

Ohio Bureau of Workers' Compensation

ACTION: Final

2020 Professional Provider Medical Services Fee Schedule

RESCHEDULED

DATE: 04/26/2021 9:15 AM

Appendix
4123-6-08

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2020 Professional Provider & Medical Services Fee Schedule are obtained from *Current Procedural Terminology* (CPT®), copyright 2019 by the American Medical Association (AMA), Health Care Procedure Coding System (HCPCS) National Level II Medicare codes, and *Current Dental Terminology* (CDT), copyright © American Dental Association. All rights reserved.

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 by physicians or non-physician providers.

HCPCS are released by the Center for Medicare and Medicaid Services (CMS) as a listing of five character codes and descriptive terminology used for reporting supplies, materials and services by health care providers.

CDT is developed by the American Dental Association (ADA) as a listing of short written definitions and five digit alphanumeric codes and modifiers for reporting dental services and procedures by dentists.

The Level III HCPCS codes include BWC Local coded services.

The responsibility for the content of the BWC 2020 Professional Provider & Medical Services Fee Schedule is with the State of Ohio Bureau of Workers' Compensation 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 the BWC 2020 Professional Provider & Medical Services Fee Schedule. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of the CPT®. Any use of CPT® outside of the BWC 2020 Professional Provider & Medical Services Fee Schedule should refer to the most recent edition of the *Current Procedural Terminology* which contains the complete and most current listing of CPT® codes and descriptive terms. Applicable FARS/DFARS apply.

For the purposes of this fee schedule, services and/or supplies must be medically necessary and appropriate for the treatment of the work related injury. The following definitions apply:

Non-Facility Fee	The reimbursement fee for place of service (POS) under the non-facility rate for all bills with POS codes 01,03,04,11,12,13,14,15,16,17,20,25,32,33,49,50,54,55,57,60,62,65,71,72,81 and 99.
Facility Fee	The reimbursement fee for POS under the facility rate for all bills with POS codes 02,19,21,22,23,24,26,31,34,41,42,51,52,53,56 and 61.
By Report (BR)	The procedure or service is not typically covered and will not routinely be reimbursed. Many of the -BR codes are unclassified/unspecified generic codes and are currently assigned a dollar amount of \$0.00. Authorization and payment of codes identified as -BR require an individual analysis by the MCO prior to submission to BWC. The MCO analysis shall include researching the appropriateness of the code in relation to the service or procedure. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate. The provider must submit a report to the MCO for reimbursement consideration.
Prosthetics Pricing Methodology	The following three (3) prosthetic BR codes will be priced at the manufacturer's invoice price plus a negotiated percentage. This additional percentage shall not exceed a predetermined maximum based on the complexity of upper and lower extremity prosthetics. Reimbursement for all other BR prosthetic codes will continue to be established as outlined in the BR definition above. The provider must submit the manufacturer's invoice to the MCO for reimbursement consideration.
	L5999 - Manufacturer invoice price plus a negotiated percentage not to exceed 35%
	L8499 - Manufacturer invoice price plus a negotiated percentage not to exceed 35%
	L7499 - Manufacturer invoice price plus a negotiated percentage not to exceed 50%
Not Routinely Covered (NRC)	The procedure or service is not covered unless application of the <i>Miller</i> criteria requires an exception. See: OAC 4123-6-16.2(B)(1) through (B)(3). Where coverage is required, the pricing is listed on the fee schedule. If the pricing is listed at \$0.00, the MCO shall perform a cost comparison to determine a reasonable price. The MCO shall utilize the price to negotiate a final reimbursement rate.
Never Covered (NC)	The procedure or service is never covered.
To Be Determined (TBD)	HCPCS codes noted as TBD (To Be Determined) will have pricing adopted when reimbursement rates are available from the Center for Medicare and Medicaid Services (CMS)

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

Negotiated	Negotiated reimbursement rates are required for designated all-inclusive per diem codes. Additionally, the MCO may need to negotiate a fee with a provider that will not accept the Ohio BWC fee schedule. In those situations, MCOs are required to attempt fee negotiation and document the provider discussion attempts. The services/supplies must be medically necessary for treatment of the work-related injury. Cost comparisons by the MCO for equitable reimbursement rates may often be necessary.
All Inclusive	All Inclusive means the service includes, but is not limited to, the examples noted for the code description.
Modifiers	BWC accepts all industry-standard modifiers as published with CPT codes by the AMA and published by CMS with HCPCS level II codes in effect on the billed date of service. The modifier code set includes 2-digit ambulance modifiers that specify trip origin and destination. Unless otherwise specified in this document, modifiers will not affect the fee schedule amount calculated for a procedure.
Modifier 22	Unusual procedural services. Procedures with this Modifier must be individually reviewed and approved by the MCO prior to payment and must include a report documenting circumstances for its use. If use of the modifier is approved, reimbursement is 120% of fee schedule amount.
Modifier 26	Professional component reimbursement. Payment rates vary according to the RVU assigned to the CPT code when modified.
Modifier 50	Bilateral procedure. Reimbursement is 150% of fee schedule amount.
Modifier 52	Reduced services. Reimbursement is 50% of fee schedule amount.
Modifier 53	Discontinued procedures. Reimbursement is 50% of fee schedule amount unless justification for higher specified percentage is supported by medical records documentation submitted pursuant to By Report guidelines.
Modifier 54	Intraoperative services. Reimbursement is 70% of fee schedule amount.
Modifier 55	Post operative management only. The post operative global surgical period for major surgery is 60 days, except for postoperative visits rendered by the surgeon and treating physician following lumbar fusion surgery, pursuant to Ohio Administrative Code 4123-6-32. Reimbursement is 20% of the fee schedule amount.
Modifier 56	Pre-operative management only. Reimbursement is 10% of fee schedule amount.
Modifier 62	Two surgeons. Reimbursement is 62.5% of fee schedule amount to each surgeon.
Modifier 80	Assistant Surgeon Reimbursement is 20% of fee schedule amount.
Modifier 81	Minimum Assistant Surgeon Reimbursement is 10% of fee schedule amount.
Modifier 82	Assistant Surgeon (when qualified resident surgeon is not available). Reimbursement is 20% of fee schedule amount.
Modifier 95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system (reimbursed at 100% of standard fee schedule amount) Must include POS code 02
Modifier AA	Anesthesia services performed personally by anesthesiologist (required for 100% reimbursement)
Modifier AD	Medical supervision by a physician: more than four concurrent anesthesia procedures (reimbursed at 50%)
Modifier AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery. Only payable when billed with modifier 80 or 81
Modifier CT	Computed Tomography services furnished using equipment that does not meet each of the attributes of the national electrical manufacturers association (NEMA) XR-29-2013 standard. Reimbursement is 85% of the fee schedule amount.
Modifier FX	X-ray taken using film. Reimbursement is 80% of the fee schedule amount.
Modifier FY	X-ray taken using computed radiography technology/cassette-based imaging. Reimbursement is 93% of the fee schedule amount.
Modifier JW	Drug amount discarded/not administered to any patient. Payable in addition to the drug amount administered.
Modifier NU	New Equipment purchase
Modifier QA	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is less than 1 liter per minute (LPM). Reimbursement is 50% of the fee schedule amount
Modifier QB	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use different and the average of the two amounts exceeds 4 liters per minute (LPM) and portable oxygen is prescribed. Reimbursement is the higher of 150% of the fee schedule amount or the fee schedule amount for the portable add on. Separate monthly payment is not allowed for the portable equipment if the stationary oxygen fee schedule amount is increased by 150%.

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

Modifier QE	Prescribed amount of stationary oxygen while at rest is less than 1 liter per minute (LPM). Reimbursement is 50% of the fee schedule amount.
Modifier QF	Prescribed amount of stationary oxygen while at rest exceeds 4 liters per minute (LPM) and portable oxygen is prescribed. Reimbursement is the higher of 150% of the fee schedule of the fee schedule amount of the portable add-on. Separate monthly payment is not allowed for portable equipment if the stationary oxygen fee schedule amount is increased by 150%.
Modifier QG	Prescribed amount of stationary oxygen while at rest is greater than 4 liters per minute (LPM). Reimbursement is 150% of the fee schedule amount.
Modifier QR	Prescribed amounts of stationary oxygen for daytime use while at rest and nighttime use differ and the average of the two amounts is greater than 4 liters per minute (LPM). Reimbursement is 150% of the fee schedule amount
Modifier QK	Medical direction of 2, 3, or 4 concurrent anesthesia procedures involving qualified individuals is 50% of the fee schedule amount.
Modifier QX	Qualified non-physician anesthetist (CRNA) with medical direction by a physician is 50% of the fee schedule amount.
Modifier QY	Medical direction of qualified non-physician anesthetist (CRNA) by anesthesiologist is 50% of the fee schedule amount.
Modifier QZ	Non-physician anesthetist (CRNA) without medical direction by a physician.
Modifier RR	Rental equipment component reimbursement (Monthly, until purchase price is met unless an exception is noted for an individual code).
Modifier TC	Technical component reimbursement. Payment rates vary according to the RVU assigned to the CPT ® code when modified.
Modifier PC	Primary Claim (osteopathic and chiropractic treatment) reimbursement is 50% of the fee schedule amount. BWC specific modifier.
Modifier SC	Secondary Claim (osteopathic and chiropractic treatment) reimbursement is 50% of the fee schedule amount. BWC specific modifier.
Reimbursement Methodology	
BWC applies a reimbursement methodology of a percentage above Medicare to HCPCS level I CPT ® and HCPCS level 2 coded services.	
Service type	CPT ® code range Percent of Medicare Reimbursement
Anesthesia 00100 - 01999	195% of Medicare rate or \$2.8587 per timed minute. CPT ® code Anesthesia Base Units (ABU) are noted in a separate tab and reimbursed at \$42.88 per unit
Surgery 10021 - 69990	218% of Medicare fee schedule*
Radiology 70010 - 79999	141% of Medicare fee schedule
Pathology 80048 - 89399	125% of Medicare Fee Schedule
Physical medicine 97001 – 98943	141% of Medicare fee schedule
General medicine 90281 - 96999	141% of Medicare fee schedule
E& M 99000 - 99600	141% of Medicare fee schedule
* Injection codes shall be reimbursed at 141% of the Medicare fee schedule rate.	
Note: The total RVU adjustor for each CPT ® code in BWC's payment system is carried out to five decimal places. BWC's maximum allowable rate may differ slightly from the amount listed in its fee schedule publications because BWC rounds the final product to two decimal places. This applies most frequently in cases where multiple units are billed.	
CPT ® codes that do not have an assigned relative value unit (RVU) will be reimbursed based on historical and third party payer data.	
HCPCS codes	120% of the Medicare rate when priced by CMS or the fee schedule rate set by BWC when services are not reimbursed by Medicare
CPT® or HCPCS codes with the following designations are never covered, except as otherwise listed in the fee schedule	Category II, Category III, Temporary HCPCS (G codes, K codes, S codes), M, P, Q, T or V codes
Medically Unlikely Edits (MUE)	An MUE for a HCPCS/CPT code reflects the number of units of service a provider will use in most circumstances when treating an injured worker. Medical documentation supporting the necessity of additional units of service must be provided to an MCO when additional units of services beyond the listed MUE are necessary.

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

Reduced provider reimbursement	
Physician Assistants are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Advanced Practice Nurses are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Independent Social Workers are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Professional Clinical Counselors are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Certified Registered Nurse Anesthetists are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Anesthesiology Assistants are reimbursed at 85 percent of CPT® code fee schedule for professional services	
Social Workers are reimbursed at 75 percent of CPT® code fee schedule for professional services	
Professional Counselors are reimbursed at 75 percent of CPT® code fee schedule for professional services	
BWC does not reimburse for "incident to" billing. Providers listed above must bill independently.	
Multiple Procedure Price Reduction	
Surgical procedures	When multiple surgeries are performed on the same patient, at the same operative session or on the same day, by the same servicing provider or pay to provider, the total payment equals the sum of:
	First (primary) procedure (determined by highest RVU) reimbursed at 100% of the surgical CPT® code fee schedule
	2nd-5th (secondary, tertiary, quaternary, quinary) procedures (determined by RVU) reimbursed at 50% of the surgical CPT® code fee schedule
	6th (senary) or more procedures when approved (determined by RVU) reimbursed at 25% of the surgical CPT® code fee schedule
Therapies (Physical, Occupational, Speech and Always Therapy)	When multiple therapies are performed on the same patient, on the same date, by the same servicing provider or pay to provider, the first unit of the primary therapy (determined by highest RVU) is reimbursed at 100% of the CPT® code fee schedule
	Subsequent units of therapies (same or different) are subject to 50% reduction of the practice expense portion only of the RVU
Radiology procedures	When multiple radiology services are performed on the same patient, on the same date, by the same servicing provider or pay to provider:
	Highest paying radiology CPT® code fee will pay at 100%
	Each subsequent radiology CPT® code fee will pay at a 5% reduction on the professional (26) component and 50% reduction on the technical (TC) component.

