, inj	\$113.71	\$96.65	
1139	Protein c concentrate	\$27.29	\$23.20	
1142	Supprelin LA implant	\$52,158.02	\$44,334.32	
1150	I131 iodide sol, rx	\$21.38	\$18.17	
1166	Cytarabine liposome inj	\$1,132.03	\$962.23	
1168	Inj, temsirolimus	\$129.05	\$109.69	
1178	Busulfan injection	\$56.52	\$48.04	
1203	Verteporfin injection	\$19.36	\$16.46	
1207	Octreotide injection, depot	\$343.22	\$291.74	
1213	Antihemophilic viii/vwf comp	\$1.76	\$1.50	
1214	Inj IVIG privigen 500 mg	\$69.27	\$58.88	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1232	Mitomycin injection	\$253.46	\$215.44	
1235	Valrubicin injection	\$2,156.98	\$1,833.43	
1236	Levoleucovorin injection	\$0.55	\$0.47	
1237	Inj iron dextran	\$23.46	\$19.94	
1238	Topotecan oral	\$186.62	\$158.63	
1253	Triamcinolone A inj PRS-free	\$6.97	\$5.92	
1263	Antithrombin iii injection	\$6.72	\$5.71	
1268	Xyntha inj	\$2.30	\$1.96	
1274	Edetate calcium disodium inj	\$10,059.00	\$8,550.15	
1280	Corticotropin injection	\$6,775.71	\$5,759.35	
1281	Bevacizumab injection	\$3.45	\$2.93	
1289	AbobotulinumtoxinA	\$14.83	\$12.61	
1291	Riloncept injection	\$43.36	\$36.86	
1295	Sm 153 lexidronam	\$24,055.30	\$20,447.01	
1296	Degarelix injection	\$6.54	\$5.56	
1297	Ferumoxytol, non-esrd	\$1.67	\$1.42	
1311	Canakinumab injection	\$194.46	\$165.29	
1312	Hizentra injection	\$17.70	\$15.05	
1327	Imiglucerase injection	\$75.05	\$63.79	
1340	Collagenase, clost hist inj	\$75.30	\$64.01	
1341	Amobarbital 125 MG inj	\$421.24	\$358.05	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1352	Wilate injection	\$1.85	\$1.57	
1353	Belimumab injection	\$77.27	\$65.68	
1408	Cyclophosphamide 100 MG inj	\$76.09	\$64.68	
1413	Lumizyme injection	\$287.56	\$244.43	
1415	Glassia injection	\$8.42	\$7.16	
1416	Factor xiii anti-hem factor	\$14.79	\$12.57	
1417	Gel-one	\$938.83	\$798.01	
1420	Aflibercept injection	\$1,749.50	\$1,487.08	
1421	Imported lipodox inj	\$915.17	\$777.89	
1426	Eribulin mesylate injection	\$199.03	\$169.18	
1431	Centruroides immune f(ab)	\$8,026.23	\$6,822.30	
1433	Calcitonin salmon injection	\$4,080.64	\$3,468.54	
1440	Inj desmopressin acetate	\$23.22	\$19.74	
1442	Non-HEU TC-99M add-on/dose	\$18.00	\$15.30	
1443	Icatibant injection	\$633.27	\$538.28	
1446	Visualization adjunct	\$7.06	\$6.00	
1458	Phentolaine mesylate inj	\$700.35	\$595.30	
1466	Inj, vincristine sul lip 1mg	\$4,863.20	\$4,133.72	
1467	Factor ix recombinan rixubis	\$2.48	\$2.11	
1468	Inj Aripiprazole Ext Rel 1mg	\$9.04	\$7.68	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1469	Inj filgrastim excl biosimil	\$1.80	\$1.53	
1471	Injection, Pertuzumab, 1 mg	\$20.58	\$17.49	
1472	Inj beta interferon im 1 mcg	\$90.31	\$76.76	
1474	Certolizumab pegol inj 1mg	\$14.28	\$12.14	
1475	Golimumab for iv use 1mg	\$43.70	\$37.15	
1476	Obinutuzumab inj	\$109.15	\$92.78	
1478	Human fibrinogen conc inj	\$2.10	\$1.79	
1480	Elosulfase alfa, injection	\$415.65	\$353.30	
1482	Darbepoetin alfa, esrd use	\$7.03	\$5.98	
1484	Pentazocine injection	\$119.47	\$101.55	
1485	Ferumoxytol, esrd use	\$1.67	\$1.42	
1486	Factor ix fc fusion recomb	\$5.39	\$4.58	
1488	Injection, ramucirumab	\$102.66	\$87.26	
1489	Injection, vedolizumab	\$33.41	\$28.40	
1490	Inj pembrolizumab	\$86.16	\$73.24	
1491	New Technology - Level 1A (\$0-\$10)	\$9.00	\$7.65	
1492	New Technology - Level 1B (\$11-\$20)	\$27.90	\$23.72	
1493	New Technology - Level 1C (\$21-\$30)	\$45.90	\$39.02	
1494	New Technology - Level 1D (\$31-\$40)	\$63.90	\$54.32	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1495	New Technology - Level 1E (\$41-\$50)	\$81.90	\$69.62	
1496	New Technology - Level 1A (\$0-\$10)	\$9.00	\$7.65	
1497	New Technology - Level 1B (\$11-\$20)	\$27.90	\$23.72	
1498	New Technology - Level 1C (\$21-\$30)	\$45.90	\$39.02	
1499	New Technology - Level 1D (\$31-\$40)	\$63.90	\$54.32	
1500	New Technology - Level 1E (\$41-\$50)	\$81.90	\$69.62	
1502	New Technology - Level 2 (\$51 - \$100)	\$135.90	\$115.52	
1503	New Technology - Level 3 (\$101 - \$200)	\$270.90	\$230.27	
1504	New Technology - Level 4 (\$201 - \$300)	\$450.90	\$383.27	
1505	New Technology - Level 5 (\$301 - \$400)	\$630.90	\$536.27	
1506	New Technology - Level 6 (\$401 - \$500)	\$810.90	\$689.27	
1507	New Technology - Level 7 (\$501 - \$600)	\$990.90	\$842.27	
1508	New Technology - Level 8 (\$601 - \$700)	\$1,170.90	\$995.27	
1509	New Technology - Level 9 (\$701 - \$800)	\$1,350.90	\$1,148.27	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1510	New Technology - Level 10 (\$801 - \$900)	\$1,530.90	\$1,301.27	
1511	New Technology - Level 11 (\$901 - \$1000)	\$1,710.90	\$1,454.27	
1512	New Technology - Level 12 (\$1001 - \$1100)	\$1,890.90	\$1,607.27	
1513	New Technology - Level 13 (\$1101 - \$1200)	\$2,070.90	\$1,760.27	
1514	New Technology - Level 14 (\$1201 - \$1300)	\$2,250.90	\$1,913.27	
1515	New Technology - Level 15 (\$1301 - \$1400)	\$2,430.90	\$2,066.27	
1516	New Technology - Level 16 (\$1401 - \$1500)	\$2,610.90	\$2,219.27	
1517	New Technology - Level 17 (\$1501-\$1600)	\$2,790.90	\$2,372.27	
1518	New Technology - Level 18 (\$1601-\$1700)	\$2,970.90	\$2,525.27	
1519	New Technology - Level 19 (\$1701-\$1800)	\$3,150.90	\$2,678.27	
1520	New Technology - Level 20 (\$1801-\$1900)	\$3,330.90	\$2,831.27	
1521	New Technology - Level 21 (\$1901-\$2000)	\$3,510.90	\$2,984.27	
1522	New Technology - Level 22 (\$2001-\$2500)	\$4,050.90	\$3,443.27	
1523	New Technology - Level 23 (\$2501-\$3000)	\$4,950.90	\$4,208.27	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1524	New Technology - Level 24 (\$3001-\$3500)	\$5,850.90	\$4,973.27	
1525	New Technology - Level 25 (\$3501-\$4000)	\$6,750.90	\$5,738.27	
1526	New Technology - Level 26 (\$4001-\$4500)	\$7,650.90	\$6,503.27	
1527	New Technology - Level 27 (\$4501-\$5000)	\$8,550.90	\$7,268.27	
1528	New Technology - Level 28 (\$5001-\$5500)	\$9,450.90	\$8,033.27	
1529	New Technology - Level 29 (\$5501-\$6000)	\$10,350.90	\$8,798.27	
1530	New Technology - Level 30 (\$6001-\$6500)	\$11,250.90	\$9,563.27	
1531	New Technology - Level 31 (\$6501-\$7000)	\$12,150.90	\$10,328.27	
1532	New Technology - Level 32 (\$7001-\$7500)	\$13,050.90	\$11,093.27	
1533	New Technology - Level 33 (\$7501-\$8000)	\$13,950.90	\$11,858.27	
1534	New Technology - Level 34 (\$8001-\$8500)	\$14,850.90	\$12,623.27	
1535	New Technology - Level 35 (\$8501-\$9000)	\$15,750.90	\$13,388.27	
1536	New Technology - Level 36 (\$9001-\$9500)	\$16,650.90	\$14,153.27	
1537	New Technology - Level 37 (\$9501-\$10000)	\$17,550.90	\$14,918.27	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1539	New Technology - Level 2 (\$51 - \$100)	\$135.90	\$115.52	
1540	New Technology - Level 3 (\$101 - \$200)	\$270.90	\$230.27	
1541	New Technology - Level 4 (\$201 - \$300)	\$450.90	\$383.27	
1542	New Technology - Level 5 (\$301 - \$400)	\$630.90	\$536.27	
1543	New Technology - Level 6 (\$401 - \$500)	\$810.90	\$689.27	
1544	New Technology - Level 7 (\$501 - \$600)	\$990.90	\$842.27	
1545	New Technology - Level 8 (\$601 - \$700)	\$1,170.90	\$995.27	
1546	New Technology - Level 9 (\$701 - \$800)	\$1,350.90	\$1,148.27	
1547	New Technology - Level 10 (\$801 - \$900)	\$1,530.90	\$1,301.27	
1548	New Technology - Level 11 (\$901 - \$1000)	\$1,710.90	\$1,454.27	
1549	New Technology - Level 12 (\$1001 - \$1100)	\$1,890.90	\$1,607.27	
1550	New Technology - Level 13 (\$1101 - \$1200)	\$2,070.90	\$1,760.27	
1551	New Technology - Level 14 (\$1201 - \$1300)	\$2,250.90	\$1,913.27	
1552	New Technology - Level 15 (\$1301 - \$1400)	\$2,430.90	\$2,066.27	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1553	New Technology - Level 16 (\$1401 - \$1500)	\$2,610.90	\$2,219.27	
1554	New Technology - Level 17 (\$1501-\$1600)	\$2,790.90	\$2,372.27	
1555	New Technology - Level 18 (\$1601-\$1700)	\$2,970.90	\$2,525.27	
1556	New Technology - Level 19 (\$1701-\$1800)	\$3,150.90	\$2,678.27	
1557	New Technology - Level 20 (\$1801-\$1900)	\$3,330.90	\$2,831.27	
1558	New Technology - Level 21 (\$1901-\$2000)	\$3,510.90	\$2,984.27	
1559	New Technology - Level 22 (\$2001-\$2500)	\$4,050.90	\$3,443.27	
1560	New Technology - Level 23 (\$2501-\$3000)	\$4,950.90	\$4,208.27	
1561	New Technology - Level 24 (\$3001-\$3500)	\$5,850.90	\$4,973.27	
1562	New Technology - Level 25 (\$3501-\$4000)	\$6,750.90	\$5,738.27	
1563	New Technology - Level 26 (\$4001-\$4500)	\$7,650.90	\$6,503.27	
1564	New Technology - Level 27 (\$4501-\$5000)	\$8,550.90	\$7,268.27	
1565	New Technology - Level 28 (\$5001-\$5500)	\$9,450.90	\$8,033.27	
1566	New Technology - Level 29 (\$5501-\$6000)	\$10,350.90	\$8,798.27	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1567	New Technology - Level 30 (\$6001-\$6500)	\$11,250.90	\$9,563.27	
1568	New Technology - Level 31 (\$6501-\$7000)	\$12,150.90	\$10,328.27	
1569	New Technology - Level 32 (\$7001-\$7500)	\$13,050.90	\$11,093.27	
1570	New Technology - Level 33 (\$7501-\$8000)	\$13,950.90	\$11,858.27	
1571	New Technology - Level 34 (\$8001-\$8500)	\$14,850.90	\$12,623.27	
1572	New Technology - Level 35 (\$8501-\$9000)	\$15,750.90	\$13,388.27	
1573	New Technology - Level 36 (\$9001-\$9500)	\$16,650.90	\$14,153.27	
1574	New Technology - Level 37 (\$9501-\$10000)	\$17,550.90	\$14,918.27	
1575	New Technology - Level 38 (\$10,001-\$15,000)	\$22,500.90	\$19,125.77	
1576	New Technology - Level 39 (\$15,001-\$20,000)	\$31,500.90	\$26,775.77	
1577	New Technology - Level 40 (\$20,001-\$25,000)	\$40,500.90	\$34,425.77	
1578	New Technology - Level 41 (\$25,001-\$30,000)	\$49,500.90	\$42,075.77	
1579	New Technology - Level 42 (\$30,001-\$40,000)	\$63,000.90	\$53,550.77	
1580	New Technology - Level 43 (\$40,001-\$50,000)	\$81,000.90	\$68,850.77	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1581	New Technology - Level 44 (\$50,001-\$60,000)	\$99,000.90	\$84,150.77	
1582	New Technology - Level 45 (\$60,001-\$70,000)	\$117,000.90	\$99,450.77	
1583	New Technology - Level 46 (\$70,001-\$80,000)	\$135,000.90	\$114,750.77	
1584	New Technology - Level 47 (\$80,001-\$90,000)	\$153,000.90	\$130,050.77	
1585	New Technology - Level 48 (\$90,001-\$100,000)	\$171,000.90	\$145,350.77	
1589	New Technology - Level 38 (\$10,001-\$15,000)	\$22,500.90	\$19,125.77	
1590	New Technology - Level 39 (\$15,001-\$20,000)	\$31,500.90	\$26,775.77	
1591	New Technology - Level 40 (\$20,001-\$25,000)	\$40,500.90	\$34,425.77	
1592	New Technology - Level 41 (\$25,001-\$30,000)	\$49,500.90	\$42,075.77	
1593	New Technology - Level 42 (\$30,001-\$40,000)	\$63,000.90	\$53,550.77	
1594	New Technology - Level 43 (\$40,001-\$50,000)	\$81,000.90	\$68,850.77	
1595	New Technology - Level 44 (\$50,001-\$60,000)	\$99,000.90	\$84,150.77	
1596	New Technology - Level 45 (\$60,001-\$70,000)	\$117,000.90	\$99,450.77	
1597	New Technology - Level 46 (\$70,001-\$80,000)	\$135,000.90	\$114,750.77	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1598	New Technology - Level 47 (\$80,001-\$90,000)	\$153,000.90	\$130,050.77	
1599	New Technology - Level 48 (\$90,001-\$100,000)	\$171,000.90	\$145,350.77	
1607	Eptifibatide injection	\$36.89	\$31.36	
1608	Etanercept injection	\$1,059.42	\$900.51	
1609	Rho(D) immune globulin h, sd	\$45.56	\$38.73	
1613	Trastuzumab injection	\$181.17	\$153.99	
1630	Hep b ig, im	\$208.80	\$177.48	
1631	Baclofen intrathecal trial	\$77.19	\$65.61	
1643	Y90 ibritumomab, rx	\$85,903.58	\$73,018.04	
1656	Factor viii fc fusion recomb	\$3.63	\$3.09	
1658	Injection, belinostat, 10mg	\$64.99	\$55.24	
1660	Injection, oritavancin	\$41.83	\$35.56	
1662	Inj tedizolid phosphate	\$2.47	\$2.10	
1669	Erythro lactobionate /500 mg	\$130.24	\$110.70	
1670	Tetanus immune globulin inj	\$874.07	\$742.96	
1675	P32 Na phosphate	\$460.80	\$391.68	
1683	Basiliximab	\$6,384.31	\$5,426.66	
1684	Cortico-relin ovine triflural	\$15.51	\$13.18	
1685	Darbepoetin alfa, non-esrd	\$7.03	\$5.98	
1686	Epoetin alfa, non-esrd	\$21.84	\$18.56	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1687	Digoxin immune fab (ovine)	\$6,158.87	\$5,235.04	
1688	Ethanolamine oleate	\$799.38	\$679.47	
1689	Fomepizole	\$13.58	\$11.54	
1690	Hemin	\$40.24	\$34.20	
1694	Ziconotide injection	\$13.39	\$11.38	
1695	Nesiritide injection	\$131.98	\$112.18	
1696	Palifermin injection	\$34.37	\$29.21	
1697	Pegaptanib sodium injection	\$1,298.25	\$1,103.51	
1700	Inj secretin synthetic human	\$62.61	\$53.22	
1701	Treprostinil injection	\$110.23	\$93.70	
1704	Humate-P, inj	\$1.97	\$1.67	
1705	Factor viia	\$3.58	\$3.04	
1709	Azacididine injection	\$2.84	\$2.41	
1710	Clofarabine injection	\$261.81	\$222.54	
1711	Vantas implant	\$5,914.86	\$5,027.63	
1712	Paclitaxel protein bound	\$19.86	\$16.88	
1739	Pegademase bovine, 25 iu	\$646.18	\$549.25	
1743	Nandrolone decanoate 50 mg	\$130.64	\$111.04	
1745	Radium ra223 dichloride ther	\$235.98	\$200.58	
1746	Factor xiii recomb a-subunit	\$27.16	\$23.09	
1747	Monovisc inj per dose	\$1,524.17	\$1,295.54	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1748	Inj tbo filgrastim 1 microg	\$1.10	\$0.94	
1761	Rolapitant, oral, 1mg	\$4.06	\$3.45	
1809	Injection, alemtuzumab	\$3,262.98	\$2,773.53	
1822	Inj filgrastim gcsf biosimil	\$1.25	\$1.06	
1823	Injection, dalbavancin	\$26.58	\$22.59	
1824	Ceftaroline fosamil inj	\$4.69	\$3.99	
1825	Ceftazidime and avibactam	\$138.74	\$117.93	
1826	Hyqvia 100mg immunoglobulin	\$25.31	\$21.51	
1827	Factor viii recomb obizur	\$5.08	\$4.32	
1828	Carbidopa levodopa ent 100ml	\$3.85	\$3.27	
1829	Penicillin g benzathine inj	\$23.05	\$19.59	
1832	Dimethyl sulfoxide 50% 50 ml	\$998.22	\$848.49	
1844	Factor viii pegylated recomb	\$3.20	\$2.72	
1845	Tacrol envarsus ex rel oral	\$2.22	\$1.89	
1846	Factor viii nuwiq recomb 1iu	\$2.94	\$2.50	
1847	Inj., infliximab biosimilar	\$135.93	\$115.54	
1848	Artiss fibrin sealant	\$200.47	\$170.40	
1849	Foscarnet sodium injection	\$135.31	\$115.01	
1850	Gamma globulin 1 cc inj	\$59.32	\$50.42	
1851	Gamma globulin > 10 cc inj	\$593.24	\$504.25	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1852	Interferon beta-1a inj	\$1,087.92	\$924.73	
1853	Minocycline hydrochloride	\$2.85	\$2.42	
1854	Pentobarbital sodium inj	\$92.14	\$78.32	
1856	Factor viii recomb novoeight	\$2.26	\$1.92	
1857	Inj, factor x, (human), 1iu	\$12.31	\$10.46	
1858	Leuprolide acetate injeciton	\$47.94	\$40.75	
1859	Argatroban nonesrd use 1mg	\$2.69	\$2.29	
1860	Monoclonal antibodies	\$12.24	\$10.40	
1861	Inj., bendeka 1 mg	\$42.59	\$36.20	
1862	Gelsyn-3 injection 0.1 mg	\$3.92	\$3.33	
1863	Inj diclofenac sodium 0.5mg	\$0.33	\$0.28	
1901	New Technology - Level 49 (\$100,001-\$115,000)	\$193,500.90	\$164,475.77	
1902	New Technology - Level 49 (\$100,001-\$115,000)	\$193,500.90	\$164,475.77	
1903	New Technology - Level 50 (\$115,001-\$130,000)	\$220,500.90	\$187,425.77	
1904	New Technology - Level 50 (\$115,001-\$130,000)	\$220,500.90	\$187,425.77	
1905	New Technology - Level 51 (\$130,001-\$145,000)	\$247,500.90	\$210,375.77	
1906	New Technology - Level 51 (\$130,001-\$145,000)	\$247,500.90	\$210,375.77	
1907	New Technology - Level 52 (\$145,001-\$160,000)	\$274,500.90	\$233,325.77	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
1908	New Technology - Level 52 (\$145,001-\$160,000)	\$274,500.90	\$233,325.77	
2616	Brachytx, non-str, Yttrium-90	\$30,091.66	\$25,577.91	
2632	Iodine I-125 sodium iodide	\$47.97	\$40.77	
2634	Brachytx, non-str, HA, I-125	\$211.79	\$180.02	
2635	Brachytx, non-str, HA, P-103	\$46.69	\$39.69	
2636	Brachy linear, non-str,P-103	\$48.74	\$41.43	
2638	Brachytx, stranded, I-125	\$62.51	\$53.13	
2639	Brachytx, non-stranded,I-125	\$62.39	\$53.03	
2640	Brachytx, stranded, P-103	\$141.70	\$120.45	
2641	Brachytx, non-stranded,P-103	\$115.69	\$98.34	
2642	Brachytx, stranded, C-131	\$158.20	\$134.47	
2643	Brachytx, non-stranded,C-131	\$157.32	\$133.72	
2644	Brachytx cesium-131 chloride	\$189.16	\$160.79	
2645	Brachytx, non-str, Gold-198	\$220.70	\$187.60	
2646	Brachytx, non-str, HDR Ir-192	\$530.26	\$450.72	
2647	Brachytx, NS, Non-HDRIr-192	\$34.49	\$29.32	
2648	Brachytx planar, p-103	\$8.44	\$7.17	
2698	Brachytx, stranded, NOS	\$62.51	\$53.13	
2699	Brachytx, non-stranded, NOS	\$34.49	\$29.32	
2731	Immune globulin, powder	\$61.95	\$52.66	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
2770	Quinupristin/dalfopristin	\$752.76	\$639.85	
4001	Echo guidance radiotherapy	\$42.77	\$36.35	
4002	Stereoscopic x-ray guidance	\$103.66	\$88.11	
4003	Radiation treatment delivery, MeV <= 5; simple	\$364.14	\$309.52	
4004	Radiation treatment delivery, 6-10 MeV; simple	\$270.18	\$229.65	
4005	Radiation treatment delivery, 11-19 MeV; simple	\$269.53	\$229.10	
4006	Radiation treatment delivery, MeV >=20; simple	\$270.18	\$229.65	
4007	Radiation treatment delivery, MeV <=5; intermediate	\$546.86	\$464.83	
4008	Radiation treatment delivery, 6-10 MeV; intermediate	\$373.86	\$317.78	
4009	Radiation treatment delivery, 11-19 MeV; intermediate	\$372.56	\$316.68	
4010	Radiation treatment delivery, MeV >=20; intermediate	\$369.97	\$314.47	
4011	Radiation treatment delivery, MeV <=5; complex	\$519.64	\$441.69	
4012	Radiation treatment delivery, 6-10 MeV; complex	\$494.37	\$420.21	
4013	Radiation treatment delivery, 11-19 MeV; complex	\$494.37	\$420.21	
4014	Radiation treatment delivery, MeV >=20; complex	\$495.02	\$420.77	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
4015	Radiation tx delivery imrt	\$645.34	\$548.54	
4016	Delivery comp imrt	\$643.39	\$546.88	
5012	Clinic Visits and Related Services	\$204.64	N/A	
5021	Level 1 Type A ED Visits	\$123.59	N/A	
5022	Level 2 Type A ED Visits	\$224.37	N/A	
5023	Level 3 Type A ED Visits	\$394.38	N/A	
5024	Level 4 Type A ED Visits	\$639.95	N/A	
5025	Level 5 Type A ED Visits	\$937.53	N/A	
5031	Level 1 Type B ED Visits	\$184.48	N/A	
5032	Level 2 Type B ED Visits	\$163.48	N/A	
5033	Level 3 Type B ED Visits	\$283.79	N/A	
5034	Level 4 Type B ED Visits	\$376.22	N/A	
5035	Level 5 Type B ED Visits	\$514.58	N/A	
5041	Critical Care	\$1,320.53	N/A	
5045	Trauma Response with Critical Care	N/A	N/A	See Rule 18-6(J)(for Trauma Activation Fees
5051	Level 1 Skin Procedures	\$304.11	\$258.49	
5052	Level 2 Skin Procedures	\$559.44	\$475.52	
5053	Level 3 Skin Procedures	\$878.76	\$746.95	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5054	Level 4 Skin Procedures	\$2,823.17	\$2,399.69	
5055	Level 5 Skin Procedures	\$4,878.86	\$4,147.03	
5061	Hyperbaric Oxygen	\$205.51	\$174.68	
5071	Level 1 Excision/ Biopsy/ Incision and Drainage	\$1,031.13	\$876.46	
5072	Level 2 Excision/ Biopsy/ Incision and Drainage	\$2,426.45	\$2,062.48	
5073	Level 3 Excision/ Biopsy/ Incision and Drainage	\$4,184.77	\$3,557.05	
5091	Level 1 Breast/Lymphatic Surgery and Related Procedures	\$4,910.11	\$4,173.59	
5092	Level 2 Breast/Lymphatic Surgery and Related Procedures	\$8,661.38	\$7,362.17	
5093	Level 3 Breast/Lymphatic Surgery and Related Procedures	\$13,297.91	\$11,303.22	
5094	Level 4 Breast/Lymphatic Surgery and Related Procedures	\$20,499.39	\$17,424.48	
5101	Level 1 Strapping and Cast Application	\$243.76	\$207.20	
5102	Level 2 Strapping and Cast Application	\$427.10	\$363.04	
5111	Level 1 Musculoskeletal Procedures	\$386.82	\$328.80	
5112	Level 2 Musculoskeletal Procedures	\$2,429.89	\$2,065.41	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5113	Level 3 Musculoskeletal Procedures	\$4,761.41	\$4,047.20	
5114	Level 4 Musculoskeletal Procedures	\$10,091.56	\$8,577.83	
5115	Level 5 Musculoskeletal Procedures	\$18,221.26	\$15,488.07	
5116	Level 6 Musculoskeletal Procedures	\$27,667.80	\$23,517.63	
5151	Level 1 Airway Endoscopy	\$282.74	\$240.33	
5152	Level 2 Airway Endoscopy	\$675.85	\$574.47	
5153	Level 3 Airway Endoscopy	\$2,382.66	\$2,025.26	
5154	Level 4 Airway Endoscopy	\$4,709.83	\$4,003.36	
5155	Level 5 Airway Endoscopy	\$8,755.51	\$7,442.18	
5161	Level 1 ENT Procedures	\$321.30	\$273.11	
5162	Level 2 ENT Procedures	\$827.77	\$703.60	
5163	Level 3 ENT Procedures	\$2,048.72	\$1,741.41	
5164	Level 4 ENT Procedures	\$3,958.31	\$3,364.56	
5165	Level 5 ENT Procedures	\$7,809.82	\$6,638.35	
5166	Cochlear Implant Procedure	\$58,679.96	\$49,877.97	
5181	Level 1 Vascular Procedures	\$1,102.63	\$937.24	
5182	Level 2 Vascular Procedures	\$1,769.35	\$1,503.95	
5183	Level 3 Vascular Procedures	\$4,486.93	\$3,813.89	
5184	Level 4 Vascular Procedures	\$7,676.93	\$6,525.39	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5191	Level 1 Endovascular Procedures	\$5,064.48	\$4,304.81	
5192	Level 2 Endovascular Procedures	\$9,153.00	\$7,780.05	
5193	Level 3 Endovascular Procedures	\$18,918.83	\$16,081.01	
5194	Level 4 Endovascular Procedures	\$28,836.70	\$24,511.20	
5200	Implantation Wireless PA Pressure Monitor	\$58,731.43	\$49,921.72	
5211	Level 1 Electrophysiologic Procedures	\$1,636.67	\$1,391.17	
5212	Level 2 Electrophysiologic Procedures	\$9,565.78	\$8,130.91	
5213	Level 3 Electrophysiologic Procedures	\$33,329.03	\$28,329.68	
5221	Level 1 Pacemaker and Similar Procedures	\$5,162.31	\$4,387.96	
5222	Level 2 Pacemaker and Similar Procedures	\$13,267.78	\$11,277.61	
5223	Level 3 Pacemaker and Similar Procedures	\$17,546.38	\$14,914.42	
5224	Level 4 Pacemaker and Similar Procedures	\$31,653.97	\$26,905.87	
5231	Level 1 ICD and Similar Procedures	\$39,798.94	\$33,829.10	
5232	Level 2 ICD and Similar Procedures	\$55,731.83	\$47,372.06	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5241	Level 1 Blood Product Exchange and Related Services	\$675.13	\$573.86	
5242	Level 2 Blood Product Exchange and Related Services	\$2,199.13	\$1,869.26	
5243	Level 3 Blood Product Exchange and Related Services	\$6,660.20	\$5,661.17	
5244	Level 4 Blood Product Exchange and Related Services	\$54,798.16	\$46,578.44	
5301	Level 1 Upper GI Procedures	\$1,338.28	\$1,137.54	
5302	Level 2 Upper GI Procedures	\$2,569.30	\$2,183.91	
5303	Level 3 Upper GI Procedures	\$4,938.19	\$4,197.46	
5311	Level 1 Lower GI Procedures	\$1,277.96	\$1,086.27	
5312	Level 2 Lower GI Procedures	\$1,685.50	\$1,432.68	
5313	Level 3 Lower GI Procedures	\$4,168.13	\$3,542.91	
5331	Complex GI Procedures	\$7,728.52	\$6,569.24	
5341	Abdominal/Peritoneal/Biliary and Related Procedures	\$5,240.09	\$4,454.08	
5361	Level 1 Laparoscopy and Related Services	\$8,079.62	\$6,867.68	
5362	Level 2 Laparoscopy and Related Services	\$13,671.76	\$11,621.00	
5371	Level 1 Urology and Related Services	\$413.15	\$351.18	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5372	Level 2 Urology and Related Services	\$1,018.08	\$865.37	
5373	Level 3 Urology and Related Services	\$3,052.22	\$2,594.39	
5374	Level 4 Urology and Related Services	\$4,854.17	\$4,126.04	
5375	Level 5 Urology and Related Services	\$6,670.85	\$5,670.22	
5376	Level 6 Urology and Related Services	\$13,673.27	\$11,622.28	
5377	Level 7 Urology and Related Services	\$28,256.08	\$24,017.67	
5401	Dialysis	\$1,076.45	\$914.98	
5411	Level 1 Gynecologic Procedures	\$289.26	\$245.87	
5412	Level 2 Gynecologic Procedures	\$483.03	\$410.58	
5413	Level 3 Gynecologic Procedures	\$1,036.08	\$880.67	
5414	Level 4 Gynecologic Procedures	\$4,090.99	\$3,477.34	
5415	Level 5 Gynecologic Procedures	\$7,401.26	\$6,291.07	
5416	Level 6 Gynecologic Procedures	\$11,317.25	\$9,619.66	
5431	Level 1 Nerve Procedures	\$2,898.90	\$2,464.07	
5432	Level 2 Nerve Procedures	\$8,329.66	\$7,080.21	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5441	Level 1 Nerve Injections	\$440.46	\$374.39	
5442	Level 2 Nerve Injections	\$978.08	\$831.37	
5443	Level 3 Nerve Injections	\$1,209.92	\$1,028.43	
5461	Level 1 Neurostimulator and Related Procedures	\$5,182.88	\$4,405.45	
5462	Level 2 Neurostimulator and Related Procedures	\$10,900.10	\$9,265.09	
5463	Level 3 Neurostimulator and Related Procedures	\$33,064.00	\$28,104.40	
5464	Level 4 Neurostimulator and Related Procedures	\$50,205.22	\$42,674.44	
5471	Implantation of Drug Infusion Device	\$29,593.44	\$25,154.42	
5481	Laser Eye Procedures	\$878.36	\$746.61	
5491	Level 1 Intraocular Procedures	\$3,457.96	\$2,939.27	
5492	Level 2 Intraocular Procedures	\$6,499.35	\$5,524.45	
5493	Level 3 Intraocular Procedures	\$16,536.74	\$14,056.23	
5494	Level 4 Intraocular Procedures	\$17,158.34	\$14,584.59	
5495	Level 5 Intraocular Procedures	\$31,610.32	\$26,868.77	
5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures	\$481.79	\$409.52	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures	\$1,455.07	\$1,236.81	
5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures	\$3,260.43	\$2,771.37	
5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures	\$5,312.83	\$4,515.91	
5521	Level 1 Imaging without Contrast	\$111.82	\$95.05	
5522	Level 2 Imaging without Contrast	\$206.03	\$175.13	
5523	Level 3 Imaging without Contrast	\$418.16	\$355.44	
5524	Level 4 Imaging without Contrast	\$876.04	\$744.63	
5571	Level 1 Imaging with Contrast	\$454.93	\$386.69	
5572	Level 2 Imaging with Contrast	\$821.47	\$698.25	
5573	Level 3 Imaging with Contrast	\$1,227.38	\$1,043.27	
5591	Level 1 Nuclear Medicine and Related Services	\$628.99	\$534.64	
5592	Level 2 Nuclear Medicine and Related Services	\$815.54	\$693.21	
5593	Level 3 Nuclear Medicine and Related Services	\$2,164.82	\$1,840.10	
5594	Level 4 Nuclear Medicine and Related Services	\$2,479.00	\$2,107.15	
5611	Level 1 Therapeutic Radiation Treatment Preparation	\$225.63	\$191.79	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5612	Level 2 Therapeutic Radiation Treatment Preparation	\$581.56	\$494.33	
5613	Level 3 Therapeutic Radiation Treatment Preparation	\$2,136.02	\$1,815.62	
5621	Level 1 Radiation Therapy	\$224.51	\$190.83	
5622	Level 2 Radiation Therapy	\$395.69	\$336.34	
5623	Level 3 Radiation Therapy	\$940.16	\$799.14	
5624	Level 4 Radiation Therapy	\$1,285.40	\$1,092.59	
5625	Level 5 Radiation Therapy	\$1,896.34	\$1,611.89	
5626	Level 6 Radiation Therapy	\$3,019.00	\$2,566.15	
5627	Level 7 Radiation Therapy	\$13,618.24	\$11,575.50	
5661	Therapeutic Nuclear Medicine	\$429.26	\$364.87	
5671	Level 1 Pathology	\$80.46	\$68.39	
5672	Level 2 Pathology	\$232.52	\$197.64	
5673	Level 3 Pathology	\$387.77	\$329.60	
5674	Level 4 Pathology	\$973.73	\$827.67	
5691	Level 1 Drug Administration	\$66.65	\$56.65	
5692	Level 2 Drug Administration	\$104.76	\$89.05	
5693	Level 3 Drug Administration	\$343.96	\$292.37	
5694	Level 4 Drug Administration	\$535.63	\$455.29	
5721	Level 1 Diagnostic Tests and Related Services	\$245.38	\$208.57	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5722	Level 2 Diagnostic Tests and Related Services	\$447.89	\$380.71	
5723	Level 3 Diagnostic Tests and Related Services	\$799.90	\$679.92	
5724	Level 4 Diagnostic Tests and Related Services	\$1,625.36	\$1,381.56	
5731	Level 1 Minor Procedures	\$31.45	\$26.73	
5732	Level 2 Minor Procedures	\$57.24	\$48.65	
5733	Level 3 Minor Procedures	\$100.73	\$85.62	
5734	Level 4 Minor Procedures	\$189.07	\$160.71	
5735	Level 5 Minor Procedures	\$594.02	\$504.92	
5741	Level 1 Electronic Analysis of Devices	\$67.93	\$57.74	
5742	Level 2 Electronic Analysis of Devices	\$207.32	\$176.22	
5743	Level 3 Electronic Analysis of Devices	\$471.40	\$400.69	
5771	Cardiac Rehabilitation	\$209.99	\$178.49	
5781	Resuscitation and Cardioversion	\$922.79	\$784.37	
5791	Pulmonary Treatment	\$335.48	\$285.16	
5801	Ventilation Initiation and Management	\$829.26	\$704.87	
5811	Manipulation Therapy	\$48.29	\$41.05	
5821	Level 1 Health and Behavior Services	\$54.76	\$46.55	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
5822	Level 2 Health and Behavior Services	\$129.49	\$110.07	
5823	Level 3 Health and Behavior Services	\$223.11	\$189.64	
5853	Partial Hospitalization (3 or more services) for CMHCs	\$257.96	\$219.27	
5863	Partial Hospitalization (3 or more services) for Hospital-based PHPs	\$374.81	\$318.59	
5871	Dental Procedures	\$1,390.37	\$1,181.81	
5881	Ancillary Outpatient Services When Patient Dies	\$12,739.99	\$10,828.99	
7000	Amifostine	\$1,753.27	\$1,490.28	
7011	Oprelvekin injection	\$840.99	\$714.84	
7034	Somatropin injection	\$134.37	\$114.21	
7035	Teniposide	\$4,435.05	\$3,769.79	
7041	Tirofiban HCl	\$16.37	\$13.91	
7043	Infliximab not biosimil 10mg	\$154.46	\$131.29	
7046	Doxorubicin inj 10mg	\$694.38	\$590.22	
7048	Alteplase recombinant	\$152.91	\$129.97	
7308	Aminolevulinic acid hcl top	\$728.26	\$619.02	
8004	Ultrasound Composite	\$539.80	\$458.83	
8005	CT and CTA without Contrast Composite	\$494.71	\$420.50	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
8006	CT and CTA with Contrast Composite	\$901.53	\$766.30	
8007	MRI and MRA without Contrast Composite	\$1,001.11	\$850.94	
8008	MRI and MRA with Contrast Composite	\$1,569.35	\$1,333.95	
8010	Mental Health Services Composite	\$374.81	\$318.59	
8011	Comprehensive Observation Services	\$4,229.68	\$3,595.23	
9002	Tenecteplase injection	\$200.79	\$170.67	
9003	Palivizumab	\$2,725.51	\$2,316.68	
9005	Reteplase injection	\$4,143.44	\$3,521.92	
9006	Tacrolimus injection	\$338.10	\$287.39	
9012	Arsenic trioxide injection	\$127.90	\$108.72	
9014	Injection, cerliponase alfa	\$171.72	\$145.96	
9015	C-1 esterase, haegarda	\$17.94	\$15.25	
9016	Inj, triptorelin ext rel	\$5,088.00	\$4,324.80	
9018	Inj, rimabotulinumtoxinB	\$21.58	\$18.34	
9019	Caspofungin acetate	\$32.64	\$27.74	
9024	Amphotericin b lipid complex	\$26.86	\$22.83	
9028	Inj. inotuzumab ozogamicin	\$3,964.40	\$3,369.74	
9029	Injection, guselkumab	\$184.77	\$157.05	
9031	Inj, etelcalcetide, 0.1 mg	\$6.24	\$5.30	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9032	Baclofen 10 MG injection	\$320.14	\$272.12	
9033	Cidofovir injection	\$838.59	\$712.80	
9034	Inj cuvitru, 100 mg	\$24.82	\$21.10	
9038	Inj estrogen conjugate	\$543.09	\$461.63	
9042	Glucagon hydrochloride	\$394.46	\$335.29	
9043	Inj, afstyla, 1 i.u.	\$2.55	\$2.17	
9044	Ibutilide fumarate injection	\$360.09	\$306.08	
9052	Fluciovine F-18	\$701.19	\$596.01	
9056	Gallium Ga-68	\$120.13	\$102.11	
9058	Buprenorphine implant 74.2mg	\$2,262.79	\$1,923.37	
9059	Vonvendi inj 1 iu vwf:rc0	\$4.10	\$3.49	
9064	Aripiprazole injection	\$1.36	\$1.16	
9065	Argatroban esrd dialysis 1mg	\$2.69	\$2.29	
9066	Inj dihydroergotamine mesylt	\$188.58	\$160.29	
9071	Capsaicin 8% patch	\$5.68	\$4.83	
9072	Fosphenytoin inj pe	\$7.04	\$5.98	
9074	Makena, 10 mg	\$49.70	\$42.25	
9075	Inj, kovaltry, 1 i.u.	\$2.24	\$1.90	
9076	Dimecaprol injection	\$92.21	\$78.38	
9077	Epoetin beta non esrd	\$2.93	\$2.49	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9078	Testosterone undecanoate 1mg	\$2.32	\$1.97	
9079	Genvisc 850, inj, 1mg	\$11.56	\$9.83	
9080	Fludarabine phosphate inj	\$152.44	\$129.57	
9081	Tisagenlecleucel car-pos t	\$906,300.00	\$770,355.00	
9104	Antithymocyte globuln rabbit	\$1,281.96	\$1,089.67	
9108	Thyrotropin injection	\$2,884.74	\$2,452.03	
9119	Injection, pegfilgrastim 6mg	\$7,996.15	\$6,796.73	
9120	Injection, Fulvestrant	\$174.38	\$148.22	
9122	Triptorelin pamoate	\$748.40	\$636.14	
9124	Daptomycin injection	\$0.90	\$0.77	
9125	Risperidone, long acting	\$16.12	\$13.70	
9126	Natalizumab injection	\$34.95	\$29.71	
9130	Inj, Imm Glob Bivigam, 500mg	\$126.93	\$107.89	
9131	Inj, Ado-trastuzumab Emt 1mg	\$54.37	\$46.21	
9132	Kcentra, per i.u.	\$3.35	\$2.85	
9133	Rabies ig, im/sc	\$544.45	\$462.78	
9134	Rabies ig, heat treated	\$598.38	\$508.62	
9135	Varicella-zoster ig, im	\$2,442.65	\$2,076.25	
9139	Rabies vaccine, im	\$512.96	\$436.02	
9140	Rabies vaccine, id	\$353.77	\$300.70	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9171	Factor ix idelvion inj	\$7.48	\$6.36	
9207	Bortezomib injection	\$84.51	\$71.83	
9208	Agalsidase beta injection	\$308.53	\$262.25	
9209	Laronidase injection	\$55.11	\$46.84	
9210	Palonosetron hcl	\$36.54	\$31.06	
9213	Pemetrexed injection	\$119.36	\$101.46	
9214	Bevacizumab injection	\$137.99	\$117.29	
9215	Cetuximab injection	\$106.60	\$90.61	
9217	Leuprolide acetate suspnsion	\$380.17	\$323.14	
9224	Galsulfase injection	\$684.85	\$582.12	
9225	Fluocinolone acetonide implt	\$36,180.30	\$30,753.26	
9228	Tigecycline injection	\$5.08	\$4.32	
9229	Ibandronate sodium injection	\$152.79	\$129.87	
9230	Abatacept injection	\$87.39	\$74.28	
9231	Decitabine injection	\$29.04	\$24.68	
9232	Idursulfase injection	\$977.15	\$830.58	
9233	Ranibizumab injection	\$695.79	\$591.42	
9234	Alglucosidase alfa injection	\$287.33	\$244.23	
9235	Panitumumab injection	\$200.50	\$170.43	
9236	Eculizumab injection	\$411.06	\$349.40	
9237	Inj, lanreotide acetate	\$102.05	\$86.74	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9240	Injection, ixabepilone	\$131.40	\$111.69	
9242	Injection, fosaprepitant	\$3.68	\$3.13	
9243	Inj., treanda 1 mg	\$54.24	\$46.10	
9245	Romiplostim injection	\$122.50	\$104.13	
9251	C1 esterase inhibitor inj	\$102.90	\$87.47	
9252	Plerixafor injection	\$565.99	\$481.09	
9253	Temozolomide injection	\$17.21	\$14.63	
9255	Paliperidone palmitate inj	\$18.67	\$15.87	
9256	Dexamethasone intra implant	\$361.00	\$306.85	
9258	Telavancin injection	\$9.68	\$8.23	
9259	Pralatrexate injection	\$462.79	\$393.37	
9260	Ofatumumab injection	\$101.64	\$86.39	
9261	Ustekinumab sub cu inj, 1 mg	\$336.81	\$286.29	
9263	Ecallantide injection	\$813.81	\$691.74	
9264	Tocilizumab injection	\$8.15	\$6.93	
9265	Romidepsin injection	\$592.57	\$503.68	
9269	C-1 esterase, berinert	\$88.03	\$74.83	
9270	Gammaplex IVIG	\$72.06	\$61.25	
9271	Velaglucerase alfa	\$619.07	\$526.21	
9272	Inj, denosumab	\$31.95	\$27.16	
9273	Sipuleucel-T auto CD54+	\$71,863.30	\$61,083.81	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9274	Crotalidae Poly Immune Fab	\$5,403.60	\$4,593.06	
9276	Cabazitaxel injection	\$286.46	\$243.49	
9278	Incobotulinumtoxin A	\$9.14	\$7.77	
9281	Injection, pegloticase	\$3,708.86	\$3,152.53	
9284	Ipilimumab injection	\$264.03	\$224.43	
9286	Belatacept injection	\$7.04	\$5.98	
9287	Brentuximab vedotin inj	\$260.92	\$221.78	
9289	Erwinaze injection	\$724.94	\$616.20	
9293	Injection, glucarpidase	\$536.91	\$456.37	
9294	Inj, taliglucerase alfa 10 u	\$72.69	\$61.79	
9295	Injection, Carfilzomib, 1 mg	\$59.73	\$50.77	
9296	Inj, ziv-aflibercept, 1mg	\$14.57	\$12.38	
9297	Inj, Omacetaxine Mep, 0.01mg	\$5.12	\$4.35	
9298	Inj, Ocriplasmin, 0.125 mg	\$1,884.24	\$1,601.60	
9300	Omalizumab injection	\$62.89	\$53.46	
9301	Aminolevulinic acid, 10% gel	\$2.51	\$2.13	
9302	Inj, daunorubicin-cytarabine	\$336.07	\$285.66	
9441	Inj ferric carboxymaltos 1mg	\$1.89	\$1.61	
9445	Injection, ruconest	\$50.36	\$42.81	
9448	Netupitant palonosetron oral	\$717.89	\$610.21	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9449	Injection, blinatumomab	\$193.93	\$164.84	
9450	Fluocinol acet intravit imp	\$882.86	\$750.43	
9451	Injection, peramivir	\$3.02	\$2.57	
9452	Inj ceftolozane tazobactam	\$9.25	\$7.86	
9453	Injection, nivolumab	\$48.22	\$40.99	
9454	Inj, pasireotide long acting	\$490.18	\$416.65	
9455	Injection, siltuximab	\$166.91	\$141.87	
9456	Injection, isavuconazonium	\$1.24	\$1.05	
9458	Florbetaben f18 diagnostic	\$5,342.40	\$4,541.04	
9459	Flutemetamol f18 diagnostic	\$6,296.40	\$5,351.94	
9460	Injection, cangrelor	\$27.22	\$23.14	
9461	Choline c-11, diagnostic, per study dose up to 20 millicuries	\$10,260.00	\$8,721.00	
9470	Aripiprazole lauroxil 1mg	\$4.37	\$3.71	
9471	Hymovis injection 1 mg	\$34.66	\$29.46	
9472	Inj talimogene laherparepvec	\$86.88	\$73.85	
9473	Injection, mepolizumab, 1mg	\$51.91	\$44.12	
9474	Inj irinotecan liposome 1 mg	\$77.25	\$65.66	
9475	Injection, necitumumab, 1 mg	\$9.66	\$8.21	
9476	Injection, daratumumab 10 mg	\$89.10	\$75.74	
9477	Injection, elotuzumab, 1mg	\$11.42	\$9.71	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9478	Inj sebelipase alfa 1 mg	\$954.00	\$810.90	
9479	Instill, ciprofloxacin otic	\$53.94	\$45.85	
9480	Injection trabectedin 0.1mg	\$523.15	\$444.68	
9481	Injection, reslizumab	\$16.39	\$13.93	
9482	Sotalol hydrochloride IV	\$17.97	\$15.27	
9483	Inj, atezolizumab,10 mg	\$136.43	\$115.97	
9484	Inj, eteplirsen, 10 mg	\$304.68	\$258.98	
9485	Inj, olaratumab, 10 mg	\$89.91	\$76.42	
9486	Inj, granisetron, xr, 0.1 mg	\$8.29	\$7.05	
9487	Ustekinumab, iv inject,1 mg	\$23.13	\$19.66	
9488	Conivaptan hcl	\$55.32	\$47.02	
9489	Inj, nusinersen, 0.1mg	\$1,985.93	\$1,688.04	
9490	Inj, bezlotoxumab, 10 mg	\$72.33	\$61.48	
9491	Injection, avelumab, 10 mg	\$142.87	\$121.44	
9492	Injection, durvalumab	\$132.47	\$112.60	
9493	Injection, edaravone	\$34.53	\$29.35	
9494	Injection, ocrelizumab	\$102.75	\$87.34	
9495	Gemtuzumab ozogamicin inj	\$347.68	\$295.53	
9497	Loxapine, inhalation powder	\$271.13	\$230.46	
9500	Platelets, irradiated	\$322.45	\$274.08	
9501	Platelet pheres leukoreduced	\$858.60	\$729.81	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9502	Platelet pheresis irradiated	\$998.01	\$848.31	
9503	Fr frz plasma donor retested	\$87.03	\$73.98	
9504	RBC deglycerolized	\$757.49	\$643.87	
9505	RBC irradiated	\$384.82	\$327.10	
9507	Platelets, pheresis	\$758.16	\$644.44	
9508	Plasma 1 donor frz w/in 8 hr	\$130.34	\$110.79	
9509	Frozen plasma, pooled, sd	\$109.03	\$92.68	
9510	Whole blood for transfusion	\$282.46	\$240.09	
9511	Cryoprecipitate each unit	\$79.22	\$67.34	
9512	RBC leukocytes reduced	\$330.79	\$281.17	
9513	Plasma, frz between 8-24hour	\$133.63	\$113.59	
9514	Plasma protein fract,5%,50ml	\$27.72	\$23.56	
9515	Platelets, each unit	\$206.91	\$175.87	
9516	Platelet rich plasma unit	\$222.32	\$188.97	
9517	Red blood cells unit	\$257.02	\$218.47	
9518	Washed red blood cells unit	\$691.70	\$587.95	
9519	Plasmaprotein fract,5%,250ml	\$84.42	\$71.76	
9520	Blood split unit	\$184.82	\$157.10	
9521	Platelets leukoreduced irradiated	\$301.77	\$256.50	
9522	RBC leukoreduced irradiated	\$468.36	\$398.11	

