Fee Schedule Guidelines

Outpatient Hospital

For use with the following code ranges: 00100-69990, 70010-79999, 80047-89398, 90281-99607, A0021-A9999, B4034-B9999, C1204-C9899, D0120-D9999, E0100-E8002, G0008-G9472, J0120-J9999, K0001-K0900, L0112-L9900, M0075-M0301, P2028-P9615, Q0035-Q9969, R0070-R0076, V2020-V5364, 0001F-9007F, 0019T-0391T, and APCs 0701-9536

WSI
North Dakota Workforce Safety & Insurance
Revised 7/2017

Notice

The five character numeric codes included in the North Dakota Fee Schedule are obtained from Current Procedural Terminology (CPT®), copyright 2014 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The five character alphanumeric codes included in the North Dakota Fee Schedule are obtained from HCPCS Level II, copyright 2014 by Optum360, LLC. HCPCS Level II codes are maintained jointly by The Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association (BCBSA), and the Health Insurance Association of America (HIAA).

The responsibility for the content of the North Dakota Fee Schedule is with WSI and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in North Dakota Fee Schedules. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, and are not part of CPT, and the AMA does not recommend their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of North Dakota Fee Schedule should refer to the most current Current Procedural Terminology, which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply. CPT is a registered trademark of the American Medical Association.

The WSI Fee Schedule is not a guarantee of payment. The fact that WSI assigns a procedure or service a HCPCS code and a payment rate does not imply coverage by WSI, but indicates the maximum allowable payment for approved services. Services represented are subject to provisions of WSI including: compensability, claim payment logic, applicable medical policy, benefit limitations and exclusions, packaging logic, and licensing scope of practice limitations.

Any changes made to Pricing Methodology are subject to the North Dakota Public Hearing process. WSI reserves the right to implement changes to the Payment Parameters, Billing Requirements, and Reimbursement Procedures as needed. WSI incorporates all applicable changes into the relevant Fee Schedule Guideline at the time of implementation, and communicates these changes in Medical Providers News, available on the WSI website at www.workforcesafety.com/news/medical-providers. WSI reviews and updates all Fee Schedule rates on an annual basis, with additional updates made on a quarterly basis when applicable.

For reference purposes, the sections of the North Dakota Administrative Code (NDAC) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The NDAC is accessible at the North Dakota Legislative Council web site:
http://www.state.nd.us/lr/information/acdata/html/92-01.html.

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Outpatient Hospital Pricing Methodology

Outpatient Hospital Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Outpatient Hospital Fee Schedule. The Outpatient Hospital Fee Schedule uses the applicable procedure codes and descriptions as defined by the Healthcare Common Procedure Coding System (HCPCS), their respective payment status indicators, and payment amounts. In accordance with North Dakota Administrative Code 92-01-02-29.2, any provider who renders treatment to a claimant under the jurisdiction of WSI is reimbursed according to the rates assigned in the WSI Fee Schedule. Providers may access the complete Outpatient Hospital Fee Schedule and other resources referenced within this document by visiting the Medical Provider section of the WSI website: www.workforcesafety.com.

Status Indicators

WSI assigns one of the following status indicators to each HCPCS or APC code within the Outpatient Hospital Fee Schedule:

HCPCS	APC	Description	Pricing Methodology
B		Code that is not recognized when submitted on a UB-04 with bill types 12x, 13x, or 14x	Service is not payable under the Outpatient Hospital Fee Schedule. WSI may recognize an alternate code.
C		Inpatient procedure	Service is not payable under the Outpatient Hospital Fee Schedule. Pricing is determined under the Inpatient Hospital Fee Schedule.
D		Discontinued code	Service is not payable. Code was discontinued effective beginning of the calendar year.
E		Code not reportable in an outpatient hospital setting	Service is not payable under the Outpatient Hospital Fee Schedule.
F		Corneal tissue acquisition, Hepatitis B vaccine	Service is payable at 85% of the amount billed.
G	G	Drug/biological pass-through; brachytherapy sources	Service is payable at the rate published on the Outpatient Hospital Fee Schedule.
H	H	Device pass-through categories	Service is payable at 120% of the invoice cost, when provided in conjunction with a covered Outpatient Hospital procedure.
J	J	Service that is payable under a comprehensive APC	Service is payable at the APC rate published on the Outpatient Hospital Fee Schedule, which may be complexity adjusted for secondary and add-on codes. APC payment includes all services provided in an outpatient encounter with the exception of those services with status indicators of F, G or H.
J2		Service that is payable when performed separate from a comprehensive APC	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a comprehensive APC.
K	K	Non pass-through drugs and biologicals; therapeutic radiopharmaceutical agents; blood and blood products	Service is payable at the rate published on the Outpatient Hospital Fee Schedule.
N		Packaged code	Service is not separately payable. Payment is packaged into the payment for another service.

HCPCS	APC	Description	Pricing Methodology
Q1		Service that is packaged when billed with another service that has an J, S, or T status indicator	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a service assigned a status indicator of J, S, or T
Q2		Service that is packaged when billed with another service that has a J or T status indicator	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a service assigned a status indicator of J or T
Q3		Service that is packaged when paid through a Composite APC	Service is payable at the rate published on the Outpatient Hospital Fee Schedule when performed separate from a Composite APC.
Q4		Laboratory service that is packaged when billed with any other payable service	Service is payable at the rate published on the Clinical Laboratory Fee Schedule when performed separate from any other payable service.
S	S	Procedure or service, multiple procedure reductions not applied	Service is payable at the rate published on the Outpatient Hospital Fee Schedule without multiple procedure reductions applied.
T	T	Procedure or service, multiple procedure reductions applied	Service is payable at the rate published on the Outpatient Hospital Fee Schedule with multiple procedure reductions applied.
Y		Non-implantable durable medical equipment	Service is not payable under the Outpatient Hospital Fee Schedule. Pricing is determined under another WSI Fee Schedule.
Z		Service that is payable under another WSI Fee Schedule	Service is not payable under the Outpatient Hospital Fee Schedule. Pricing is determined under another WSI Fee Schedule.

Calculation of the Reimbursement Rate

For HCPCS/APC codes assigned a status indicator of “G”, “J”, “J2” “K”, “Q1”, “”Q2”, “Q3”, “S”, or “T”, WSI applies the following formula to determine the maximum allowable reimbursement rate:

HCPCS/ APC Weight X WSI Conversion Factor

For 1/1/17 – 6/30/17, the Conversion Factor is $133.70

For 7/1/17 – 12/31/17, the Conversion Factor is $142.10

The HCPCS/APC weight is the Medicare weight as indicated in the listing of HCPCS codes and APCs in the final OPPS rule published in the Federal Register each year (commonly known as “Addendums A & B”). WSI calculates the conversion factor based on the prior year’s conversion factor times the Hospital Market Basket increase published by The Centers for Medicare and Medicaid Services (CMS) in the Outpatient Prospective Payment System (OPPS) final rule.