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
10004				113.46	96.15
10005				269.52	162.05
10006				130.57	110.37
10007				596.67	207.89
10008				337.45	135.49
10009				971.30	252.15
10010				587.49	184.27
10011			BR	0.00	0.00
10012			BR	0.00	0.00
10021				208.22	123.82
10030				1193.26	306.05
10035				998.24	191.09
10036				856.60	96.34
10040			NRC	229.73	126.58
10060				251.95	211.55
10061				441.48	390.27
10080			NRC	386.39	220.49
10081			NRC	584.18	369.95
10120				320.54	222.44
10121				581.12	404.40
10140				355.77	256.95
10160				276.08	205.40
10180				531.98	386.28
11000				117.51	63.41
11001				46.89	31.74
11004				1288.09	1288.09
11005				1748.24	1748.24
11006				1577.75	1577.75
11008				614.70	614.70
11010				1029.26	610.18
11011				1139.69	665.07
11012				1481.54	933.34
11042				257.00	134.38
11043				494.23	341.31
11044				675.26	505.75
11045				88.93	58.64
11046				158.72	124.10
11047				268.73	219.68
11055				117.11	35.60
11056				140.52	50.36
11057				156.72	65.83
11102				206.90	87.16
11103				111.75	50.43
11104				260.08	109.33
11105				128.14	59.62
11106				314.84	133.07
11107				151.16	71.09
11200			NRC	187.10	157.52
11201			NRC	41.12	36.79
11300				204.27	77.32
11301				251.95	117.07
11302				294.98	137.73
11303				326.06	163.05
11305				214.89	86.49
11306				255.88	114.50
11307				303.89	147.36
11308				323.62	164.93
11310				238.97	104.08
11311				286.65	143.83
11312				335.84	170.66
11313				394.99	221.16
11400			NRC	261.40	174.84

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
11401			NRC	319.84	225.34
11402			NRC	355.85	248.37
11403			NRC	413.11	320.79
11404			NRC	468.74	353.33
11406			NRC	678.45	540.68
11420			NRC	262.11	175.55
11421			NRC	334.85	238.20
11422			NRC	377.68	294.01
11423			NRC	431.86	338.81
11424			NRC	501.59	391.23
11426			NRC	723.56	603.83
11440			NRC	289.79	221.26
11441			NRC	359.91	282.73
11442			NRC	402.21	313.49
11443			NRC	480.92	386.43
11444			NRC	604.94	493.86
11446			NRC	841.65	709.65
11450			NRC	837.41	554.66
11451			NRC	1056.02	711.23
11462			NRC	814.57	527.49
11463			NRC	1067.93	714.49
11470			NRC	897.28	612.36
11471			NRC	1099.21	758.75
11600				411.19	261.16
11601				485.96	325.10
11602				526.42	356.19
11603				603.49	427.49
11604				669.73	470.65
11606				965.89	705.50
11620				414.21	264.18
11621				488.25	327.40
11622				544.85	373.90
11623				640.35	463.63
11624				725.23	526.87
11626				875.24	647.31
11640				426.67	273.03
11641				505.50	341.04
11642				577.52	402.24
11643				681.67	503.51
11644				842.42	625.31
11646				1104.07	869.64
11719			NRC	30.75	17.05
11720				70.03	32.52
11721				96.85	55.02
11730				230.29	121.38
11732				69.77	39.48
11740				107.93	68.98
11750				329.24	221.77
11755				259.08	137.90
11760				405.72	247.76
11762				609.00	405.59
11765			NRC	354.82	201.18
11770			NRC	605.51	404.26
11771			NRC	1260.26	958.75
11772			NRC	1509.04	1256.58
11900			NRC	114.96	68.80
11901			NRC	146.64	106.25
11920			NRC	380.18	246.02
11921			NRC	435.92	288.78
11922			NRC	128.54	65.06
11950			NRC	146.90	103.62
11951			NRC	211.05	151.90

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
11952			NRC	285.42	214.73
11954			NRC	332.32	245.77
11960				2087.89	2087.89
11970				1321.77	1321.77
11971				1001.42	686.93
11976			NRC	309.46	204.87
11980			NRC	202.05	124.14
11981				303.59	184.58
11982				337.57	220.71
11983				497.98	394.11
12001				188.74	97.85
12002				230.65	128.94
12004				271.11	161.47
12005				353.03	210.21
12006				417.56	258.15
12007				481.46	321.32
12011				230.84	121.20
12013				242.13	128.88
12014				291.64	166.13
12015				353.09	208.83
12016				447.14	284.85
12017				337.00	337.00
12018				382.12	382.12
12020				609.58	410.50
12021				357.83	301.57
12031				518.68	332.58
12032				643.02	421.58
12034				676.80	452.48
12035				815.33	525.36
12036				905.73	613.60
12037				1027.56	718.11
12041				518.54	325.23
12042				627.68	435.81
12044				774.97	469.13
12045				855.05	584.56
12046				1030.41	682.01
12047				1133.00	760.80
12051				562.23	372.52
12052				638.37	443.61
12053				745.26	475.49
12054				780.94	485.93
12055				1013.05	659.60
12056				1193.14	833.93
12057				1266.79	926.33
13100				719.42	448.21
13101				848.02	550.84
13102				259.12	163.91
13120				752.21	513.46
13121				914.53	583.45
13122				283.72	189.23
13131				828.09	545.34
13132				1021.43	687.47
13133				381.64	288.59
13151				907.79	627.92
13152				1084.86	760.99
13153				414.89	311.74
13160				1749.34	1749.34
14000				1333.35	1086.66
14001				1714.71	1418.97
14020				1488.35	1227.95
14021				1862.18	1558.51
14040				1630.19	1370.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
14041				2011.57	1691.31
14060				1664.36	1461.67
14061				2162.14	1808.70
14301				2318.05	1918.44
14302				486.16	486.16
14350				1494.90	1494.90
15002				745.18	494.88
15003				158.53	101.54
15004				855.05	588.16
15005				266.49	203.02
15040				541.66	276.94
15050				1206.93	963.13
15100				1850.63	1558.50
15101				396.74	245.98
15110				1730.46	1514.07
15111				254.46	231.38
15115				1717.73	1502.78
15116				365.46	335.16
15120				1830.10	1521.38
15121				444.94	294.18
15130				1430.86	1210.14
15131				217.17	201.30
15135				1851.47	1630.75
15136				215.00	201.30
15150				1523.32	1398.53
15151				265.23	246.48
15152				327.03	307.56
15155				1725.58	1596.47
15156				357.93	338.46
15157				397.49	369.36
15200				1789.56	1465.69
15201				308.90	173.30
15220				1653.10	1336.44
15221				288.37	157.09
15240				2003.78	1739.06
15241				390.81	243.67
15260				2170.84	1865.73
15261				453.31	306.16
15271				309.87	185.80
15272				57.32	38.57
15273				656.92	448.46
15274				161.48	102.33
15275				328.41	210.83
15276				74.37	56.34
15277				719.74	506.96
15278				191.13	127.65
15570				1957.69	1599.20
15572				1905.13	1618.77
15574				1946.43	1653.57
15576				1724.42	1453.21
15600				686.30	441.77
15610				752.21	514.18
15620				931.65	697.22
15630				975.20	742.93
15650				1083.89	830.71
15730				3250.06	2009.40
15731				2420.27	2183.68
15733				2289.71	2289.71
15734				3317.69	3317.69
15736				2679.22	2679.22
15738				2864.00	2864.00
15740				2169.11	1840.19

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
15750				2003.73	2003.73
15756				5058.17	5058.17
15757				5007.87	5007.87
15758				5048.49	5048.49
15760				1824.31	1535.79
15769			NRC	TBD	TBD
15770				1445.04	1445.04
15771			NRC	TBD	TBD
15772			NRC	TBD	TBD
15773			NRC	TBD	TBD
15774			NRC	TBD	TBD
15775			NRC	659.88	492.54
15776			NRC	946.74	697.89
15777				479.08	479.08
15780			NRC	1953.02	1518.07
15781			NRC	1171.77	927.97
15782			NRC	1213.62	892.64
15783			NRC	1015.79	799.39
15786				518.79	297.34
15787				93.90	38.36
15788			NRC	935.53	507.07
15789			NRC	1174.42	895.27
15792			NRC	865.51	520.72
15793			NRC	1046.86	779.25
15819			NRC	1723.77	1723.77
15820			NRC	1215.03	1095.29
15821			NRC	1302.80	1170.08
15822			NRC	952.51	835.65
15823			NRC	1301.26	1167.09
15830			NRC	2567.73	2567.73
15832			NRC	2003.73	2003.73
15833			NRC	1891.52	1891.52
15834			NRC	1934.64	1934.64
15835			NRC	2036.11	2036.11
15836			NRC	1715.29	1715.29
15837			NRC	1855.20	1560.91
15838			NRC	1386.37	1386.37
15839			NRC	1904.11	1606.93
15840				2195.15	2195.15
15841				3894.91	3894.91
15842				5945.25	5945.25
15845				2186.44	2186.44
15847			NRC	1442.17	1442.17
15850			NRC	190.51	91.69
15851			NRC	211.81	100.73
15852			NRC	102.45	102.45
15860				238.69	238.69
15920				1353.34	1353.34
15922				1702.70	1702.70
15931				1519.55	1519.55
15933				1866.44	1866.44
15934				2066.78	2066.78
15935				2406.85	2406.85
15936				1959.62	1959.62
15937				2272.11	2272.11
15940				1534.78	1534.78
15941				1979.19	1979.19
15944				1960.08	1960.08
15945				2159.52	2159.52
15946				3569.21	3569.21
15950				1313.30	1313.30
15951				1912.82	1912.82

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
15952				1967.74	1967.74
15953				2171.87	2171.87
15956				2539.86	2539.86
15958				2587.60	2587.60
15999			BR	0.00	0.00
16000				150.83	101.79
16020				172.67	117.13
16025				320.44	241.09
16030				405.44	291.47
16035				435.56	435.56
16036				181.89	181.89
17000				137.98	114.90
17003				11.87	5.38
17004				321.15	215.83
17106				733.06	599.62
17107				950.16	769.83
17108				1380.26	1153.77
17110			NRC	230.96	146.57
17111			NRC	274.84	181.07
17250				170.37	79.49
17260				202.71	153.66
17261				305.60	195.24
17262				373.61	250.27
17263				408.37	277.81
17264				436.83	296.17
17266				498.35	349.76
17270				316.17	215.18
17271				348.43	238.07
17272				398.14	275.52
17273				444.25	312.25
17274				525.51	383.41
17276				609.32	458.56
17280				295.57	195.31
17281				380.50	268.70
17282				436.97	311.46
17283				524.46	390.30
17284				598.89	454.63
17286				770.79	612.82
17311				1415.97	827.38
17312				837.13	440.41
17313				1322.31	741.65
17314				798.50	408.27
17315				169.60	116.22
17340			NRC	113.13	106.63
17360			NRC	271.38	210.79
17999			BR	0.00	0.00
19000				231.30	97.13
19001				58.63	47.81
19020				1004.59	668.46
19030				352.86	171.81
19081				1352.63	373.81
19082				1096.15	188.02
19083				1323.84	352.23
19084				1056.41	175.69
19085				2001.65	408.28
19086				1597.71	204.14
19100				321.98	156.79
19101				721.49	487.06
19105				5836.82	472.42
19110				1043.35	753.38
19112				979.77	683.31
19120				1079.68	908.01

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
19125				1197.31	1009.05
19126				361.55	361.55
19281				512.01	224.21
19282				354.82	112.46
19283				572.09	225.86
19284				430.84	115.63
19285				1006.97	192.60
19286				865.26	96.34
19287				1698.90	286.57
19288				1355.09	144.00
19294				363.20	363.20
19296				8191.09	468.72
19297				212.43	212.43
19298				2080.06	704.52
19300			NRC	1150.05	906.25
19301				1443.08	1443.08
19302				1987.71	1987.71
19303				2119.89	2119.89
19305				2503.64	2503.64
19306				2649.99	2649.99
19307				2645.52	2645.52
19316			NRC	1685.40	1685.40
19318			NRC	2402.32	2402.32
19324			NRC	1144.45	1144.45
19325			NRC	1397.92	1397.92
19328			NRC	1079.51	1079.51
19330			NRC	1377.48	1377.48
19340			NRC	2171.18	2171.18
19342			NRC	2010.84	2010.84
19350			NRC	1773.29	1463.13
19355			NRC	1618.37	1346.44
19357			NRC	3255.77	3255.77
19361			NRC	3441.84	3441.84
19364			NRC	6041.49	6041.49
19366			NRC	3083.28	3083.28
19367			NRC	3909.89	3909.89
19368			NRC	4821.33	4821.33
19369			NRC	4473.90	4473.90
19370			NRC	1493.95	1493.95
19371			NRC	1709.28	1709.28
19380			NRC	1685.93	1685.93
19396			NRC	610.37	317.52
19499			NRC	0.00	0.00
20100				1347.97	1347.97
20101				961.24	462.09
20102				1044.94	565.26
20103				1239.47	761.96
20150				2215.50	2215.50
20200				441.20	208.94
20205				622.00	342.85
20206				491.09	128.27
20220				354.56	157.64
20225				1074.51	234.90
20240				330.35	330.35
20245				776.78	776.78
20250				873.78	873.78
20251				947.01	947.01
20500				232.14	185.98
20501				266.56	84.07
20520				437.61	317.16
20525				1010.55	540.26
20526				107.10	81.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
20527				116.29	93.47
20550				73.86	56.17
20551				74.75	57.06
20552				76.19	53.84
20553				87.78	61.25
20555				470.36	470.36
20560			BR	TBD	TBD
20561			BR	TBD	TBD
20600				67.39	51.09
20604				101.96	66.58
20605				70.26	53.04
20606				112.76	75.98
20610				83.48	65.32
20611				126.82	86.78
20612				82.96	59.22
20615				334.77	226.76
20650				455.01	347.53
20660				544.60	544.60
20661				1094.94	1094.94
20662				1114.59	1114.59
20663				1023.02	1023.02
20664				1920.84	1920.84
20665				235.34	200.72
20670				783.20	315.79
20680				1316.79	921.51
20690				1309.75	1309.75
20692				2453.49	2453.49
20693				966.09	966.09
20694				914.06	735.18
20696				2624.81	2624.81
20697				4249.39	4249.39
20700			BR	TBD	TBD
20701			BR	TBD	TBD
20702			BR	TBD	TBD
20703			BR	TBD	TBD
20704			BR	TBD	TBD
20705			BR	TBD	TBD
20802				6087.10	6087.10
20805				7253.88	7253.88
20808				8782.90	8782.90
20816				4558.73	4558.73
20822				3910.81	3910.81
20824				4565.94	4565.94
20827				3993.82	3993.82
20838				6161.27	6161.27
20900				868.49	410.46
20902				627.40	627.40
20910				1014.81	1014.81
20912				1030.47	1030.47
20920				873.20	873.20
20922				1283.09	1068.86
20924				1101.43	1101.43
20930				233.07	233.07
20931				251.12	251.12
20932				1580.70	1580.70
20933				1449.85	1449.85
20934				1579.92	1579.92
20936				354.68	354.68
20937				375.34	375.34
20938				415.73	415.73
20939				147.17	147.17
20950				544.24	197.29