Exhibit #4				
Hospital and ASC APC Codes and Values				
Effective for Dates of Service on and After 1/1/2019				
APC	Group Title	Outpatient Hospital Rate 180% of Medicare \$	ASC Rate is 85% of Hospital Rate	Notes
9523	Cryoprecipitatereducedplasma	\$189.97	\$161.47	
9524	Blood, l/r, cmv-neg	\$346.81	\$294.79	
9525	Platelets, hla-m, l/r, unit	\$1,384.78	\$1,177.06	
9526	Platelets leukocytes reduced	\$210.06	\$178.55	
9527	Blood, l/r, froz/degly/wash	\$510.30	\$433.76	
9528	Plt, aph/pher, l/r, cmv-neg	\$611.91	\$520.12	
9529	Blood, l/r, irradiated	\$279.43	\$237.52	
9530	Plate pheres leukoredu irrada	\$1,124.39	\$955.73	
9531	Plt, pher, l/r cmv-neg, irr	\$971.69	\$825.94	
9532	RBC, frz/deg/wsh, l/r, irrada	\$507.15	\$431.08	
9533	RBC, l/r, cmv-neg, irrada	\$428.49	\$364.22	
9534	Pathogen reduced plasma pool	\$133.63	\$113.59	
9535	Pathogen reduced plasma sing	\$130.34	\$110.79	
9536	Platelets, pathogen reduced	\$1,124.39	\$955.73	