- Where Addendums A & B contain a HCPCS/APC code with a payment amount but no weight, WSI computes the weight by taking the Medicare payment amount divided by the Medicare conversion factor.

- Where Addendums A & B contain a payable HCPCS/APC code with no payment amount or weight (i.e., pass through devices paid at cost), WSI payment is payment based on the invoice cost plus 20%. WSI identifies these services with an “H” status indicator.

Annual Updates

WSI updates the Outpatient Hospital Fee Schedule annually based on the Hospital Market Basket increases and HCPCS/APC weights published by CMS. Any delay by CMS in publishing the Hospital Market Basket increase, in updating its weights, or both, will cause a corresponding delay in the update of the WSI conversion factor and weights. WSI also incorporates the quarterly updates published by CMS into the Outpatient Hospital Fee Schedule.

Limitations of the Outpatient Hospital Fee Schedule

The payment rates listed on the Outpatient Hospital Fee Schedule indicate the allowable payment for approved services only. The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI, but indicates the allowable payment for approved services. The final payment rate may be impacted by the payment parameters and billing requirements enforced by WSI. Providers are encouraged to carefully review WSI's Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unneccesary delays and denials of payment.

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Outpatient Hospital Payment Parameters

Outpatient Hospital Payment Parameters outlines the rules for payment adopted by WSI. While WSI has adopted many of Medicare's rules for payment, WSI has developed a set of unique rules that are applied to the final payment of approved services. The complete payment parameters enforced by WSI are as follows:

Authorization- WSI requires prior authorization for most Outpatient Hospital services. A provider should refer to the Utilization Review Guide for additional information.

Bilateral Surgery Payment (50)- WSI utilizes Medicare's bilateral surgery payment adjustments for services assigned a status indicator "T" when billed with Modifier 50. WSI issues payment for the primary bilateral procedure at 150% of the fee schedule rate. If a bilateral procedure is a secondary procedure, the service is reimbursed at 75% of the fee schedule rate.

WSI does not apply bilateral procedure discounting to those procedures identified with status indicator "S".

Distinct Procedural Services (59)- WSI reimburses for distinct procedural services at 100% of fee schedule, with the appropriate multiple procedure discounts.

Discontinued Procedure Discounting (73, 74, 52)- For services billed with modifier 73, if the procedure code is the highest weighted code, WSI prices it at 50% of the Outpatient Hospital Fee Schedule rate. If the procedure code is not the highest weighted code, WSI prices it at 25% of the Outpatient Hospital Fee Schedule rate.

WSI prices procedures billed with modifiers 74 and 52 as if no modifier were present (i.e., with normal multiple procedure discounting).

Modifier Usage- WSI does not require all of the modifiers required by the Medicare OPPS. WSI permits the appropriate use of OPPS modifiers.

Multiple Procedure Discounting- WSI applies multiple procedure discounting to codes identified with status indicator "T". If the procedure code is the highest weighted code, WSI prices it at 100% of the Outpatient Hospital Fee Schedule rate. If the procedure code is not the highest weighted code, WSI prices it at 50% of the Outpatient Hospital Fee Schedule rate.

WSI does not apply multiple procedure discounting to those procedures identified with status indicator "S".

NCCI Edits- WSI incorporates all applicable NCCI edits.

New Codes with no Payment- WSI pays for new codes that Medicare has not yet assigned a payment for (either through the APC payment system or through the Medicare Part B Fee Schedules) at 85% of billed charges.

Observation Services- Providers must bill observation services in hourly increments with HCPCS code G0378. WSI allows observation stays of 48 hours or less.

Outlier Payments- WSI did not incorporate any outlier provisions into the Outpatient Hospital Fee Schedule

Packaged Drug Offsets- WSI does not incorporate Medicare's "Threshold Packaged" and "Policy Packaged" drug offsets.

Pass-Through Devices- WSI incorporates Medicare's pass-through device offset methodology. WSI uses the offset percentages published by Medicare when determining the appropriate amounts for those procedures involving pass-through devices.

Payment Packaging- WSI has adopted Medicare's Outpatient Hospital payment packaging policies as follows:

Unconditional Packaging- WSI assigns a status indicator of "N" to unconditionally packaged services. Reimbursement for these services is included in the payment for the primary procedure(s).

Conditional Packaging- WSI assigns a status indicator of "Q1", "Q2", "Q3", or "Q4" to conditionally packaged services. Reimbursement for these services is dependent upon whether another qualifying service was provided during any given outpatient hospital service, as described by each status indicator's description. WSI applies additional conditional packaging as follows:

- When multiple Q1 services are performed separate from another S or T service, only the highest weighted Q1 service is payable. WSI packages the payment for all other Q1 services.
- When multiple Q2 services are performed separate from another T service, only the highest weighted Q2 service is payable. WSI packages the payment for all other Q2 services.
- When Q1 and Q2 services are performed separate from another S or T service, only the highest weighted Q1 or Q2 service is payable. WSI packages the payment for all other Q1 and Q2 services.
- Q1 and Q2 services are not separately payable when performed with other services that qualify for a composite APC payment.

Composite APC- WSI packages certain groups of similar, related services into a single composite payment.

Comprehensive APC- WSI assigns a status indicator of "J" to services that qualify for a comprehensive payment. Reimbursement for a comprehensive service incorporates payment for other services provided during an outpatient hospital encounter. WSI does not package services assigned a status indicator of "F", "G", or "H" into a comprehensive APC payment.

Prospective Payments- WSI pays outpatient hospital services at the rate indicated on the WSI Outpatient Hospital Fee Schedule, regardless of the billed charge amount.

Provider-Based Clinics- WSI does not recognize clinics as provider-based. Providers must bill services of a type typically performed in a physician's office on a CMS 1500 claim form, with the following exceptions:

- An Urgent Care center that is located next to an Emergency Department, which shares a common registration or triage area with the Emergency Department, and bills a facility fee to all payers. Facility charges for these services can be billed with Revenue Code 456 or 516
- A Pain Clinic located within the hospital's main building. Providers may bill facility charges for these services with Revenue Code 511.

Repeat Procedure Modifiers (76,77,78,79)- Procedures with modifiers 76, 77, 78, or 79 are not subject to multiple procedure discounting and are paid at the Outpatient Hospital fee schedule amount. These modifiers represent a return to the operating room or treatment area and indicate the reported procedures were not completed during the same operative session.

Replacement Device Offsets- WSI incorporates Medicare's device offset methodology for those instances where replacement devices are provided at either no cost by the manufacturer or where the hospital received a credit of 50 percent or more of the estimated cost of the new replacement device. WSI uses the offset percentages published by Medicare when determining the appropriate payment reduction cap for those procedures involving replacement devices. Hospitals must bill using value code FD and the amount of the device credit received when a device is replaced at either no cost or at an amount that is 50 percent or more of the cost of the original device.

Wage Adjustments- WSI does not wage adjust the conversion factor.