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
20955				5479.00	5479.00
20956				5814.44	5814.44
20957				6089.92	6089.92
20962				5868.71	5868.71
20969				6053.59	6053.59
20970				6293.51	6293.51
20972				6316.37	6316.37
20973				6673.67	6673.67
20974				166.66	110.40
20975				395.32	395.32
20979				112.08	71.68
20982				7996.18	814.79
20983				11860.18	782.99
20985				325.55	325.55
20999			BR	0.00	0.00
21010				1670.50	1670.50
21011				753.16	556.24
21012				738.49	738.49
21013				1126.09	875.08
21014				1138.31	1138.31
21015				1540.74	1540.74
21016				2221.22	2221.22
21025				1870.95	1596.85
21026				1271.46	1042.09
21029			NRC	1656.50	1380.96
21030			NRC	1092.94	882.32
21031			NRC	841.16	626.93
21032			NRC	846.47	617.81
21034				2837.15	2513.28
21040			NRC	1100.95	883.83
21044				1906.12	1906.12
21045				2673.05	2673.05
21046			NRC	2386.57	2386.57
21047			NRC	2872.02	2872.02
21048			NRC	2426.38	2426.38
21049			NRC	2645.17	2645.17
21050				1960.26	1960.26
21060				1786.14	1786.14
21070			NRC	1387.27	1387.27
21073			NRC	821.36	553.03
21076				2093.88	1773.62
21077				5222.24	4442.50
21079				3537.47	2974.12
21080				3995.96	3321.53
21081				3676.43	3046.72
21082				3430.00	2821.21
21083				3266.09	2622.68
21084				3742.71	3032.21
21085				1587.37	1202.19
21086				3877.62	3276.77
21087				3877.62	3276.77
21088			BR	0.00	0.00
21089			BR	0.00	0.00
21100				1471.11	855.11
21110			NRC	1732.53	1459.15
21116				372.68	105.80
21120			NRC	1432.03	1137.74
21121			NRC	1571.28	1349.83
21122			NRC	1681.34	1681.34
21123			NRC	1971.39	1971.39
21125			NRC	6052.86	1621.84
21127			NRC	8188.95	1875.30

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
21137			NRC	1638.38	1638.38
21138			NRC	2004.17	2004.17
21139			NRC	2434.80	2434.80
21141			NRC	2997.19	2997.19
21142			NRC	3082.00	3082.00
21143			NRC	3214.81	3214.81
21145			NRC	3519.82	3519.82
21146			NRC	3658.89	3658.89
21147			NRC	3871.19	3871.19
21150			NRC	3634.52	3634.52
21151			NRC	4003.78	4003.78
21154			NRC	4308.03	4308.03
21155			NRC	4783.34	4783.34
21159			NRC	5740.97	5740.97
21160			NRC	6230.18	6230.18
21172			NRC	4634.01	4634.01
21175			NRC	4861.98	4861.98
21179			NRC	3317.93	3317.93
21180			NRC	3735.94	3735.94
21181			NRC	1614.83	1614.83
21182			NRC	4650.05	4650.05
21183			NRC	5089.92	5089.92
21184			NRC	5480.97	5480.97
21188			NRC	3643.59	3643.59
21193			NRC	2797.91	2797.91
21194			NRC	3225.78	3225.78
21195			NRC	3105.83	3105.83
21196			NRC	3201.68	3201.68
21198			NRC	2506.04	2506.04
21199			NRC	2361.00	2361.00
21206			NRC	2582.41	2582.41
21208				3687.85	1766.27
21209			NRC	1917.43	1451.46
21210				4437.82	1815.13
21215				8368.28	1892.34
21230				1624.63	1624.63
21235				1554.88	1228.13
21240				2442.83	2442.83
21242				2269.96	2269.96
21243				3717.61	3717.61
21244				2269.11	2269.11
21245				2616.03	2083.70
21246				1934.60	1934.60
21247			NRC	3578.81	3578.81
21248				2342.13	1927.38
21249				3383.39	2791.91
21255				3076.55	3076.55
21256				2717.64	2717.64
21260				3036.86	3036.86
21261				5397.54	5397.54
21263				4986.61	4986.61
21267				3537.48	3537.48
21268				4457.83	4457.83
21270				2177.99	1642.06
21275				1834.76	1834.76
21280			NRC	1234.28	1234.28
21282			NRC	825.50	825.50
21295			NRC	401.62	401.62
21296			NRC	874.69	874.69
21299			BR	0.00	0.00
21310				275.55	60.60
21315				579.33	325.42

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
21320				535.65	290.41
21325				997.63	997.63
21330				1210.32	1210.32
21335				1548.81	1548.81
21336				1377.75	1377.75
21337				863.90	633.08
21338				1413.54	1413.54
21339				1605.69	1605.69
21340				1625.72	1625.72
21343				2330.70	2330.70
21344				3022.66	3022.66
21345				1673.00	1360.67
21346				2004.80	2004.80
21347				2195.59	2195.59
21348				2371.50	2371.50
21355				912.76	694.93
21356				1069.06	819.49
21360				1107.12	1107.12
21365				2432.70	2432.70
21366				2781.48	2781.48
21385				1635.13	1635.13
21386				1514.81	1514.81
21387				1706.29	1706.29
21390				1739.56	1739.56
21395				2210.06	2210.06
21400				424.77	342.54
21401				1092.25	694.09
21406				1250.15	1250.15
21407				1404.06	1404.06
21408				1970.26	1970.26
21421				1512.79	1287.74
21422				1435.09	1435.09
21423				1685.57	1685.57
21431				1546.76	1546.76
21432				1551.87	1551.87
21433				3821.48	3821.48
21435				3064.17	3064.17
21436				4476.95	4476.95
21440				1276.44	1039.85
21445				1653.78	1351.55
21450				1214.35	1000.12
21451				1612.39	1362.09
21452				1401.26	842.25
21453				2043.16	1756.08
21454				1188.44	1188.44
21461				4358.65	2098.05
21462				4655.30	2338.44
21465				1966.85	1966.85
21470				2626.00	2626.00
21480				226.05	70.24
21485				1752.68	1445.40
21490				1943.45	1943.45
21497				1450.98	1226.65
21499			BR	0.00	0.00
21501				982.07	701.48
21502				1108.75	1108.75
21510				969.19	969.19
21550				554.02	341.23
21552				979.95	979.95
21554				1607.88	1607.88
21555				902.02	664.70
21556				1155.65	1155.65

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
21557				2098.61	2098.61
21558				2967.22	2967.22
21600			NRC	1201.41	1201.41
21601			BR	TBD	TBD
21602			BR	TBD	TBD
21603			BR	TBD	TBD
21610			NRC	2649.67	2649.67
21615			NRC	1352.77	1352.77
21616			NRC	1586.22	1586.22
21620			NRC	1105.88	1105.88
21627			NRC	1175.98	1175.98
21630			NRC	2708.27	2708.27
21632			NRC	2677.40	2677.40
21685			NRC	2149.54	2149.54
21700			NRC	789.44	789.44
21705			NRC	1190.37	1190.37
21720			NRC	1116.88	1116.88
21725			NRC	1180.92	1180.92
21740			NRC	2286.48	2286.48
21742			NRC	1603.99	1603.99
21743			NRC	1772.23	1772.23
21750				1514.27	1514.27
21811				1326.20	1326.20
21812				1624.75	1624.75
21813				2191.19	2191.19
21820				304.84	306.28
21825				1187.37	1187.37
21899			BR	0.00	0.00
21920				542.55	344.19
21925				981.93	779.96
21930				1036.96	796.04
21931				1033.82	1033.82
21932				1454.81	1454.81
21933				1625.57	1625.57
21935				2265.48	2265.48
21936				3136.61	3136.61
22010				2108.98	2108.98
22015				2083.49	2083.49
22100				1888.73	1888.73
22101				1883.48	1883.48
22102				1783.35	1783.35
22103				315.51	315.51
22110				2306.78	2306.78
22112				2439.25	2439.25
22114				2470.08	2470.08
22116				317.24	317.24
22206				5464.14	5464.14
22207				5351.75	5351.75
22208				1330.40	1330.40
22210				3975.33	3975.33
22212				3293.94	3293.94
22214				3307.88	3307.88
22216				816.17	816.17
22220				3590.31	3590.31
22222				3818.52	3818.52
22224				3500.41	3500.41
22226				814.01	814.01
22310				667.20	620.32
22315				1913.07	1685.86
22318				3644.43	3644.43
22319				4038.81	4038.81
22325				3199.37	3199.37

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
22326				3320.20	3320.20
22327				3347.03	3347.03
22328				635.29	635.29
22505				288.22	288.22
22510				3652.45	962.68
22511				3612.25	902.28
22512				1876.55	462.06
22513				14172.74	1146.56
22514				14122.16	1067.85
22515				8193.23	497.55
22526				4732.91	747.66
22527				3963.22	355.21
22532				4007.23	4007.23
22533				3674.89	3674.89
22534				809.49	809.49
22548				4358.33	4358.33
22551				3800.84	3800.84
22552				896.37	896.37
22554				2778.52	2778.52
22556				3716.13	3716.13
22558				3404.96	3404.96
22585				735.41	735.41
22586				NC	4511.35
22590				3513.17	3513.17
22595				3350.47	3350.47
22600				2857.09	2857.09
22610				2802.98	2802.98
22612				3520.43	3520.43
22614				879.01	879.01
22630				3499.68	3499.68
22632				724.09	724.09
22633				4121.99	4121.99
22634				1114.62	1114.62
22800			NRC	3000.53	3000.53
22802			NRC	4674.20	4674.20
22804			NRC	5407.18	5407.18
22808			NRC	4112.76	4112.76
22810			NRC	4617.76	4617.76
22812			NRC	4831.41	4831.41
22818			NRC	4777.85	4777.85
22819			NRC	5465.09	5465.09
22830				1798.66	1798.66
22840				1708.60	1708.60
22841				582.68	582.68
22842				1718.00	1718.00
22843				1837.14	1837.14
22844				2216.69	2216.69
22845				1642.40	1642.40
22846				1705.45	1705.45
22847				1794.29	1794.29
22848				807.56	807.56
22849				2883.77	2883.77
22850				1601.07	1601.07
22852				1537.22	1537.22
22853				581.13	581.13
22854				752.84	752.84
22855				2458.61	2458.61
22856				3647.05	3647.05
22857				3879.54	3879.54
22858				1149.48	1149.48
22859				752.84	752.84
22861				4973.75	4973.75

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
22862				4206.73	4206.73
22864				4594.16	4594.16
22865				4323.54	4323.54
22867				2150.44	2150.44
22868				543.60	543.60
22869				1008.42	1008.42
22870				278.33	278.33
22899			BR	0.00	0.00
22900				1238.54	1238.54
22901				1466.92	1466.92
22902				962.73	723.26
22903				966.52	966.52
22904				2333.86	2333.86
22905				2954.05	2954.05
22999			BR	0.00	0.00
23000				1194.86	780.83
23020				1505.51	1505.51
23030				923.81	546.57
23031				846.65	453.53
23035				1477.24	1477.24
23040				1565.60	1565.60
23044				1236.88	1236.88
23065				474.82	364.46
23066				1201.39	784.47
23071				919.79	919.79
23073				1526.81	1526.81
23075				1036.34	712.47
23076				1184.70	1184.70
23077				2509.13	2509.13
23078				3172.87	3172.87
23100				1087.68	1087.68
23101				993.25	993.25
23105				1389.40	1389.40
23106				1081.59	1081.59
23107				1441.17	1441.17
23120				1270.02	1270.02
23125				1541.38	1541.38
23130				1332.62	1332.62
23140				1203.41	1203.41
23145				1499.62	1499.62
23146				1333.98	1333.98
23150				1435.97	1435.97
23155				1722.19	1722.19
23156				1475.40	1475.40
23170				1222.89	1222.89
23172				1228.04	1228.04
23174				1654.01	1654.01
23180				1441.48	1441.48
23182				1434.66	1434.66
23184				1599.89	1599.89
23190				1243.99	1243.99
23195				1630.21	1630.21
23200				3327.50	3327.50
23210				3912.47	3912.47
23220				4302.20	4302.20
23330				591.95	358.24
23333				1003.97	1003.97
23334				2350.00	2350.00
23335				2809.11	2809.11
23350				293.51	113.18
23395				2812.38	2812.38
23397				2488.10	2488.10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
23400				2092.39	2092.39
23405				1348.40	1348.40
23406				1687.11	1687.11
23410				1794.98	1794.98
23412				1863.33	1863.33
23415				1523.83	1523.83
23420				2125.32	2125.32
23430				1624.16	1624.16
23440				1648.90	1648.90
23450				2066.46	2066.46
23455				2188.63	2188.63
23460				2378.94	2378.94
23462				2313.89	2313.89
23465				2448.24	2448.24
23466				2440.33	2440.33
23470				2635.77	2635.77
23472				3198.22	3198.22
23473				NC	3570.61
23474				NC	3858.50
23480				1801.26	1801.26
23485				2093.18	2093.18
23490				1874.65	1874.65
23491				2225.77	2225.77
23500				467.16	476.53
23505				762.05	715.89
23515				1569.39	1569.39
23520				502.86	503.58
23525				832.17	769.42
23530				1239.97	1239.97
23532				1346.93	1346.93
23540				489.91	491.36
23545				739.37	668.68
23550				1238.73	1238.73
23552				1426.00	1426.00
23570				495.89	511.04
23575				865.69	809.42
23585				2146.83	2146.83
23600				699.19	659.52
23605				1001.12	917.45
23615				1933.45	1933.45
23616				2721.96	2721.96
23620				571.64	547.83
23625				819.70	759.83
23630				1704.06	1704.06
23650				683.11	624.68
23655				871.93	871.93
23660				1268.45	1268.45
23665				920.05	855.86
23670				1915.21	1915.21
23675				1185.82	1082.67
23680				2032.43	2032.43
23700				427.13	427.13
23800				2244.04	2244.04
23802				2799.05	2799.05
23900				3046.88	3046.88
23920				2470.77	2470.77
23921				1017.05	1017.05
23929			BR	0.00	0.00
23930				756.39	465.70
23931				604.98	337.38
23935				1104.00	1104.00
24000				1036.64	1036.64