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
AKRON CLINIC	82 MAIN	Akron	CO	80720	Washington	Phone: (970)345-6336, Fax: (970)345-6576
ARKANSAS VALLEY FAMILY PRACTICE, LLC	2317 SAN JUAN AVE	La Junta	CO	81050	Otero	Phone: (719)383-2325, Fax: (719)383-2327
BANNER HEALTH CENTER STERLING	102 HAYS AVE	Sterling	CO	80751	Logan	Phone: (970)521-3223, Fax: (970)521-3266
BASIN CLINIC	421 WEST ADAMS ROAD	Naturita	CO	80723	Montrose	Phone: (970)865-2665, Fax: (970)825-2674
BANNER FAMILY MEDICINE BRUSH CLINIC	2400 W EDISON	Brush	CO	81211	Morgan	Phone: (970)842-6740, Fax: (970)842-6241
BUENA VISTA HEALTH CENTER	28374 COUNTY ROAD 317	Buena Vista	CO	81211	Chaffee	Phone: (719)395-9048, Fax: (719)395-9064
BUTTON FAMILY PRACTICE	715 SOUTH 9TH STREET	Canon City	CO	81212	Fremont	Phone: (719)269-8820, Fax: (719)204-0230

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
CENTENNIAL FAMILY HEALTH CENTER	319 MAIN STREET	Ordway	CO	81063	Crowley	Phone: (719)267-3503, Fax: (719)267-4153
CORTEZ PRIMARY CARE CLINIC	118 NORTH CHESTNUT	Cortez	CO	81321	Montezuma	Phone: (970)564-9777, Fax: (970)564-8833
CREEDE FAMILY PRACTICE OF RIO GRANDE HOSPITAL	802 RIO GRANDE AVENUE	Creede	CO	81130	Mineral	Phone: (719)658-0929, Fax: (719)657-2851
CUSTER COUNTY MEDICAL CENTER	704 EDWARDS	Westcliffe	CO	81252	Custer	Phone: (719)783-2380, Fax: (719)783-2377
EADS MEDICAL CLINIC	1211 LUTHER STREET	Eads	CO	81036	Kiowa	Phone: (719)438-2251, Fax: (719)438-2254
EASTERN PLAINS MEDICAL CLINIC OF CALHAN	560 CRYSTOLA STREET	Calhan	CO	80808	El Paso	Phone: (719)347-0100, Fax: (719)347-0551
FAMILY CARE CLINIC	615 FAIRHURST	Sterling	CO	80751	Logan	Phone: (970)521-3223, Fax: (970)521-3266

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
FAMILY PRACTICE OF HOLYOKE	1001 EAST JOHNSON STREET	Holyoke	CO	80734	Phillips	Phone: (970)854-2500, Fax: (970)854-3440
FLORENCE MEDICAL CENTER	501 W 5TH ST	Florence	CO	81226	Fremont	Phone: (719)784-4816, Fax: (719)784-6014
GRAND RIVER HEALTH CLINIC WEST	201 SIPPERELLE DRIVE	Parachute	CO	81635	Garfield	Phone: (970)285-7046, Fax: (970)285-6064
GRAND RIVER PRIMARY CARE	501 AIRPORT ROAD	Rifle	CO	81650	Garfield	Phone: (970)625-1100, Fax: (970)625-0725
KIT CARSON CLINIC	102 EAST 2ND AVENUE	Kit Carson	CO	80825	Cheyenne	Phone: (719)962-3501, Fax: (719)962-3403
LAKE CITY AREA MEDICAL CENTER	700 N HENSON STREET	Lake City	CO	81235	Hinsdale	Phone: (970)944-2331, Fax: (970)944-2320
LAMAR MEDICAL CLINIC	403 KENDALL DRIVE	Lamar	CO	81052	Prowers	Phone: (719)336-6767, Fax: (719)336-7217

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
MANCOS VALLEY HEALTH CENTER	111 RAILROAD AVE	Mancos	CO	81328	Montezuma	Phone: (970)564-2104, Fax: (970)564-2134
MEEKER FAMILY HEALTH CENTER	345 CLEVELAND STREET	Meeker	CO	81641	Rio Blanco	Phone: (970)878-4014, Fax: (970)878-3285
MIDDLE PARK MEDICAL CENTER	47 COOPER CREEK WAY	WINTER PARK	CO	80482	GRAND	PHONE: (970)887-5800 FAX: (970)724-9606
MONTE VISTA RHC OF RIO GRANDE HOSPITAL	1033 2ND AVENUE	Monte Vista	CO	81144	Rio Grande	Phone: (719)852-8827, Fax: (719)852-2739
MT SAN RAFAEL HOSPITAL HEALTH CLINIC	400 BENEDICTA STE A	Trinidad	CO	81082	Las Animas	Phone: (719)846-2206, Fax: (719)846-7823
NORTH PARK MEDICAL CENTER - WALDEN	350 MCKINLEY STREET	Walden	CO	80480	Jackson	Phone: (970)723-4255, Fax: (970)723-4268
PAGOSA MOUNTAIN CLINIC	95 SOUTH PAGOSA BLVD	Pagosa Springs	CO	81147	Archuleta	Phone: (970)731-3700,

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
						Fax: (970)731-3707
PARKE HEALTH CLINIC	182 16TH ST	Burlington	CO	80807	Kit Carson	Phone: (719)346-9481, Fax: (719)346-9485
PEDIATRIC ASSOCIATION OF CANON CITY	1335 PHAY AVENUE, SUITE A	Canon City	CO	81212	Fremont	Phone: (719)269-1727, Fax: (719)269-1730
PRAIRIE VIEW RURAL HEALTH CLINIC	615 WEST 5TH NORTH	Cheyenne Wells	CO	80810	Cheyenne	Phone: (719)767-5669, Fax: (719)767-5098
RIO GRANDE HOSPITAL CLINIC	0310C COUNTY RD 14	Del Norte	CO	81132	Rio Grande	Phone: (719)657-2418, Fax: (719)658-3001
ROCKY FORD FAMILY HEALTH CENTER	1014 ELM AVENUE	Rocky Ford	CO	81067	Otero	Phone: (719)254-7421, Fax: (719)254-6966
SABATINI PEDIATRICS PC	612 YALE PLACE	Canon City	CO	81212	Fremont	Phone: (719)275-3442, Fax: (719)275-2306
SAN LUIS VALLEY HEALTH ANTONITO CLINIC	115 MAIN STREET	Antonito	CO	81120	Conejos	Phone: (719)376-2308,

Exhibit #5 - Proposed

Rural Health Clinics

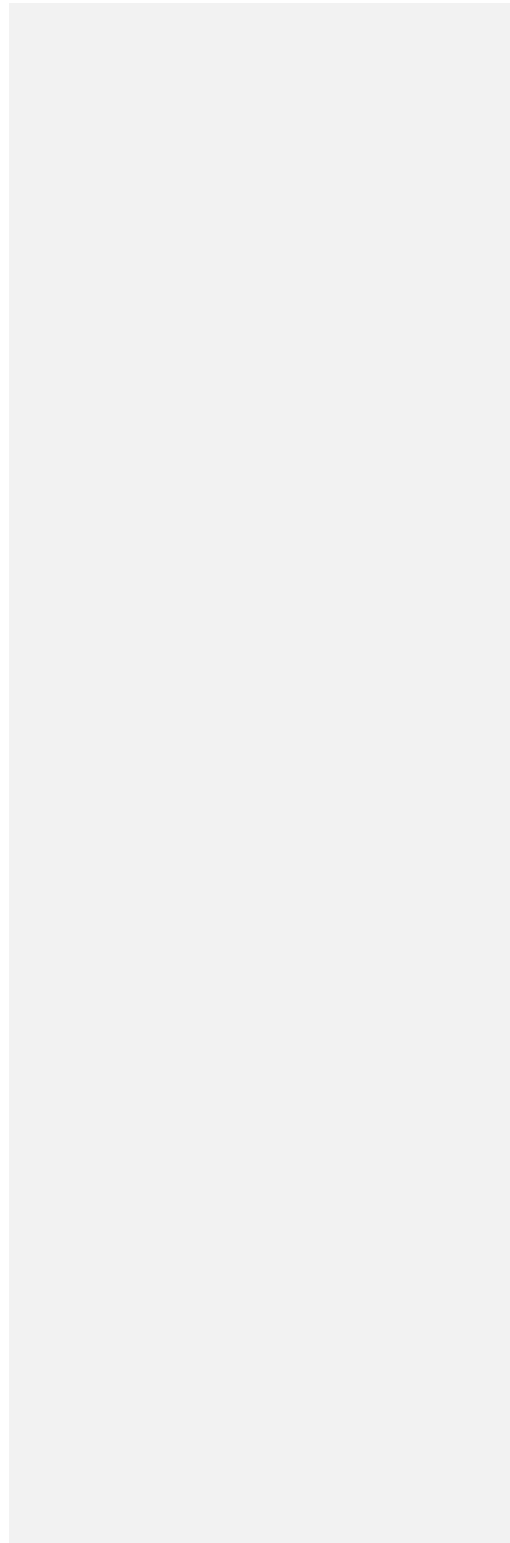
find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
						Fax: (719)376-2395
SAN LUIS VALLEY LA JARA MEDICAL CLINIC	509 MAIN STREET	La Jara	CO	81140	Conejos	Phone: (719)274-5000, Fax: (719)274-4111
SOUTHEAST COLORADO PHYSICIANS CLINIC	900 CHURCH STREET	Springfield	CO	81073	Baca	Phone: (719)523-6628, Fax: (719)523-4513
SOUTHWEST MEMORIAL PRIMARY CARE	33 NORTH ELM STREET	Cortez	CO	81321	Montezuma	Phone: (970)565-8556, Fax: (970)564-1134
SOUTHWEST SCHOOL-BASED HEALTH CENTER	418 S SLIGO STREET	Cortez	CO	81321	Montezuma	Phone: (970)564-2104, Fax: (970)564-2134
SOUTHWEST WALK-IN CARE	2095 NORTH DOLORES ROAD, STE C	Cortez	CO	81321	Montezuma	Phone: (970)564-1037, Fax: (970)564-1041
SPANISH PEAKS FAMILY CLINIC	23400 US HIGHWAY 160	Walsenburg	CO	81089	Huerfano	Phone: (719)738-4591, Fax: (719)738-4553
STERLING REGIONAL MEDICAL CENTER	102 HAYS AVE	STERLING	CO	80751	LOGAN	PHONE: (970)521-3223

Exhibit #5 - Proposed**Rural Health Clinics**

find the most updated list at: <https://www.colorado.gov/pacific/cdphe/find-and-compare-facilities>
(effective 1/1/2018)

Facility	Address	City	State	Zip	County	Contact
						Fax: (970)521-3266
STRATTON MEDICAL CLINIC	500 NEBRASKA AVENUE	Stratton	CO	80836	Kit Carson	Phone: (719)348-4650, Fax: (719)348-4653
SURFACE CREEK FAMILY PRACTICE	255 SW 8TH AVE	Cedaredge	CO	81413	Delta	Phone: (970)856-3146, Fax: (970)856-4385
VALLEY MEDICAL CLINIC	116 E NINTH STREET	Julesburg	CO	80737	Sedgwick	Phone: (970)474-3376, Fax: (970)474-2461
WALSH MEDICAL CLINIC	137 KANSAS STREET	Walsh	CO	81090	Baca	Phone: (719)324-5253, Fax: (719)324-5621
WASHINGTON COUNTY CLINIC	482 ADAMS AVENUE	Akron	CO	80720	Washington	Phone: (970)345-2262, Fax: (970)345-2265
YUMA CLINIC	1000 W 8TH AVENUE	Yuma	CO	80759	Yuma	Phone: (970)848-4676, Fax: (970)848-4952



**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D0120	\$ 62.25
D0140	\$ 104.38
D0145	\$ 97.00
D0150	\$ 109.75
D0160	\$ 219.75
D0170	\$ 73.13
D0171	\$ 73.13
D0180	\$ 119.00
D0190	\$ 62.25
D0191	\$ 44.13
D0210	\$ 170.88
D0220	\$ 33.88
D0230	\$ 30.88
D0240	\$ 52.88
D0250	\$ 64.75
D0251	\$ 59.75
D0270	\$ 33.75
D0272	\$ 54.00
D0273	\$ 65.63

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D0274	\$ 76.00
D0277	\$ 114.75
D0310	\$ 512.88
D0320	\$ 906.00
D0321	BR
D0322	\$ 734.88
D0330	\$ 159.00
D0340	\$ 179.63
D0350	\$ 85.25
D0351	\$ 85.25
D0364	\$ 285.50
D0365	\$ 364.25
D0366	\$ 364.25
D0367	\$ 410.38
D0368	\$ 422.50
D0369	\$ 239.38
D0370	\$ 136.88
D0371	BR
D0380	\$ 294.00

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D0381	\$ 398.38
D0382	\$ 398.38
D0383	\$ 398.38
D0384	\$ 427.50
D0385	\$ 2,624.38
D0386	\$ 656.38
D0391	BR
D0393	BR
D0394	BR
D0395	BR
D0414	\$ 65.13
D0415	\$ 47.25
D0416	\$ 70.13
D0417	\$ 63.38
D0418	\$ 65.13
D0422	\$ 47.25
D0423	BR
D0425	\$ 40.63
D0431	\$ 65.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D0460	\$ 65.13
D0470	\$ 143.63
D0472	\$ 89.88
D0473	\$ 189.13
D0474	\$ 212.00
D0475	\$ 114.13
D0476	\$ 110.75
D0477	\$ 151.75
D0478	\$ 138.63
D0479	\$ 212.00
D0480	\$ 130.50
D0481	\$ 489.50
D0482	\$ 163.13
D0483	\$ 163.13
D0484	\$ 244.75
D0485	\$ 337.63
D0486	\$ 156.75
D0502	BR
D0600	BR

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D0601	\$ 97.75
D0602	\$ 97.75
D0603	\$ 97.75
D0999	BR
D1110	\$ 111.75
D1120	\$ 77.25
D1206	\$ 62.50
D1208	\$ 41.38
D1310	\$ 58.38
D1320	\$ 63.38
D1330	\$ 80.00
D1351	\$ 65.13
D1352	\$ 83.63
D1353	\$ 83.63
D1354	\$ 65.13
D1510	\$ 413.00
D1515	\$ 577.88
D1520	\$ 454.00
D1525	\$ 702.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D1550	\$ 89.38
D1555	\$ 86.13
D1575	\$ 454.00
D1999	BR
D2140	\$ 180.38
D2150	\$ 233.25
D2160	\$ 281.75
D2161	\$ 343.50
D2330	\$ 194.25
D2331	\$ 247.88
D2332	\$ 303.63
D2335	\$ 358.88
D2390	\$ 398.00
D2391	\$ 227.50
D2392	\$ 297.88
D2393	\$ 370.00
D2394	\$ 453.38
D2410	\$ 345.38
D2420	\$ 575.88

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D2430	\$ 998.00
D2510	\$ 913.63
D2520	\$ 1,036.38
D2530	\$ 1,194.50
D2542	\$ 1,171.38
D2543	\$ 1,225.50
D2544	\$ 1,274.38
D2610	\$ 1,074.88
D2620	\$ 1,134.75
D2630	\$ 1,208.25
D2642	\$ 1,174.63
D2643	\$ 1,266.88
D2644	\$ 1,343.63
D2650	\$ 706.50
D2651	\$ 841.38
D2652	\$ 884.63
D2662	\$ 767.63
D2663	\$ 902.88
D2664	\$ 967.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D2710	\$ 573.00
D2712	\$ 573.00
D2720	\$ 1,411.88
D2721	\$ 1,323.25
D2722	\$ 1,352.25
D2740	\$ 1,449.00
D2750	\$ 1,429.63
D2751	\$ 1,331.00
D2752	\$ 1,363.38
D2780	\$ 1,371.50
D2781	\$ 1,290.88
D2782	\$ 1,332.88
D2783	\$ 1,410.25
D2790	\$ 1,379.88
D2791	\$ 1,307.13
D2792	\$ 1,331.00
D2794	\$ 1,411.88
D2799	\$ 573.00
D2910	\$ 127.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D2915	\$ 127.13
D2920	\$ 128.75
D2921	\$ 185.25
D2929	\$ 509.75
D2930	\$ 351.00
D2931	\$ 396.88
D2932	\$ 423.38
D2933	\$ 485.25
D2934	\$ 485.25
D2940	\$ 134.25
D2941	\$ 134.25
D2949	\$ 134.25
D2950	\$ 335.25
D2951	\$ 75.75
D2952	\$ 529.25
D2953	\$ 264.50
D2954	\$ 423.38
D2955	\$ 326.50
D2957	\$ 211.50

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D2960	\$ 1,023.38
D2961	\$ 1,160.75
D2962	\$ 1,261.38
D2971	\$ 202.75
D2975	\$ 617.38
D2980	\$ 247.00
D2981	\$ 247.00
D2982	\$ 247.00
D2983	\$ 247.00
D2990	\$ 88.13
D2999	BR
D3110	\$ 117.75
D3120	\$ 94.00
D3220	\$ 241.00
D3221	\$ 264.63
D3222	\$ 245.00
D3230	\$ 244.00
D3240	\$ 300.25
D3310	\$ 957.50

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D3320	\$ 1,173.50
D3330	\$ 1,455.00
D3331	\$ 375.50
D3332	\$ 713.63
D3333	\$ 328.75
D3346	\$ 1,276.75
D3347	\$ 1,502.13
D3348	\$ 1,858.88
D3351	\$ 603.38
D3352	\$ 270.50
D3353	\$ 832.50
D3355	\$ 603.38
D3356	\$ 270.50
D3357	BR
D3410	\$ 1,196.25
D3421	\$ 1,331.25
D3425	\$ 1,508.38
D3426	\$ 509.63
D3427	\$ 1,081.75

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D3428	\$ 1,576.88
D3429	\$ 1,504.13
D3430	\$ 374.38
D3431	\$ 1,851.63
D3432	\$ 1,591.63
D3450	\$ 780.25
D3460	\$ 2,912.50
D3470	\$ 1,487.63
D3910	\$ 208.25
D3920	\$ 592.75
D3950	\$ 270.50
D3999	BR
D4210	\$ 1,106.88
D4211	\$ 492.00
D4212	\$ 393.63
D4230	\$ 1,549.50
D4231	\$ 737.88
D4240	\$ 1,401.88
D4241	\$ 811.75

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D4245	\$ 1,032.88
D4249	\$ 1,537.25
D4260	\$ 2,336.50
D4261	\$ 1,254.13
D4263	\$ 836.25
D4264	\$ 713.00
D4265	BR
D4266	\$ 860.88
D4267	\$ 1,106.88
D4268	BR
D4270	\$ 1,660.13
D4273	\$ 2,029.00
D4274	\$ 1,151.00
D4275	\$ 1,524.88
D4276	\$ 2,275.00
D4277	\$ 1,721.63
D4278	\$ 565.75
D4283	\$ 1,728.88
D4285	\$ 1,301.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D4320	\$ 565.63
D4321	\$ 514.00
D4341	\$ 325.50
D4342	\$ 188.50
D4346	\$ 188.50
D4355	\$ 222.63
D4381	BR
D4910	\$ 200.50
D4920	\$ 145.88
D4921	BR
D4999	BR
D5110	\$ 2,197.63
D5120	\$ 2,197.63
D5130	\$ 2,396.00
D5140	\$ 2,396.00
D5211	\$ 1,854.75
D5212	\$ 2,155.50
D5213	\$ 2,428.00
D5214	\$ 2,428.00

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D5221	\$ 2,023.50
D5222	\$ 2,350.00
D5223	\$ 2,646.63
D5224	\$ 2,646.63
D5225	\$ 1,854.75
D5226	\$ 2,155.50
D5281	\$ 1,415.63
D5410	\$ 120.38
D5411	\$ 120.38
D5421	\$ 120.38
D5422	\$ 120.38
D5511	BR
D5512	BR
D5520	\$ 200.38
D5611	BR
D5612	BR
D5621	BR
D5622	BR
D5630	\$ 341.00

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D5640	\$ 220.63
D5650	\$ 300.75
D5660	\$ 360.88
D5670	\$ 882.25
D5671	\$ 882.25
D5710	\$ 892.38
D5711	\$ 852.25
D5720	\$ 842.25
D5721	\$ 842.25
D5730	\$ 503.25
D5731	\$ 503.25
D5740	\$ 461.00
D5741	\$ 461.00
D5750	\$ 671.63
D5751	\$ 671.63
D5760	\$ 661.75
D5761	\$ 661.75
D5810	\$ 1,062.75
D5811	\$ 1,142.75

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D5820	\$ 822.00
D5821	\$ 872.25
D5850	\$ 210.63
D5851	\$ 210.63
D5862	BR
D5863	\$ 2,326.00
D5864	\$ 3,068.00
D5865	\$ 2,326.00
D5866	\$ 3,188.13
D5867	BR
D5875	BR
D5899	BR
D5911	\$ 557.38
D5912	\$ 557.38
D5913	\$ 11,738.25
D5914	\$ 11,738.25
D5915	\$ 15,884.75
D5916	\$ 4,236.88
D5919	BR

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D5922	BR
D5923	BR
D5924	BR
D5925	BR
D5926	BR
D5927	BR
D5928	BR
D5929	BR
D5931	\$ 6,320.50
D5932	\$ 11,820.38
D5933	BR
D5934	\$ 10,773.63
D5935	\$ 9,374.13
D5936	\$ 10,528.88
D5937	\$ 1,323.38
D5951	\$ 1,720.50
D5952	\$ 5,586.38
D5953	\$ 10,609.38
D5954	\$ 9,831.38

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D5955	\$ 9,093.38
D5958	BR
D5959	BR
D5960	BR
D5982	\$ 892.38
D5983	\$ 2,005.13
D5984	\$ 2,005.13
D5985	\$ 2,005.13
D5986	\$ 200.38
D5987	\$ 3,007.75
D5988	\$ 601.50
D5991	\$ 230.50
D5992	BR
D5993	BR
D5994	\$ 230.50
D5999	BR
D6010	\$ 3,671.50
D6011	BR
D6012	\$ 3,468.88

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6013	\$ 3,671.50
D6040	\$ 12,632.25
D6050	\$ 9,424.13
D6051	BR
D6052	\$ 1,555.88
D6055	\$ 1,103.00
D6056	\$ 762.00
D6057	\$ 942.38
D6058	\$ 2,113.25
D6059	\$ 2,085.50
D6060	\$ 1,971.00
D6061	\$ 2,011.13
D6062	\$ 2,003.00
D6063	\$ 1,744.38
D6064	\$ 1,824.75
D6065	\$ 2,079.13
D6066	\$ 2,025.13
D6067	\$ 1,965.13
D6068	\$ 2,095.38

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6069	\$ 2,085.50
D6070	\$ 1,971.00
D6071	\$ 2,011.13
D6072	\$ 2,035.13
D6073	\$ 1,858.88
D6074	\$ 1,975.13
D6075	\$ 2,079.13
D6076	\$ 2,025.13
D6077	\$ 1,965.13
D6080	\$ 172.50
D6081	\$ 88.25
D6085	\$ 605.75
D6090	BR
D6091	\$ 832.25
D6092	\$ 162.38
D6093	\$ 254.88
D6094	\$ 1,654.25
D6095	BR
D6096	BR

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6100	BR
D6101	\$ 595.38
D6102	\$ 818.00
D6103	\$ 681.63
D6104	\$ 681.63
D6110	\$ 2,741.13
D6111	\$ 2,741.13
D6112	\$ 2,741.13
D6113	\$ 2,741.13
D6114	\$ 4,800.13
D6115	\$ 4,800.13
D6116	\$ 3,681.38
D6117	\$ 3,681.38
D6118	BR
D6119	BR
D6190	\$ 371.00
D6194	\$ 1,704.50
D6199	BR
D6205	\$ 942.63