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Outpatient Hospital Billing Requirements

Outpatient Hospital Billing Requirements outlines the rules for billing adopted by WSI. WSI returns or denies inappropriately submitted bills. WSI notifies providers of inappropriately submitted bills via a return letter or remittance advice. Providers must correct any returned bills prior to resubmission.

Bilateral Surgical Procedures- Providers are required to bill bilateral surgical procedures on 1 line as a single unit, appended with the bilateral procedure modifier (50).

Bill Form- Providers must submit medical bills for outpatient services on a UB-04 form or via EDI.

Bill Submission- WSI offers the following options for bill submission:

Electronic Billing- Providers may submit medical charges via EDI through one of WSI's clearinghouses:

- **iHCFA:** This option allows providers to submit professional (CMS-1500/837p) charges along with supporting medical documentation. Contact iHCFA EDI Support Services at 973-795-1641 (option 2) for additional information.
- **Noridian:** This option allows providers to submit professional (CMS-1500/837p) and institutional (UB-04/837i) charges without medical documentation attachment through Noridian. Providers must mail all supporting medical documentation to WSI at the address provided below or fax it to 701-328-3793. Contact Noridian EDI Support Services at 800-967-7902 for additional information.

Paper Billing- Providers may submit a paper bill in the original red and white paper format with supporting medical documentation to WSI:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Coding- Providers are required to bill using only current and appropriate CPT and HCPCS Level II codes for medicine services.

Discontinued Procedures- When an operative session is terminated either prior to or subsequent of the administration of anesthesia (modifiers 73 or 74), only the primary planned procedure(s) may be reported on the claim. WSI reviews any claim with a 73 or 74 modifier that contains more than 1 "T" status procedure code and may request records to substantiate multiple primary planned procedures.

Durable Medical Equipment- Providers may bill for Durable Medical Equipment (DME) items (as defined in the DME Payment Policy) on a UB-04 claim form or a CMS 1500 claim form with the appropriate modifiers. Providers must bill for separately payable supply items, not provided as part of an outpatient encounter, on a CMS 1500 claim form in order for WSI to issue payment based on the WSI DME fee schedule.

Fitness Center Services- When WSI approves an independent exercise program, facilities may bill for the fitness center services using WSI-specific code W0555 on a CMS 1500, or by submitting an invoice for the charges.

Inpatient Hospital vs. Outpatient Hospital Classification- WSI requires all providers to bill all patient stays of 24 hours or less as outpatient stays unless the surgical procedure performed has a status indicator of "C". Providers must bill all patient stays for surgical services where the HCPCS code for the surgery has a status indicator of "C" (inpatient only) as inpatients, regardless of the length of the stay.

Line Item Billing- WSI requires line item date of service billing for all lines, with the exception of observation services.

Medical Documentation- Providers must submit medical documentation to support all billed charges. WSI's Documentation Policies are available for detailed information on documentation requirements.

Medical Necessity- Providers are required to bill using the same medical necessity guidelines as they use for Medicare.

Multiple Encounters- Providers may combine multiple outpatient hospital encounters on the same day (i.e., the patient leaves the hospital and returns later in the day for other services) into one bill for that date of service or can be billed on separate claims. However, providers must bill all services during an individual encounter with the hospital on the same claim.

Multiple Surgical Procedures- Providers must bill multiple surgical procedures on subsequent lines.

National Provider Identification (NPI)- WSI requires entities who are eligible for NPI to be registered with National Plan & Provider Enumeration System. When applicable, WSI requires providers to include the NPI at both the rendering provider and billing provider levels.

Observation Services- Hospitals must use HCPCS code G0378 on all claims containing charges for valid observation services. Providers must bill observation services in hourly increments in order for the hospital to receive proper payment. Only revenue code 762 may be used to bill for valid observation services.

Orthotics and Prosthetics- Providers may bill for orthotics (HCPCS codes L0000-L4999) and Prosthetics (HCPCS codes L5000-L9999) on either the UB-04 claim form with revenue code 274 or on the CMS 1500 claim form. WSI pricing for these services is determined based on the existing WSI DME fee schedule amounts in either case.

Pain Clinics- Hospitals billing for Pain Clinics located within the main hospital building can bill a facility fee. Providers must bill these fees with Revenue Code 511 and an appropriate HCPCS code.

Phase III Cardiac Rehab Services- Providers must bill Phase III cardiac rehab services on a separate claim. These services do not have a valid HCPCS code but WSI pays for them outside of the outpatient hospital fee schedule when billed on a separate claim. Providers must bill these services with revenue code 994.

Professional Fees- Providers cannot bill professional fees on the UB-04 claim form. Providers must bill all professional services on the CMS 1500 claim form. This includes CRNA services. Professional fees billed on an UB-04 claim form will be "line item denied" (revenue codes 96X, 97X & 98X).

Services without Valid HCPC Codes- Providers may combine revenue codes for which there are no valid HCPCS codes into one line.

Take-Home Drugs- WSI considers take-home drugs as packaged services and this service is not separately reimbursable.

Timely Filing- Providers must submit bills to WSI within 365 days of the date of service.

Units of Service- The units of service must match the description of the HCPCS code. Providers must bill surgical HCPCS codes with units that equal the number of times the procedure was performed, as indicated by the code's description.

Urgent Care Centers- Hospitals may bill a facility fee for Urgent Care centers that are located next to the Emergency Department and share a registration or triage area with the Emergency Department when they bill a facility fee to all payers. Providers must bill these fees with Revenue Code 456 or 516 along with an appropriate procedure code or an appropriate non-emergency E&M code.

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Outpatient Hospital Reimbursement Procedures

Provider Registration- Prior to reimbursement for treatment, providers are required to register with WSI. To register, complete the Payee Registration and Substitute W-9 form.

Payment Address- The remittance address submitted on the provider registration form must match the address submitted on the CMS-1500 box 33 or UB 04 box 2. In the event the address submitted on a bill does not match the registered address, WSI will return the bill.

Remittance Advice- WSI issues remittance advice for processed medical bills each Friday. A provider must refer to the remittance advice for bill status information, which includes the following: patient name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes reason codes, which explain any reductions or denials of payment for a service. Providers in need of a duplicate remittance advice can request these by contacting our customer service department at 1-800-777-5033.

Reason Codes- Certain reason codes allow the provider to bill the patient for the denied charges, or for the balance of reduced charges. The remittance advice reason codes identify the cause for the determination and specifically state that the provider may bill the patient. When these reason codes occur, WSI also sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charges.

In accordance with North Dakota Administrative Code 92-01-02-45.1, if a reason code does not state that a provider may bill the patient, the provider cannot bill the charges for reduced or denied services to the patient, the employer, or another insurer.

Bill Status Inquiries- WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills. In addition, WSI requests that the provider allow two (2) months from the date of bill submission before inquiring on bill status. This allows adequate time for WSI to process the bill and for the provider to receive the remittance advice.