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
24006				1559.41	1559.41
24065				549.96	360.98
24066				1345.72	912.93
24071				889.87	889.87
24073				1522.99	1522.99
24075				1076.14	717.65
24076				1189.27	1189.27
24077				2284.92	2284.92
24079				2923.45	2923.45
24100				903.30	903.30
24101				1086.68	1086.68
24102				1343.47	1343.47
24105				759.84	759.84
24110				1276.00	1276.00
24115				1595.66	1595.66
24116				1885.52	1885.52
24120				1153.39	1153.39
24125				1355.06	1355.06
24126				1403.02	1403.02
24130				1108.66	1108.66
24134				1630.88	1630.88
24136				1378.81	1378.81
24138				1471.59	1471.59
24140				1532.58	1532.58
24145				1293.35	1293.35
24147				1355.88	1355.88
24149				2569.16	2569.16
24150				3419.48	3419.48
24152				2920.62	2920.62
24155				1860.04	1860.04
24160				2776.59	2776.59
24164				1585.26	1585.26
24200				447.92	301.49
24201				1178.65	792.75
24220				349.12	150.04
24300				902.12	902.12
24301				1641.37	1641.37
24305				1255.61	1255.61
24310				1015.95	1015.95
24320				1693.27	1693.27
24330				1565.34	1565.34
24331				1688.15	1688.15
24332				1336.69	1336.69
24340				1332.92	1332.92
24341				1619.54	1619.54
24342				1696.64	1696.64
24343				1543.98	1543.98
24344				2387.35	2387.35
24345				1532.37	1532.37
24346				2399.42	2399.42
24357				903.67	903.67
24358				1137.64	1137.64
24359				1441.47	1441.47
24360				1971.45	1971.45
24361				2208.19	2208.19
24362				2329.69	2329.69
24363				3199.12	3199.12
24365				1394.61	1394.61
24366				1487.06	1487.06
24370				NC	3410.54
24371				NC	3920.71
24400				1800.36	1800.36

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
24410				2322.27	2322.27
24420				2169.52	2169.52
24430				2312.77	2312.77
24435				2355.66	2355.66
24470				1466.71	1466.71
24495				1600.77	1600.77
24498				1897.39	1897.39
24500				762.95	700.91
24505				1071.49	969.79
24515				1918.29	1918.29
24516				1882.89	1882.89
24530				811.42	742.18
24535				1331.04	1231.50
24538				1629.17	1629.17
24545				2035.32	2035.32
24546				2277.82	2277.82
24560				693.02	620.16
24565				1151.40	1059.07
24566				1562.91	1562.91
24575				1595.28	1595.28
24576				730.53	654.79
24577				1187.22	1089.84
24579				1825.53	1825.53
24582				1764.21	1764.21
24586				2376.79	2376.79
24587				2386.28	2386.28
24600				794.94	725.70
24605				1024.77	1024.77
24615				1558.05	1558.05
24620				1201.51	1201.51
24635				1467.85	1467.85
24640			NRC	215.01	169.57
24650				555.23	514.83
24655				948.95	863.11
24665				1420.07	1420.07
24666				1598.63	1598.63
24670				618.06	563.96
24675				984.79	898.95
24685				1422.65	1422.65
24800				1805.52	1805.52
24802				2200.60	2200.60
24900				1610.49	1610.49
24920				1606.90	1606.90
24925				1234.43	1234.43
24930				1690.44	1690.44
24931				2050.14	2050.14
24935				2556.57	2556.57
24940				1520.73	1520.73
24999			BR	0.00	0.00
25000				727.42	727.42
25001				742.25	742.25
25020				1232.50	1232.50
25023				2404.64	2404.64
25024				1704.40	1704.40
25025				2651.90	2651.90
25028				1133.94	1133.94
25031				754.32	754.32
25035				1272.44	1272.44
25040				1222.58	1222.58
25065				543.40	350.08
25066				776.44	776.44
25071				929.40	929.40

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
25073				1163.46	1163.46
25075				1047.72	687.06
25076				1126.69	1126.69
25077				1937.27	1937.27
25078				2570.42	2570.42
25085				974.44	974.44
25100				749.49	749.49
25101				875.21	875.21
25105				1048.61	1048.61
25107				1336.62	1336.62
25109				1169.11	1169.11
25110				740.03	740.03
25111				692.01	692.01
25112				839.47	839.47
25115				1650.93	1650.93
25116				1302.76	1302.76
25118				824.17	824.17
25119				1073.07	1073.07
25120				1080.10	1080.10
25125				1281.81	1281.81
25126				1295.01	1295.01
25130				967.40	967.40
25135				1209.02	1209.02
25136				1061.87	1061.87
25145				1121.92	1121.92
25150				1232.96	1232.96
25151				1264.94	1264.94
25170				3246.36	3246.36
25210				1057.71	1057.71
25215				1344.23	1344.23
25230				939.95	939.95
25240				929.04	929.04
25246				362.44	166.24
25248				898.92	898.92
25250				1150.38	1150.38
25251				1569.22	1569.22
25259				898.45	898.45
25260				1368.17	1368.17
25263				1363.09	1363.09
25265				1626.92	1626.92
25270				1061.99	1061.99
25272				1204.33	1204.33
25274				1451.68	1451.68
25275				1457.89	1457.89
25280				1224.91	1224.91
25290				945.97	945.97
25295				1142.36	1142.36
25300				1481.30	1481.30
25301				1400.66	1400.66
25310				1345.80	1345.80
25312				1565.15	1565.15
25315				1680.53	1680.53
25316				2006.90	2006.90
25320				2141.85	2141.85
25332				1838.41	1838.41
25335				2071.38	2071.38
25337				1938.81	1938.81
25350				1469.39	1469.39
25355				1654.22	1654.22
25360				1427.37	1427.37
25365				1994.90	1994.90
25370				2210.50	2210.50

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
25375				2092.83	2092.83
25390				1678.55	1678.55
25391				2184.84	2184.84
25392				2165.51	2165.51
25393				2457.49	2457.49
25394				1707.60	1707.60
25400				1755.85	1755.85
25405				2274.03	2274.03
25415				2114.83	2114.83
25420				2556.61	2556.61
25425				2104.07	2104.07
25426				2472.17	2472.17
25430				1596.25	1596.25
25431				1719.68	1719.68
25440				1679.07	1679.07
25441				2050.49	2050.49
25442				1761.84	1761.84
25443				1690.69	1690.69
25444				1803.18	1803.18
25445				1576.20	1576.20
25446				2575.16	2575.16
25447				1805.46	1805.46
25449				2260.76	2260.76
25450			NRC	1344.37	1344.37
25455			NRC	1587.60	1587.60
25490			NRC	1570.28	1570.28
25491			NRC	1619.29	1619.29
25492			NRC	1984.07	1984.07
25500				587.55	536.34
25505				1072.64	981.75
25515				1457.68	1457.68
25520				1225.11	1160.91
25525				1719.73	1719.73
25526				2085.43	2085.43
25530				555.49	507.89
25535				1053.92	978.90
25545				1354.16	1354.16
25560				599.03	540.60
25565				1106.89	1001.58
25574				1468.05	1468.05
25575				1969.38	1969.38
25600				699.51	665.60
25605				1162.71	1099.23
25606				1441.29	1441.29
25607				1599.87	1599.87
25608				1797.83	1797.83
25609				2290.28	2290.28
25622				649.01	597.08
25624				1031.62	941.45
25628				1569.02	1569.02
25630				650.13	603.25
25635				982.76	897.64
25645				1236.31	1236.31
25650				688.29	642.85
25651				1050.84	1050.84
25652				1355.22	1355.22
25660				891.57	891.57
25670				1318.21	1318.21
25671				1145.71	1145.71
25675				940.13	855.74
25676				1368.99	1368.99
25680				1125.76	1125.76

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
25685				1606.95	1606.95
25690				1045.70	1045.70
25695				1379.98	1379.98
25800				1594.40	1594.40
25805				1847.73	1847.73
25810				1893.16	1893.16
25820				1343.95	1343.95
25825				1656.94	1656.94
25830				2038.70	2038.70
25900				1550.42	1550.42
25905				1524.39	1524.39
25907				1325.43	1325.43
25909				1491.48	1491.48
25915				2579.50	2579.50
25920				1528.81	1528.81
25922				1340.35	1340.35
25924				1470.34	1470.34
25927				1742.30	1742.30
25929				1302.07	1302.07
25931				1602.40	1602.40
25999			BR	0.00	0.00
26010				570.20	293.22
26011				846.11	398.18
26020				939.94	939.94
26025				913.25	913.25
26030				1065.30	1065.30
26034				1178.56	1178.56
26035				1874.17	1874.17
26037				1232.41	1232.41
26040				673.11	673.11
26045				1018.07	1018.07
26055				1191.40	667.01
26060				553.14	553.14
26070				692.26	692.26
26075				722.18	722.18
26080				846.27	846.27
26100				725.42	725.42
26105				728.43	728.43
26110				695.61	695.61
26111				906.44	906.44
26113				1190.76	1190.76
26115				1102.06	719.04
26116				1143.86	1143.86
26117				1621.52	1621.52
26118				2299.49	2299.49
26121				1299.44	1299.44
26123				1815.96	1815.96
26125				604.89	604.89
26130				994.83	994.83
26135				1197.04	1197.04
26140				1096.70	1096.70
26145				1114.61	1114.61
26160				1229.51	719.55
26170				879.71	879.71
26180				963.13	963.13
26185				1192.68	1192.68
26200				975.88	975.88
26205				1315.18	1315.18
26210				959.61	959.61
26215				1229.12	1229.12
26230				1082.91	1082.91
26235				1069.74	1069.74

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
26236				956.47	956.47
26250				2346.15	2346.15
26260				1751.64	1751.64
26262				1374.59	1374.59
26320				751.76	751.76
26340				719.18	719.18
26341				216.30	163.64
26350				1494.67	1494.67
26352				1721.92	1721.92
26356				1719.63	1719.63
26357				1926.25	1926.25
26358				2134.25	2134.25
26370				1592.13	1592.13
26372				1867.73	1867.73
26373				1790.99	1790.99
26390				1780.48	1780.48
26392				2065.98	2065.98
26410				1182.68	1182.68
26412				1427.70	1427.70
26415				1727.34	1727.34
26416				1882.80	1882.80
26418				1206.92	1206.92
26420				1490.82	1490.82
26426				1087.98	1087.98
26428				1595.47	1595.47
26432				1041.54	1041.54
26433				1109.88	1109.88
26434				1365.06	1365.06
26437				1314.07	1314.07
26440				1295.86	1295.86
26442				2036.23	2036.23
26445				1199.51	1199.51
26449				1506.48	1506.48
26450				855.87	855.87
26455				848.53	848.53
26460				829.90	829.90
26471				1297.92	1297.92
26474				1266.80	1266.80
26476				1250.74	1250.74
26477				1221.38	1221.38
26478				1302.49	1302.49
26479				1317.43	1317.43
26480				1577.93	1577.93
26483				1776.63	1776.63
26485				1699.44	1699.44
26489				1979.04	1979.04
26490				1691.01	1691.01
26492				1882.02	1882.02
26494				1693.15	1693.15
26496				1823.94	1823.94
26497				1843.85	1843.85
26498				2454.88	2454.88
26499				1763.15	1763.15
26500				1306.91	1306.91
26502				1503.27	1503.27
26508				1330.04	1330.04
26510				1251.40	1251.40
26516				1480.90	1480.90
26517				1746.86	1746.86
26518				1775.42	1775.42
26520				1356.07	1356.07
26525				1362.76	1362.76

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
26530				1167.28	1167.28
26531				1358.39	1358.39
26535				931.72	931.72
26536				1499.84	1499.84
26540				1387.06	1387.06
26541				1697.32	1697.32
26542				1435.27	1435.27
26545				1491.24	1491.24
26546				2113.12	2113.12
26548				1607.76	1607.76
26550				3548.88	3548.88
26551				7211.44	7211.44
26553				7162.77	7162.77
26554				8367.78	8367.78
26555				2946.04	2946.04
26556				7442.33	7442.33
26560				1233.78	1233.78
26561				2015.77	2015.77
26562				2886.61	2886.61
26565				1427.66	1427.66
26567				1439.93	1439.93
26568				1902.30	1902.30
26580			NRC	3265.18	3265.18
26587			NRC	2279.23	2279.23
26590			NRC	3038.70	3038.70
26591				917.62	917.62
26593				1263.15	1263.15
26596				1622.12	1622.12
26600				625.13	592.67
26605				689.94	627.91
26607				1013.49	1013.49
26608				1032.94	1032.94
26615				1246.83	1246.83
26641				805.88	732.30
26645				923.41	848.40
26650				1033.00	1033.00
26665				1358.79	1358.79
26670				740.23	668.10
26675				984.03	906.13
26676				1087.04	1087.04
26685				1244.53	1244.53
26686				1354.05	1354.05
26700				705.54	658.66
26705				898.06	822.32
26706				955.28	955.28
26715				1240.53	1240.53
26720				418.74	392.77
26725				723.52	651.39
26727				1017.59	1017.59
26735				1291.30	1291.30
26740				489.19	462.50
26742				796.86	721.12
26746				1615.65	1615.65
26750				392.31	394.47
26755				673.08	585.08
26756				899.64	899.64
26765				1082.91	1082.91
26770				596.26	549.38
26775				822.75	744.85
26776				955.67	955.67
26785				1184.72	1184.72
26820				1665.53	1665.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
26841				1535.16	1535.16
26842				1658.47	1658.47
26843				1563.88	1563.88
26844				1740.14	1740.14
26850				1461.04	1461.04
26852				1684.50	1684.50
26860				1185.63	1185.63
26861				228.53	228.53
26862				1535.02	1535.02
26863				508.30	508.30
26910				1535.40	1535.40
26951				1376.05	1376.05
26952				1361.82	1361.82
26989			BR	0.00	0.00
26990				1385.49	1385.49
26991				1513.79	1138.71
26992				2118.40	2118.40
27000				885.37	885.37
27001				1170.46	1170.46
27003				1293.30	1293.30
27005				1579.09	1579.09
27006				1575.56	1575.56
27025				2003.49	2003.49
27027				1939.31	1939.31
27030				2056.86	2056.86
27033				2133.27	2133.27
27035				2486.64	2486.64
27036				2217.03	2217.03
27040				731.23	433.33
27041				1530.38	1530.38
27043				1032.44	1032.44
27045				1630.82	1630.82
27047				1022.88	789.89
27048				1340.37	1340.37
27049				2957.14	2957.14
27050				872.94	872.94
27052				1255.07	1255.07
27054				1496.46	1496.46
27057				2219.39	2219.39
27059				4030.45	4030.45
27060				1011.75	1011.75
27062				991.28	991.28
27065				1129.40	1129.40
27066				1756.26	1756.26
27067				2271.57	2271.57
27070				1871.25	1871.25
27071				2021.52	2021.52
27075				4627.23	4627.23
27076				5605.39	5605.39
27077				6279.42	6279.42
27078				4561.96	4561.96
27080				1118.21	1118.21
27086				636.22	362.12
27087				1345.49	1345.49
27090				1819.13	1819.13
27091				3515.15	3515.15
27093				272.40	99.68
27095				362.02	119.46
27096				219.07	117.58
27097				1489.26	1489.26
27098				1517.35	1517.35
27100				1796.68	1796.68