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6210	\$ 1,441.13
D6211	\$ 1,350.25
D6212	\$ 1,405.00
D6214	\$ 1,450.00
D6240	\$ 1,422.75
D6241	\$ 1,314.00
D6242	\$ 1,386.50
D6245	\$ 1,468.13
D6250	\$ 1,405.00
D6251	\$ 1,296.00
D6252	\$ 1,337.50
D6253	\$ 605.38
D6545	\$ 543.25
D6548	\$ 597.50
D6549	\$ 391.75
D6600	\$ 1,078.00
D6601	\$ 1,130.75
D6602	\$ 1,152.13
D6603	\$ 1,267.38

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6604	\$ 1,129.13
D6605	\$ 1,196.63
D6606	\$ 1,111.00
D6607	\$ 1,232.63
D6608	\$ 1,171.88
D6609	\$ 1,223.00
D6610	\$ 1,242.75
D6611	\$ 1,359.38
D6612	\$ 1,236.00
D6613	\$ 1,292.13
D6614	\$ 1,209.63
D6615	\$ 1,257.50
D6624	\$ 1,152.13
D6634	\$ 1,209.63
D6710	\$ 1,234.38
D6720	\$ 1,440.25
D6721	\$ 1,366.13
D6722	\$ 1,390.75
D6740	\$ 1,514.25

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D6750	\$ 1,474.75
D6751	\$ 1,376.00
D6752	\$ 1,409.00
D6780	\$ 1,390.75
D6781	\$ 1,390.75
D6782	\$ 1,292.13
D6783	\$ 1,431.88
D6790	\$ 1,423.75
D6791	\$ 1,349.50
D6792	\$ 1,399.13
D6793	\$ 584.38
D6794	\$ 1,399.13
D6920	\$ 355.75
D6930	\$ 207.63
D6940	\$ 470.50
D6950	\$ 909.13
D6980	BR
D6985	\$ 790.50
D6999	BR

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7111	\$ 163.00
D7140	\$ 216.63
D7210	\$ 332.00
D7220	\$ 416.00
D7230	\$ 553.75
D7240	\$ 649.88
D7241	\$ 816.50
D7250	\$ 350.88
D7251	\$ 688.00
D7260	\$ 2,856.88
D7261	\$ 1,190.13
D7270	\$ 892.75
D7272	\$ 1,190.13
D7280	\$ 833.13
D7282	\$ 416.63
D7283	\$ 357.25
D7285	\$ 1,666.63
D7286	\$ 714.13
D7287	\$ 285.63

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7288	\$ 285.63
D7290	\$ 714.13
D7291	BR
D7292	\$ 1,142.63
D7293	\$ 714.13
D7294	\$ 595.25
D7295	BR
D7296	BR
D7297	BR
D7979	BR
D7310	\$ 491.75
D7311	\$ 430.50
D7320	\$ 799.25
D7321	\$ 676.13
D7340	\$ 3,381.38
D7350	\$ 9,837.13
D7410	\$ 1,475.50
D7411	\$ 2,336.38
D7412	\$ 2,582.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7413	\$ 1,721.50
D7414	\$ 2,582.13
D7415	\$ 2,889.75
D7440	\$ 2,336.38
D7441	\$ 3,442.75
D7450	\$ 1,475.50
D7451	\$ 2,016.63
D7460	\$ 1,475.50
D7461	\$ 2,016.63
D7465	\$ 799.25
D7471	\$ 1,827.25
D7472	\$ 2,171.75
D7473	\$ 2,048.63
D7485	\$ 1,827.25
D7490	\$ 14,755.75
D7510	\$ 528.63
D7511	\$ 799.25
D7520	\$ 2,518.50
D7521	\$ 2,766.63

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7530	\$ 907.38
D7540	\$ 1,005.75
D7550	\$ 627.38
D7560	\$ 4,980.00
D7610	\$ 8,053.88
D7620	\$ 6,040.00
D7630	\$ 10,471.63
D7640	\$ 6,645.13
D7650	\$ 5,033.88
D7660	\$ 2,968.38
D7670	\$ 2,316.75
D7671	\$ 4,365.25
D7680	\$ 15,102.25
D7710	\$ 9,466.00
D7720	\$ 6,645.13
D7730	\$ 13,693.25
D7740	\$ 6,775.38
D7750	\$ 8,617.25
D7760	\$ 3,457.88

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7770	\$ 4,684.88
D7771	\$ 3,615.25
D7780	\$ 20,136.63
D7810	\$ 8,858.13
D7820	\$ 1,451.13
D7830	\$ 831.38
D7840	\$ 12,075.13
D7850	\$ 10,427.50
D7852	\$ 11,940.00
D7854	\$ 12,320.88
D7856	\$ 8,742.50
D7858	\$ 24,919.63
D7860	\$ 10,621.63
D7865	\$ 17,116.50
D7870	\$ 565.63
D7871	\$ 1,131.50
D7872	\$ 6,037.38
D7873	\$ 7,269.75
D7874	\$ 10,427.50

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7875	\$ 11,423.38
D7876	\$ 12,316.00
D7877	\$ 10,869.75
D7880	\$ 1,357.63
D7881	\$ 147.63
D7899	BR
D7910	\$ 806.50
D7911	\$ 2,014.38
D7912	\$ 3,625.00
D7920	\$ 5,939.13
D7921	\$ 548.63
D7940	BR
D7941	\$ 15,124.38
D7943	\$ 13,894.75
D7944	\$ 12,382.25
D7945	\$ 16,477.38
D7946	\$ 20,412.25
D7947	\$ 17,165.88
D7948	\$ 22,281.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7949	\$ 29,019.50
D7950	BR
D7951	BR
D7952	BR
D7953	\$ 836.25
D7955	BR
D7960	\$ 676.13
D7963	\$ 1,106.50
D7970	\$ 983.88
D7971	\$ 368.88
D7972	\$ 1,377.38
D7980	\$ 1,549.50
D7981	BR
D7982	\$ 3,664.25
D7983	\$ 3,516.50
D7990	\$ 3,024.88
D7991	\$ 7,377.75
D7995	BR
D7996	BR

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D7997	\$ 565.63
D7998	\$ 2,459.50
D7999	BR
D8010	BR
D8020	BR
D8030	BR
D8040	BR
D8050	BR
D8060	BR
D8070	BR
D8080	BR
D8090	BR
D8210	BR
D8220	BR
D8660	\$ 700.13
D8670	\$ 525.09
D8680	\$ 1,154.73
D8681	BR
D8690	\$ 545.76

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D8691	\$ 512.95
D8692	\$ 571.28
D8693	\$ 528.75
D8694	BR
D8695	BR
D8999	BR
D9110	\$ 166.25
D9120	\$ 188.13
D9210	\$ 84.25
D9211	\$ 92.63
D9212	\$ 144.88
D9215	\$ 69.50
D9219	\$ 165.25
D9222	BR
D9223	\$ 377.00
D9230	\$ 139.38
D9239	BR
D9243	\$ 319.13
D9248	\$ 203.00

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D9310	\$ 242.38
D9311	\$ 242.38
D9410	\$ 277.25
D9420	\$ 448.63
D9430	\$ 151.94
D9440	\$ 151.63
D9450	\$ 76.00
D9610	BR
D9612	BR
D9630	BR
D9910	\$ 91.00
D9911	\$ 127.63
D9920	BR
D9930	BR
D9932	\$ 223.88
D9933	\$ 223.88
D9934	\$ 223.88
D9935	\$ 223.88
D9940	\$ 754.13

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D9941	\$ 260.13
D9942	\$ 312.13
D9943	\$ 156.00
D9950	\$ 494.25
D9951	\$ 221.00
D9952	\$ 1,040.25
D9970	\$ 117.00
D9971	\$ 150.88
D9972	\$ 520.00
D9973	\$ 86.00
D9974	\$ 455.25
D9975	\$ 520.00
D9985	BR
D9986	BR
D9987	BR
D9991	\$ 91.00
D9992	\$ 91.00
D9993	\$ 91.00
D9994	\$ 124.88

**Exhibit #6 – Proposed
Dental Fees**

Effective for Dates of Service
on and after 1/1/2019

2018 CDT Code	2019 Rate
D9995	BR
D9996	BR
D9999	BR

Exhibit #7
Evaluation and Management (E&M) Documentation
Guidelines for Colorado Workers' Compensation
Claims

Effective for Dates of Service on and after 1/1/2019

This E&M Guidelines for Colorado Workers' Compensation Claims is intended for the providers who manage injured workers' medical and non-medical care. Providers may also use the "1997 Documentation Guidelines for Evaluation and Management Services" as developed by Medicare. The Level of Service is determined by these three components:

1. History (Hx),
2. Examination (Exam), and
3. Medical Decision Making (MDM)

OR Time (as per CPT© and Rule 18)

Documentation requirements for any billed office visit:

- Chief complaint and medical necessity.
- Patient specific and pertain directly to the current visit.
- Information copied directly from prior records without change is not considered current or counted.
- CPT© criteria for a consultation is required to bill a consultation code.

Table I – History (Hx) Component: All three elements in the table must be met and documented.

HISTORY ELEMENTS	Requirements for a <u>Problem Focused (PF)</u> Level	Requirements for an <u>Extended Problem Focused (EPF)</u> Level	Requirements for a <u>Detailed (D)</u> Level	Requirements for a <u>Comprehensive (C)</u> Level
<u>A. History of Present Illness/Injury (HPI)</u>	1-3 elements	1-3 elements	4+ elements (requires a detailed patient specific description of the patient's progress with the current TX plan, which should include objective functional gains/losses, ADLs)	4+ elements (requires a detailed patient specific description of the patient's progress with the current TX plan, which should include objective functional gains/losses, ADLs)
<u>B. Review of Systems (ROS)</u>	Present	Present	Present	Present
<u>C. Past Medical, Family and Social/Work History (PMFSH)</u>	None	None	Pertinent 1-2 types of histories	Pertinent 3 or more types of histories

A. HPI Elements represents the injured worker relaying their condition to the physician and should include the following:

1. Location (where?)
2. Quality (sharp, dull?)
3. Severity (pain level 1-10 or pain diagram)
4. Duration (how long?)
5. Timing (how often, regularity of occurrence, only at night, etc.?)
6. Context (what ADLs or functions aggravates/relieves, accident described?)

7. Modifying factors (doing what, what makes it worse or better?)
8. Associated signs (nausea, numbness or tingling when?)

For the provider to achieve an "extended" HPI in an initial patient/injured workers visit it is necessary for the provider to discuss the causality of the patient/injured worker's work related injury(s) to the patient/injured worker's job duties.

For the provider to achieve an "extended" HPI in an established patient/injured worker visit it is necessary to document a detailed description of the patient's progress since the last visit with current treatment plan that includes patient pertinent objective functional gains, such as ADLs, physical therapy goals and return to work.

B. Review of Systems (ROS): Review of systems should be qualitative versus quantitative, documenting what is pertinent to that patient for the date of service.

1. Constitutional symptoms (e.g., fever, weight loss)
2. Eyes
3. Ears, Nose, Mouth, Throat
4. Cardiovascular
5. Respiratory
6. Gastrointestinal
7. Genitourinary
8. Musculoskeletal
9. Integumentary (skin and/or breast)
10. Neurological
11. Psychiatric
12. Endocrine
13. Hematologic/Lymphatic
14. Allergic/Immunologic

C. **PMFSH** consists of a review of four areas (NOTE: Employers should **not** have access to any patient’s or the family’s genetic/hereditary diagnoses or testing information, etc.)

1. Past history – the patient’s past experiences with illnesses, operations, injuries and treatments.
2. Family history – a review of medical events in the patient’s family, including diseases which may be hereditary or place the patient at risk and any family situations that can interfere with or support the injured worker’s treatment plan and returning to work.
3. Occupational/Social History/Military – an age appropriate review of past and current work activities, occupational history, current work status, any work situations that support or interfere with return to work. For established visits specific updates of progress must be discussed.
4. Non-Occupational/Social History – Hobbies, current recreational physical activities and the patient’s support relationships, etc. For established visits specific updates of progress must be discussed.

TABLE II: Examination Component. Each bullet is counted only when it is pertinent and related to the workers’ compensation injury and the medical decision making process.

Physician's Examination Component	
Level of Examination Performed and Documented	# of Bullets Required for each level
Problem Focused	1-5 elements identified by a bullet as indicated in the guideline
Expanded Problem Focused	6 elements identified by a bullet as indicated in this guideline
Detailed	7-12 elements identified by a bullet as indicated in this guideline
Comprehensive	≥13 elements identified by a bullet as indicated in this guideline

Examination Components:

Constitutional Measurement:

- Vital signs (may be measured and recorded by ancillary staff) – any of three (3) vital signs is counted as one bullet:
 1. sitting or standing blood pressure
 2. supine blood pressure

3. pulse rate and regularity
 4. respiration
 5. temperature
 6. height
 7. weight or BMI
- One bullet for commenting on the general appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)

Musculoskeletal: Each of the six body areas with three (3) assessments is counted as one bullet.

1. head and or neck
2. spine or ribs and pelvis or all three
3. right upper extremity (shoulder, elbow, wrist, entire hand)
4. left upper extremity (shoulder, elbow, wrist, entire hand)
5. right lower extremity (hip, knee, ankle, entire foot)
6. left lower extremity (hip, knee, ankle, entire foot)

Assessment of a given body area includes:

- Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions
- Assessment of range of motion with notation of any pain (e.g., straight leg raise), crepitation or contracture
- Assessment of stability with notation of any dislocation (luxation), subluxation or laxity
- Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements (fasciculation, tardive dyskinesia)
- Inspection and/or palpation of digits and nails (e.g., clubbing, cyanosis, inflammatory conditions, petechia, ischemia, infections, nodes)

Gait and Station: assessment equals one bullet

Neck: One bullet for both examinations.

- Examination of neck (e.g., masses, overall appearance, symmetry, tracheal position, crepitus) and
- Examination of thyroid (e.g., enlargement, tenderness, mass)

Neurological: One bullet for each neurological examination/assessment(s) per extremity.

1. Test coordination (e.g., finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities)

2. Examination of deep tendon reflexes and/or nerve stretch test with notation of pathological reflexes (e.g., Babinski)
3. Examination of sensation (e.g., by touch, pin, vibration, proprioception)
4. One bullet for all of the 12 cranial nerves assessments with notations of any deficits

Cardiovascular:

1. One bullet per extremity examination/assessment of peripheral vascular system by:
 - a. Observation (e.g., swelling, varicosities)
 - b. Palpation (e.g., pulses, temperature, edema, tenderness)
2. One bullet for palpation of heart (e.g., location, size, thrills)
3. One bullet for auscultation of heart with notation of abnormal sounds and murmurs
4. One bullet for examination of each one of the following:
 - a. carotid arteries (e.g., pulse amplitude, bruits)
 - b. abdominal aorta (e.g., size, bruits)
 - c. femoral arteries (e.g., pulse amplitude, bruits)

Skin: One bullet for pertinent body part(s) inspection and/or palpation of skin and subcutaneous tissue (e.g., scars, rashes, lesions, café au lait spots, ulcers)

Respiratory: One bullet for each examination/assessment.

1. Assessment of respiratory effort (e.g., intercostal retractions, use of accessory muscles, diaphragmatic movement)
2. Percussion of chest (e.g., dullness, flatness, hyperresonance)
3. Palpation of chest (e.g., tactile fremitus)
4. Auscultation of lungs (e.g., breath sounds, adventitious sounds, rubs)

Gastrointestinal: One bullet for each examination /assessment.

1. Examination of abdomen with notation of presence of masses or tenderness and liver and spleen
2. Examination of presence or absence of hernia
3. Examination (when indicated) of anus, perineum and rectum, including sphincter tone, present of hemorrhoids, rectal masses and/or obtain stool sample of occult blood test when indicated

Psychiatric:

1. One bullet for assessment of mood and affect (e.g., depression, anxiety, agitation) if not counted under the Neurological system
2. One bullet for a mental status examination which includes:
 - a. Attention span and concentration; and
 - b. Language (e.g., naming objects, repeating phrases, spontaneous speech) orientation to time, place and person; and

- c. Recent and remote memory; and
- d. Fund of knowledge (e.g., awareness of current events, past history, vocabulary)

Eyes: One bullet for both eyes and all three examinations/assessments.

- 1. Inspection of conjunctivae and lids; and
- 2. Examination of pupils and irises (e.g., reaction of light and accommodation, size and symmetry); and
- 3. Ophthalmoscopic examination of optic discs (e.g., size, C/D ratio, appearance) and posterior segments (e.g., vessel changes, exudates, hemorrhages)

Ears and Nose, Mouth and Throat:

One bullet for all of the following examination/assessment:

- 1. External inspection of ears and nose (e.g., overall appearance, scars, lesions, asses)
- 2. Otoscopic examination of external auditory canals and tympanic membranes
- 3. Assessment of hearing with tuning fork and clinical speech reception thresholds (e.g., whispered voice, finger rub, tuning fork)

One bullet for all of the following examinations/assessments:

- 1. Inspection of nasal mucosa, septum and turbinates
- 2. Inspection of lips, teeth and gums
- 3. Examination of oropharynx: oral mucosa, salivary glands, hard and soft palates, tongue, tonsils and posterior pharynx (e.g., asymmetry, lesions, hydration of mucosal surfaces)

Genitourinary MALE: One bullet for each of the following examination of the male genitalia:

- 1. The scrotal contents (e.g., hydrocele, spermatocele, tenderness of cord, testicular mass)
- 2. Epididymides (e.g., size, symmetry, masses)
- 3. Testes (e.g., size symmetry, masses)
- 4. Urethral meatus (e.g., size location, lesions, discharge)
- 5. Examination of the penis (e.g., lesions, presence of absence of foreskin, foreskin retract ability, plaque, masses, scarring, deformities)
- 6. Digital rectal examination of prostate gland (e.g., size, symmetry, nodularity, tenderness)
- 7. Inspection of anus and perineum

Genitourinary FEMALE: One bullet for each of the following female pelvic examination(s) (with or without specimen collection for smears and cultures):

- 1. Examination of external genitalia (e.g., general appearance, hair distribution, lesions) and vagina (e.g., general appearance, estrogen effect, discharge, lesions, pelvic support, cystocele rectocele)
- 2. Examination of urethra (e.g., masses, tenderness, scarring)
- 3. Examination of bladder (e.g., fullness, masses, tenderness)
- 4. Cervix (e.g., general appearance, lesions, discharge)
- 5. Uterus (e.g., size, contour, position, mobility, tenderness, consistency, descent or support)

6. Adnexa/parametria (e.g., masses, tenderness, organomegaly, nodularity)

Chest: One bullet for both examinations/assessments of both breasts.

1. Inspection of breasts (e.g., symmetry, nipple discharge); and
2. Palpation of breasts and axillae (e.g., masses or lumps, tenderness)

Lymphatic palpation of lymph nodes: Two or more areas is counted as one bullet.

1. Neck
2. Axillae
3. Groin
4. Other

Verify all of the completed examination components listed in the report documents the relevance/relatedness to the injury and or "reasonable and necessity" for that specified patient's condition. Any examination bullet that is not clearly related to the injury or a patient's specific condition will not be counted/considered in the total number of bullets for the level of service.

TABLE III: Medical Decision Making Component (MDM): TABLES A, B, AND C

Overall MDM is determined by the highest 2 out of 3 categories below:

Table III.

Medical Decision Making (MDM) Component			
Type of Decision Making	A. # of Points for the # of Diagnosis and Management Options	B. # of Points for Amount and Complexity of Data	C. Level of Risk
Straightforward	0-1	0-1	Minimal
Low	2	2	Low
Moderate	3	3	Moderate
High	4+	4+	High

TABLE III A:

A. Number of Diagnosis & Management Options					
Category of Problem(s)	Occurrence of Problem(s)		Value		Total
Self-limited or minor problem	(max 2)	X	1		
Established problem, stable or improved		X	1		
Established problem, minor worsening		X	2		
New problem with no additional workup planned or established patient with worsening of condition and no additional workup planned	(max 1)	X	3		
New problem, additional workup planned or established patient with less than anticipated improvement or worsening of condition and additional workup planned		X	4		

TABLE III B:

B. Amount and/or Complexity of Data Reviewed	
Date Type:	Points
Lab(s) ordered and/or reports reviewed	1
X-ray (s) ordered and/or reports reviewed	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than the patient	1
Medicine section (90701-99199) ordered and /or physical therapy records reviewed and commented on progress state whether the patient is progressing and how they are functionally progressing or not and document any planned changes to the plan of care	2
Review and summary of old records and/or discussion with other health provider	2
Independent visualization of images, tracing or specimen	2
TOTAL	

TABLE III C:

C. Table of Risk (the highest one in any category determines the overall risk for this portion.)			
Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Option(s) Section
Minimal	One self-limiting or minor problem, e.g., cold, insect bite, tinea corporis, minor non-sutured laceration.	Lab tests requiring venipuncture; Chest X- rays; EKG, EEG; Urinalysis; Ultrasound; KOH prep	Rest; Gargles; Elastic bandages; Superficial dressings
Low	Two or more self-limited or minor problems; One stable chronic illness, e.g., well controlled HTN, DM2, cataract, BPH; Acute, uncomplicated illness or injury, e.g., allergic rhinitis, sprain.	Physiologic tests not under stress, e.g., PFTs; Non-cardiovascular imaging studies with contrast, e.g., barium enema; Superficial needle biopsy; ABG; Skin biopsies	Over the counter drugs; Minor surgery with no identified risk factors; PT/OT; IV fluids w/o additives; Simple or layered closure; Vaccine injection
Moderate	One or more chronic illness with mild exacerbation, progression or side effects of treatment; Two or more stable chronic illnesses; Undiagnosed new problem with uncertain prognosis, e.g., new extremity neurologic complaints; Acute illness with systemic symptoms, e.g., pyelonephritis colitis; Acute complicated injury, e.g., head injury, with brief loss of consciousness.	Physiologic tests under stress, e.g., cardiac stress test; Discography; Diagnostic injections; Deep needle, or incisional biopsies; Cardiovascular imaging studies, with contrast, and no identified risk factors, e.g., arteriogram, cardiac catheterization; Obtain fluid from body cavity, e.g., LP/thoracentesis.	Minor surgery, with identified risk factors; Elective major surgery (open, percutaneous, or endoscopic), with no identified risk factors; Prescription drug management; Therapeutic nuclear medicine; IV fluids, with additives; Closed treatment of fracture or dislocation, without manipulation; Inability to return the injured worker to work and requires detailed functional improvement plan.

High	<p>One or more chronic illness, with severe exacerbation, progression or side effects of treatment; Acute or chronic illness or injury, which poses a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness, with potential threat to self or others; An abrupt change in neurological status, e.g., seizure, TIA, weakness, sensory loss.</p>	<p>Cardiovascular imaging studies with contrast, with identified risk factors; Cardiac EP studies; Diagnostic endoscopies, with identified risk factors.</p>	<p>Elective major surgery (open, percutaneous, endoscopic), with identified risk factors; Emergency major surgery; Parenteral controlled substances; Decision not to resuscitate, or to de-escalate care because of poor prognosis; Potential for permanent work restrictions or total disability which would significantly restrict employment opportunities; Management of addiction behavior or other significant psychiatric condition; Treatment plan for patients with symptoms causing severe functional deficits without supporting physiological findings or verified related medical diagnosis.</p>
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Time Component:

- If greater than 50% of a physician's time at an E&M visit is spent either face-to-face with the patient counseling and/or coordination of care, with or without an interpreter, and there is detailed patient specific documentation of the counseling and/or coordination of care, then time can determine the level of service.
- If time is used to establish the level of visit and total amount of time falls in between two levels, then the provider's time shall be more than half way to reaching the higher level.

A. Counseling: Primary care physicians should have *shared decision making conferences* with their patients to *establish viable functional goals* prior to making referrals for diagnostic testing and/or to specialists. Shared decision making occurs when the physician shares with the patient all the treatment alternatives reflected in the Colorado Medical Treatment Guidelines as well as any possible side effects or limitations, and the patient shares with the primary physician their desired outcome from the treatment. Patients should be encouraged to express their goals, outcome expectations and desires from treatment as well as any personal habits or traits that may be impacted by procedures or their possible side effects.

1. The physician's time spent face-to-face with the patient and/or their family counseling him/her or them in one or more of the following:

- Injury/disease education that includes discussion of diagnostic tests results and a disease specific treatment plan.
- Return to work
- Temporary and/or permanent restrictions
- Self-management of symptoms while at home and/or work
- Correct posture/mechanics to perform work functions
- Job task exercises for muscle strengthening and stretching
- Appropriate tool and equipment use to prevent re-injury and/or worsening of the existing injury/condition
- Patient/injured worker expectations and specific goals
- Family and other interpersonal relationships and how they relate to psychological/social issues
- Discussion of pharmaceutical management (includes drug dosage, specific drug side effects and potential of addiction /problems
- Assessment of vocational plans (i.e., restrictions as they relate to current and future employment job requirements)

B. Coordination of Care: Coordination of care requires the physician to either call another health care provider (outside of their own clinic) regarding the patient’s diagnosis and/or treatment or the physician telephones or visits the employer in person to safely return the patient to work.

Table V: New Patient/Office Consultations Level of Service: CPT consultation criteria must be met before a consultation can be billed for any level of service.