Overpayments- When an overpayment occurs on a medical bill, WSI will notify the provider of the overpayment in a letter. WSI allows 30 days from the date of the letter for the provider to issue the requested refund. If a provider does not issue the refund within 30 days of the date of the letter, WSI will begin withholding the overpayment from future payments.

Medical Services Disputes- North Dakota Administrative Code 92-01-02-46 provides the procedures followed for managed care disputes. Providers who wish to dispute a denial or reduction of a service charge must file the Medical Bill Appeal (M6) form along with supporting documentation within 30 days after the date of the remittance advice. WSI will not address a provider dispute submitted without the M6 form.

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Outpatient Hospital APC Descriptions

APC	Description
0701	Sr89 strontium
0726	Dexrazoxane HCl injection
0731	Sargramostim injection
0736	Amphotericin b liposome inj
0738	Rasburicase
0747	Chlorothiazide sodium inj
0751	Mechlorethamine hcl inj
0752	Dactinomycin injection
0759	Naltrexone, depot form
0800	Leuprolide acetate
0802	Etoposide oral
0807	Aldesleukin injection
0809	Bcg live intravesical vac
0810	Goserelin acetate implant
0812	Carmustine injection
0820	Daunorubicin injection
0821	Daunorubicin citrate inj
0823	Docetaxel injection
0825	Nelarabine injection
0827	Floxuridine injection
0831	Ifosfamide injection
0832	Idarubicin hcl injection
0836	Interferon alfa-2b inj
0838	Interferon gamma 1-b inj
0840	Inj melphalan hydrochl
0843	Pegaspargase injection
0844	Pentostatin injection
0849	Rituximab injection
0850	Streptozocin injection
0851	Thiotepa injection
0856	Porfimer sodium injection
0858	Inj cladribine
0864	Mitoxantrone hydrochl
0868	Oral aprepitant
0873	Hyalgan/supartz inj per dose
0874	Synvisc or synvisc-one
0875	Euflexxa inj per dose
0877	Orthovisc inj per dose
0887	Azathioprine parenteral
0890	Lymphocyte immune globulin
0901	Alpha 1 proteinase inhibitor
0902	Injection,onabotulinumtoxinA
0903	Cytomegalovirus imm IV /vial
0910	Interferon beta-1b / .25 MG
0913	Ganciclovir long act implant
0925	Factor viii
0927	Factor viii recombinant
0928	Factor ix complex
0929	Anti-inhibitor

APC	Description
0931	Factor IX non-recombinant
0932	Factor ix recombinant nos
0943	Octagam injection
0944	Gammagard liquid injection
0946	Hepagam b im injection
0947	Flebogamma injection
0948	Gamunex-C/Gammaked
0961	Albumin (human),5%, 50ml
0963	Albumin (human), 5%, 250 ml
0964	Albumin (human), 25%, 20 ml
0965	Albumin (human), 25%, 50ml
1015	Injection glatiramer acetate
1052	Injection, voriconazole
1064	I131 iodide cap, rx
1083	Adalimumab injection
1086	Temozolomide
1138	Hepagam b intravenous, inj
1139	Protein c concentrate
1142	Supprelin LA implant
1150	I131 iodide sol, rx
1166	Cytarabine liposome inj
1168	Inj, temsirolimus
1178	Busulfan injection
1203	Verteporfin injection
1207	Octreotide injection, depot
1213	Antihemophilic viii/vwf comp
1214	Inj IVIG privigen 500 mg
1232	Mitomycin injection
1235	Valrubicin injection
1236	Levoleucovorin injection
1237	Inj iron dextran
1238	Topotecan oral
1253	Triamcinolone A inj PRS-free
1263	Antithrombin iii injection
1268	Xyntha inj
1274	Edetate calcium disodium inj
1280	Corticotropin injection
1281	Bevacizumab injection
1289	AbobotulinumtoxinA
1291	Rilonacept injection
1295	Sm 153 lexidronam
1296	Degarelix injection
1297	Ferumoxytol, non-esrd
1311	Canakinumab injection
1312	Hizentra injection
1327	Imiglucerase injection
1331	Olanzapine long-acting inj
1332	Antithrombin recombinant
1338	Methyl aminolevulinate, top

APC	Description
1340	Collagenase, clost hist inj
1341	Amobarbital 125 MG inj
1352	Wilate injection
1353	Belimumab injection
1354	Hydroxyprogesterone caproate
1361	Enfuvirtide injection
1408	Cyclophosphamide 100 MG inj
1413	Lumizyme injection
1415	Glassia injection
1416	Factor xiii anti-hem factor
1417	Gel-one
1420	Aflibercept injection
1421	Imported lipodox inj
1424	Nabilone oral
1426	Eribulin mesylate injection
1431	Centruroides immune f(ab)
1433	Calcitonin salmon injection
1440	Inj desmopressin acetate
1442	Non-HEU TC-99M add-on/dose
1443	Icatibant injection
1446	Visualization adjunct
1457	Totazoline hcl injection
1458	Phentolaine mesylate inj
1460	Interferon alfa-2a inj
1464	Factor VIII (porcine)
1466	Inj, vincristine sul lip 1mg
1467	Factor ix recombinan rixubis
1468	Inj Aripiprazole Ext Rel 1mg
1469	Inj filgrastim excl biosimil
1471	Injection, Pertuzumab, 1 mg
1472	Inj beta interferon im 1 mcg
1474	Certolizumab pegol inj 1mg
1475	Golimumab for iv use 1mg
1476	Obinutuzumab inj
1478	Human fibrinogen conc inj
1480	Elosulfase alfa, injection
1482	Darbepoetin alfa, esrd use
1484	Pentazocine injection
1485	Ferumoxytol, esrd use
1486	Factor ix fc fusion recomb
1488	Injection, ramucirumab
1489	Injection, vedolizumab
1490	Inj pembrolizumab
1491	New Technology - Level 1A ($0-$10)
1492	New Technology - Level 1B ($11-$20)
1493	New Technology - Level 1C ($21-$30)
1494	New Technology - Level 1D ($31-$40)
1495	New Technology - Level 1E ($41-$50)
1496	New Technology - Level 1A ($0-$10)
1497	New Technology - Level 1B ($11-$20)
1498	New Technology - Level 1C ($21-$30)
1499	New Technology - Level 1D ($31-$40)
1500	New Technology - Level 1E ($41-$50)
1502	New Technology - Level 2 ($51 - $100)
1503	New Technology - Level 3 ($101 - $200)
1504	New Technology - Level 4 ($201 - $300)