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27105				1891.66	1891.66
27110				2114.21	2114.21
27111				1974.88	1974.88
27120				2843.95	2843.95
27122				2418.09	2418.09
27125				2491.03	2491.03
27130				2982.78	2982.78
27132				3688.58	3688.58
27134				4225.95	4225.95
27137				3243.07	3243.07
27138				3370.58	3370.58
27140				1953.17	1953.17
27146				2806.87	2806.87
27147				3200.05	3200.05
27151				3507.61	3507.61
27156				3734.23	3734.23
27158			NRC	3032.18	3032.18
27161				2665.55	2665.55
27165				3005.04	3005.04
27170				2578.54	2578.54
27175				1460.82	1460.82
27176				2006.06	2006.06
27177				2365.93	2365.93
27178				2017.13	2017.13
27179				2118.95	2118.95
27181				2399.06	2399.06
27185			NRC	1571.67	1571.67
27187			NRC	2179.19	2179.19
27197				269.57	269.57
27198				661.86	661.86
27200				394.37	403.75
27202				1148.93	1148.93
27215				1376.28	1376.28
27216				2044.86	2044.86
27217				1917.75	1917.75
27218				2654.35	2654.35
27220				1158.06	1142.91
27222				2133.85	2133.85
27226				2320.74	2320.74
27227				3659.75	3659.75
27228				4152.69	4152.69
27230				1037.49	1025.23
27232				1638.10	1638.10
27235				1995.22	1995.22
27236				2626.94	2626.94
27238				1002.47	1002.47
27240				2099.88	2099.88
27244				2705.13	2705.13
27245				2703.62	2703.62
27246				840.14	837.98
27248				1632.13	1632.13
27250				401.87	401.87
27252				1659.29	1659.29
27253				2067.88	2067.88
27254				2779.10	2779.10
27256				659.98	519.33
27257				797.09	797.09
27258				2436.91	2436.91
27259				3417.73	3417.73
27265				870.84	870.84
27266				1269.79	1269.79
27267				940.21	940.21

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27268				1172.63	1172.63
27269				2734.12	2734.12
27275				398.25	398.25
27279				1518.30	1518.30
27280				2996.80	2996.80
27282				1877.27	1877.27
27284				3505.64	3505.64
27286				3644.31	3644.31
27290				3578.15	3578.15
27295				2778.94	2778.94
27299			BR	0.00	0.00
27301				1451.14	1099.86
27303				1397.56	1397.56
27305				1045.51	1045.51
27306				748.34	748.34
27307				1044.28	1044.28
27310				1597.36	1597.36
27323				588.61	389.53
27324				876.80	876.80
27325				1210.52	1210.52
27326				1115.34	1115.34
27327				1006.88	680.85
27328				1368.57	1368.57
27329				2284.78	2284.78
27330				903.76	903.76
27331				1032.85	1032.85
27332				1398.13	1398.13
27333				1277.53	1277.53
27334				1494.23	1494.23
27335				1667.86	1667.86
27337				917.62	917.62
27339				1656.69	1656.69
27340				804.59	804.59
27345				1044.78	1044.78
27347				1148.75	1148.75
27350				1417.67	1417.67
27355				1318.18	1318.18
27356				1611.65	1611.65
27357				1778.98	1778.98
27358				617.32	617.32
27360				1877.08	1877.08
27364				3457.52	3457.52
27365				4555.99	4555.99
27369				298.50	90.04
27372				1272.29	868.35
27380				1297.89	1297.89
27381				1745.97	1745.97
27385				1252.62	1252.62
27386				1818.04	1818.04
27390				971.12	971.12
27391				1248.04	1248.04
27392				1548.60	1548.60
27393				1111.05	1111.05
27394				1401.92	1401.92
27395				1918.56	1918.56
27396				1336.33	1336.33
27397				1999.24	1999.24
27400				1503.11	1503.11
27403				1398.08	1398.08
27405				1474.49	1474.49
27407				1713.57	1713.57
27409				2104.96	2104.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27412				3591.59	3591.59
27415				2967.63	2967.63
27416				2130.05	2130.05
27418				1811.71	1811.71
27420				1623.72	1623.72
27422				1623.39	1623.39
27424				1632.45	1632.45
27425				975.46	975.46
27427				1554.90	1554.90
27428				2437.73	2437.73
27429				2740.24	2740.24
27430				1614.78	1614.78
27435				1764.27	1764.27
27437				1442.77	1442.77
27438				1836.82	1836.82
27440				1740.67	1740.67
27441				1803.73	1803.73
27442				1902.89	1902.89
27443				1777.59	1777.59
27445				2752.47	2752.47
27446				2548.35	2548.35
27447				2981.34	2981.34
27448				1702.95	1702.95
27450				2228.84	2228.84
27454				2846.87	2846.87
27455				2050.87	2050.87
27457				2108.09	2108.09
27465				2755.87	2755.87
27466				2591.42	2591.42
27468				2958.10	2958.10
27470				2583.43	2583.43
27472				2774.78	2774.78
27475			NRC	1447.95	1447.95
27477			NRC	1607.69	1607.69
27479			NRC	2021.20	2021.20
27485				1468.29	1468.29
27486				3090.40	3090.40
27487				3872.76	3872.76
27488				2637.55	2637.55
27495				2475.75	2475.75
27496				1183.32	1183.32
27497				1267.55	1267.55
27498				1427.47	1427.47
27499				1524.07	1524.07
27500				1125.64	1042.68
27501				1096.80	1083.10
27502				1664.84	1664.84
27503				1750.85	1750.85
27506				2939.55	2939.55
27507				2136.96	2136.96
27508				1131.13	1070.54
27509				1408.40	1408.40
27510				1493.31	1493.31
27511				2194.49	2194.49
27513				2735.07	2735.07
27514				2129.95	2129.95
27516				1100.25	1035.33
27517				1484.94	1484.94
27519				1960.86	1960.86
27520				687.98	633.88
27524				1644.26	1644.26
27530				643.19	601.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27532				1336.40	1256.33
27535				1975.67	1975.67
27536				2610.87	2610.87
27538				1026.84	960.48
27540				1779.90	1779.90
27550				1121.55	1042.93
27552				1366.45	1366.45
27556				1925.49	1925.49
27557				2295.28	2295.28
27558				2616.95	2616.95
27560				788.13	727.54
27562				1048.97	1048.97
27566				1952.55	1952.55
27570				327.30	327.30
27580				3165.63	3165.63
27590				1764.40	1764.40
27591				2116.09	2116.09
27592				1505.95	1505.95
27594				1113.30	1113.30
27596				1586.43	1586.43
27598				1569.62	1569.62
27599			BR	0.00	0.00
27600				890.44	890.44
27601				972.60	972.60
27602				1069.98	1069.98
27603				1141.00	848.15
27604				1019.33	727.92
27605				733.87	407.83
27606				609.56	609.56
27607				1332.70	1332.70
27610				1422.56	1422.56
27612				1239.28	1239.28
27613				535.19	349.82
27614				1237.29	883.84
27615				2257.15	2257.15
27616				2802.83	2802.83
27618				986.13	668.03
27619				1013.89	1013.89
27620				984.43	984.43
27625				1248.20	1248.20
27626				1332.29	1332.29
27630				1187.73	790.29
27632				906.83	906.83
27634				1490.38	1490.38
27635				1267.36	1267.36
27637				1628.84	1628.84
27638				1675.95	1675.95
27640				1824.06	1824.06
27641				1452.23	1452.23
27645				3918.80	3918.80
27646				3382.49	3382.49
27647				2258.09	2258.09
27648				383.69	116.81
27650				1432.96	1432.96
27652				1476.63	1476.63
27654				1551.05	1551.05
27656				1351.49	859.55
27658				809.42	809.42
27659				1032.85	1032.85
27664				785.96	785.96
27665				901.85	901.85
27675				1072.33	1072.33

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27676				1311.91	1311.91
27680				924.76	924.76
27681				1194.23	1194.23
27685				1423.08	1011.93
27686				1191.78	1191.78
27687				990.97	990.97
27690				1394.43	1394.43
27691				1628.33	1628.33
27692				232.26	232.26
27695				1034.19	1034.19
27696				1213.26	1213.26
27698				1395.32	1395.32
27700				1340.30	1340.30
27702				2110.41	2110.41
27703				2437.77	2437.77
27704				1251.43	1251.43
27705				1662.98	1662.98
27707				867.53	867.53
27709				2564.53	2564.53
27712				2405.75	2405.75
27715				2350.21	2350.21
27720				1914.09	1914.09
27722				1946.11	1946.11
27724				2784.37	2784.37
27725				2668.77	2668.77
27726				2111.41	2111.41
27727			NRC	2210.21	2210.21
27730				1280.88	1280.88
27732				975.34	975.34
27734				1435.62	1435.62
27740				1550.02	1550.02
27742				1703.12	1703.12
27745				1650.74	1650.74
27750				738.16	683.34
27752				1157.18	1069.18
27756				1256.57	1256.57
27758				1954.90	1954.90
27759				2193.17	2193.17
27760				709.80	653.54
27762				1025.16	933.55
27766				1320.58	1320.58
27767				603.17	603.17
27768				954.52	954.52
27769				1596.24	1596.24
27780				650.06	597.41
27781				923.00	855.19
27784				1562.05	1562.05
27786				670.19	612.49
27788				908.62	830.00
27792				1416.61	1416.61
27808				710.86	645.22
27810				1006.87	914.54
27814				1681.09	1681.09
27816				692.23	620.82
27818				1047.07	941.04
27822				1870.95	1870.95
27823				2124.41	2124.41
27824				676.25	653.89
27825				1184.79	1078.76
27826				1834.84	1834.84
27827				2405.94	2405.94
27828				2876.72	2876.72

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
27829				1511.29	1511.29
27830				819.88	761.46
27831				872.88	872.88
27832				1646.00	1646.00
27840				808.65	808.65
27842				1065.09	1065.09
27846				1574.20	1574.20
27848				1749.67	1749.67
27860				373.05	373.05
27870				2251.43	2251.43
27871				1502.53	1502.53
27880				2021.07	2021.07
27881				1904.15	1904.15
27882				1319.80	1319.80
27884				1254.95	1254.95
27886				1443.34	1443.34
27888				1456.16	1456.16
27889				1431.97	1431.97
27892				1205.06	1205.06
27893				1328.42	1328.42
27894				1855.53	1855.53
27899			BR	0.00	0.00
28001				598.96	373.19
28002				960.95	702.00
28003				1517.69	1224.11
28005				1266.34	1266.34
28008				935.03	642.90
28010				503.61	453.12
28011				689.85	617.72
28020				1162.72	789.08
28022				1048.17	706.99
28024				980.15	657.73
28035				1141.12	778.30
28039				1077.51	756.52
28041				995.43	995.43
28043				857.13	573.66
28045				1065.26	760.15
28046				1591.60	1591.60
28047				2308.08	2308.08
28050				914.35	611.39
28052				952.97	617.56
28054				806.94	513.37
28055				838.18	838.18
28060				1123.13	783.39
28062				1264.34	891.42
28070				1154.23	780.59
28072				1053.42	702.14
28080				1130.52	797.99
28086				1171.45	783.39
28088				969.90	622.23
28090				1013.01	671.83
28092				915.90	589.14
28100				1318.60	906.73
28102				1319.62	1319.62
28103				858.14	858.14
28104				1149.97	779.21
28106				941.55	941.55
28107				1113.49	763.65
28108				949.59	629.32
28110				1000.55	634.13
28111				1057.23	709.55
28112				1051.25	681.94

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
28113				1271.37	923.70
28114				2306.32	1817.27
28116				1657.81	1264.69
28118				1291.57	907.83
28119				1131.11	787.76
28120				1465.77	1088.52
28122				1294.48	961.23
28124				1032.99	723.54
28126				850.44	541.00
28130				1395.14	1395.14
28140				1285.94	960.63
28150				913.92	610.25
28153				889.85	577.52
28160				896.87	583.10
28171				2453.16	2453.16
28173				1636.28	1636.28
28175				1046.20	1046.20
28190				544.53	292.07
28192				1010.12	682.64
28193				1151.43	809.53
28200				1063.65	706.60
28202				1313.61	947.90
28208				1036.18	688.51
28210				1276.32	917.11
28220				977.46	662.96
28222				1119.36	779.62
28225				904.49	579.18
28226				1313.14	856.55
28230				939.23	620.41
28232				832.14	528.47
28234				877.92	572.80
28238				1452.52	1068.07
28240				984.43	651.90
28250				1248.42	880.55
28260				1490.85	1119.38
28261				2238.52	1783.37
28262				3048.67	2482.44
28264				2183.22	1680.47
28270				1064.75	730.79
28272				845.43	551.86
28280			NRC	1110.99	760.43
28285				1158.33	827.24
28286				969.37	651.27
28288				1313.17	942.42
28289				1569.32	1008.14
28291				1572.20	1056.46
28292			NRC	1594.79	1062.47
28295				2052.38	1191.13
28296			NRC	1957.20	1127.69
28297			NRC	2251.33	1319.40
28298			NRC	1824.79	1089.78
28299			NRC	2172.53	1278.83
28300				1424.00	1424.00
28302				1560.62	1560.62
28304				1778.74	1323.59
28305				1450.76	1450.76
28306				1319.57	881.74
28307				1388.41	935.43
28308				1225.63	827.47
28309				1949.76	1949.76
28310				1175.38	781.54
28312				1082.59	690.92