New Patient/ Level of Service (requires all three key components at the same level or higher)	History	Examination	Medical Decision Making (MDM)	Average Time (minutes) as listed for the specific CPT® code
99201/9924 1	Problem Focused (PF)	PF	Straight Forward (SF)	10
99202/9924 2	Extended PF	EP F	SF	20
99203/9924 3	Detailed (D)	D	Low	30
99204/9924 4	Comprehensive (C)	C	Moderate	45
99205/9924 5	Comprehensive (C)	C	High	60

Table VI: Established Patient Office Visit Level of Service

Established Patient/ Level of Service (Requires at least two of the three key components at the same level or higher and one of the two must be MDM)	History	Examination	Medical Decision Making (MDM)	Average Time (minutes) as listed for the specific CPT® code
9921 1	N/A	N/A	N/A	5
9921 2	Problem Focused (PF)	PF	SF	10
9921 3	Extended PF	EP F	Low	15
9921 4	Detailed (D)	D	Moderate	25
9921 5	Comprehensive (C)	C	High	40

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
36415		\$ 5.10	Routine venipuncture
36416		\$ 5.10	Capillary blood collection
78267		\$ 18.80	Breath tst attain/anal c-14
78268		\$ 160.50	Breath test analysis c-14
80047		\$ 23.34	Metabolic panel ionized ca
80047	QW	\$ 23.34	Metabolic panel ionized ca
80048		\$ 17.75	Metabolic panel total ca
80048	QW	\$ 17.75	Metabolic panel total ca
80050		\$ 49.30	General Health Panel (80053+85004+85027)
80051		\$ 14.72	Electrolyte panel
80051	QW	\$ 14.72	Electrolyte panel
80053		\$ 22.17	Comprehen metabolic panel
80053	QW	\$ 22.17	Comprehen metabolic panel
80055		\$ 100.33	Obstetric panel
80061		\$ 28.10	Lipid panel
80061	QW	\$ 28.10	Lipid panel
80069		\$ 18.22	Renal function panel
80069	QW	\$ 18.22	Renal function panel
80074		\$ 99.98	Acute hepatitis panel
80076		\$ 17.15	Hepatic function panel

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
80081		\$ 157.11	Obstetric panel
80150		\$ 31.64	Assay of amikacin
80155		\$ 65.57	Drug assay caffeine
80156		\$ 30.57	Assay carbamazepine total
80157		\$ 27.81	Assay carbamazepine free
80158		\$ 37.88	Drug assay cyclosporine
80159		\$ 38.81	Drug assay clozapine
80162		\$ 27.86	Assay of digoxin total
80163		\$ 27.86	Assay of digoxin free
80164		\$ 28.42	Assay dipropylacetic acid tot
80165		\$ 28.42	Dipropylacetic acid free
80168		\$ 34.29	Assay of ethosuximide
80169		\$ 28.83	Drug assay everolimus
80170		\$ 34.37	Assay of gentamicin
80171		\$ 36.84	Drug screen quant gabapentin
80173		\$ 30.57	Assay of haloperidol
80175		\$ 27.81	Drug screen quan lamotrigine
80176		\$ 30.84	Assay of lidocaine
80177		\$ 27.81	Drug scrn quan levetiracetam
80178		\$ 13.87	Assay of lithium

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
80178	QW	\$ 13.87	Assay of lithium
80180		\$ 37.88	Drug scrn quan mycophenolate
80183		\$ 27.81	Drug scrn quant oxcarbazepin
80184		\$ 26.01	Assay of phenobarbital
80185		\$ 27.81	Assay of phenytoin total
80186		\$ 28.88	Assay of phenytoin free
80188		\$ 34.82	Assay of primidone
80190		\$ 102.00	Assay of procainamide
80192		\$ 35.16	Assay of procainamide
80194		\$ 30.65	Assay of quinidine
80195		\$ 28.83	Assay of sirolimus
80197		\$ 28.83	Assay of tacrolimus
80198		\$ 29.68	Assay of theophylline
80199		\$ 46.09	Drug screen quant tiagabine
80200		\$ 33.85	Assay of tobramycin
80201		\$ 25.02	Assay of topiramate
80202		\$ 28.42	Assay of vancomycin
80203		\$ 27.81	Drug screen quant zonisamide
80299		\$ 31.69	Quantitative assay drug
80305		\$ 22.88	Drug test prsmv dir opt obs

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
80305	QW	\$ 22.88	Drug test prsmv dir opt obs
80306		\$ 30.53	Drug test prsmv instrmnt
80307		\$ 122.11	Drug test prsmv chem analyzr
80400		\$ 68.46	Acth stimulation panel
80402		\$ 182.50	Acth stimulation panel
80406		\$ 164.25	Acth stimulation panel
80408		\$ 263.40	Aldosterone suppression eval
80410		\$ 56.24	Calcitonin stimul panel
80412		\$ 1,362.75	Crh stimulation panel
80414		\$ 108.38	Testosterone response
80415		\$ 117.28	Estradiol response panel
80416		\$ 355.84	Renin stimulation panel
80417		\$ 92.33	Renin stimulation panel
80418		\$ 1,216.23	Pituitary evaluation panel
80420		\$ 275.20	Dexamethasone panel
80422		\$ 96.70	Glucagon tolerance panel
80424		\$ 105.98	Glucagon tolerance panel
80426		\$ 311.47	Gonadotropin hormone panel
80428		\$ 140.00	Growth hormone panel
80430		\$ 219.86	Growth hormone panel

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
80432		\$ 283.54	Insulin suppression panel
80434		\$ 484.55	Insulin tolerance panel
80435		\$ 216.21	Insulin tolerance panel
80436		\$ 191.34	Metyrapone panel
80438		\$ 105.81	Trh stimulation panel
80439		\$ 141.07	Trh stimulation panel
81000		\$ 6.83	Urinalysis nonauto w/scope
81001		\$ 6.66	Urinalysis auto w/scope
81002		\$ 5.92	Urinalysis nonauto w/o scope
81003		\$ 4.71	Urinalysis auto w/o scope
81003	QW	\$ 4.71	Urinalysis auto w/o scope
81005		\$ 4.54	Urinalysis
81007		\$ 50.97	Urine screen for bacteria
81007	QW	\$ 50.97	Urine screen for bacteria
81015		\$ 6.39	Microscopic exam of urine
81020		\$ 7.99	Urinalysis glass test
81025		\$ 14.64	Urine pregnancy test
81050		\$ 6.31	Urinalysis volume measure
81105		\$ 256.51	Hpa-1 genotyping
81106		\$ 256.51	Hpa-2 genotyping

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81107		\$ 256.51	Hpa-3 genotyping
81108		\$ 256.51	Hpa-4 genotyping
81109		\$ 256.51	Hpa-5 genotyping
81110		\$ 256.51	Hpa-6 genotyping
81111		\$ 256.51	Hpa-9 genotyping
81112		\$ 256.51	Hpa-15 genotyping
81120		\$ 328.53	ldh1 common variants
81121		\$ 502.84	ldh2 common variants
81161		\$ 474.30	Dmd dup/delet analysis
81162		\$ 3,829.98	Brca1&2 seq & full dup/del
81170		\$ 510.00	Abl1 gene
81175		\$ 1,201.93	Asx1 full gene sequence
81176		\$ 507.69	Asx1 gene target seq alys
81200		\$ 80.33	Aspa gene
81201		\$ 1,326.00	Apc gene full sequence
81202		\$ 476.00	Apc gene known fam variants
81203		\$ 340.00	Apc gene dup/delet variants
81205		\$ 161.48	Bckdhb gene
81206		\$ 344.11	Bcr/abl1 gene major bp
81207		\$ 303.98	Bcr/abl1 gene minor bp

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81208		\$ 364.85	Bcr/abl1 gene other bp
81209		\$ 66.83	Blm gene
81210		\$ 298.18	Braf gene
81211		\$ 4,072.93	Brca1&2 seq & com dup/del
81212		\$ 748.00	Brca1&2 185&5385&6174 var
81213		\$ 940.10	Brca1&2 uncom dup/del var
81214		\$ 2,212.41	Brca1 full seq & com dup/del
81215		\$ 637.93	Brca1 gene known fam variant
81216		\$ 314.70	Brca2 gene full sequence
81217		\$ 637.93	Brca2 gene known fam variant
81218		\$ 507.69	Cebpa gene full sequence
81219		\$ 255.27	Calr gene com variants
81220		\$ 946.22	Cftr gene com variants
81221		\$ 165.27	Cftr gene known fam variants
81222		\$ 739.62	Cftr gene dup/delet variants
81223		\$ 848.30	Cftr gene full sequence
81224		\$ 286.88	Cftr gene intron poly t
81225		\$ 495.31	Cyp2c19 gene com variants
81226		\$ 766.55	Cyp2d6 gene com variants
81227		\$ 297.18	Cyp2c9 gene com variants

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81228		\$ 1,530.00	Cytogen microarray copy nmbr
81229		\$ 1,972.00	Cytogen m array copy no&snp
81230		\$ 297.18	Cyp3a4 gene common variants
81231		\$ 297.18	Cyp3a5 gene common variants
81232		\$ 297.18	Dpyd gene common variants
81235		\$ 551.79	Egfr gene com variants
81238		\$ 1,020.00	F9 full gene sequence
81240		\$ 111.67	F2 gene
81241		\$ 128.25	F5 gene
81242		\$ 62.25	Fancc gene
81243		\$ 96.97	Fmr1 gene detection
81244		\$ 76.31	Fmr1 gene characterization
81245		\$ 281.37	Flt3 gene
81246		\$ 141.10	Flt3 gene analysis
81247		\$ 297.18	G6pd gene alys cmn variant
81248		\$ 637.93	G6pd known familial variant
81249		\$ 1,020.00	G6pd full gene sequence
81250		\$ 99.43	G6pc gene
81251		\$ 80.33	Gba gene
81252		\$ 171.90	Gjb2 gene full sequence

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81253		\$ 104.58	Gjb2 gene known fam variants
81254		\$ 59.50	Gjb6 gene com variants
81255		\$ 87.47	Hexa gene
81256		\$ 137.17	Hfe gene
81257		\$ 173.84	Hba1/hba2 gene
81258		\$ 637.93	Hba1/hba2 gene fam vrnt
81259		\$ 1,020.00	Hba1/hba2 full gene sequence
81260		\$ 66.83	lkbkap gene
81261		\$ 415.53	Igh gene rearrange amp meth
81262		\$ 116.54	Igh gene rearrang dir probe
81263		\$ 618.12	Igh vari regional mutation
81264		\$ 313.40	Igk rearrangeabn clonal pop
81265		\$ 451.33	Str markers specimen anal
81266		\$ 518.18	Str markers spec anal addl
81267		\$ 435.40	Chimerism anal no cell selec
81268		\$ 547.33	Chimerism anal w/cell select
81269		\$ 344.08	Hba1/hba2 gene dup/del vrnts
81270		\$ 192.39	Jak2 gene
81272		\$ 560.17	Kit gene targeted seq analys
81273		\$ 212.28	Kit gene analys d816 variant

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81275		\$ 328.53	Kras gene variants exon 2
81276		\$ 328.53	Kras gene addl variants
81280		\$ 707.34	Long qt synd gene full seq
81281		\$ 484.50	Long qt synd known fam var
81282		\$ 2,125.00	Long qt syn gene dup/dlt var
81283		\$ 128.25	Ifn13 gene
81287		\$ 211.89	Mgmt gene methylation anal
81288		\$ 326.94	Mlh1 gene
81290		\$ 66.83	Mcoln1 gene
81291		\$ 111.08	Mthfr gene
81292		\$ 1,148.18	Mlh1 gene full seq
81293		\$ 562.70	Mlh1 gene known variants
81294		\$ 344.08	Mlh1 gene dup/delete variant
81295		\$ 648.89	Msh2 gene full seq
81296		\$ 574.14	Msh2 gene known variants
81297		\$ 362.61	Msh2 gene dup/delete variant
81298		\$ 1,091.15	Msh6 gene full seq
81299		\$ 523.60	Msh6 gene known variants
81300		\$ 404.60	Msh6 gene dup/delete variant
81301		\$ 607.72	Microsatellite instability

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81302		\$ 897.38	Mecp2 gene full seq
81303		\$ 204.00	Mecp2 gene known variant
81304		\$ 255.00	Mecp2 gene dup/delet variant
81310		\$ 419.08	Npm1 gene
81311		\$ 502.84	Nras gene variants exon 2&3
81313		\$ 433.59	Pca3/klk3 antigen
81314		\$ 560.17	Pdgfra gene
81315		\$ 435.10	Pml/raralpha com breakpoints
81316		\$ 435.10	Pml/raralpha 1 breakpoint
81317		\$ 1,201.93	Pms2 gene full seq analysis
81318		\$ 562.70	Pms2 known familial variants
81319		\$ 345.95	Pms2 gene dup/delet variants
81321		\$ 1,020.00	Pten gene full sequence
81322		\$ 89.85	Pten gene known fam variant
81323		\$ 510.00	Pten gene dup/delet variant
81324		\$ 1,289.21	Pmp22 gene dup/delet
81325		\$ 1,308.29	Pmp22 gene full sequence
81326		\$ 89.85	Pmp22 gene known fam variant
81327		\$ -	Sept9 methylation analysis
81328		\$ 297.18	Slco1b1 gene com variants

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81330		\$ 79.90	Smpd1 gene common variants
81331		\$ 86.82	Snrpn/ube3a gene
81332		\$ 91.61	Serpina1 gene
81334		\$ 560.17	Runx1 gene targeted seq alys
81335		\$ 297.18	Tpmt gene com variants
81340		\$ 438.46	Trb@ gene rearrange amplify
81341		\$ 104.07	Trb@ gene rearrange dirprobe
81342		\$ 422.89	Trg gene rearrangement anal
81346		\$ 297.18	Tyms gene com variants
81350		\$ 397.80	Ugt1a1 gene
81355		\$ 149.94	Vkorc1 gene
81361		\$ 297.18	Hbb gene com variants
81362		\$ 637.93	Hbb gene known fam variant
81363		\$ 344.08	Hbb gene dup/del variants
81364		\$ 551.79	Hbb full gene sequence
81370		\$ 843.97	Hla i & ii typing lr
81371		\$ 687.68	Hla i & ii type verify lr
81372		\$ 686.10	Hla i typing complete lr
81373		\$ 233.72	Hla i typing 1 locus lr
81374		\$ 152.68	Hla i typing 1 antigen lr

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81375		\$ 463.28	Hla ii typing ag equiv lr
81376		\$ 256.51	Hla ii typing 1 locus lr
81377		\$ 192.70	Hla ii type 1 ag equiv lr
81378		\$ 725.27	Hla i & ii typing hr
81379		\$ 703.89	Hla i typing complete hr
81380		\$ 372.01	Hla i typing 1 locus hr
81381		\$ 288.83	Hla i typing 1 allele hr
81382		\$ 259.57	Hla ii typing 1 loc hr
81383		\$ 229.04	Hla ii typing 1 allele hr
81400		\$ 108.73	Mopath procedure level 1
81401		\$ 232.90	Mopath procedure level 2
81402		\$ 255.56	Mopath procedure level 3
81403		\$ 314.84	Mopath procedure level 4
81404		\$ 467.21	Mopath procedure level 5
81405		\$ 512.30	Mopath procedure level 6
81406		\$ 480.90	Mopath procedure level 7
81407		\$ 1,438.66	Mopath procedure level 8
81408		\$ 3,400.00	Mopath procedure level 9
81410		\$ 856.80	Aortic dysfunction/dilation
81411		\$ 2,295.32	Aortic dysfunction/dilation

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81412		\$ 4,162.55	Ashkenazi jewish assoc dis
81413		\$ 1,227.57	Car ion chnnlpath inc 10 gns
81414		\$ 1,227.57	Car ion chnnlpath inc 2 gns
81415		\$ 8,126.00	Exome sequence analysis
81416		\$ 20,400.00	Exome sequence analysis
81417		\$ 544.00	Exome re-evaluation
81420		\$ 1,290.39	Fetal chrmmoml aneuploidy
81422		\$ 1,290.39	Fetal chrmmoml microdeltj
81425		\$ -	Genome sequence analysis
81426		\$ -	Genome sequence analysis
81427		\$ -	Genome re-evaluation
81430		\$ 2,762.50	Hearing loss sequence analys
81431		\$ 1,155.27	Hearing loss dup/del analys
81432		\$ 1,425.16	Hrdtry brst ca-rlatd dsordrs
81433		\$ 921.21	Hrdtry brst ca-rlatd dsordrs
81434		\$ 1,016.45	Hereditary retinal disorders
81435		\$ 1,227.57	Hereditary colon ca dsordrs
81436		\$ 1,227.57	Hereditary colon ca dsordrs
81437		\$ 921.21	Heredtry nurondcrn tum dsrdr
81438		\$ 921.21	Heredtry nurondcrn tum dsrdr

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81439		\$ 1,227.57	Hrdtry cardmypy gene panel
81440		\$ 5,650.80	Mitochondrial gene
81442		\$ 3,644.12	Noonan spectrum disorders
81445		\$ 1,016.45	Targeted genomic seq analys
81448		\$ 1,227.57	Hrdtry perph neurphy panel
81450		\$ 1,291.20	Targeted genomic seq analys
81455		\$ 4,963.32	Targeted genomic seq analys
81460		\$ 2,187.90	Whole mitochondrial genome
81465		\$ 1,591.20	Whole mitochondrial genome
81470		\$ -	X-linked intellectual dblt
81471		\$ -	X-linked intellectual dblt
81490		\$ 1,429.11	Autoimmune rheumatoid arthr
81493		\$ 1,785.00	Cor artery disease mrna
81500		\$ 442.85	Onco (ovar) two proteins
81503		\$ 1,524.90	Onco (ovar) five proteins
81504		\$ 884.00	Oncology tissue of origin
81506		\$ 137.75	Endo assay seven anal
81507		\$ 1,351.50	Fetal aneuploidy trisom risk
81508		\$ 92.31	Ftl cgen abnor two proteins
81509		\$ 2,528.53	Ftl cgen abnor 3 proteins

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
81510		\$ 94.42	Ftl cgen abnor three anal
81511		\$ 260.95	Ftl cgen abnor four anal
81512		\$ 118.18	Ftl cgen abnor five anal
81519		\$ 6,584.10	Oncology breast mrna
81520		\$ 5,268.33	Onc breast mrna 58 genes
81521		\$ 6,584.10	Onc breast mrna 70 genes
81525		\$ 5,297.20	Oncology colon mrna
81528		\$ 865.08	Oncology colorectal scr
81535		\$ 985.08	Oncology gynecologic
81536		\$ 301.85	Oncology gynecologic
81538		\$ 4,880.70	Oncology lung
81539		\$ 1,292.00	Oncology prostate prob score
81540		\$ 6,375.00	Oncology tum unknown origin
81541		\$ 6,584.10	Onc prostate mrna 46 genes
81545		\$ 6,120.00	Oncology thyroid
81551		\$ -	Onc prostate 3 genes
81595		\$ 5,508.00	Cardiology hrt trnspl mrna
82009		\$ 9.49	Test for acetone/ketones
82010		\$ 17.15	Acetone assay
82010	QW	\$ 17.15	Acetone assay

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82013		\$ 23.44	Acetylcholinesterase assay
82016		\$ 29.12	Acylcarnitines qual
82017		\$ 35.41	Acylcarnitines quant
82024		\$ 81.06	Assay of acth
82030		\$ 54.15	Assay of adp & amp
82040		\$ 10.39	Assay of serum albumin
82040	QW	\$ 10.39	Assay of serum albumin
82042		\$ 13.23	Other source albumin quan ea
82042	QW	\$ 13.23	Other source albumin quan ea
82043		\$ 12.14	Ur albumin quantitative
82043	QW	\$ 12.14	Ur albumin quantitative
82044		\$ 10.59	Ur albumin semiquantitative
82044	QW	\$ 10.59	Ur albumin semiquantitative
82045		\$ 71.23	Albumin ischemia modified
82075		\$ 51.00	Assay of breath ethanol
82085		\$ 20.38	Assay of aldolase
82088		\$ 85.53	Assay of aldosterone
82103		\$ 28.20	Alpha-1-antitrypsin total
82104		\$ 30.36	Alpha-1-antitrypsin pheno
82105		\$ 35.21	Alpha-fetoprotein serum

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82106		\$ 35.21	Alpha-fetoprotein amniotic
82107		\$ 135.18	Alpha-fetoprotein I3
82108		\$ 53.48	Assay of aluminum
82120		\$ 10.18	Amines vaginal fluid qual
82120	QW	\$ 10.18	Amines vaginal fluid qual
82127		\$ 29.12	Amino acid single qual
82128		\$ 29.12	Amino acids mult qual
82131		\$ 39.07	Amino acids single quant
82135		\$ 34.53	Assay aminolevulinic acid
82136		\$ 35.41	Amino acids quant 2-5
82139		\$ 35.41	Amino acids quan 6 or more
82140		\$ 30.58	Assay of ammonia
82143		\$ 15.90	Amniotic fluid scan
82150		\$ 13.60	Assay of amylase
82150	QW	\$ 13.60	Assay of amylase
82154		\$ 60.52	Androstanediol glucuronide
82157		\$ 61.44	Assay of androstenedione
82160		\$ 52.48	Assay of androsterone
82163		\$ 43.08	Assay of angiotensin ii
82164		\$ 30.65	Angiotensin i enzyme test

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82172		\$ 35.85	Assay of apolipoprotein
82175		\$ 39.81	Assay of arsenic
82180		\$ 20.74	Assay of ascorbic acid
82190		\$ 31.30	Atomic absorption
82232		\$ 33.95	Assay of beta-2 protein
82239		\$ 35.94	Bile acids total
82240		\$ 55.78	Bile acids cholyglycine
82247		\$ 10.52	Bilirubin total
82247	QW	\$ 10.52	Bilirubin total
82248		\$ 10.52	Bilirubin direct
82252		\$ 9.57	Fecal bilirubin test
82261		\$ 35.41	Assay of biotinidase
82270		\$ 7.45	Occult blood feces
82271		\$ 9.04	Occult blood other sources
82271	QW	\$ 9.04	Occult blood other sources
82272		\$ 7.19	Occult bld feces 1-3 tests
82274		\$ 33.39	Assay test for blood fecal
82274	QW	\$ 33.39	Assay test for blood fecal
82286		\$ 10.83	Assay of bradykinin
82300		\$ 48.59	Assay of cadmium

Exhibit #8 Clinical Laboratory Fee Schedule

Effective for Dates of Service on and after 1/1/2019

HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82306		\$ 62.14	Vitamin d 25 hydroxy
82308		\$ 56.24	Assay of calcitonin
82310		\$ 10.83	Assay of calcium
82310	QW	\$ 10.83	Assay of calcium
82330		\$ 28.70	Assay of calcium
82330	QW	\$ 28.70	Assay of calcium
82331		\$ 22.68	Calcium infusion test
82340		\$ 12.65	Assay of calcium in urine
82355		\$ 24.29	Calculus analysis qual
82360		\$ 27.01	Calculus assay quant
82365		\$ 27.06	Calculus spectroscopy
82370		\$ 26.28	X-ray assay calculus
82373		\$ 37.89	Assay c-d transfer measure
82374		\$ 10.25	Assay blood carbon dioxide
82374	QW	\$ 10.25	Assay blood carbon dioxide
82375		\$ 25.86	Assay carboxyhb quant
82376		\$ 23.92	Assay carboxyhb qual
82378		\$ 39.80	Carcinoembryonic antigen
82379		\$ 35.41	Assay of carnitine
82380		\$ 19.36	Assay of carotene

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82382		\$ 46.41	Assay urine catecholamines
82383		\$ 52.58	Assay blood catecholamines
82384		\$ 53.01	Assay three catecholamines
82387		\$ 37.89	Assay of cathepsin-d
82390		\$ 22.54	Assay of ceruloplasmin
82397		\$ 29.63	Chemiluminescent assay
82415		\$ 26.59	Assay of chloramphenicol
82435		\$ 9.66	Assay of blood chloride
82435	QW	\$ 9.66	Assay of blood chloride
82436		\$ 10.56	Assay of urine chloride
82438		\$ 10.25	Assay other fluid chlorides
82441		\$ 12.61	Test for chlorohydrocarbons
82465		\$ 9.13	Assay bld/serum cholesterol
82465	QW	\$ 9.13	Assay bld/serum cholesterol
82480		\$ 16.52	Assay serum cholinesterase
82482		\$ 16.68	Assay rbc cholinesterase
82485		\$ 43.35	Assay chondroitin sulfate
82495		\$ 42.57	Assay of chromium
82507		\$ 58.36	Assay of citrate
82523		\$ 39.22	Collagen crosslinks

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82523	QW	\$ 39.22	Collagen crosslinks
82525		\$ 26.04	Assay of copper
82528		\$ 47.26	Assay of corticosterone
82530		\$ 35.07	Cortisol free
82533		\$ 34.20	Total cortisol
82540		\$ 9.72	Assay of creatine
82542		\$ 40.95	Col chromatography qual/quan
82550		\$ 13.67	Assay of ck (cpk)
82550	QW	\$ 13.67	Assay of ck (cpk)
82552		\$ 28.10	Assay of cpk in blood
82553		\$ 24.24	Creatine mb fraction
82554		\$ 24.91	Creatine isoforms
82565		\$ 10.76	Assay of creatinine
82565	QW	\$ 10.76	Assay of creatinine
82570		\$ 10.86	Assay of urine creatinine
82570	QW	\$ 10.86	Assay of urine creatinine
82575		\$ 19.84	Creatinine clearance test
82585		\$ 24.04	Assay of cryofibrinogen
82595		\$ 13.57	Assay of cryoglobulin
82600		\$ 40.72	Assay of cyanide