APC	Description
1505	New Technology - Level 5 ($301 - $400)
1506	New Technology - Level 6 ($401 - $500)
1507	New Technology - Level 7 ($501 - $600)
1508	New Technology - Level 8 ($601 - $700)
1509	New Technology - Level 9 ($701 - $800)
1510	New Technology - Level 10 ($801 - $900)
1511	New Technology - Level 11 ($901 - $1000)
1512	New Technology - Level 12 ($1001 - $1100)
1513	New Technology - Level 13 ($1101 - $1200)
1514	New Technology - Level 14 ($1201- $1300)
1515	New Technology - Level 15 ($1301 - $1400)
1516	New Technology - Level 16 ($1401 - $1500)
1517	New Technology - Level 17 ($1501-$1600)
1518	New Technology - Level 18 ($1601-$1700)
1519	New Technology - Level 19 ($1701-$1800)
1520	New Technology - Level 20 ($1801-$1900)
1521	New Technology - Level 21 ($1901-$2000)
1522	New Technology - Level 22 ($2001-$2500)
1523	New Technology - Level 23 ($2501-$3000)
1524	New Technology - Level 24 ($3001-$3500)
1525	New Technology - Level 25 ($3501-$4000)
1526	New Technology - Level 26 ($4001-$4500)
1527	New Technology - Level 27 ($4501-$5000)
1528	New Technology - Level 28 ($5001-$5500)
1529	New Technology - Level 29 ($5501-$6000)
1530	New Technology - Level 30 ($6001-$6500)
1531	New Technology - Level 31 ($6501-$7000)
1532	New Technology - Level 32 ($7001-$7500)
1533	New Technology - Level 33 ($7501-$8000)
1534	New Technology - Level 34 ($8001-$8500)
1535	New Technology - Level 35 ($8501-$9000)
1536	New Technology - Level 36 ($9001-$9500)
1537	New Technology - Level 37 ($9501-$10000)
1539	New Technology - Level 2 ($51 - $100)
1540	New Technology - Level 3 ($101 - $200)
1541	New Technology - Level 4 ($201 - $300)
1542	New Technology - Level 5 ($301 - $400)
1543	New Technology - Level 6 ($401 - $500)
1544	New Technology - Level 7 ($501 - $600)
1545	New Technology - Level 8 ($601 - $700)
1546	New Technology - Level 9 ($701 - $800)
1547	New Technology - Level 10 ($801 - $900)
1548	New Technology - Level 11 ($901 - $1000)
1549	New Technology - Level 12 ($1001 - $1100
1550	New Technology - Level 13 ($1101 - $1200
1551	New Technology - Level 14 ($1201- $1300)
1552	New Technology - Level 15 ($1301 - $1400
1553	New Technology - Level 16 ($1401 - $1500
1554	New Technology - Level 17 ($1501-$1600)
1555	New Technology - Level 18 ($1601-$1700)
1556	New Technology - Level 19 ($1701-$1800)
1557	New Technology - Level 20 ($1801-$1900)
1558	New Technology - Level 21 ($1901-$2000)
1559	New Technology - Level 22 ($2001-$2500)
1560	New Technology - Level 23 ($2501-$3000)
1561	New Technology - Level 24 ($3001-$3500)

APC	Description
1562	New Technology - Level 25 ($3501-$4000)
1563	New Technology - Level 26 ($4001-$4500)
1564	New Technology - Level 27 ($4501-$5000)
1565	New Technology - Level 28 ($5001-$5500)
1566	New Technology - Level 29 ($5501-$6000)
1567	New Technology - Level 30 ($6001-$6500)
1568	New Technology - Level 31 ($6501-$7000)
1569	New Technology - Level 32 ($7001-$7500)
1570	New Technology - Level 33 ($7501-$8000)
1571	New Technology - Level 34 ($8001-$8500)
1572	New Technology - Level 35 ($8501-$9000)
1573	New Technology - Level 36 ($9001-$9500)
1574	New Technology - Level 37 ($9501-$10000)
1575	New Technology - Level 38 ($10,001-$15,000)
1576	New Technology - Level 39 ($15,001-$20,000)
1577	New Technology - Level 40 ($20,001-$25,000)
1578	New Technology - Level 41 ($25,001-$30,000)
1579	New Technology - Level 42 ($30,001-$40,000)
1580	New Technology - Level 43 ($40,001-$50,000)
1581	New Technology - Level 44 ($50,001-$60,000)
1582	New Technology - Level 45 ($60,001-$70,000)
1583	New Technology - Level 46 ($70,001-$80,000)
1584	New Technology - Level 47 ($80,001-$90,000)
1585	New Technology - Level 48 ($90,001-$100,000)
1589	New Technology - Level 38 ($10,001-$15,000)
1590	New Technology - Level 39 ($15,001-$20,000)
1591	New Technology - Level 40 ($20,001-$25,000)
1592	New Technology - Level 41 ($25,001-$30,000)
1593	New Technology - Level 42 ($30,001-$40,000)
1594	New Technology - Level 43 ($40,001-$50,000)
1595	New Technology - Level 44 ($50,001-$60,000)
1596	New Technology - Level 45 ($60,001-$70,000)
1597	New Technology - Level 46 ($70,001-$80,000)
1598	New Technology - Level 47 ($80,001-$90,000)
1599	New Technology - Level 48 ($90,001-$100,000)
1605	Abciximab injection
1607	Eptifibatide injection
1608	Etanercept injection
1609	Rho(D) immune globulin h, sd
1612	Daclizumab, parenteral
1613	Trastuzumab injection
1630	Hep b ig, im
1631	Baclofen intrathecal trial
1633	Alefacept
1643	Y90 ibritumomab, rx
1656	Factor viii fc fusion recomb
1657	Puraply or puraply am
1658	Injection, belinostat, 10mg
1660	Injection, oritavancin
1661	Gen, neuro, HF, rechg bat
1662	Inj tedizolid phosphate
1663	Inj, phenylephrine ketorolac
1664	Florbetapir f18
1666	Tetracyclin injection
1669	Erythro lactobionate /500 mg
1670	Tetanus immune globulin inj

APC	Description
1675	P32 Na phosphate
1676	P32 chromic phosphate
1683	Basiliximab
1684	Corticorelin ovine triflutal
1685	Darbepoetin alfa, non-esrd
1686	Epoetin alfa, non-esrd
1687	Digoxin immune fab (ovine)
1688	Ethanolamine oleate
1689	Fomepizole
1690	Hemin
1693	Lepirudin
1694	Ziconotide injection
1695	Nesiritide injection
1696	Palifermin injection
1697	Pegaptanib sodium injection
1700	Inj secretin synthetic human
1701	Treprostinil injection
1704	Humate-P, inj
1705	Factor viia
1709	Azacitidine injection
1710	Clofarabine injection
1711	Vantas implant
1712	Paclitaxel protein bound
1738	Oxaliplatin
1739	Pegademase bovine, 25 iu
1741	Urofollitropin, 75 iu
1743	Nandrolone decanoate 50 mg
1745	Radium ra223 dichloride ther
1746	Factor xiii recomb a-subunit
1747	Monovisc inj per dose
1748	Inj tbo filgrastim 1 microg
1761	rolapitant, oral, 1mg
1809	Injection, alemtuzumab
1822	Inj filgrastim gcsf biosimil
1823	Injection, dalbavancin
1824	Ceftaroline fosamil inj
1825	Ceftazidime and avibactam
1826	Hyqvia 100mg immuneglobulin
1827	Factor viii recomb obizur
1828	Carbidopa levodopa ent 100ml
1829	Penicillin g benzathine inj
1832	Dimethyl sulfoxide 50% 50 ml
1836	Penicillin g procaine inj
1838	Urokinase 250,000 iu inj
1839	Oral busulfan
1842	Leuprolide acetate implant
1844	Factor viii pegylated recomb
1845	Tacrol envarsus ex rel oral
1846	Factor viii nuwiq recomb 1iu
1847	Inj., infliximab biosimilar
1848	Artiss fibrin sealant
1849	Foscarnet sodium injection
1850	Gamma globulin 1 cc inj
1851	Gamma globulin > 10 cc inj
1852	Interferon beta-1a inj
1853	Minocycline hydrochloride