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
28313			NRC	1122.63	772.07
28315				1040.62	711.70
28320				1336.59	1336.59
28322				1700.14	1260.14
28340			NRC	1253.15	906.92
28341			NRC	1456.03	1081.67
28344			NRC	920.90	612.90
28345			NRC	1130.41	800.05
28360			NRC	2384.95	2384.95
28400				528.91	487.80
28405				845.48	769.02
28406				1144.51	1144.51
28415				2443.99	2443.99
28420				2785.48	2785.48
28430				507.99	450.29
28435				780.36	697.40
28436				975.90	975.90
28445				2304.51	2304.51
28446				2677.73	2677.73
28450				454.40	409.68
28455				620.96	558.21
28456				689.90	689.90
28465				1376.80	1376.80
28470				466.73	435.72
28475				552.24	490.93
28476				756.63	756.63
28485				1184.45	1184.45
28490				305.86	266.19
28495				382.25	320.94
28496				975.49	526.11
28505				1437.49	1088.38
28510				261.72	255.95
28515				348.15	305.59
28525				1227.68	873.52
28530				248.93	220.80
28531				728.52	395.27
28540				416.39	375.99
28545				639.39	565.82
28546				1229.12	732.14
28555				1869.04	1436.25
28570				485.72	411.43
28575				790.78	715.04
28576				848.60	848.60
28585				1886.72	1494.33
28600				466.53	400.89
28605				708.06	635.21
28606				850.52	850.52
28615				1761.91	1761.91
28630				336.75	240.09
28635				380.68	289.79
28636				688.34	447.43
28645				1422.44	1063.23
28660				253.27	194.12
28665				335.23	285.46
28666				345.37	345.37
28675				1227.75	877.19
28705				2716.62	2716.62
28715				2058.74	2058.74
28725				1705.78	1705.78
28730				1606.44	1606.44
28735				1710.61	1710.61
28737				1526.08	1526.08

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
28740				1823.40	1361.04
28750				1732.10	1277.67
28755				1098.67	725.03
28760				1716.82	1272.49
28800				1175.03	1175.03
28805				1604.45	1604.45
28810				942.30	942.30
28820				1210.13	860.30
28825				1156.87	807.04
28890				696.66	486.03
28899			BR	0.00	0.00
29000				735.23	432.28
29010				573.93	348.88
29015				619.26	394.93
29035				536.35	312.74
29040				615.58	376.82
29044				602.52	363.77
29046				661.82	408.63
29049				210.47	151.32
29055				466.96	298.89
29058				263.39	204.25
29065				202.92	146.65
29075				183.37	133.60
29085				201.40	145.14
29086				166.11	109.12
29105				174.05	105.53
29125				135.75	85.26
29126				162.24	105.26
29130				88.14	63.62
29131				109.39	73.32
29200				68.32	41.64
29240				65.44	41.64
29260				64.07	43.15
29280				65.51	44.59
29305				522.52	345.80
29325				577.42	386.99
29345				288.58	217.89
29355				302.55	232.58
29358				338.68	224.71
29365				260.96	190.28
29405				171.96	128.68
29425				164.60	121.33
29435				250.80	180.83
29440				93.44	63.15
29445				282.06	225.07
29450				314.31	250.11
29505				180.41	109.72
29515				151.82	107.82
29520				72.65	42.36
29530				64.72	41.64
29540				61.90	40.26
29550				41.44	25.57
29580				132.47	61.06
29581				182.22	61.76
29584				167.53	36.26
29700				135.55	73.52
29705				139.24	101.73
29710				263.80	184.45
29720				179.24	97.74
29730				134.77	97.26
29740				212.25	154.54
29750			NRC	231.47	173.04

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
29799			BR	0.00	0.00
29800				1151.39	1151.39
29804				1397.67	1397.67
29805				1026.63	1026.63
29806				2324.15	2324.15
29807				2271.55	2271.55
29819				1279.23	1279.23
29820				1162.94	1162.94
29821				1275.34	1275.34
29822				1237.69	1237.69
29823				1346.56	1346.56
29824				1451.56	1451.56
29825				1257.17	1257.17
29826				389.31	389.31
29827				2309.20	2309.20
29828				1987.52	1987.52
29830				989.13	989.13
29834				1056.93	1056.93
29835				1095.85	1095.85
29836				1245.61	1245.61
29837				1142.74	1142.74
29838				1282.60	1282.60
29840				977.52	977.52
29843				1051.08	1051.08
29844				1079.94	1079.94
29845				1256.17	1256.17
29846				1133.02	1133.02
29847				1167.06	1167.06
29848				1111.08	1111.08
29850				1358.59	1358.59
29851				2036.17	2036.17
29855				1712.14	1712.14
29856				2172.92	2172.92
29860				1443.49	1443.49
29861				1565.84	1565.84
29862				1756.29	1756.29
29863				1759.45	1759.45
29866				2304.35	2304.35
29867				2794.81	2794.81
29868				3690.60	3690.60
29870				1226.06	889.93
29871				1121.94	1121.94
29873				1141.46	1141.46
29874				1170.27	1170.27
29875				1079.49	1079.49
29876				1434.30	1434.30
29877				1355.83	1355.83
29879				1445.63	1445.63
29880				1223.72	1223.72
29881				1178.39	1178.39
29882				1525.87	1525.87
29883				1851.09	1851.09
29884				1337.14	1337.14
29885				1623.82	1623.82
29886				1392.52	1392.52
29887				1631.17	1631.17
29888				2157.53	2157.53
29889				2681.03	2681.03
29891				1467.74	1467.74
29892				1435.38	1435.38
29893				1334.80	933.75
29894				1080.24	1080.24

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
29895				1025.32	1025.32
29897				1100.07	1100.07
29898				1230.82	1230.82
29899				2269.43	2269.43
29900				1079.68	1079.68
29901				1155.22	1155.22
29902				1237.64	1237.64
29904				1378.48	1378.48
29905				1140.42	1140.42
29906				1480.43	1480.43
29907				1914.49	1914.49
29914				2154.63	2154.63
29915				2220.61	2220.61
29916				2213.84	2213.84
29999			BR	0.00	0.00
30000				503.84	254.27
30020				508.82	254.20
30100				295.56	146.25
30110				492.30	278.79
30115				932.83	932.83
30117				1874.70	714.11
30118				1671.72	1671.72
30120				1099.75	930.97
30124				614.76	614.76
30125				1322.27	1322.27
30130				820.86	820.86
30140				593.77	391.81
30150				1664.25	1664.25
30160				1676.16	1676.16
30200				235.23	125.59
30210				315.04	211.90
30220				632.30	268.04
30300				387.50	234.58
30310				431.26	431.26
30320				974.73	974.73
30400			NRC	2317.36	2317.36
30410			NRC	2687.07	2687.07
30420				2970.92	2970.92
30430				2027.58	2027.58
30435				2533.85	2533.85
30450				3388.40	3388.40
30460			NRC	1775.30	1775.30
30462			NRC	3415.96	3415.96
30465				2122.21	2122.21
30520				1354.01	1354.01
30540				1491.40	1491.40
30545			NRC	2045.00	2045.00
30560				584.03	294.79
30580				1374.97	1083.56
30600				1215.80	947.48
30620				1362.26	1362.26
30630				1358.27	1358.27
30801				464.35	295.56
30802				594.87	410.94
30901				290.25	125.07
30903				455.91	173.87
30905				689.88	231.85
30906				724.58	299.73
30915				1248.31	1248.31
30920				1817.12	1817.12
30930				257.21	257.21
30999			BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
31000				381.93	226.85
31002				403.04	403.04
31020				1010.57	776.14
31030				1426.34	1127.71
31032				1242.21	1242.21
31040				1665.04	1665.04
31050				1045.90	1045.90
31051				1398.34	1398.34
31070				946.99	946.99
31075				1691.43	1691.43
31080				2226.84	2226.84
31081				2402.22	2402.22
31084				2481.85	2481.85
31085				2578.39	2578.39
31086				2428.54	2428.54
31087				2337.38	2337.38
31090				2224.58	2224.58
31200				1244.29	1244.29
31201				1614.18	1614.18
31205				1958.72	1958.72
31225				4010.05	4010.05
31230				4440.53	4440.53
31231			NRC	418.72	142.45
31233			NRC	550.87	295.53
31235			NRC	630.61	350.02
31237			NRC	543.21	349.90
31238				537.77	366.82
31239			NRC	1332.73	1332.73
31240			NRC	348.59	348.59
31241			NRC	986.63	986.63
31253				1109.19	1109.19
31254				881.81	537.74
31255				716.13	716.13
31256				397.71	397.71
31257				989.24	989.24
31259				1047.68	1047.68
31267				587.00	587.00
31276				838.46	838.46
31287				444.67	444.67
31288				517.74	517.74
31290				2507.51	2507.51
31291				2671.88	2671.88
31292				2164.95	2164.95
31293				2353.80	2353.80
31294				2697.67	2697.67
31295				4032.99	348.52
31296				4088.60	396.20
31297				4002.16	316.98
31298				7723.72	565.42
31299			BR	0.00	0.00
31300				2761.03	2761.03
31360				4538.97	4538.97
31365				5617.36	5617.36
31367				4790.69	4790.69
31368				5323.05	5323.05
31370				4496.40	4496.40
31375				4259.62	4259.62
31380				4204.35	4204.35
31382				4616.35	4616.35
31390				6227.10	6227.10
31395				6562.32	6562.32
31400				2115.35	2115.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
31420				1786.83	1786.83
31500				315.65	315.65
31502				77.65	77.65
31505				177.65	104.80
31510				447.91	263.98
31511				449.83	288.97
31512				442.61	282.48
31513				287.07	287.07
31515				430.98	238.39
31520			NRC	342.42	342.42
31525				533.24	348.58
31526				343.21	343.21
31527				427.03	427.03
31528				315.73	315.73
31529				353.44	353.44
31530				437.33	437.33
31531				465.46	465.46
31535				414.70	414.70
31536				462.38	462.38
31540				529.41	529.41
31541				578.60	578.60
31545				796.80	796.80
31546				1210.59	1210.59
31551			NRC	3132.53	3132.53
31552				3145.54	3145.54
31553			NRC	3428.99	3428.99
31554				3581.16	3581.16
31560				688.00	688.00
31561				753.32	753.32
31570				723.91	502.47
31571				547.05	547.05
31572				1062.04	396.27
31573				567.21	326.29
31574				2094.95	326.29
31575				245.79	144.81
31576				558.01	258.66
31577				585.63	293.50
31578				637.89	326.29
31579				391.32	260.76
31580				2690.71	2690.71
31584				2993.01	2993.01
31587				2508.54	2508.54
31590				1867.40	1867.40
31591				2271.53	2271.53
31592				3744.45	3744.45
31599			BR	0.00	0.00
31600				686.19	686.19
31601				996.45	996.45
31603				717.91	717.91
31605				743.18	743.18
31610				2056.01	2056.01
31611				1143.03	1143.03
31612				179.30	107.17
31613				949.98	949.98
31614				1584.36	1584.36
31615				362.14	251.06
31622				511.76	291.04
31623				560.40	293.51
31624				530.89	297.19
31625				713.91	346.04
31626				1755.39	441.16
31627				2742.44	216.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
31628				759.41	390.10
31629				934.90	414.83
31630				439.86	439.86
31631				507.03	507.03
31632				137.84	108.98
31633				173.12	141.38
31634				3590.46	426.07
31635				603.96	389.74
31636				489.50	489.50
31637				171.49	171.49
31638				555.73	555.73
31640				556.57	556.57
31641				569.49	569.49
31643				392.01	392.01
31645				555.82	324.28
31646				314.97	314.97
31647				NC	470.28
31648				NC	447.54
31649				150.10	150.10
31651				164.79	164.79
31652				2009.79	492.87
31653				2107.83	546.19
31654				264.59	149.91
31660				NC	433.64
31661				NC	457.70
31717				590.62	244.40
31720				110.62	110.62
31725				177.52	177.52
31730				2492.12	333.95
31750				2968.85	2968.85
31755				3737.80	3737.80
31760				3046.11	3046.11
31766				3972.20	3972.20
31770				2952.63	2952.63
31775				3120.77	3120.77
31780				2623.50	2623.50
31781				3078.80	3078.80
31785				2367.58	2367.58
31786				3218.46	3218.46
31800				1548.71	1548.71
31805				1798.04	1798.04
31820				927.33	709.50
31825				1291.20	1042.35
31830				955.75	747.29
31899			BR	0.00	0.00
32035				1592.62	1592.62
32036				1714.70	1714.70
32096				1784.95	1784.95
32097				1784.30	1784.30
32098				1689.36	1689.36
32100				1798.93	1798.93
32110				3265.75	3265.75
32120				1932.47	1932.47
32124				2052.14	2052.14
32140				2195.49	2195.49
32141				3397.75	3397.75
32150				2226.62	2226.62
32151				2217.03	2217.03
32160				1761.29	1761.29
32200				2513.37	2513.37
32215				1760.45	1760.45
32220				3519.24	3519.24

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
32225				2204.45	2204.45
32310				2023.27	2023.27
32320				3548.93	3548.93
32400				330.70	192.93
32405				816.27	200.27
32440				3479.54	3479.54
32442				6874.66	6874.66
32445				7904.09	7904.09
32480				3287.39	3287.39
32482				3513.97	3513.97
32484				3188.68	3188.68
32486				5263.54	5263.54
32488				5334.67	5334.67
32491				3268.82	3268.82
32501				547.93	547.93
32503				4003.64	4003.64
32504				4571.14	4571.14
32505				2066.84	2066.84
32506				351.12	351.12
32507				350.33	350.33
32540				3830.39	3830.39
32550				1565.00	460.68
32551				350.06	350.06
32552				398.42	347.21
32553				1099.43	399.03
32554				446.71	199.30
32555				629.97	248.40
32556				1274.06	274.33
32557				1179.94	338.89
32560				528.90	174.01
32561				201.98	152.21
32562				180.74	136.02
32601				686.39	686.39
32604				1074.00	1074.00
32606				1030.95	1030.95
32607				685.67	685.67
32608				842.20	842.20
32609				573.99	573.99
32650				1471.79	1471.79
32651				2431.93	2431.93
32652				3696.83	3696.83
32653				2355.29	2355.29
32654				2563.32	2563.32
32655				2120.05	2120.05
32656				1773.19	1773.19
32658				1576.72	1576.72
32659				1619.03	1619.03
32661				1760.39	1760.39
32662				1979.20	1979.20
32663				3115.59	3115.59
32664				1879.89	1879.89
32665				2718.75	2718.75
32666				1929.14	1929.14
32667				351.84	351.84
32668				351.84	351.84
32669				2989.32	2989.32
32670				3569.29	3569.29
32671				3944.07	3944.07
32672				3400.15	3400.15
32673				2697.35	2697.35
32674				483.57	483.57
32701				NC	480.76