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82607		\$ 31.64	Vitamin b-12
82608		\$ 30.06	B-12 binding capacity
82610		\$ 31.48	Cystatin c
82615		\$ 17.14	Test for urine cystines
82626		\$ 53.04	Dehydroepiandrosterone
82627		\$ 46.67	Dehydroepiandrosterone
82633		\$ 65.03	Desoxycorticosterone
82634		\$ 61.44	Deoxycortisol
82638		\$ 25.70	Assay of dibucaine number
82652		\$ 80.80	Vit d 1 25-dihydroxy
82656		\$ 24.21	Pancreatic elastase fecal
82657		\$ 37.89	Enzyme cell activity
82658		\$ 74.85	Enzyme cell activity ra
82664		\$ 104.55	Electrophoretic test
82668		\$ 39.44	Assay of erythropoietin
82670		\$ 58.63	Assay of estradiol
82671		\$ 67.80	Assay of estrogens
82672		\$ 45.53	Assay of estrogen
82677		\$ 50.75	Assay of estriol
82679		\$ 52.38	Assay of estrone

Exhibit #8 Clinical Laboratory Fee Schedule

Effective for Dates of Service on and after 1/1/2019

HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82679	QW	\$ 52.38	Assay of estrone
82693		\$ 31.28	Assay of ethylene glycol
82696		\$ 49.50	Assay of etiocholanolone
82705		\$ 10.69	Fats/lipids feces qual
82710		\$ 35.28	Fats/lipids feces quant
82715		\$ 39.05	Assay of fecal fat
82725		\$ 31.91	Assay of blood fatty acids
82726		\$ 37.89	Long chain fatty acids
82728		\$ 28.61	Assay of ferritin
82731		\$ 135.18	Assay of fetal fibronectin
82735		\$ 38.91	Assay of fluoride
82746		\$ 30.86	Assay of folic acid serum
82747		\$ 36.35	Assay of folic acid rbc
82757		\$ 36.38	Assay of semen fructose
82759		\$ 45.08	Assay of rbc galactokinase
82760		\$ 23.49	Assay of galactose
82775		\$ 44.22	Assay galactose transferase
82776		\$ 19.96	Galactose transferase test
82777		\$ 75.23	Galectin-3
82784		\$ 19.52	Assay iga/igd/igg/igm each

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82785		\$ 34.54	Assay of ige
82787		\$ 16.83	Igg 1 2 3 or 4 each
82800		\$ 18.70	Blood ph
82803		\$ 44.32	Blood gases any combination
82805		\$ 133.91	Blood gases w/o2 saturation
82810		\$ 18.31	Blood gases o2 sat only
82820		\$ 22.68	Hemoglobin-oxygen affinity
82930		\$ 11.42	Gastric analy w/ph ea spec
82938		\$ 37.13	Gastrin test
82941		\$ 37.01	Assay of gastrin
82943		\$ 29.99	Assay of glucagon
82945		\$ 8.25	Glucose other fluid
82946		\$ 31.64	Glucagon tolerance test
82947		\$ 8.25	Assay glucose blood quant
82947	QW	\$ 8.25	Assay glucose blood quant
82948		\$ 8.57	Reagent strip/blood glucose
82950		\$ 9.96	Glucose test
82950	QW	\$ 9.96	Glucose test
82951		\$ 27.01	Glucose tolerance test (gtt)
82951	QW	\$ 27.01	Glucose tolerance test (gtt)

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
82952		\$ 8.23	Gtt-added samples
82952	QW	\$ 8.23	Gtt-added samples
82955		\$ 20.35	Assay of g6pd enzyme
82960		\$ 12.70	Test for g6pd enzyme
82962		\$ 5.58	Glucose blood test
82963		\$ 45.08	Assay of glucosidase
82965		\$ 22.36	Assay of gdh enzyme
82977		\$ 15.11	Assay of ggt
82977	QW	\$ 15.11	Assay of ggt
82978		\$ 29.92	Assay of glutathione
82979		\$ 19.82	Assay rbc glutathione
82985		\$ 31.64	Assay of glycated protein
82985	QW	\$ 31.64	Assay of glycated protein
83001		\$ 39.00	Assay of gonadotropin (fsh)
83001	QW	\$ 39.00	Assay of gonadotropin (fsh)
83002		\$ 38.86	Assay of gonadotropin (lh)
83002	QW	\$ 38.86	Assay of gonadotropin (lh)
83003		\$ 34.99	Assay growth hormone (hgh)
83006		\$ 128.52	Growth stimulation gene 2
83009		\$ 141.37	H pylori (c-13) blood

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83010		\$ 26.40	Assay of haptoglobin quant
83012		\$ 45.71	Assay of haptoglobins
83013		\$ 141.37	H pylori (c-13) breath
83014		\$ 16.49	H pylori drug admin
83015		\$ 39.53	Heavy metal qual any anal
83018		\$ 46.10	Heavy metal quant each nes
83020		\$ 27.01	Hemoglobin electrophoresis
83021		\$ 37.89	Hemoglobin chromatography
83026		\$ 6.82	Hemoglobin copper sulfate
83030		\$ 18.26	Fetal hemoglobin chemical
83033		\$ 13.60	Fetal hemoglobin assay qual
83036		\$ 20.38	Glycosylated hemoglobin test
83036	QW	\$ 20.38	Glycosylated hemoglobin test
83037		\$ 20.38	Glycosylated hb home device
83037	QW	\$ 20.38	Glycosylated hb home device
83045		\$ 11.03	Blood methemoglobin test
83050		\$ 15.39	Blood methemoglobin assay
83051		\$ 15.35	Assay of plasma hemoglobin
83060		\$ 17.36	Blood sulfhemoglobin assay
83065		\$ 15.30	Assay of hemoglobin heat

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83068		\$ 17.77	Hemoglobin stability screen
83069		\$ 8.30	Assay of urine hemoglobin
83070		\$ 9.96	Assay of hemosiderin qual
83080		\$ 35.41	Assay of b hexosaminidase
83088		\$ 61.98	Assay of histamine
83090		\$ 35.41	Assay of homocystine
83150		\$ 40.61	Assay of homovanillic acid
83491		\$ 36.79	Assay of corticosteroids 17
83497		\$ 27.06	Assay of 5-hiaa
83498		\$ 57.02	Assay of progesterone 17-d
83500		\$ 47.53	Assay free hydroxyproline
83505		\$ 51.02	Assay total hydroxyproline
83516		\$ 24.21	Immunoassay nonantibody
83516	QW	\$ 24.21	Immunoassay nonantibody
83518		\$ 17.80	Immunoassay dipstick
83518	QW	\$ 17.80	Immunoassay dipstick
83519		\$ 31.28	Ria nonantibody
83520		\$ 29.36	Immunoassay quant nos nonab
83520	QW	\$ 29.36	Immunoassay quant nos nonab
83525		\$ 23.99	Assay of insulin

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83527		\$ 27.17	Assay of insulin
83528		\$ 33.69	Assay of intrinsic factor
83540		\$ 13.58	Assay of iron
83550		\$ 18.34	Iron binding test
83570		\$ 18.58	Assay of idh enzyme
83582		\$ 29.75	Assay of ketogenic steroids
83586		\$ 26.86	Assay 17- ketosteroids
83593		\$ 55.20	Fractionation ketosteroids
83605		\$ 22.42	Assay of lactic acid
83605	QW	\$ 22.42	Assay of lactic acid
83615		\$ 12.67	Lactate (ld) (ldh) enzyme
83625		\$ 26.86	Assay of ldh enzymes
83630		\$ 41.21	Lactoferrin fecal (qual)
83631		\$ 41.21	Lactoferrin fecal (quant)
83632		\$ 42.45	Placental lactogen
83633		\$ 19.13	Test urine for lactose
83655		\$ 25.42	Assay of lead
83655	QW	\$ 25.42	Assay of lead
83661		\$ 46.14	L/s ratio fetal lung
83662		\$ 39.70	Foam stability fetal lung

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83663		\$ 39.70	Fluoro polarize fetal lung
83664		\$ 39.70	Lamellar bdy fetal lung
83670		\$ 19.23	Assay of lap enzyme
83690		\$ 14.47	Assay of lipase
83695		\$ 27.17	Assay of lipoprotein(a)
83698		\$ 78.73	Assay lipoprotein pla2
83700		\$ 23.63	Lipopro bld electrophoretic
83701		\$ 57.56	Lipoprotein bld hr fraction
83704		\$ 66.22	Lipoprotein bld quan part
83718		\$ 17.20	Assay of lipoprotein
83718	QW	\$ 17.20	Assay of lipoprotein
83719		\$ 24.41	Assay of blood lipoprotein
83721		\$ 20.03	Assay of blood lipoprotein
83721	QW	\$ 20.03	Assay of blood lipoprotein
83727		\$ 36.07	Assay of lrh hormone
83735		\$ 14.06	Assay of magnesium
83775		\$ 15.47	Assay malate dehydrogenase
83785		\$ 51.63	Assay of manganese
83789		\$ 40.99	Mass spectrometry qual/quan
83825		\$ 34.12	Assay of mercury

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83835		\$ 35.56	Assay of metanephrines
83857		\$ 22.54	Assay of methemalbumin
83861		\$ 38.22	Microfluid analy tears
83861	QW	\$ 38.22	Microfluid analy tears
83864		\$ 48.45	Mucopolysaccharides
83872		\$ 12.31	Assay synovial fluid mucin
83873		\$ 36.11	Assay of csf protein
83874		\$ 27.12	Assay of myoglobin
83876		\$ 86.46	Assay myeloperoxidase
83880		\$ 71.23	Assay of natriuretic peptide
83880	QW	\$ 71.23	Assay of natriuretic peptide
83883		\$ 28.54	Assay nephelometry not spec
83885		\$ 51.44	Assay of nickel
83915		\$ 23.41	Assay of nucleotidase
83916		\$ 46.56	Oligoclonal bands
83918		\$ 40.12	Organic acids total quant
83919		\$ 34.53	Organic acids qual each
83921		\$ 36.06	Organic acid single quant
83930		\$ 13.87	Assay of blood osmolality
83935		\$ 14.31	Assay of urine osmolality

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
83937		\$ 62.65	Assay of osteocalcin
83945		\$ 27.01	Assay of oxalate
83950		\$ 135.18	Oncoprotein her-2/neu
83951		\$ 135.18	Oncoprotein dcp
83970		\$ 86.63	Assay of parathormone
83986		\$ 7.51	Assay ph body fluid nos
83986	QW	\$ 7.51	Assay ph body fluid nos
83987		\$ 7.51	Exhaled breath condensate
83993		\$ 41.21	Assay for calprotectin fecal
84030		\$ 11.54	Assay of blood pku
84035		\$ 7.68	Assay of phenylketones
84060		\$ 15.50	Assay acid phosphatase
84066		\$ 20.28	Assay prostate phosphatase
84075		\$ 10.86	Assay alkaline phosphatase
84075	QW	\$ 10.86	Assay alkaline phosphatase
84078		\$ 15.32	Assay alkaline phosphatase
84080		\$ 31.03	Assay alkaline phosphatases
84081		\$ 34.66	Assay phosphatidylglycerol
84085		\$ 19.82	Assay of rbc pg6d enzyme
84087		\$ 21.66	Assay phosphohexose enzymes

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84100		\$ 9.95	Assay of phosphorus
84105		\$ 10.86	Assay of urine phosphorus
84106		\$ 9.89	Test for porphobilinogen
84110		\$ 17.71	Assay of porphobilinogen
84112		\$ 166.79	Eval amniotic fluid protein
84119		\$ 22.71	Test urine for porphyrins
84120		\$ 30.87	Assay of urine porphyrins
84126		\$ 66.49	Assay of feces porphyrins
84132		\$ 9.66	Assay of serum potassium
84132	QW	\$ 9.66	Assay of serum potassium
84133		\$ 9.04	Assay of urine potassium
84134		\$ 30.62	Assay of prealbumin
84135		\$ 40.17	Assay of pregnanediol
84138		\$ 39.73	Assay of pregnanetriol
84140		\$ 43.38	Assay of pregnenolone
84143		\$ 47.87	Assay of 17-hydroxypregнено
84144		\$ 43.79	Assay of progesterone
84145		\$ 56.24	Procalcitonin (pct)
84146		\$ 40.66	Assay of prolactin
84150		\$ 71.01	Assay of prostaglandin

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84152		\$ 38.61	Assay of psa complexed
84153		\$ 38.61	Assay of psa total
84154		\$ 38.61	Assay of psa free
84155		\$ 7.70	Assay of protein serum
84155	QW	\$ 7.70	Assay of protein serum
84156		\$ 7.70	Assay of protein urine
84157		\$ 7.70	Assay of protein other
84157	QW	\$ 7.70	Assay of protein other
84160		\$ 10.86	Assay of protein any source
84163		\$ 31.60	Pappa serum
84165		\$ 22.54	Protein e-phoresis serum
84166		\$ 37.42	Protein e-phoresis/urine/csf
84181		\$ 35.73	Western blot test
84182		\$ 49.66	Protein western blot test
84202		\$ 30.11	Assay rbc protoporphyryn
84203		\$ 18.07	Test rbc protoporphyryn
84206		\$ 45.37	Assay of proinsulin
84207		\$ 58.97	Assay of vitamin b-6
84210		\$ 24.62	Assay of pyruvate
84220		\$ 19.82	Assay of pyruvate kinase

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84228		\$ 24.41	Assay of quinine
84233		\$ 149.40	Assay of estrogen
84234		\$ 136.17	Assay of progesterone
84235		\$ 121.09	Assay of endocrine hormone
84238		\$ 76.74	Assay nonendocrine receptor
84244		\$ 46.16	Assay of renin
84252		\$ 42.47	Assay of vitamin b-2
84255		\$ 53.58	Assay of selenium
84260		\$ 65.03	Assay of serotonin
84270		\$ 45.61	Assay of sex hormone globul
84275		\$ 28.20	Assay of sialic acid
84285		\$ 49.40	Assay of silica
84295		\$ 10.10	Assay of serum sodium
84295	QW	\$ 10.10	Assay of serum sodium
84300		\$ 10.20	Assay of urine sodium
84302		\$ 10.20	Assay of sweat sodium
84305		\$ 44.63	Assay of somatomedin
84307		\$ 38.35	Assay of somatostatin
84311		\$ 14.67	Spectrophotometry
84315		\$ 5.58	Body fluid specific gravity

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84375		\$ 66.30	Chromatogram assay sugars
84376		\$ 11.54	Sugars single qual
84377		\$ 11.54	Sugars multiple qual
84378		\$ 24.19	Sugars single quant
84379		\$ 24.19	Sugars multiple quant
84392		\$ 9.96	Assay of urine sulfate
84402		\$ 53.47	Assay of free testosterone
84403		\$ 54.18	Assay of total testosterone
84410		\$ 107.64	Testosterone bioavailable
84425		\$ 44.56	Assay of vitamin b-1
84430		\$ 24.41	Assay of thiocyanate
84431		\$ 59.69	Thromboxane urine
84432		\$ 33.71	Assay of thyroglobulin
84436		\$ 14.42	Assay of total thyroxine
84437		\$ 13.57	Assay of neonatal thyroxine
84439		\$ 18.92	Assay of free thyroxine
84442		\$ 31.03	Assay of thyroid activity
84443		\$ 35.28	Assay thyroid stim hormone
84443	QW	\$ 35.28	Assay thyroid stim hormone
84445		\$ 106.73	Assay of tsi globulin

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84446		\$ 29.77	Assay of vitamin e
84449		\$ 37.77	Assay of transcortin
84450		\$ 10.86	Transferase (ast) (sgot)
84450	QW	\$ 10.86	Transferase (ast) (sgot)
84460		\$ 11.12	Alanine amino (alt) (sgpt)
84460	QW	\$ 11.12	Alanine amino (alt) (sgpt)
84466		\$ 26.79	Assay of transferrin
84478		\$ 12.05	Assay of triglycerides
84478	QW	\$ 12.05	Assay of triglycerides
84479		\$ 13.57	Assay of thyroid (t3 or t4)
84480		\$ 29.77	Assay triiodothyronine (t3)
84481		\$ 35.56	Free assay (ft-3)
84482		\$ 33.08	T3 reverse
84484		\$ 21.20	Assay of troponin quant
84485		\$ 15.11	Assay duodenal fluid trypsin
84488		\$ 15.32	Test feces for trypsin
84490		\$ 16.88	Assay of feces for trypsin
84510		\$ 21.83	Assay of tyrosine
84512		\$ 17.15	Assay of troponin qual
84520		\$ 8.30	Assay of urea nitrogen

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84520	QW	\$ 8.30	Assay of urea nitrogen
84525		\$ 8.72	Urea nitrogen semi-quant
84540		\$ 9.96	Assay of urine/urea-n
84545		\$ 13.87	Urea-n clearance test
84550		\$ 9.49	Assay of blood/uric acid
84550	QW	\$ 9.49	Assay of blood/uric acid
84560		\$ 9.96	Assay of urine/uric acid
84577		\$ 35.28	Assay of feces/urobilinogen
84578		\$ 7.60	Test urine urobilinogen
84580		\$ 17.14	Assay of urine urobilinogen
84583		\$ 10.56	Assay of urine urobilinogen
84585		\$ 32.52	Assay of urine vma
84586		\$ 74.15	Assay of vip
84588		\$ 71.23	Assay of vasopressin
84590		\$ 24.36	Assay of vitamin a
84591		\$ 29.00	Assay of nos vitamin
84597		\$ 28.80	Assay of vitamin k
84600		\$ 33.75	Assay of volatiles
84620		\$ 24.87	Xylose tolerance test
84630		\$ 23.90	Assay of zinc

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
84681		\$ 43.69	Assay of c-peptide
84702		\$ 31.60	Chorionic gonadotropin test
84703		\$ 15.79	Chorionic gonadotropin assay
84703	QW	\$ 15.79	Chorionic gonadotropin assay
84704		\$ 31.60	Hcg free betachain test
84830		\$ 21.59	Ovulation tests
85002		\$ 9.47	Bleeding time test
85004		\$ 13.57	Automated diff wbc count
85007		\$ 7.21	Bl smear w/diff wbc count
85008		\$ 7.21	Bl smear w/o diff wbc count
85009		\$ 8.62	Manual diff wbc count b-coat
85013		\$ 11.90	Spun microhematocrit
85014		\$ 4.98	Hematocrit
85014	QW	\$ 4.98	Hematocrit
85018		\$ 4.98	Hemoglobin
85018	QW	\$ 4.98	Hemoglobin
85025		\$ 16.30	Complete cbc w/auto diff wbc
85025	QW	\$ 16.30	Complete cbc w/auto diff wbc
85027		\$ 13.57	Complete cbc automated
85032		\$ 9.04	Manual cell count each

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
85041		\$ 6.34	Automated rbc count
85044		\$ 9.04	Manual reticulocyte count
85045		\$ 8.38	Automated reticulocyte count
85046		\$ 11.70	Reticyte/hgb concentrate
85048		\$ 5.32	Automated leukocyte count
85049		\$ 9.40	Automated platelet count
85055		\$ 60.76	Reticulated platelet assay
85130		\$ 24.96	Chromogenic substrate assay
85170		\$ 27.71	Blood clot retraction
85175		\$ 34.63	Blood clot lysis time
85210		\$ 27.25	Clot factor ii prothrom spec
85220		\$ 37.04	Blooc clot factor v test
85230		\$ 37.57	Clot factor vii proconvertin
85240		\$ 37.57	Clot factor viii ahg 1 stage
85244		\$ 42.86	Clot factor viii reltd antgn
85245		\$ 48.14	Clot factor viii vw ristoctn
85246		\$ 48.14	Clot factor viii vw antigen
85247		\$ 48.14	Clot factor viii multimetric
85250		\$ 39.97	Clot factor ix ptc/chrstmas
85260		\$ 37.57	Clot factor x stuart-power

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
85270		\$ 37.57	Clot factor xi pta
85280		\$ 40.61	Clot factor xii hageman
85290		\$ 34.29	Clot factor xiii fibrin stab
85291		\$ 18.67	Clot factor xiii fibrin scrn
85292		\$ 39.73	Clot factor fletcher fact
85293		\$ 39.73	Clot factor wght kininogen
85300		\$ 24.87	Antithrombin iii activity
85301		\$ 22.70	Antithrombin iii antigen
85302		\$ 25.21	Clot inhibit prot c antigen
85303		\$ 29.04	Clot inhibit prot c activity
85305		\$ 24.36	Clot inhibit prot s total
85306		\$ 32.16	Clot inhibit prot s free
85307		\$ 32.16	Assay activated protein c
85335		\$ 27.01	Factor inhibitor test
85337		\$ 29.36	Thrombomodulin
85345		\$ 9.04	Coagulation time lee & white
85347		\$ 8.94	Coagulation time activated
85348		\$ 7.82	Coagulation time otr method
85360		\$ 17.65	Euglobulin lysis
85362		\$ 14.47	Fibrin degradation products

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
85366		\$ 136.78	Fibrinogen test
85370		\$ 23.83	Fibrinogen test
85378		\$ 16.52	Fibrin degrade semiquant
85379		\$ 21.35	Fibrin degradation quant
85380		\$ 21.35	Fibrin degradj d-dimer
85384		\$ 17.83	Fibrinogen activity
85385		\$ 24.58	Fibrinogen antigen
85390		\$ 26.32	Fibrinolysins screen i&r
85397		\$ 52.46	Clotting funct activity
85400		\$ 16.17	Fibrinolytic plasmin
85410		\$ 16.17	Fibrinolytic antiplasmin
85415		\$ 36.07	Fibrinolytic plasminogen
85420		\$ 13.70	Fibrinolytic plasminogen
85421		\$ 21.37	Fibrinolytic plasminogen
85441		\$ 8.81	Heinz bodies direct
85445		\$ 14.31	Heinz bodies induced
85460		\$ 16.24	Hemoglobin fetal
85461		\$ 15.91	Hemoglobin fetal
85475		\$ 18.62	Hemolysin acid
85520		\$ 27.47	Heparin assay

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
85525		\$ 24.85	Heparin neutralization
85530		\$ 27.47	Heparin-protamine tolerance
85536		\$ 13.57	Iron stain peripheral blood
85540		\$ 18.05	Wbc alkaline phosphatase
85547		\$ 18.05	Rbc mechanical fragility
85549		\$ 39.36	Muramidase
85555		\$ 14.03	Rbc osmotic fragility
85557		\$ 28.03	Rbc osmotic fragility
85576		\$ 45.08	Blood platelet aggregation
85576	QW	\$ 45.08	Blood platelet aggregation
85597		\$ 37.72	Phospholipid pltlt neutraliz
85598		\$ 37.72	Hexagonal phosph pltlt neutr
85610		\$ 8.25	Prothrombin time
85610	QW	\$ 8.25	Prothrombin time
85611		\$ 8.28	Prothrombin test
85612		\$ 29.73	Viper venom prothrombin time
85613		\$ 20.11	Russell viper venom diluted
85635		\$ 20.67	Reptilase test
85651		\$ 7.45	Rbc sed rate nonautomated
85652		\$ 5.66	Rbc sed rate automated

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
85660		\$ 11.56	Rbc sickle cell test
85670		\$ 12.10	Thrombin time plasma
85675		\$ 14.37	Thrombin time titer
85705		\$ 20.21	Thromboplastin inhibition
85730		\$ 12.61	Thromboplastin time partial
85732		\$ 13.57	Thromboplastin time partial
85810		\$ 24.50	Blood viscosity examination
86000		\$ 14.65	Agglutinins febrile antigen
86001		\$ 13.29	Allergen specific ige
86003		\$ 10.95	Allg spec ige crude xtrc ea
86005		\$ 16.73	Allg spec ige multiallg scr
86008		\$ 37.64	Allg spec ige recomb ea
86021		\$ 31.60	Wbc antibody identification
86022		\$ 38.56	Platelet antibodies
86023		\$ 26.15	Immunoglobulin assay
86038		\$ 25.36	Antinuclear antibodies
86039		\$ 23.43	Antinuclear antibodies (ana)
86060		\$ 15.32	Antistreptolysin o titer
86063		\$ 12.10	Antistreptolysin o screen
86140		\$ 10.86	C-reactive protein