APC	Description
1854	Pentobarbital sodium inj
1855	Pralidoxime chloride inj
1856	Factor viii recomb novoeight
1857	Inj, factor x, (human), 1iu
1858	Leuprolide acetate injeciton
1859	Argatroban nonesrd use 1mg
1860	Monoclonal antibodies
1861	Inj., bendeka 1 mg
1862	Gel-syn injection 0.1 mg
1863	Inj diclofenac sodium 0.5mg
1901	New Technology - Level 49 ($100,001-$120,000)
1902	New Technology - Level 49 ($100,001-$120,000)
1903	New Technology - Level 50 ($120,001-$140,000)
1904	New Technology - Level 50 ($120,001-$140,000)
1905	New Technology - Level 51 ($140,001-$160,000)
1906	New Technology - Level 51 ($140,001-$160,000)
2613	Lung bx plug w/del sys
2616	Brachytx, non-str,Yttrium-90
2623	Cath, translumin, drug-coat
2632	Iodine I-125 sodium iodide
2634	Brachytx, non-str, HA, I-125
2635	Brachytx, non-str, HA, P-103
2636	Brachy linear, non-str,P-103
2638	Brachytx, stranded, I-125
2639	Brachytx, non-stranded,I-125
2640	Brachytx, stranded, P-103
2641	Brachytx, non-stranded,P-103
2642	Brachytx, stranded, C-131
2643	Brachytx, non-stranded,C-131
2645	Brachytx, non-str, Gold-198
2646	Brachytx, non-str, HDR Ir-192
2647	Brachytx, NS, Non-HDRIr-192
2648	Brachytx planar, p-103
2698	Brachytx, stranded, NOS
2699	Brachytx, non-stranded, NOS
2731	Immune globulin, powder
2770	Quinupristin/dalfopristin
3041	Bivalirudin
4001	Echo guidance radiotherapy
4002	Stereoscopic x-ray guidance
4003	Radiation treatment delivery, MeV <= 5; simple
4004	Radiation treatment delivery, 6-10 MeV; simple
4005	Radiation treatment delivery, 11-19 MeV; simple
4006	Radiation treatment delivery, MeV>=20; simple
4007	Radiation treatment delivery, MeV<=5; intermediate
4008	Radiation treatment delivery, 6-10 MeV; intermediate
4009	Radiation treatment delivery, 11-19 MeV; intermediate
4010	Radiation treatment delivery, MeV >=20; intermediate
4011	Radiation treatment delivery, MeV<=5; complex
4012	Radiation treatment delivery, 6-10 MeV; complex
4013	Radiation treatment delivery, 11-19 MeV; complex
4014	Radiation treatment delivery, MeV >=20; complex
5012	Clinic Visits and Related Services
5021	Level 1 Type A ED Visits
5022	Level 2 Type A ED Visits
5023	Level 3 Type A ED Visits
5024	Level 4 Type A ED Visits
5025	Level 5 Type A ED Visits
5031	Level 1 Type B ED Visits
5032	Level 2 Type B ED Visits
5033	Level 3 Type B ED Visits
5034	Level 4 Type B ED Visits
5035	Level 5 Type B ED Visits
5041	Critical Care
5045	Trauma Response with Critical Care
5051	Level 1 Skin Procedures
5052	Level 2 Skin Procedures
5053	Level 3 Skin Procedures
5054	Level 4 Skin Procedures
5055	Level 5 Skin Procedures
5061	Hyperbaric Oxygen
5071	Level 1 Excision/ Biopsy/ Incision and Drainage
5072	Level 2 Excision/ Biopsy/ Incision and Drainage
5073	Level 3 Excision/ Biopsy/ Incision and Drainage
5091	Level 1 Breast/Lymphatic Surgery and Related Procedures
5092	Level 2 Breast/Lymphatic Surgery and Related Procedures
5093	Level 3 Breast/Lymphatic Surgery and Related Procedures
5094	Level 4 Breast/Lymphatic Surgery and Related Procedures
5101	Level 1 Strapping and Cast Application
5102	Level 2 Strapping and Cast Application
5111	Level 1 Musculoskeletal Procedures
5112	Level 2 Musculoskeletal Procedures
5113	Level 3 Musculoskeletal Procedures
5114	Level 4 Musculoskeletal Procedures
5115	Level 5 Musculoskeletal Procedures
5116	Level 6 Musculoskeletal Procedures
5151	Level 1 Airway Endoscopy
5152	Level 2 Airway Endoscopy
5153	Level 3 Airway Endoscopy
5154	Level 4 Airway Endoscopy
5155	Level 5 Airway Endoscopy
5161	Level 1 ENT Procedures
5162	Level 2 ENT Procedures
5163	Level 3 ENT Procedures
5164	Level 4 ENT Procedures
5165	Level 5 ENT Procedures

APC	Description
5166	Cochlear Implant Procedure
5181	Level 1 Vascular Procedures
5182	Level 2 Vascular Procedures
5183	Level 3 Vascular Procedures
5191	Level 1 Endovascular Procedures
5192	Level 2 Endovascular Procedures
5193	Level 3 Endovascular Procedures
5194	Level 4 Endovascular Procedures
5200	Implantation Wireless PA Pressure Monitor
5211	Level 1 Electrophysiologic Procedures
5212	Level 2 Electrophysiologic Procedures
5213	Level 3 Electrophysiologic Procedures
5221	Level1 Pacemaker and Similar Procedures
5222	Level 2 Pacemaker and Similar Procedures
5223	Level 3 Pacemaker and Similar Procedures
5224	Level 4 Pacemaker and Similar Procedures
5231	Level 1 ICD and Similar Procedures
5232	Level 2 ICD and Similar Procedures
5241	Level 1 Blood Product Exchange and Related Services
5242	Level 2 Blood Product Exchange and Related Services
5243	Level 3 Blood Product Exchange and Related Services
5244	Level 4 Blood Product Exchange and Related Services
5301	Level 1 Upper GI Procedures
5302	Level 2 Upper GI Procedures
5303	Level 3 Upper GI Procedures
5311	Level 1 Lower GI Procedures
5312	Level 2 Lower GI Procedures
5313	Level 3 Lower GI Procedures
5331	Complex GI Procedures
5341	Abdominal/Peritoneal/Biliary and Related Procedures
5361	Level 1 Laparoscopy and Related Services
5362	Level 2 Laparoscopy and Related Services
5371	Level 1 Urology and Related Services
5372	Level 2 Urology and Related Services
5373	Level 3 Urology and Related Services
5374	Level 4 Urology and Related Services
5375	Level 5 Urology and Related Services
5376	Level 6 Urology and Related Services
5377	Level 7 Urology and Related Services
5401	Dialysis
5411	Level 1 Gynecologic Procedures
5412	Level 2 Gynecologic Procedures
5413	Level 3 Gynecologic Procedures
5414	Level 4 Gynecologic Procedures
5415	Level 5 Gynecologic Procedures
5416	Level 6 Gynecologic Procedures
5431	Level 1 Nerve Procedures
5432	Level 2 Nerve Procedures
5441	Level 1 Nerve Injections
5442	Level 2 Nerve Injections
5443	Level 3 Nerve Injections