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
32800				2078.01	2078.01
32810				1990.20	1990.20
32815				6253.65	6253.65
32820				2951.77	2951.77
32850			NRC	0.00	0.00
32851				7365.10	7365.10
32852				8011.91	8011.91
32853				10324.21	10324.21
32854				10960.62	10960.62
32855			NRC	448.77	448.77
32856			NRC	673.12	673.12
32900				3141.00	3141.00
32905				2947.96	2947.96
32906				3670.81	3670.81
32940				2727.23	2727.23
32960				273.38	202.69
32994				11570.35	1017.55
32997			NRC	761.23	761.23
32998				7322.34	989.21
32999			BR	0.00	0.00
33016			BR	TBD	TBD
33017			BR	TBD	TBD
33018			NRC	TBD	TBD
33019			BR	TBD	TBD
33020				1951.83	1951.83
33025				1771.50	1771.50
33030				4465.14	4465.14
33031				5527.80	5527.80
33050				2228.22	2228.22
33120				4688.01	4688.01
33130				3057.59	3057.59
33140			NRC	3487.15	3487.15
33141			NRC	294.56	294.56
33202			NRC	1721.94	1721.94
33203			NRC	1804.74	1804.74
33206			NRC	1006.49	1006.49
33207			NRC	1071.13	1071.13
33208			NRC	1162.05	1162.05
33210			NRC	367.76	367.76
33211			NRC	382.33	382.33
33212			NRC	712.21	712.21
33213			NRC	745.47	745.47
33214			NRC	1064.22	1064.22
33215			NRC	690.64	690.64
33216			NRC	821.75	821.75
33217			NRC	809.88	809.88
33218			NRC	858.75	858.75
33220			NRC	865.04	865.04
33221				798.08	798.08
33222			NRC	747.02	747.02
33223			NRC	907.37	907.37
33224			NRC	1156.90	1156.90
33225			NRC	1053.71	1053.71
33226			NRC	1113.09	1113.09
33227				751.05	751.05
33228				784.90	784.90
33229				831.14	831.14
33230				849.12	849.12
33231				891.83	891.83
33233			NRC	507.39	507.39
33234			NRC	1079.31	1079.31
33235			NRC	1416.43	1416.43

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
33236			NRC	1718.61	1718.61
33237			NRC	1856.74	1856.74
33238			NRC	2077.84	2077.84
33240			NRC	812.45	812.45
33241			NRC	474.86	474.86
33243			NRC	3054.70	3054.70
33244			NRC	1921.70	1921.70
33249			NRC	2045.17	2045.17
33250			NRC	3221.18	3221.18
33251			NRC	3619.55	3619.55
33254			NRC	3014.84	3014.84
33255			NRC	3649.36	3649.36
33256			NRC	4336.08	4336.08
33257			NRC	1290.49	1290.49
33258			NRC	1449.17	1449.17
33259			NRC	1875.19	1875.19
33261			NRC	3607.22	3607.22
33262				827.67	827.67
33263				862.30	862.30
33264				899.90	899.90
33265			NRC	3026.73	3026.73
33266			NRC	4124.83	4124.83
33270				1261.95	1261.95
33271				1016.89	1016.89
33272				771.26	771.26
33273				895.52	895.52
33274			NRC	1088.44	1088.44
33275			NRC	1159.32	1159.32
33285			NRC	10548.69	199.30
33286			NRC	286.31	195.43
33289			NRC	734.00	734.00
33300				5487.86	5487.86
33305				9214.48	9214.48
33310			NRC	2610.95	2610.95
33315			NRC	4276.79	4276.79
33320			NRC	2352.93	2352.93
33321			NRC	2615.72	2615.72
33322			NRC	3083.57	3083.57
33330			NRC	3187.03	3187.03
33335			NRC	4214.54	4214.54
33340			NRC	1773.36	1773.36
33361				NC	3052.23
33362				NC	3332.90
33363				NC	3452.25
33364				NC	3573.01
33365				NC	4008.51
33366				4333.84	4333.84
33367				NC	1416.22
33368				NC	1684.17
33369				NC	2223.06
33390			NRC	4313.68	4313.68
33391			NRC	5106.05	5106.05
33404			NRC	3934.65	3934.65
33405			NRC	5072.86	5072.86
33406			NRC	6427.76	6427.76
33410			NRC	5688.35	5688.35
33411			NRC	7524.93	7524.93
33412			NRC	7044.27	7044.27
33413			NRC	7169.54	7169.54
33414			NRC	4792.29	4792.29
33415			NRC	4539.13	4539.13
33416			NRC	4523.31	4523.31

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
33417			NRC	3711.98	3711.98
33418				4039.90	4039.90
33419				956.22	956.22
33420			NRC	3261.68	3261.68
33422			NRC	3701.25	3701.25
33425			NRC	6105.86	6105.86
33426			NRC	5325.15	5325.15
33427			NRC	5469.70	5469.70
33430			NRC	6259.56	6259.56
33440			NRC	7591.38	7591.38
33460			NRC	5370.70	5370.70
33463			NRC	6918.22	6918.22
33464			NRC	5461.21	5461.21
33465			NRC	6175.58	6175.58
33468			NRC	5400.75	5400.75
33470			NRC	2765.58	2765.58
33471			NRC	2956.74	2956.74
33474			NRC	4887.35	4887.35
33475			NRC	5219.90	5219.90
33476			NRC	3327.36	3327.36
33477				3069.11	3069.11
33478			NRC	3495.08	3495.08
33496			NRC	3722.46	3722.46
33500			NRC	3475.87	3475.87
33501			NRC	2487.60	2487.60
33502			NRC	2820.49	2820.49
33503			NRC	2956.65	2956.65
33504			NRC	3229.27	3229.27
33505			NRC	4520.10	4520.10
33506			NRC	4465.38	4465.38
33507			NRC	3839.79	3839.79
33508			NRC	36.41	36.41
33510			NRC	4318.80	4318.80
33511			NRC	4743.72	4743.72
33512			NRC	5403.31	5403.31
33513			NRC	5566.05	5566.05
33514			NRC	5854.18	5854.18
33516			NRC	6036.00	6036.00
33517			NRC	419.34	419.34
33518			NRC	924.69	924.69
33519			NRC	1223.12	1223.12
33521			NRC	1467.37	1467.37
33522			NRC	1648.05	1648.05
33523			NRC	1860.91	1860.91
33530			NRC	1182.06	1182.06
33533			NRC	4174.67	4174.67
33534			NRC	4912.00	4912.00
33535			NRC	5482.37	5482.37
33536			NRC	5879.61	5879.61
33542			NRC	5888.26	5888.26
33545			NRC	6906.97	6906.97
33548			NRC	6621.69	6621.69
33572			NRC	517.03	517.03
33600			NRC	3802.22	3802.22
33602			NRC	3688.26	3688.26
33606			NRC	3979.67	3979.67
33608			NRC	4030.18	4030.18
33610			NRC	3973.56	3973.56
33611			NRC	4381.35	4381.35
33612			NRC	4499.18	4499.18
33615			NRC	4477.04	4477.04
33617			NRC	4724.11	4724.11

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
33619			NRC	6123.90	6123.90
33620			NRC	3685.01	3685.01
33621			NRC	2079.76	2079.76
33622			NRC	7738.22	7738.22
33641			NRC	3657.63	3657.63
33645			NRC	3851.71	3851.71
33647			NRC	4026.79	4026.79
33660			NRC	3905.35	3905.35
33665			NRC	4296.85	4296.85
33670			NRC	4439.84	4439.84
33675			NRC	4350.98	4350.98
33676			NRC	4546.28	4546.28
33677			NRC	4722.31	4722.31
33681			NRC	4086.86	4086.86
33684			NRC	4240.23	4240.23
33688			NRC	4236.91	4236.91
33690			NRC	2675.01	2675.01
33692			NRC	4400.53	4400.53
33694			NRC	4381.35	4381.35
33697			NRC	4615.50	4615.50
33702			NRC	3406.91	3406.91
33710			NRC	4609.20	4609.20
33720			NRC	3443.20	3443.20
33722			NRC	3646.22	3646.22
33724			NRC	3411.40	3411.40
33726			NRC	4566.43	4566.43
33730			NRC	4378.47	4378.47
33732			NRC	3497.07	3497.07
33735			NRC	2891.32	2891.32
33736			NRC	3049.32	3049.32
33737			NRC	2898.62	2898.62
33750			NRC	2823.72	2823.72
33755			NRC	2938.62	2938.62
33762			NRC	2868.66	2868.66
33764			NRC	2938.62	2938.62
33766			NRC	2982.61	2982.61
33767			NRC	3186.52	3186.52
33768			NRC	938.03	938.03
33770			NRC	4760.57	4760.57
33771			NRC	4903.88	4903.88
33774			NRC	4026.76	4026.76
33775			NRC	4153.34	4153.34
33776			NRC	4235.02	4235.02
33777			NRC	4243.63	4243.63
33778			NRC	5276.20	5276.20
33779			NRC	5235.45	5235.45
33780			NRC	5135.90	5135.90
33781			NRC	5207.84	5207.84
33782			NRC	7273.77	7273.77
33783			NRC	7866.15	7866.15
33786			NRC	5118.25	5118.25
33788			NRC	3434.57	3434.57
33800			NRC	2181.74	2181.74
33802			NRC	2418.71	2418.71
33803			NRC	2575.08	2575.08
33813			NRC	2629.25	2629.25
33814			NRC	3404.56	3404.56
33820			NRC	2138.04	2138.04
33822			NRC	2281.22	2281.22
33824			NRC	2632.12	2632.12
33840			NRC	2766.82	2766.82
33845			NRC	2917.25	2917.25

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
33851			NRC	2841.21	2841.21
33852			NRC	2968.36	2968.36
33853			NRC	3997.07	3997.07
33858			NRC	TBD	TBD
33859			NRC	TBD	TBD
33863			NRC	7068.35	7068.35
33864			NRC	7240.25	7240.25
33866			NRC	2310.10	2310.10
33871			NRC	TBD	TBD
33875			NRC	6163.88	6163.88
33877			NRC	8148.39	8148.39
33880			NRC	4031.16	4031.16
33881			NRC	3459.23	3459.23
33883			NRC	2501.23	2501.23
33884			NRC	889.50	889.50
33886			NRC	2143.76	2143.76
33889			NRC	1777.19	1777.19
33891			NRC	2160.00	2160.00
33910				5887.84	5887.84
33915				3067.83	3067.83
33916			NRC	9521.22	9521.22
33917			NRC	3241.47	3241.47
33920			NRC	4062.57	4062.57
33922			NRC	3073.99	3073.99
33924			NRC	635.49	635.49
33925			NRC	3855.85	3855.85
33926			NRC	5436.65	5436.65
33927			NRC	5757.95	5757.95
33928			NRC	0.00	0.00
33929			NRC	0.00	0.00
33930			NRC	0.00	0.00
33933			NRC	448.77	448.77
33935			NRC	11134.29	11134.29
33940			NRC	0.00	0.00
33944			NRC	448.77	448.77
33945			NRC	10926.52	10926.52
33946				696.15	696.15
33947				772.19	772.19
33948				534.43	534.43
33949				520.15	520.15
33951			NRC	959.42	959.42
33952				962.40	962.40
33953			NRC	1072.59	1072.59
33954				1075.13	1075.13
33955			NRC	1880.53	1880.53
33956				1876.54	1876.54
33957			NRC	416.59	416.59
33958				415.80	415.80
33959			NRC	529.83	529.83
33962				526.67	526.67
33963			NRC	1060.19	1060.19
33964				1105.66	1105.66
33965			NRC	416.59	416.59
33966				534.80	534.80
33967			NRC	584.53	584.53
33968			NRC	75.77	75.77
33969			NRC	618.20	618.20
33970			NRC	795.97	795.97
33971			NRC	1576.66	1576.66
33973			NRC	1163.57	1163.57
33974			NRC	1983.13	1983.13
33975			NRC	2940.12	2940.12