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86141		\$ 27.17	C-reactive protein hs
86146		\$ 53.41	Beta-2 glycoprotein antibody
86147		\$ 53.41	Cardiolipin antibody ea ig
86148		\$ 33.73	Anti-phospholipid antibody
86152		\$ 515.68	Cell enumeration & id
86155		\$ 33.56	Chemotaxis assay
86156		\$ 14.06	Cold agglutinin screen
86157		\$ 16.92	Cold agglutinin titer
86160		\$ 25.18	Complement antigen
86161		\$ 25.18	Complement/function activity
86162		\$ 42.65	Complement total (ch50)
86171		\$ 21.01	Complement fixation each
86200		\$ 27.17	Ccp antibody
86215		\$ 27.80	Deoxyribonuclease antibody
86225		\$ 28.85	Dna antibody native
86226		\$ 25.42	Dna antibody single strand
86235		\$ 37.64	Nuclear antigen antibody
86255		\$ 25.30	Fluorescent antibody screen
86256		\$ 25.30	Fluorescent antibody titer
86277		\$ 33.03	Growth hormone antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86280		\$ 17.20	Hemagglutination inhibition
86294		\$ 43.47	Immunoassay tumor qual
86294	QW	\$ 43.47	Immunoassay tumor qual
86300		\$ 43.69	Immunoassay tumor ca 15-3
86301		\$ 43.69	Immunoassay tumor ca 19-9
86304		\$ 43.69	Immunoassay tumor ca 125
86305		\$ 43.69	Human epididymis protein 4
86308		\$ 10.86	Heterophile antibody screen
86308	QW	\$ 10.86	Heterophile antibody screen
86309		\$ 13.57	Heterophile antibody titer
86310		\$ 15.47	Heterophile antibody absrbj
86316		\$ 43.69	Immunoassay tumor other
86317		\$ 31.45	Immunoassay infectious agent
86318		\$ 30.75	Immunoassay infectious agent
86318	QW	\$ 30.75	Immunoassay infectious agent
86320		\$ 50.86	Serum immunoelectrophoresis
86325		\$ 46.94	Other immunoelectrophoresis
86327		\$ 50.86	Immunoelectrophoresis assay
86329		\$ 29.48	Immunodiffusion nes
86331		\$ 25.14	Immunodiffusion ouchterlony

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86332		\$ 51.15	Immune complex assay
86334		\$ 46.90	Immunofix e-phoresis serum
86335		\$ 61.59	Immunfix e-phorsis/urine/csf
86336		\$ 32.71	Inhibin a
86337		\$ 44.93	Insulin antibodies
86340		\$ 31.64	Intrinsic factor antibody
86341		\$ 41.53	Islet cell antibody
86343		\$ 26.15	Leukocyte histamine release
86344		\$ 17.66	Leukocyte phagocytosis
86352		\$ 285.14	Cell function assay w/stim
86353		\$ 102.90	Lymphocyte transformation
86355		\$ 79.19	B cells total count
86356		\$ 56.20	Mononuclear cell antigen
86357		\$ 79.19	Nk cells total count
86359		\$ 79.19	T cells total count
86360		\$ 98.62	T cell absolute count/ratio
86361		\$ 56.20	T cell absolute count
86367		\$ 132.23	Stem cells total count
86376		\$ 30.53	Microsomal antibody each
86382		\$ 35.50	Neutralization test viral

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86384		\$ 23.90	Nitroblue tetrazolium dye
86386		\$ 37.03	Nuclear matrix protein 22
86386	QW	\$ 37.03	Nuclear matrix protein 22
86403		\$ 21.39	Particle agglut antbdy scrn
86406		\$ 22.32	Particle agglut antbdy titr
86430		\$ 11.90	Rheumatoid factor test qual
86431		\$ 11.90	Rheumatoid factor quant
86480		\$ 130.08	Tb test cell immun measure
86481		\$ 170.00	Tb ag response t-cell susp
86590		\$ 23.19	Streptokinase antibody
86592		\$ 8.96	Syphilis test non-trep qual
86593		\$ 9.25	Syphilis test non-trep quant
86602		\$ 21.35	Antinomyces antibody
86603		\$ 27.01	Adenovirus antibody
86606		\$ 31.60	Aspergillus antibody
86609		\$ 27.03	Bacterium antibody
86611		\$ 21.35	Bartonella antibody
86612		\$ 27.08	Blastomyces antibody
86615		\$ 27.68	Bordetella antibody
86617		\$ 32.52	Lyme disease antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86618		\$ 35.73	Lyme disease antibody
86618	QW	\$ 35.73	Lyme disease antibody
86619		\$ 28.08	Borrelia antibody
86622		\$ 18.75	Brucella antibody
86625		\$ 27.54	Campylobacter antibody
86628		\$ 25.19	Candida antibody
86631		\$ 24.82	Chlamydia antibody
86632		\$ 26.62	Chlamydia igm antibody
86635		\$ 24.09	Coccidioides antibody
86638		\$ 25.45	Q fever antibody
86641		\$ 30.24	Cryptococcus antibody
86644		\$ 30.21	Cmv antibody
86645		\$ 35.36	Cmv antibody igm
86648		\$ 31.91	Diphtheria antibody
86651		\$ 27.68	Encephalitis californ antbdy
86652		\$ 27.68	Encephalitis east eqne anbdy
86653		\$ 27.68	Encephalitis st louis antibody
86654		\$ 27.68	Encephalitis west eqne antbdy
86658		\$ 27.34	Enterovirus antibody
86663		\$ 27.54	Epstein-barr antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86664		\$ 32.10	Epstein-barr nuclear antigen
86665		\$ 38.08	Epstein-barr capsid vca
86666		\$ 21.35	Ehrlichia antibody
86668		\$ 24.07	Francisella tularensis
86671		\$ 25.72	Fungus nes antibody
86674		\$ 30.89	Giardia lamblia antibody
86677		\$ 30.45	Helicobacter pylori antibody
86682		\$ 27.30	Helminth antibody
86684		\$ 33.25	Hemophilus influenza antibdy
86687		\$ 17.61	Htlv-i antibody
86688		\$ 29.39	Htlv-ii antibody
86689		\$ 40.63	Htlv/hiv confirmj antibody
86692		\$ 36.02	Hepatitis delta agent antbdy
86694		\$ 30.21	Herpes simplex nes antbdy
86695		\$ 27.68	Herpes simplex type 1 test
86696		\$ 40.63	Herpes simplex type 2 test
86698		\$ 26.23	Histoplasma antibody
86701		\$ 18.65	Hiv-1antibody
86701	QW	\$ 18.65	Hiv-1antibody
86702		\$ 28.37	Hiv-2 antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86703		\$ 28.76	Hiv-1/hiv-2 1 result antbdy
86704		\$ 25.30	Hep b core antibody total
86705		\$ 24.72	Hep b core antibody igm
86706		\$ 22.54	Hep b surface antibody
86707		\$ 24.28	Hepatitis be antibody
86708		\$ 25.99	Hepatitis a antibody
86709		\$ 23.63	Hepatitis a igm antibody
86710		\$ 28.44	Influenza virus antibody
86711		\$ 30.21	John cunningham antibody
86713		\$ 32.11	Legionella antibody
86717		\$ 25.70	Leishmania antibody
86720		\$ 27.68	Leptospira antibody
86723		\$ 27.68	Listeria monocytogenes
86727		\$ 27.01	Lymph choriomeningitis ab
86732		\$ 27.68	Mucormycosis antibody
86735		\$ 27.39	Mumps antibody
86738		\$ 27.78	Mycoplasma antibody
86741		\$ 27.68	Neisseria meningitidis
86744		\$ 27.68	Nocardia antibody
86747		\$ 31.55	Parvovirus antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86750		\$ 27.68	Malaria antibody
86753		\$ 25.99	Protozoa antibody nos
86756		\$ 27.05	Respiratory virus antibody
86757		\$ 40.63	Rickettsia antibody
86759		\$ 30.99	Rotavirus antibody
86762		\$ 30.21	Rubella antibody
86765		\$ 27.03	Rubeola antibody
86768		\$ 27.68	Salmonella antibody
86771		\$ 41.62	Shigella antibody
86774		\$ 31.06	Tetanus antibody
86777		\$ 30.21	Toxoplasma antibody
86778		\$ 30.23	Toxoplasma antibody igm
86780		\$ 27.78	Treponema pallidum
86780	QW	\$ 27.78	Treponema pallidum
86784		\$ 26.37	Trichinella antibody
86787		\$ 27.03	Varicella-zoster antibody
86788		\$ 35.36	West nile virus ab igm
86789		\$ 30.21	West nile virus antibody
86790		\$ 27.03	Virus antibody nos
86793		\$ 27.68	Yersinia antibody

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86794		\$ 35.36	Zika virus igm antibody
86800		\$ 33.39	Thyroglobulin antibody
86803		\$ 29.94	Hepatitis c ab test
86803	QW	\$ 29.94	Hepatitis c ab test
86804		\$ 32.52	Hep c ab test confirm
86805		\$ 322.17	Lymphocytotoxicity assay
86806		\$ 99.88	Lymphocytotoxicity assay
86807		\$ 133.71	Cytotoxic antibody screening
86808		\$ 62.29	Cytotoxic antibody screening
86812		\$ 54.16	Hla typing a b or c
86813		\$ 121.72	Hla typing a b or c
86816		\$ 58.46	Hla typing dr/dq
86817		\$ 180.44	Hla typing dr/dq
86821		\$ 76.74	Lymphocyte culture mixed
86825		\$ 186.13	Hla x-math non-cytotoxic
86826		\$ 62.10	Hla x-match noncytotoxc addl
86828		\$ 109.12	Hla class i&ii antibody qual
86829		\$ 109.12	Hla class i/ii antibody qual
86830		\$ 169.46	Hla class i phenotype qual
86831		\$ 145.25	Hla class ii phenotype qual

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
86832		\$ 550.38	Hla class i high defin qual
86833		\$ 553.86	Hla class ii high defin qual
86834		\$ 750.43	Hla class i semiquant panel
86835		\$ 677.82	Hla class ii semiquant panel
86850		\$ 16.61	Rbc antibody screen
86880		\$ 11.31	Coombs test direct
86885		\$ 12.02	Coombs test indirect qual
86886		\$ 10.86	Coombs test indirect titer
86900		\$ 6.27	Blood typing serologic abo
86901		\$ 6.27	Blood typing serologic rh(d)
86902		\$ 10.80	Blood type antigen donor ea
86904		\$ 27.78	Blood typing patient serum
86905		\$ 8.04	Blood typing rbc antigens
86906		\$ 16.27	Bld typing serologic rh phnt
86940		\$ 17.22	Hemolysins/agglutinins auto
86941		\$ 25.42	Hemolysins/agglutinins
87003		\$ 35.34	Small animal inoculation
87015		\$ 14.01	Specimen infect agnt concntj
87040		\$ 21.66	Blood culture for bacteria
87045		\$ 19.82	Feces culture aerobic bact

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87046		\$ 19.82	Stool cultr aerobic bact ea
87070		\$ 18.09	Culture othr specimn aerobic
87071		\$ 19.82	Culture aerobic quant other
87073		\$ 19.82	Culture bacteria anaerobic
87075		\$ 19.87	Cultr bacteria except blood
87076		\$ 16.95	Culture anaerobe ident each
87077		\$ 16.95	Culture aerobic identify
87077	QW	\$ 16.95	Culture aerobic identify
87081		\$ 13.91	Culture screen only
87084		\$ 46.02	Culture of specimen by kit
87086		\$ 16.93	Urine culture/colony count
87088		\$ 16.98	Urine bacteria culture
87101		\$ 16.17	Skin fungi culture
87102		\$ 17.65	Fungus isolation culture
87103		\$ 34.78	Blood fungus culture
87106		\$ 21.66	Fungi identification yeast
87107		\$ 21.66	Fungi identification mold
87109		\$ 32.30	Mycoplasma
87110		\$ 41.12	Chlamydia culture
87116		\$ 22.68	Mycobacteria culture

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87118		\$ 24.84	Mycobacteric identification
87140		\$ 11.70	Culture type immunofluoresc
87143		\$ 26.28	Culture typing glc/hplc
87147		\$ 10.86	Culture type immunologic
87149		\$ 42.09	Dna/rna direct probe
87150		\$ 73.66	Dna/rna amplified probe
87152		\$ 13.16	Culture type pulse field gel
87153		\$ 242.11	Dna/rna sequencing
87158		\$ 13.16	Culture typing added method
87164		\$ 22.54	Dark field examination
87166		\$ 23.72	Dark field examination
87168		\$ 8.96	Macroscopic exam arthropod
87169		\$ 8.96	Macroscopic exam parasite
87172		\$ 8.96	Pinworm exam
87176		\$ 12.34	Tissue homogenization cultr
87177		\$ 18.68	Ova and parasites smears
87181		\$ 9.96	Microbe susceptible diffuse
87184		\$ 14.47	Microbe susceptible disk
87185		\$ 9.96	Microbe susceptible enzyme
87186		\$ 18.14	Microbe susceptible mic

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87187		\$ 68.29	Microbe susceptible mlc
87188		\$ 13.94	Microbe suscept macrobroth
87190		\$ 12.43	Microbe suscept mycobacteri
87197		\$ 31.54	Bactericidal level serum
87205		\$ 8.96	Smear gram stain
87206		\$ 11.31	Smear fluorescent/acid stai
87207		\$ 12.58	Smear special stain
87209		\$ 37.72	Smear complex stain
87210		\$ 9.89	Smear wet mount saline/ink
87210	QW	\$ 9.89	Smear wet mount saline/ink
87220		\$ 8.96	Tissue exam for fungi
87230		\$ 41.43	Assay toxin or antitoxin
87250		\$ 41.06	Virus inoculate eggs/animal
87252		\$ 54.71	Virus inoculation tissue
87253		\$ 42.40	Virus inoculate tissue addl
87254		\$ 41.06	Virus inoculation shell via
87255		\$ 71.08	Genet virus isolate hsv
87260		\$ 25.16	Adenovirus ag if
87265		\$ 25.16	Pertussis ag if
87267		\$ 25.16	Enterovirus antibody dfa

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87269		\$ 25.16	Giardia ag if
87270		\$ 25.16	Chlamydia trachomatis ag if
87271		\$ 25.16	Cytomegalovirus dfa
87272		\$ 25.16	Cryptosporidium ag if
87273		\$ 25.16	Herpes simplex 2 ag if
87274		\$ 25.16	Herpes simplex 1 ag if
87275		\$ 25.16	Influenza b ag if
87276		\$ 27.32	Influenza a ag if
87278		\$ 26.52	Legion pneumophila ag if
87279		\$ 27.93	Parainfluenza ag if
87280		\$ 25.16	Respiratory syncytial ag if
87281		\$ 25.16	Pneumocystis carinii ag if
87283		\$ 103.36	Rubeola ag if
87285		\$ 25.16	Treponema pallidum ag if
87290		\$ 25.16	Varicella zoster ag if
87299		\$ 27.37	Antibody detection nos if
87300		\$ 25.16	Ag detection polyval if
87301		\$ 25.16	Adenovirus ag ia
87305		\$ 25.16	Aspergillus ag ia
87320		\$ 25.50	Chylmd trach ag ia

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87324		\$ 25.16	Clostridium ag ia
87327		\$ 25.16	Cryptococcus neoform ag ia
87328		\$ 25.16	Cryptosporidium ag ia
87329		\$ 25.16	Giardia ag ia
87332		\$ 25.16	Cytomegalovirus ag ia
87335		\$ 25.16	E coli 0157 ag ia
87336		\$ 27.20	Entamoeb hist dispr ag ia
87337		\$ 25.16	Entamoeb hist group ag ia
87338		\$ 30.19	Hpylori stool ia
87338	QW	\$ 30.19	Hpylori stool ia
87339		\$ 27.20	H pylori ag ia
87340		\$ 21.68	Hepatitis b surface ag ia
87341		\$ 21.68	Hepatitis b surface ag ia
87350		\$ 24.19	Hepatitis be ag ia
87380		\$ 34.44	Hepatitis delta ag ia
87385		\$ 25.16	Histoplasma capsul ag ia
87389		\$ 50.54	Hiv-1 ag w/hiv-1 & hiv-2 ab
87389	QW	\$ 50.54	Hiv-1 ag w/hiv-1 & hiv-2 ab
87390		\$ 40.90	Hiv-1 ag ia
87391		\$ 37.23	Hiv-2 ag ia

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87400		\$ 25.16	Influenza a/b ag ia
87420		\$ 25.16	Resp syncytial ag ia
87425		\$ 25.16	Rotavirus ag ia
87427		\$ 25.16	Shiga-like toxin ag ia
87430		\$ 28.58	Strep a ag ia
87449		\$ 25.16	Ag detect nos ia mult
87449	QW	\$ 25.16	Ag detect nos ia mult
87450		\$ 20.13	Ag detect nos ia single
87451		\$ 20.13	Ag detect polyval ia mult
87471		\$ 73.66	Bartonella dna amp probe
87472		\$ 89.90	Bartonella dna quant
87475		\$ 42.09	Lyme dis dna dir probe
87476		\$ 73.66	Lyme dis dna amp probe
87480		\$ 42.09	Candida dna dir probe
87481		\$ 73.66	Candida dna amp probe
87482		\$ 94.76	Candida dna quant
87483		\$ 874.74	Cns dna amp probe type 12-25
87485		\$ 42.09	Chylmd pneum dna dir probe
87486		\$ 73.66	Chylmd pneum dna amp probe
87487		\$ 89.90	Chylmd pneum dna quant

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87490		\$ 42.09	Chylmd trach dna dir probe
87491		\$ 73.66	Chylmd trach dna amp probe
87492		\$ 90.90	Chylmd trach dna quant
87493		\$ 73.66	C diff amplified probe
87495		\$ 51.05	Cytomeg dna dir probe
87496		\$ 73.66	Cytomeg dna amp probe
87497		\$ 89.90	Cytomeg dna quant
87498		\$ 73.66	Enterovirus probe&revrs trns
87500		\$ 73.66	Vanomycin dna amp probe
87501		\$ 107.70	Influenza dna amp prob 1+
87502		\$ 178.60	Influenza dna amp probe
87502	QW	\$ 178.60	Influenza dna amp probe
87503		\$ 49.67	Influenza dna amp prob addl
87505		\$ 269.25	Nfct agent detection gi
87506		\$ 447.93	ladna-dna/rna probe tq 6-11
87507		\$ 874.74	ladna-dna/rna probe tq 12-25
87510		\$ 42.09	Gardner vag dna dir probe
87511		\$ 73.66	Gardner vag dna amp probe
87512		\$ 87.64	Gardner vag dna quant
87516		\$ 73.66	Hepatitis b dna amp probe

Exhibit #8 Clinical Laboratory Fee Schedule

Effective for Dates of Service on and after 1/1/2019

HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87517		\$ 89.90	Hepatitis b dna quant
87520		\$ 53.07	Hepatitis c rna dir probe
87521		\$ 73.66	Hepatitis c probe&rvrs trnsc
87522		\$ 89.90	Hepatitis c revrs trnscrpj
87525		\$ 50.66	Hepatitis g dna dir probe
87526		\$ 73.66	Hepatitis g dna amp probe
87527		\$ 87.64	Hepatitis g dna quant
87528		\$ 42.09	Hsv dna dir probe
87529		\$ 73.66	Hsv dna amp probe
87530		\$ 89.90	Hsv dna quant
87531		\$ 98.60	Hhv-6 dna dir probe
87532		\$ 73.66	Hhv-6 dna amp probe
87533		\$ 87.64	Hhv-6 dna quant
87534		\$ 42.09	Hiv-1 dna dir probe
87535		\$ 73.66	Hiv-1 probe&reverse trnscrpj
87536		\$ 178.60	Hiv-1 quant&revrse trnscrpj
87537		\$ 42.09	Hiv-2 dna dir probe
87538		\$ 73.66	Hiv-2 probe&revrse trnscrpj
87539		\$ 99.65	Hiv-2 quant&revrse trnscrpj
87540		\$ 42.09	Legion pneumo dna dir prob

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87541		\$ 73.66	Legion pneumo dna amp prob
87542		\$ 87.64	Legion pneumo dna quant
87550		\$ 42.09	Mycobacteria dna dir probe
87551		\$ 82.01	Mycobacteria dna amp probe
87552		\$ 89.90	Mycobacteria dna quant
87555		\$ 45.70	M.tuberculo dna dir probe
87556		\$ 73.66	M.tuberculo dna amp probe
87557		\$ 89.90	M.tuberculo dna quant
87560		\$ 46.39	M.avium-intra dna dir prob
87561		\$ 73.66	M.avium-intra dna amp prob
87562		\$ 89.90	M.avium-intra dna quant
87580		\$ 42.09	M.pneumon dna dir probe
87581		\$ 73.66	M.pneumon dna amp probe
87582		\$ 514.45	M.pneumon dna quant
87590		\$ 45.70	N.gonorrhoeae dna dir prob
87591		\$ 73.66	N.gonorrhoeae dna amp prob
87592		\$ 89.90	N.gonorrhoeae dna quant
87623		\$ 73.66	Hpv low-risk types
87624		\$ 73.66	Hpv high-risk types
87625		\$ 73.66	Hpv types 16 & 18 only

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87631		\$ 269.25	Resp virus 3-5 targets
87631	QW	\$ 269.25	Resp virus 3-5 targets
87632		\$ 447.93	Resp virus 6-11 targets
87633		\$ 874.74	Resp virus 12-25 targets
87633	QW	\$ 874.74	Resp virus 12-25 targets
87634		\$ 147.32	Rsv dna/rna amp probe
87640		\$ 73.66	Staph a dna amp probe
87641		\$ 73.66	Mr-staph dna amp probe
87650		\$ 42.09	Strep a dna dir probe
87650	QW	\$ 42.09	Strep a dna dir probe
87651		\$ 73.66	Strep a dna amp probe
87651	QW	\$ 73.66	Strep a dna amp probe
87652		\$ 87.64	Strep a dna quant
87653		\$ 73.66	Strep b dna amp probe
87660		\$ 42.09	Trichomonas vagin dir probe
87661		\$ 73.66	Trichomonas vaginalis amplif
87662		\$ 107.70	Zika virus dna/rna amp probe
87797		\$ 51.05	Detect agent nos dna dir
87798		\$ 73.66	Detect agent nos dna amp
87799		\$ 89.90	Detect agent nos dna quant

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87800		\$ 84.20	Detect agnt mult dna direc
87801		\$ 147.32	Detect agnt mult dna ampli
87801	QW	\$ 147.32	Detect agnt mult dna ampli
87802		\$ 25.16	Strep b assay w/optic
87803		\$ 27.20	Clostridium toxin a w/optic
87804		\$ 28.14	Influenza assay w/optic
87804	QW	\$ 28.14	Influenza assay w/optic
87806		\$ 55.71	Hiv antigen w/hiv antibodies
87806	QW	\$ 55.71	Hiv antigen w/hiv antibodies
87807		\$ 25.16	Rsv assay w/optic
87807	QW	\$ 25.16	Rsv assay w/optic
87808		\$ 25.99	Trichomonas assay w/optic
87808	QW	\$ 25.99	Trichomonas assay w/optic
87809		\$ 36.99	Adenovirus assay w/optic
87809	QW	\$ 36.99	Adenovirus assay w/optic
87810		\$ 59.99	Chylmd trach assay w/optic
87850		\$ 41.75	N. gonorrhoeae assay w/optic
87880		\$ 28.10	Strep a assay w/optic
87880	QW	\$ 28.10	Strep a assay w/optic
87899		\$ 27.32	Agent nos assay w/optic

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
87899	QW	\$ 27.32	Agent nos assay w/optic
87900		\$ 273.56	Phenotype infect agent drug
87901		\$ 540.33	Genotype dna hiv reverse t
87902		\$ 540.33	Genotype dna/rna hep c
87903		\$ 1,025.58	Phenotype dna hiv w/culture
87904		\$ 54.71	Phenotype dna hiv w/clt add
87905		\$ 25.64	Sialidase enzyme assay
87905	QW	\$ 25.64	Sialidase enzyme assay
87906		\$ 270.16	Genotype dna/rna hiv
87910		\$ 540.33	Genotype cytomegalovirus
87912		\$ 540.33	Genotype dna hepatitis b
88130		\$ 37.72	Sex chromatin identification
88140		\$ 16.76	Sex chromatin identification
88142		\$ 42.52	Cytopath c/v thin layer
88143		\$ 42.52	Cytopath c/v thin layer redo
88147		\$ 85.95	Cytopath c/v automated
88148		\$ 31.89	Cytopath c/v auto rescreen
88150		\$ 24.91	Cytopath c/v manual
88152		\$ 46.99	Cytopath c/v auto redo
88153		\$ 40.85	Cytopath c/v redo

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
88155		\$ 24.91	Cytopath c/v index add-on
88164		\$ 24.91	Cytopath tbs c/v manual
88165		\$ 71.77	Cytopath tbs c/v redo
88166		\$ 24.91	Cytopath tbs c/v auto redo
88167		\$ 24.91	Cytopath tbs c/v select
88174		\$ 44.85	Cytopath c/v auto in fluid
88175		\$ 55.61	Cytopath c/v auto fluid redo
88230		\$ 244.49	Tissue culture lymphocyte
88233		\$ 295.36	Tissue culture skin/biopsy
88235		\$ 309.08	Tissue culture placenta
88237		\$ 265.08	Tissue culture bone marrow
88239		\$ 309.60	Tissue culture tumor
88240		\$ 22.22	Cell cryopreserve/storage
88241		\$ 21.20	Frozen cell preparation
88245		\$ 363.46	Chromosome analysis 20-25
88248		\$ 363.46	Chromosome analysis 50-100
88249		\$ 363.46	Chromosome analysis 100
88261		\$ 449.38	Chromosome analysis 5
88262		\$ 261.60	Chromosome analysis 15-20
88263		\$ 315.42	Chromosome analysis 45