APC	Description
5461	Level 1 Neurostimulator and Related Procedures
5462	Level 2 Neurostimulator and Related Procedures
5463	Level 3 Neurostimulator and Related Procedures
5464	Level 4 Neurostimulator and Related Procedures
5471	Implantation of Drug Infusion Device
5481	Laser Eye Procedures
5491	Level 1 Intraocular Procedures
5492	Level 2 Intraocular Procedures
5493	Level 3 Intraocular Procedures
5494	Level 4 Intraocular Procedures
5495	Level 5 Intraocular Procedures
5501	Level 1 Extraocular, Repair, and Plastic Eye Procedures
5502	Level 2 Extraocular, Repair, and Plastic Eye Procedures
5503	Level 3 Extraocular, Repair, and Plastic Eye Procedures
5504	Level 4 Extraocular, Repair, and Plastic Eye Procedures
5521	Level 1 Imaging without Contrast
5522	Level 2 Imaging without Contrast
5523	Level 3 Imaging without Contrast
5524	Level 4 Imaging without Contrast
5571	Level 1 Imaging with Contrast
5572	Level 2 Imaging with Contrast
5573	Level 3 Imaging with Contrast
5591	Level 1 Nuclear Medicine and Related Services
5592	Level 2 Nuclear Medicine and Related Services
5593	Level 3 Nuclear Medicine and Related Services
5594	Level 4 Nuclear Medicine and Related Services
5611	Level 1 Therapeutic Radiation Treatment Preparation
5612	Level 2 Therapeutic Radiation Treatment Preparation
5613	Level 3 Therapeutic Radiation Treatment Preparation
5621	Level 1 Radiation Therapy
5622	Level 2 Radiation Therapy
5623	Level 3 Radiation Therapy
5624	Level 4 Radiation Therapy
5625	Level 5 Radiation Therapy
5626	Level 6 Radiation Therapy
5627	Level 7 Radiation Therapy
5661	Therapeutic Nuclear Medicine
5671	Level 1 Pathology
5672	Level 2 Pathology
5673	Level 3 Pathology
5674	Level 4 Pathology
5691	Level 1 Drug Administration
5692	Level 2 Drug Administration
5693	Level 3 Drug Administration
5694	Level 4 Drug Administration
5721	Level1 Diagnostic Tests and Related Services

APC	Description
5722	Level 2 Diagnostic Tests and Related Services
5723	Level 3 Diagnostic Tests and Related Services
5724	Level 4 Diagnostic Tests and Related Services
5731	Level 1 Minor Procedures
5732	Level 2 Minor Procedures
5733	Level 3 Minor Procedures
5734	Level 4 Minor Procedures
5735	Level 5 Minor Procedures
5741	Level 1 Electronic Analysis of Devices
5742	Level 2 Electronic Analysis of Devices
5743	Level 3 Electronic Analysis of Devices
5771	Cardiac Rehabilitation
5781	Resuscitation and Cardioversion
5791	Pulmonary Treatment
5801	Ventilation Initiation and Management
5811	Manipulation Therapy
5821	Level 1 Health and Behavior Services
5822	Level 2 Health and Behavior Services
5823	Level 3 Health and Behavior Services
5853	Partial Hospitalization (3 or more services) for CMHCs
5863	Partial Hospitalization (3 or more services) for Hospital-based PHPs
5871	Dental Procedures
5881	Ancillary Outpatient Services When Patient Dies
7000	Amifostine
7011	Oprelvekin injection
7034	Somatropin injection
7035	Teniposide
7041	Tirofiban HCl
7043	Infliximab not biosimil 10mg
7046	Doxorubicin inj 10mg
7048	Alteplase recombinant
7308	Aminolevulinic acid hcl top
8001	LDR Prostate Brachytherapy Composite
8004	Ultrasound Composite
8005	CT and CTA without Contrast Composite
8006	CT and CTA with Contrast Composite
8007	MRI and MRA without Contrast Composite
8008	MRI and MRA with Contrast Composite
8010	Mental Health Services Composite
8011	Comprehensive Observation Services
9002	Tenecteplase injection
9003	Palivizumab
9005	Reteplase injection
9006	Tacrolimus injection
9012	Arsenic trioxide injection
9018	Inj, rimabotulinumtoxinB
9019	Caspofungin acetate
9024	Amphotericin b lipid complex
9032	Baclofen 10 MG injection
9033	Cidofovir injection
9038	Inj estrogen conjugate
9042	Glucagon hydrochloride
9043	Afstyla Factor VIII recomb
9044	Ibutilide fumarate injection

APC	Description
9052	Fluciciovine F-18
9056	Gallium Ga-68
9058	Buprenorphine implant 74.2mg
9059	Vonvendi inj 1 iu vwf:rco
9060	Diazoxide injection
9061	Inj milrinone lactate / 5 mg
9062	Topotecan injection
9104	Antithymocyte globuln rabbit
9108	Thyrotropin injection
9119	Injection, pegfilgrastim 6mg
9120	Injection, Fulvestrant
9122	Triptorelin pamoate
9124	Daptomycin injection
9125	Risperidone, long acting
9126	Natalizumab injection
9130	Inj, Imm Glob Bivigam, 500mg
9131	Inj, Ado-trastuzumab Emt 1mg
9132	Kcentra, per i.u.
9133	Rabies ig, im/sc
9134	Rabies ig, heat treated
9135	Varicella-zoster ig, im
9139	Rabies vaccine, im
9140	Rabies vaccine, id
9171	Factor ix idelvion inj
9207	Bortezomib injection
9208	Agalsidase beta injection
9209	Laronidase injection
9210	Palonosetron hcl
9213	Pemetrexed injection
9214	Bevacizumab injection
9215	Cetuximab injection
9217	Leuprolide acetate suspnsion
9224	Galsulfase injection
9225	Fluocinolone acetonide implt
9228	Tigecycline injection
9229	Ibandronate sodium injection
9230	Abatacept injection
9231	Decitabine injection
9232	Idursulfase injection
9233	Ranibizumab injection
9234	Alglucosidase alfa injection
9235	Panitumumab injection
9236	Eculizumab injection
9237	Inj, lanreotide acetate
9240	Injection, ixabepilone
9242	Injection, fosaprepitant
9243	Inj., treanda 1 mg
9245	Romiplostim injection
9248	Inj, clevidipine butyrate
9251	C1 esterase inhibitor inj
9252	Plerixafor injection
9253	Temozolomide injection
9255	Paliperidone palmitate inj
9256	Dexamethasone intra implant
9258	Telavancin injection
9259	Pralatrexate injection

APC	Description
9260	Ofatumumab injection
9261	Ustekinumab sub cu inj, 1 mg
9263	Ecallantide injection
9264	Tocilizumab injection
9265	Romidepsin injection
9269	C-1 esterase, berinert
9270	Gammaplex IVIG
9271	Velaglucerase alfa
9272	Inj, denosumab
9273	Sipuleucel-T auto CD54+
9274	Crotalidae Poly Immune Fab
9276	Cabazitaxel injection
9278	Incobotulinumtoxin A
9281	Injection, pegloticase
9284	Ipilimumab injection
9286	Belatacept injection
9287	Brentuximab vedotin inj
9289	Erwinaze injection
9293	Injection, glucarpidase
9294	Inj, Taliglucerace Alfa 10 u
9295	Injection, Carfilzomib, 1 mg
9296	Inj, ziv-aflibercept, 1mg
9297	Inj, Omacetaxine Mep, 0.01mg
9298	Inj, Ocriplasmin, 0.125 mg
9300	Omalizumab injection
9441	Inj ferric carboxymaltos 1mg
9445	Injection, ruconest
9448	Netupitant palonosetron oral
9449	Injection, blinatumomab
9450	Fluocinol acet intravit imp
9451	Injection, peramivir
9452	Inj ceftolozane tazobactam
9453	Injection, nivolumab
9454	Inj, pasireotide long acting
9455	Injection, siltuximab
9456	Injection, isavuconazonium
9457	Inj sulf hexa lipid microsph
9458	florbetaben f18 diagnostic
9459	flutemetamol f18 diagnostic
9460	Injection, cangrelor
9461	Choline c-11, diagnostic, per study dose up to 20 millicuries
9470	Aripiprazole lauroxil 1mg
9471	Hymovis injection 1 mg
9472	Inj talimogene laherparepvec
9473	Injection, mepolizumab, 1mg
9474	Inj irinotecan liposome 1 mg
9475	Injection, necitumumab, 1 mg
9476	Injection, daratumumab 10 mg
9477	Injection, elotuzumab, 1mg
9478	Inj sebelipase alfa 1 mg
9479	Instill, ciprofloxacin otic
9480	Injection trabectedin 0.1mg
9481	Injection, reslizumab
9482	Sotalol hydrochloride IV
9483	Injection, atezolizumab

APC	Description
9484	Injection, eteplirsen
9485	Injection, olaratumab
9486	Inj, granisetron ext
9487	Ustekinumab IV inj, 1 mg
9488	Conivaptan HCL
9497	Loxapine, inhalation powder
9500	Platelets, irradiated
9501	Platelet pheres leukoreduced
9502	Platelet pheresis irradiated
9503	Fr frz plasma donor retested
9504	RBC deglycerolized
9505	RBC irradiated
9507	Platelets, pheresis
9508	Plasma 1 donor frz w/in 8 hr
9509	Frozen plasma, pooled, sd
9510	Whole blood for transfusion
9511	Cryoprecipitate each unit
9512	RBC leukocytes reduced
9513	Plasma, frz between 8-24hour
9514	Plasma protein fract,5%,50ml
9515	Platelets, each unit
9516	Platelet rich plasma unit
9517	Red blood cells unit
9518	Washed red blood cells unit
9519	Plasmaprotein fract,5%,250ml
9520	Blood split unit
9521	Platelets leukoreduced irrad
9522	RBC leukoreduced irradiated
9523	Cryoprecipitatereducedplasma
9524	Blood, l/r, cmv-neg
9525	Platelets, hla-m, l/r, unit
9526	Platelets leukocytes reduced
9527	Blood, l/r, froz/degly/wash
9528	Plt, aph/pher, l/r, cmv-neg
9529	Blood, l/r, irradiated
9530	Plate pheres leukoredu irrad
9531	Plt, pher, l/r cmv-neg, irr
9532	RBC, frz/deg/wsh, l/r, irrad
9533	RBC, l/r, cmv-neg, irrad
9534	Pathogen reduced plasma pool
9535	Pathogen reduced plasma sing
9536	Pathogen reduced platelets

North Dakota Workforce Safety & Insurance

Outpatient Hospital Grouper Returns

Return	Description
19900	Incidental services packaged into APC rate
19901	Clinical diagnostic laboratory services
19902	Physical, occupational and speech-related services
19903	Ambulance Service
19904	Durable medical equipment, prosthetics, orthotics and supplies
19905	ERSD related drugs
19906	Physician service for ERSD
19907	Screening Mammography
19908	Diabetic Education
19909	Pulmonary rehabilitation clinical trial
19911	Diagnostic mammography
19914	Prenatal care
19915	Electrocardiogram report
19916	Medical Nutrition
19917	Ultrasound Bone stimulation
19918	Cochlear implant services
19919	Orphan drugs
19920	Activity therapy for partial hospitalization
19921	Occupational therapy for partial hospitalization
19922	Partial hospital program services
19923	Miscellaneous physician services
19924	CRNA anethetist services
19925	Corneal tissue pass through
19926	Telehealth Services
19927	Flu/PPV vaccine
19928	Flu/PPV vaccine administration
19929	Neuromodulation Services
19930	Self-Administration Drugs

Return	Description
19932	Miscellaneous Non-Opps Services
19933	Demonstration Project
19934	Other vaccines not payable under OPPS
19935	New procedure code - not included in grouping or editing - pending for review
19936	Conditionally packaged service - item packaged into APC rate
19937	Packaged service included in Composite APC rate
19944	Implanted prosthetic device for Part B hospital inpatient
19945	Chronic Kidney disease educational services
19946	Preventive medicine services
19947	Non Payable functional therapy code
19948	Separately payable clinical diagnostic laboratory services
19949	Packaged clinical diagnostic laboratory services
19950	Packaged Service included in Comprehensive APC rate
19990	Invalid procedure code
19991	Inpatient procedure
19992	Medicare non-covered item or service
19993	Non-Allowed item or service for OPPS
19994	must bill code to DMERC
19995	Service no billable to the MAC
19996	Payment status not determined - criteria not met for payment or packaging
19997	Medicare non-covered, no payment info available

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