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
88264		\$ 261.60	Chromosome analysis 20-25
88267		\$ 377.32	Chromosome analys placenta
88269		\$ 349.08	Chromosome analys amniotic
88271		\$ 44.95	Cytogenetics dna probe
88272		\$ 69.19	Cytogenetics 3-5
88273		\$ 67.42	Cytogenetics 10-30
88274		\$ 73.07	Cytogenetics 25-99
88275		\$ 87.02	Cytogenetics 100-300
88280		\$ 56.90	Chromosome karyotype study
88283		\$ 143.97	Chromosome banding study
88285		\$ 45.75	Chromosome count additional
88289		\$ 72.27	Chromosome study additional
88371		\$ 46.65	Protein western blot tissue
88372		\$ 47.74	Protein analysis w/probe
88720		\$ 10.52	Bilirubin total transcut
88738		\$ 10.52	Hgb quant transcutaneous
88740		\$ 15.93	Transcutaneous carboxyhb
88741		\$ 15.93	Transcutaneous methb
89050		\$ 9.91	Body fluid cell count
89051		\$ 11.56	Body fluid cell count

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
89055		\$ 8.96	Leukocyte assessment fecal
89060		\$ 15.01	Exam synovial fluid crystals
89125		\$ 10.00	Specimen fat stain
89160		\$ 8.25	Exam feces for meat fibers
89190		\$ 9.96	Nasal smear for eosinophils
89300		\$ 18.75	Semen analysis w/huhner
89300	QW	\$ 18.75	Semen analysis w/huhner
89310		\$ 18.07	Semen analysis w/count
89320		\$ 25.30	Semen anal vol/count/mot
89321		\$ 25.30	Semen anal sperm detection
89321	QW	\$ 25.30	Semen anal sperm detection
89322		\$ 32.52	Semen anal strict criteria
89325		\$ 22.41	Sperm antibody test
89329		\$ 41.11	Sperm evaluation test
89330		\$ 20.76	Evaluation cervical mucus
89331		\$ 41.11	Retrograde ejaculation anal
0001M		\$ 122.72	Infectious dis hcv 6 assays
0001U		\$ -	Rbc dna hea 35 ag 11 bld grp
0002M		\$ 855.78	Liver dis 10 assays w/ash
0002U		\$ -	Onc clrct 3 ur metab alg plp

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
0003M		\$ 855.78	Liver dis 10 assays w/nash
0003U		\$ 1,615.00	Onc ovar 5 prtn ser alg scor
0004M		\$ -	Scoliosis dna alys
0005U		\$ 1,292.00	Onco prst8 3 gene ur alg
0006M		\$ -	Onc hep gene risk classifier
0006U		\$ 419.76	Rx mntr 120+ drugs & sbsts
0007M		\$ -	Onc gastro 51 gene nomogram
0007U		\$ 194.53	Rx test prsmv ur w/def conf
0008U		\$ 1,016.45	Hpylori detcj abx rstnc dna
0009M		\$ -	Fetal aneuploidy trisom risk
0009U		\$ -	Onc brst ca erbb2 amp/nonamp
0010U		\$ -	Nfct ds strn typ whl gen seq
0011U		\$ 194.53	Rx mntr lc-ms/ms oral fluid
0012U		\$ -	Germln do gene reargmt detcj
0013U		\$ -	Onc sld org neo gene reargmt
0014U		\$ -	Hem hmtlmf neo gene reargmt
0016U		\$ 344.11	Onc hmtlmf neo rna bcr/abl1
0017U		\$ 192.39	Onc hmtlmf neo jak2 mut dna
G0027		\$ 13.65	Semen analysis
G0103		\$ 38.61	Psa screening

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
G0123		\$ 42.52	Screen cerv/vag thin layer
G0143		\$ 45.99	Scr c/v cyto,thinlayer,rescr
G0144		\$ 74.75	Scr c/v cyto,thinlayer,rescr
G0145		\$ 55.61	Scr c/v cyto,thinlayer,rescr
G0147		\$ 24.91	Scr c/v cyto, automated sys
G0148		\$ 54.30	Scr c/v cyto, autosys, rescr
G0306		\$ 16.30	Cbc/diffwbc w/o platelet
G0307		\$ 13.57	Cbc without platelet
G0328		\$ 33.39	Fecal blood scrn immunoassay
G0328	QW	\$ 33.39	Fecal blood scrn immunoassay
G0432		\$ 33.27	Eia hiv-1/hiv-2 screen
G0433		\$ 31.09	Elisa hiv-1/hiv-2 screen
G0433	QW	\$ 31.09	Elisa hiv-1/hiv-2 screen
G0435		\$ 25.16	Oral hiv-1/hiv-2 screen
G0471		\$ 8.50	Ven blood coll snf/hha
G0472		\$ 78.80	Hep c screen high risk/other
G0472	QW	\$ 78.80	Hep c screen high risk/other
G0475		\$ 50.54	Hiv combination assay
G0475	QW	\$ 50.54	Hiv combination assay
G0476		\$ 73.66	Hpv combo assay ca screen

Exhibit #8 Clinical Laboratory Fee Schedule			
Effective for Dates of Service on and after 1/1/2019			
HCPCS	MOD	MAXIMUM FEES	SHORTDESC
G0480		\$ 194.53	Drug test def 1-7 classes
G0481		\$ 266.20	Drug test def 8-14 classes
G0482		\$ 337.86	Drug test def 15-21 classes
G0483		\$ 419.76	Drug test def 22+ classes
G0499		\$ 59.33	Hepb screen high risk indiv
G0659		\$ 122.11	Drug test def simple all cl
G9143		\$ 253.35	Warfarin respon genetic test
P2028		\$ 10.39	Cephalin flocculation test
P2029		\$ 10.39	Congo red blood test
P2031		\$ 10.39	Hair analysis
P2033		\$ 10.39	Blood thymol turbidity
P2038		\$ 10.39	Blood mucoprotein
P3000		\$ 24.91	Screen pap by tech w md supv
P9612		\$ 5.10	Catheterize for urine spec
P9615		\$ 5.10	Urine specimen collect mult
Q0111		\$ 24.91	Wet mounts/ w preparations
Q0112		\$ 9.91	Potassium hydroxide preps
Q0113		\$ 8.96	Pinworm examinations
Q0114		\$ 16.56	Fern test
Q0115		\$ 42.50	Post-coital mucous exam

Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
90791		Medicine		9.91	9.60				18-5(G)(6)(b)
90792		Medicine		11.12	10.80				18-5(G)(6)(b)
90889		Medicine		1.40	1.40				18-5(G)(6)(c)
90901		Medicine		2.14	1.14				18-5(G)(3)
90911		Medicine		4.76	2.48				18-5(G)(3)
96101		Medicine		3.00	2.91				18-5(G)(6)(c)
96102		Medicine		1.79	0.65				18-5(G)(6)(c)
96103		Medicine		1.36	1.33				18-5(G)(6)(c)
96116		Medicine		3.40	3.16				18-5(G)(6)(c)
96118		Medicine		4.11	3.31				18-5(G)(6)(c)
96119		Medicine		2.51	0.74				18-5(G)(6)(c)
96120		Medicine		2.30	1.24				18-5(G)(6)(c)
96150		Medicine		0.80	0.79				18-5(G)(6)(c)
96151		Medicine		0.78	0.77				18-5(G)(6)(c)
96152		Medicine		0.74	0.73				18-5(G)(6)(c)
96153		Medicine		0.18	0.17				18-5(G)(6)(c)
96154		Medicine		0.74	0.73				18-5(G)(6)(c)
96155		Medicine		0.73	0.73				18-5(G)(6)(c)

Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
97035		PM&R		0.36	0.00				18-5(H)(7)
97039		PM&R		0.36	0.00				18-5(H)(7)
97139		PM&R		0.92	0.92				18-5(H)(6)
97161		PM&R		1.66	1.66				18-5(H)(8)(b)
97162		PM&R		2.48	2.48				18-5(H)(8)(b)
97163		PM&R		3.71	3.71				18-5(H)(8)(b)
97164		PM&R		1.60	1.60				18-5(H)(8)(b)
97165		PM&R		1.66	1.66				18-5(H)(8)(b)
97166		PM&R		2.48	2.48				18-5(H)(8)(b)
97167		PM&R		3.71	3.71				18-5(H)(8)(b)
97168		PM&R		1.60	1.60				18-5(H)(8)(b)
97169		PM&R		1.41	1.41				18-5(H)(8)(b)
97170		PM&R		2.10	2.10				18-5(H)(8)(b)
97171		PM&R		3.10	3.10				18-5(H)(8)(b)
97172		PM&R		1.36	1.36				18-5(H)(8)(b)
97545		PM&R		3.40	3.40				18-5(H)(14)(d)
97546		PM&R		1.70	1.70				18-5(H)(14)(d)
98940		Medicine		1.00	0.79				18-5(G)(5)

**Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019**

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
99000		Division	\$ 25.00	1.00	1.00				18-5(G)(14)(a)
99001		Division	\$ 25.00	1.00	1.00				18-5(G)(14)(a)
99002		Division	\$ 13.00	1.00	1.00				18-5(G)(14)(a)
99100		Anesthesia		1.00	1.00				18-5(C)(5)
99116		Anesthesia		5.00	5.00				18-5(C)(5)
99135		Anesthesia		5.00	5.00				18-5(C)(5)
99140		Anesthesia		2.00	2.00				18-5(C)(5)
99231		E&M			2.21				18-5(I)(6)(c)
99232		E&M			3.15				18-5(I)(6)(c)
99233		E&M			4.22				18-5(I)(6)(c)
99241		E&M		2.57	2.15				18-5(I)(6)(c)
99242		E&M		3.77	3.18				18-5(I)(6)(c)
99243		E&M		4.71	3.96				18-5(I)(6)(c)
99244		E&M		6.39	5.57				18-5(I)(6)(c)
99245		E&M		8.15	7.23				18-5(I)(6)(c)

Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
99251		E&M			2.79				18-5(I)(6)(c)
99252		E&M			3.83				18-5(I)(6)(c)
99253		E&M			4.95				18-5(I)(6)(c)
99254		E&M			6.39				18-5(I)(6)(c)
99255		E&M			8.47				18-5(I)(6)(c)
0232T		Surgery	\$ 269.50		1.00				18-5(D)(8)(c)
A0425		Transportation	\$ 18.11	1.00		per Urban mile		Urban	18-6(R)(3)
A0425		Transportation	\$ 18.28	1.00		per Rural mile	R	Rural	18-6(R)(3)
A0425		Transportation	\$ 18.28	1.00		per Super Rural mile	B	Super Rural	18-6(R)(3)
A0426		Transportation	\$ 680.67					Urban	18-6(R)(3)
A0426		Transportation	\$ 687.34				R	Rural	18-6(R)(3)
A0426		Transportation	\$ 842.68				B	Super Rural	18-6(R)(3)
A0427		Transportation	\$ 1,077.72					Urban	18-6(R)(3)
A0427		Transportation	\$ 1,088.29				R	Rural	18-6(R)(3)

**Exhibit #9
RVU Values and Division Z-Codes**

Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
A0427		Transportation	\$ 1,334.24				B	Super Rural	18-6(R)(3)
A0428		Transportation	\$ 567.22					Urban	18-6(R)(3)
A0428		Transportation	\$ 572.28				R	Rural	18-6(R)(3)
A0428		Transportation	\$ 702.23				B	Super Rural	18-6(R)(3)
A0429		Transportation	\$ 907.55					Urban	18-6(R)(3)
A0429		Transportation	\$ 916.45				R	Rural	18-6(R)(3)
A0429		Transportation	\$ 1,123.57				B	Super Rural	18-6(R)(3)
A0432		Transportation	\$ 992.64					Urban	18-6(R)(3)
A0432		Transportation	\$ 1,002.37				R	Rural	18-6(R)(3)
A0432		Transportation	\$ 1,002.37				B	Super Rural	18-6(R)(3)
A0433		Transportation	\$ 1,559.86					Urban	18-6(R)(3)
A0433		Transportation	\$ 1,575.15				R	Rural	18-6(R)(3)

Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
A0433		Transportation	\$ 1,931.14				B	Super Rural	18-6(R)(3)
A0434		Transportation	\$ 1,843.47					Urban	18-6(R)(3)
A0434		Transportation	\$ 1,861.54				R	Rural	18-6(R)(3)
A0434		Transportation	\$ 2,282.25				B	Super Rural	18-6(R)(3)
A0888		Transportation	\$ -						18-6(R)(3)
A0998		Transportation	\$ -						18-6(R)(3)
A0999		Transportation	\$ -						18-6(R)(3)
G0378		Facility Only	\$ 45.00	0.00	1.00	per hour			18-6(L)(2)(d)
Q3014		Division	\$ 35.00			per 15 min			18-5(J)(4)(c)
S9088		Urgent Care Facility Fee	\$ 75.00	1.00	1.00	per episode			18-6(L)(2)(b)
S9122		Home Health	\$ 45.00	1.00		per hour			18-6(M)(2)(b)
S9123		Home Health	\$ 111.00	1.00		per hour			18-6(M)(2)(a)

Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
S9124		Home Health	\$ 89.00	1.00		per hour			18-6(M)(2)(a)
S9326		Home Health	\$ 79.00	1.00		Per day			18-6(M)(1)(e)
S9327		Home Health	\$ 103.00	1.00		Per day			18-6(M)(1)(e)
S9328		Home Health	\$ 116.00	1.00		Per day			18-6(M)(1)(e)
S9329		Home Health	\$ -	1.00		Per day			18-6(M)(1)(c)
S9330		Home Health	\$ 91.00	1.00		Per day			18-6(M)(1)(c)
S9331		Home Health	\$ 103.00	1.00		Per day			18-6(M)(1)(c)
S9341		Home Health	\$ 44.09	1.00		Per day			18-6(M)(1)(d)
S9342		Home Health	\$ 24.23	1.00		Per day			18-6(M)(1)(d)
S9343		Home Health	\$ 24.23	1.00		Per day			18-6(M)(1)(d)
S9364		Home Health	\$ 160.00	1.00		Per day			18-6(M)(1)(a)
S9365		Home Health	\$ 174.00	1.00		Per day			18-6(M)(1)(a)

**Exhibit #9
RVU Values and Division Z-Codes
Effective for Dates of Service on and after 1/1/2019**

CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
S9366		Home Health	\$ 200.00	1.00		Per day			18-6(M)(1)(a)
S9367		Home Health	\$ 227.00	1.00		Per day			18-6(M)(1)(a)
S9368		Home Health	\$ 254.00	1.00		Per day			18-6(M)(1)(a)
S9373		Home Health	\$ 61.00	1.00		Per day			18-6(M)(1)(f)
S9374		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9375		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9376		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9377		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9494		Home Health	\$ 158.00	1.00		Per day			18-6(M)(1)(b)
S9497		Home Health	\$ 152.00	1.00		Per day			18-6(M)(1)(b)
S9500		Home Health	\$ 97.00	1.00		Per day			18-6(M)(1)(b)
S9501		Home Health	\$ 110.00	1.00		Per day			18-6(M)(1)(b)

Exhibit #9
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CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
S9502		Home Health	\$ 122.00	1.00		Per day			18-6(M)(1)(b)
S9503		Home Health	\$ 134.00	1.00		Per day			18-6(M)(1)(b)
S9504		Home Health	\$ 146.00	1.00		Per day			18-6(M)(1)(b)
Z0200		Division	\$ 980.00					Upper body w/Autonomic Stress Testing	18-5(E)(3)(d)
Z0201		Division	\$ 980.00					Lower Body w/autonomic Stress Testing	18-5(E)(3)(d)
Z0401		Division	\$ 1,066.00			once per WC claim		QSART	18-5(G)(8)(b)
Z0500		Division	negotiated			per program		Interdisciplinary Rehabilitation Programs	18-5(H)(5)
Z0501		PM&R		1.30	0.77	per 15 min		Single or multiple needles - dry needling	18-5(H)(6)
Z0502		PM&R		0.77	0.72	per 15 min		Each add'l 15 minutes of dry needling	18-5(H)(6)
Z0503		PM&R		0.93	0.93	per 15 min		Computer Enhanced Evaluation	18-5(H)(9)(a)(v)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0504		PM&R		0.93	0.93	per 15 min		Work Tolerance Screening	18- 5(H)(9)(a)(vi)
Z0505		PM&R		0.23		per day		Unattended Treatment	18-6(H)(11)
Z0601		Division	\$ 74.00			per 15 min		Face-to-face or telephonic meeting	18-6(A)(2)
Z0602		Division	\$ 74.00			per 15 min		Peer-to-peer review by a treating physician with a medical reviewer	18-6(A)(4)
Z0701		Division	\$ 42.50			per 8 min		Face-to-face or telephone meeting treating with employee (SAMS)	18-6(A)(1)(c)
Z0720		Division	\$ 180.00					Cancellation Fee 1/2 usual fee or rate whichever is less	18-6(B)(1)
Z0721		Division	\$ 18.53			first 10 or fewer paper page(s)		Copying Fee for first 10 or fewer paper page(s)	18-6(C)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0722		Division	negotiated					Interpreter	18-6(Q)
Z0723		Division	\$ 0.53			per mile		Mileage for Injured Worker	18-6(E)
Z0724		Division	actual paid					Other Travel Expenses for Injured Worker	18-6(E)
Z0725		Division	\$ 0.85			per paper page next 11-40 paper page(s)		Copying Fee per paper page for the next 11-40 paper page(s)	18-6(C)
Z0726		Division	\$ 0.57			per paper page for remaining paper		Copying Fee per paper page for remaining paper page(s)	18-6(C)
Z0727		Division	\$ 1.50			per microfilm		Copying Fee per microfilm page	18-6(C)
Z0728		Division	\$ 14.00			per computer disc or as agreed		Copying Fee per computer disc or as agreed	18-6(C)
Z0729		Division	\$ 0.10			per electronic page or as agreed		Copying Fee per electronic page or as agreed	18-6(C)
Z0730		Division	\$ 183.50			per 30 min		Prep Time Deposition and	18-6(D)(2)

**Exhibit #9
RVU Values and Division Z-Codes**

Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
								Testimony by Physician or Psychologist	
Z0731		Division	\$ 183.50			per 30 min		Deposition cancellation 7+ business days	18-6(D)(3)
Z0732		Division	\$ 183.50			per 30 min		Deposition cancellation >5 but <7 business days	18-6(D)(3)
Z0733		Division	\$ 183.50			per 30 min		Deposition cancellation <5 business days	18-6(D)(3)
Z0734		Division	\$ 183.50			per 30 min		Deposition fee per hr	18-6(D)(3)
Z0735		Division	\$ 254.00			per 30 min		Testimony cancellation 7+ business days	18-6(D)(4)
Z0736		Division	\$ 254.00			per 30 min		Testimony cancellation >5 but <7 business days	18-6(D)(4)
Z0737		Division	\$ 254.00			per 30 min		Testimony cancellation <5 business days	18-6(D)(4)
Z0738		Division	\$ 254.00			per 30 min		Testimony Fee	18-6(D)(4)
Z0750		Division	\$ 49.00					Initial WC 164	18-6(G)(2)(e)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0751		Division	\$ 49.00					Progress Report	18-6(G)(2)(e)
Z0752		Division	\$ 49.00					Closing Report	18-6(G)(2)(e)
Z0753		Division	\$ 49.00					Initial and Closing on same report	18-6(G)(2)(e)
Z0754		Division	\$ 49.00					Completion add'l forms	18-6(G)(3)
Z0755		Division	\$ 91.75			per 15 min		Special Report - Written Report only	18-6(G)(4)
Z0756		Division	\$ 91.75			per 15 min		Respondent requested IME (RIME)/Report with patient exam	18-6(G)(4)
Z0757		Division	\$ 91.75			per 15 min		Special Report - Lengthy Form Completion	18-6(G)(4)
Z0758		Division	\$ 91.75			per 15 min		18-5(I)(8) Meeting & Report with Non-treating Physician	18-6(G)(4)
Z0759		Division	\$ 575.00			per exam		Impairment Rating Treating Physician	18-6(F)(4)(b)(i)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0760		Division	\$ 775.00			per exam		Impairment Rating Referral	18- 6(F)(4)(b)(ii)
Z0761		Division	\$ 91.75			per 15 min		Special Report - cancellation not requiring patient exam	18-6(G)(4)
Z0762		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation +7 business days	18-6(G)(4)
Z0763		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation >5 but <7 business days	18-6(G)(4)
Z0764		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation <5 business days	18-6(G)(4)
Z0765		Division	\$ 84.00			per 15 min		Chronic Opioid Management	18-8(B)(2)(f)
Z0766		Division	\$ 34.00			per exam		CRS 8-43-404 IME Audio Recording	18-6(G)(4)
Z0767		Division	\$ 23.00			per copy		CRS 8-43-404 IME Audio Copying Fee	18-6(G)(4)

**Exhibit #9
RVU Values and Division Z-Codes**

Effective for Dates of Service on and after 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0768		Division	\$ 1,000.00					Division Independent Medical Examination (DIME)/Report with patient exam	18-6(G)(4)
Z0769		Division	\$ 1,400.00					DIME/Report with patient exam > 2 years or 3 regions	18-6(G)(4)
Z0770		Division	\$ 91.75			per 15 min		Claimant requested IME (CIME)/Report with patient exam	18-6(G)(4)
Z0771		Division	\$ 50.00			per report		Acute Opioid Management	18-8(A)(4)
Z0772		Division	\$ 0.53			per mile		Mileage for provider of Home Care	18-6(M)(4)
Z0773		Division	\$ 34.00			per hr		Travel Time for provider of Home Care	18-6(M)(5)
Z0790		Division	\$ 80.00			per 30 day supply		Category I Compounded Drugs	18-6(N)(6)
Z0791		Division	\$ 160.00			per 30 day supply		Category II Compounded Drugs	18-6(N)(6)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0792		Division	\$ 265.00			per 30 day supply		Category III Compounded Drugs	18-6(N)(6)
Z0793		Division	\$ 370.00			per 30 day supply		Category IV Compounded Drugs	18-6(N)(6)
Z0794		Division	\$ 30.00			per 30 day supply		Any topical OTC drug except patches	18-6(7)(b)
Z0795		Division	\$ 70.00			per 30 day supply		OTC patches	18-6(7)(b)
Z0800		Division	\$ 99.80			per visit		LAc new patient	18- 6(P)(3)(b)(ii)
Z0801		Division	\$ 67.60			per visit		LAc established patient	18- 6(P)(3)(b)(iii)
Z0802		Division	actual paid			per invoice		Postage	18-6(C)
Z0811		Division	\$ 62.00			per episode		Initial functional assessment of pre-injection care	18-8(C)(2)
Z0812		Division	\$ 33.00			per episode		Subsequent visit of therapeutic post-injection care	18-8(C)(2)

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CPT®, HCPCS, or DoWC Z-Code	Mo difi er	Conversi on Factor or Fee Category	Rate	Non- Facilit y RVU	Facility RVU	Billing Increments	Ind ica tor	Description	Rule 18 reference
Z0813		Division	\$ 744.00					Platelet Rich Plasma injection in an office setting	18-5(D)(8)(b)
Z0814		Division	\$ 33.00			per episode		Post-diagnostic injection care	18-8(C)(2)
Z0815		Division	\$ 80.00			per episode		QPOP Initial Assessment	18-8(D)(1)(c)
Z0816		Division	\$ 40.00			per visit		QPOP subsequent visit	18-8(D)(1)(c)
Z0817		Division	\$ 15.00			per form		Rehabilitation Communication Form (WC196)	18-5(H)(8)(c)
Z9999		Division	\$ -					Providers reporting Z9999 certify accreditation status	18-5(E)(2)(a)
	50	Division			1.50			Bi-Lateral Payment Adjustment	18-5(B)(3)(o)
	51	Division			0.50			Multiple Procedure Modifier	18-5(B)(3)(n)
	62	Division			1.25			Co-Surgeon; distinct procedure	18-5(D)(5)

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CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
	73	Division			0.50			Discontinued service prior to Anesthesia	18-6(J)(6)(f)(iv)
	74	Division			1.00			Discontinued service after Anesthesia	18-6(J)(6)(f)(iv)
	80	Division			0.20			Max allowance, Asst Surgeon	18-5(D)(c)
	81	Division			0.10			Max allowance, Clinical Nurse Specialist and Registered Surgical Asst	18-5(D)(e)
	82	Division			0.20			Max allowance, Qualified Resident Surgeon	18-5(D)(d)
	95	Division	\$ 5.00	1.00	1.00	per visit		Telehealth add-on	18-5(J)(4)(b)
	AA	Anesthesia			1.00				18-5(C)(3)
	AD	Anesthesia				Maximum allowance: three (3) base anesthesia units for each case, regardless of the number of base			18-5(C)(3)

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CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
						anesthesia units assigned to each specific anesthesia episode of care.			
	AS	Division			0.10			Max allowance, AS performed by NP or PA	18-5(D)(e)
	FX	Division			0.80			Film X-Ray	18-5(E)(2)(f)
	P1	Anesthesia			0.00				18-5(C)(4)
	P2	Anesthesia			0.00				18-5(C)(4)
	P3	Anesthesia			1.00				18-5(C)(4)
	P4	Anesthesia			2.00				18-5(C)(4)
	P5	Anesthesia			3.00				18-5(C)(4)
	P6	Anesthesia			0.00				18-5(C)(4)
	QK	Anesthesia			0.50				18-5(C)(3)
	QX	Anesthesia			0.50				18-5(C)(3)

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CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non-Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
	QY	Anesthesia			0.50				18-5(C)(3)
	QZ	Anesthesia			0.90				18-5(C)(3)

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