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
33976			NRC	3587.49	3587.49
33977			NRC	2523.95	2523.95
33978			NRC	3009.10	3009.10
33979			NRC	4392.24	4392.24
33980			NRC	4010.55	4010.55
33981			NRC	1885.71	1885.71
33982			NRC	4421.81	4421.81
33983			NRC	5203.98	5203.98
33984				639.17	639.17
33985			NRC	1164.11	1164.11
33986				1173.65	1173.65
33987				470.65	470.65
33988				1746.10	1746.10
33989				1093.02	1093.02
33990				NC	958.53
33991				NC	1406.27
33992				NC	448.66
33993				NC	393.28
33999			NRC	0.00	0.00
34001			NRC	2155.20	2155.20
34051			NRC	2203.99	2203.99
34101			NRC	1338.05	1338.05
34111			NRC	1342.82	1342.82
34151			NRC	3128.29	3128.29
34201				2306.40	2306.40
34203				2130.69	2130.69
34401			NRC	3270.76	3270.76
34421				1648.03	1648.03
34451				3193.20	3193.20
34471			NRC	2415.54	2415.54
34490			NRC	1427.70	1427.70
34501			NRC	1978.78	1978.78
34502			NRC	3447.76	3447.76
34510			NRC	2286.09	2286.09
34520			NRC	2195.68	2195.68
34530			NRC	2011.42	2011.42
34701			NRC	2777.11	2777.11
34702			NRC	4150.52	4150.52
34703			NRC	3127.97	3127.97
34704			NRC	5217.47	5217.47
34705			NRC	3440.71	3440.71
34706			NRC	5187.50	5187.50
34707			NRC	2590.82	2590.82
34708			NRC	4162.84	4162.84
34709			NRC	729.06	729.06
34710			NRC	1796.83	1796.83
34711			NRC	673.10	673.10
34712			NRC	1526.97	1526.97
34713			NRC	288.90	288.90
34714			NRC	607.05	607.05
34715			NRC	681.17	681.17
34716			NRC	840.84	840.84
34717			NRC	TBD	TBD
34718			NRC	TBD	TBD
34808			NRC	474.68	474.68
34812			NRC	466.33	466.33
34813			NRC	532.99	532.99
34820			NRC	784.44	784.44
34830			NRC	3949.93	3949.93
34831			NRC	4345.91	4345.91
34832			NRC	4195.61	4195.61
34833			NRC	911.53	911.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
34834			NRC	291.95	291.95
34839			BR	0.00	0.00
34841			NRC	2650.78	2650.78
34842			NRC	3207.68	3207.68
34843			NRC	3138.29	3138.29
34844			NRC	3242.82	3242.82
34845			NRC	2650.78	2650.78
34846			NRC	3207.68	3207.68
34847			NRC	3138.29	3138.29
34848			NRC	3242.82	3242.82
35001			NRC	2490.95	2490.95
35002			NRC	2527.78	2527.78
35005			NRC	2225.61	2225.61
35011			NRC	2246.34	2246.34
35013			NRC	2810.67	2810.67
35021			NRC	2805.58	2805.58
35022			NRC	3134.25	3134.25
35045			NRC	2197.61	2197.61
35081			NRC	3894.43	3894.43
35082			NRC	4912.69	4912.69
35091			NRC	4025.12	4025.12
35092			NRC	5863.73	5863.73
35102			NRC	4228.65	4228.65
35103			NRC	5042.51	5042.51
35111			NRC	2960.92	2960.92
35112			NRC	3669.43	3669.43
35121			NRC	3739.49	3739.49
35122			NRC	4248.68	4248.68
35131			NRC	3115.43	3115.43
35132			NRC	3654.41	3654.41
35141			NRC	2475.78	2475.78
35142			NRC	2981.98	2981.98
35151			NRC	2780.38	2780.38
35152			NRC	3103.04	3103.04
35180			NRC	1958.38	1958.38
35182			NRC	4003.55	4003.55
35184			NRC	2154.93	2154.93
35188			NRC	2839.42	2839.42
35189			NRC	3358.79	3358.79
35190			NRC	1698.13	1698.13
35201				2104.44	2104.44
35206				1746.82	1746.82
35207				1654.29	1654.29
35211			NRC	3087.24	3087.24
35216			NRC	4602.94	4602.94
35221			NRC	3280.64	3280.64
35226				1866.09	1866.09
35231			NRC	2744.70	2744.70
35236				2238.52	2238.52
35241			NRC	3215.14	3215.14
35246			NRC	3492.58	3492.58
35251			NRC	3894.28	3894.28
35256			NRC	2296.06	2296.06
35261			NRC	2189.30	2189.30
35266			NRC	1941.86	1941.86
35271			NRC	3085.66	3085.66
35276			NRC	3261.84	3261.84
35281			NRC	3622.13	3622.13
35286			NRC	2085.67	2085.67
35301			NRC	2537.39	2537.39
35302			NRC	2517.57	2517.57
35303			NRC	2784.65	2784.65

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
35304			NRC	2869.74	2869.74
35305			NRC	2759.57	2759.57
35306				1001.74	1001.74
35311				3483.28	3483.28
35321				1999.93	1999.93
35331				3280.11	3280.11
35341				3093.99	3093.99
35351				2874.99	2874.99
35355				2316.44	2316.44
35361				3404.19	3404.19
35363				3640.47	3640.47
35371				1833.83	1833.83
35372				2197.02	2197.02
35390				358.34	358.34
35400			NRC	335.97	335.97
35500			NRC	722.39	722.39
35501			NRC	3361.36	3361.36
35506			NRC	2847.65	2847.65
35508			NRC	2931.74	2931.74
35509			NRC	3158.42	3158.42
35510			NRC	2745.36	2745.36
35511			NRC	2462.51	2462.51
35512			NRC	2705.79	2705.79
35515			NRC	2813.95	2813.95
35516			NRC	2737.94	2737.94
35518			NRC	2543.27	2543.27
35521			NRC	2743.15	2743.15
35522			NRC	2709.98	2709.98
35523			NRC	2872.71	2872.71
35525			NRC	2561.84	2561.84
35526			NRC	3900.04	3900.04
35531			NRC	4366.98	4366.98
35533			NRC	3368.37	3368.37
35535			NRC	4276.56	4276.56
35536			NRC	3796.51	3796.51
35537			NRC	4648.53	4648.53
35538			NRC	5215.85	5215.85
35539			NRC	4893.32	4893.32
35540			NRC	5499.63	5499.63
35556			NRC	3139.70	3139.70
35558			NRC	2757.73	2757.73
35560			NRC	3775.50	3775.50
35563			NRC	2967.75	2967.75
35565			NRC	2953.07	2953.07
35566			NRC	3750.76	3750.76
35570			NRC	3390.64	3390.64
35571			NRC	2973.27	2973.27
35572			NRC	780.18	780.18
35583			NRC	3243.03	3243.03
35585			NRC	3758.63	3758.63
35587			NRC	3062.21	3062.21
35600			NRC	575.94	575.94
35601			NRC	3139.38	3139.38
35606			NRC	2635.40	2635.40
35612			NRC	2324.48	2324.48
35616			NRC	2459.12	2459.12
35621			NRC	2460.76	2460.76
35623			NRC	2938.79	2938.79
35626			NRC	3555.87	3555.87
35631			NRC	4167.78	4167.78
35632			NRC	4021.13	4021.13
35633			NRC	4487.96	4487.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
35634			NRC	3954.29	3954.29
35636			NRC	3579.74	3579.74
35637			NRC	3712.54	3712.54
35638			NRC	3945.93	3945.93
35642			NRC	2206.90	2206.90
35645			NRC	2119.72	2119.72
35646			NRC	3855.53	3855.53
35647			NRC	3489.59	3489.59
35650			NRC	2426.94	2426.94
35654			NRC	3074.69	3074.69
35656			NRC	2426.63	2426.63
35661			NRC	2432.06	2432.06
35663			NRC	2722.88	2722.88
35665			NRC	2633.47	2633.47
35666			NRC	2834.81	2834.81
35671			NRC	2497.46	2497.46
35681			NRC	181.73	181.73
35682			NRC	795.34	795.34
35683			NRC	922.24	922.24
35685			NRC	448.29	448.29
35686			NRC	361.69	361.69
35691			NRC	2116.63	2116.63
35693			NRC	1827.08	1827.08
35694			NRC	2207.74	2207.74
35695			NRC	2273.80	2273.80
35697			NRC	334.53	334.53
35700			NRC	343.77	343.77
35701			NRC	1254.03	1254.03
35702			NRC	TBD	TBD
35703			NRC	TBD	TBD
35800			NRC	1598.24	1598.24
35820			NRC	4505.68	4505.68
35840			NRC	2666.63	2666.63
35860			NRC	1872.97	1872.97
35870			NRC	2779.60	2779.60
35875			NRC	1331.49	1331.49
35876			NRC	2122.15	2122.15
35879			NRC	2076.50	2076.50
35881			NRC	2283.22	2283.22
35883			NRC	2698.58	2698.58
35884			NRC	2777.81	2777.81
35901			NRC	1045.24	1045.24
35903			NRC	1255.35	1255.35
35905			NRC	3754.12	3754.12
35907			NRC	4288.04	4288.04
36000				56.85	20.79
36002				338.60	234.01
36005				639.11	108.22
36010				1046.83	246.89
36011			NRC	1756.28	351.16
36012			NRC	1793.80	389.40
36013			NRC	1593.87	272.43
36014			NRC	1685.97	338.56
36015			NRC	1827.52	384.90
36100				1092.83	352.04
36140				932.21	202.97
36160				1072.44	277.55
36200				1192.86	314.30
36215				2151.97	475.64
36216				2326.31	613.19
36217				3881.05	735.41
36218				504.82	116.76

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
36221				2145.30	449.49
36222				2547.90	635.70
36223				3216.98	708.98
36224				4154.47	808.30
36225				3101.06	707.75
36226				3931.10	797.00
36227				538.82	263.28
36228				2750.66	542.72
36245				2735.56	532.67
36246				1756.21	572.54
36247				3119.35	679.88
36248				303.81	109.78
36251				2868.44	584.05
36252				3114.71	810.84
36253				4568.54	801.13
36254				4450.16	938.09
36260				1437.38	1437.38
36261				885.71	885.71
36262				675.72	675.72
36299			BR	0.00	0.00
36400			NRC	56.72	40.85
36405			NRC	49.77	33.90
36406			NRC	35.15	19.28
36410				36.66	20.79
36415				3.75	3.75
36416				3.75	3.75
36420			NRC	105.08	105.08
36425				89.33	89.33
36430				71.55	71.55
36440			NRC	112.52	112.52
36450			NRC	380.77	380.77
36455				285.25	285.25
36456			NRC	233.48	233.48
36460			NRC	757.99	757.99
36465			NRC	3166.40	267.45
36466			NRC	3332.40	340.40
36468			NRC	0.00	0.00
36470			NRC	223.70	85.93
36471			NRC	406.15	171.00
36473				3013.86	399.10
36474				581.59	199.29
36475			NRC	2970.61	627.06
36476			NRC	637.83	304.58
36478			NRC	2356.94	622.90
36479			NRC	672.18	305.75
36481				4047.53	746.09
36482			NRC	4210.59	397.01
36483			NRC	321.13	199.23
36500				409.36	409.36
36510			NRC	176.39	118.68
36511				237.63	237.63
36512				238.35	238.35
36513				242.72	242.72
36514				1491.68	212.08
36516				4070.88	189.50
36522				4428.13	213.50
36555			NRC	398.10	191.08
36556				444.88	189.53
36557			NRC	2136.09	702.12
36558				1599.30	577.92
36560			NRC	2729.21	845.87
36561				2252.25	746.87

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
36563				2534.68	812.90
36565				1838.85	741.01
36566				9842.84	804.07
36568			NRC	206.17	206.17
36569				209.78	209.78
36570			NRC	2990.67	731.52
36571				2627.94	689.06
36573				820.21	189.07
36575				336.08	77.85
36576				694.87	407.79
36578				967.25	447.91
36580				451.76	148.08
36581				1573.24	406.87
36582				2083.11	642.65
36583				2630.79	722.20
36584				714.04	133.38
36585				2236.23	598.13
36589				356.84	302.74
36590				481.22	419.91
36591				49.84	49.84
36592				55.61	55.61
36593				64.34	64.34
36595				1274.01	408.43
36596				263.10	97.92
36597				274.96	136.47
36598				243.35	81.77
36600				65.05	34.76
36620				99.41	99.41
36625				236.06	236.06
36640				252.78	252.78
36660			NRC	152.58	152.58
36680				130.98	130.98
36800			NRC	272.70	272.70
36810			NRC	466.05	466.05
36815			NRC	303.29	303.29
36818			NRC	1551.39	1551.39
36819			NRC	1636.48	1636.48
36820			NRC	1638.96	1638.96
36821			NRC	1485.32	1485.32
36823			NRC	3102.00	3102.00
36825			NRC	1777.98	1777.98
36830			NRC	1492.87	1492.87
36831			NRC	1377.01	1377.01
36832			NRC	1689.27	1689.27
36833			NRC	1815.96	1815.96
36835			NRC	1060.37	1060.37
36838			NRC	2567.30	2567.30
36860			NRC	533.63	247.27
36861			NRC	310.64	310.64
36901			NRC	1347.36	377.19
36902			NRC	2639.39	539.65
36903			NRC	11027.39	714.07
36904			NRC	3887.05	833.02
36905			NRC	4885.57	998.42
36906			NRC	13534.66	1152.61
36907			NRC	1496.13	329.77
36908			NRC	4938.47	467.06
36909			NRC	3996.90	452.37
37140				5190.15	5190.15
37145				4812.00	4812.00
37160				4944.39	4944.39
37180				4752.36	4752.36

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
37181				5190.15	5190.15
37182				1836.90	1836.90
37183				12343.45	839.96
37184				4412.07	1002.42
37185				1364.74	375.82
37186				2740.73	550.83
37187				4066.36	881.05
37188				3411.88	620.40
37191				5078.85	501.40
37192				2761.91	777.58
37193				3231.10	785.13
37195				290.84	290.84
37197				3176.37	679.18
37200				486.90	486.90
37211				NC	868.40
37212				NC	759.47
37213				NC	523.39
37214				NC	276.46
37215			NRC	2252.33	2252.33
37216			NRC	2247.00	2247.00
37217				2429.10	2429.10
37218				1831.12	1831.12
37220			NRC	6105.06	905.84
37221			NRC	8652.36	1118.98
37222			NRC	1662.94	420.84
37223			NRC	4550.18	481.26
37224			NRC	7331.97	1003.17
37225			NRC	25000.41	1364.46
37226			NRC	21684.66	1177.04
37227			NRC	32205.26	1641.10
37228			NRC	10612.66	1226.22
37229			NRC	25030.07	1593.19
37230			NRC	21324.70	1579.50
37231			NRC	30600.41	1716.19
37232			NRC	2277.10	453.62
37233			NRC	2787.58	739.05
37234			NRC	7960.55	644.28
37235			NRC	8650.87	904.70
37236				7399.35	1002.76
37237				4386.31	480.40
37238				7449.90	682.55
37239				3555.81	342.36
37241				9973.80	994.91
37242				15329.01	1073.00
37243				19820.25	1261.61
37244				14212.41	1491.35
37246			NRC	4329.32	783.35
37247			NRC	1655.89	384.94
37248			NRC	3101.91	669.64
37249			NRC	1231.94	326.69
37252				2595.24	205.53
37253				415.48	165.19
37500			NRC	1414.95	1414.95
37501			BR	0.00	0.00
37565			NRC	1593.96	1593.96
37600			NRC	1615.84	1615.84
37605			NRC	1646.14	1646.14
37606			NRC	1553.55	1553.55
37607			NRC	831.82	831.82
37609				663.94	452.59
37615				1157.17	1157.17
37616				2465.77	2465.77

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
37617				2993.31	2993.31
37618				849.88	849.88
37619				3855.80	3855.80
37650			NRC	1022.50	1022.50
37660			NRC	2928.11	2928.11
37700			NRC	540.93	540.93
37718			NRC	955.94	955.94
37722			NRC	1056.07	1056.07
37735			NRC	1296.81	1296.81
37760			NRC	1391.54	1391.54
37761			NRC	1202.51	1202.51
37765			NRC	1397.07	996.03
37766			NRC	1664.17	1217.68
37780			NRC	518.84	518.84
37785			NRC	758.18	569.20
37788			NRC	2808.80	2808.80
37790			NRC	1077.80	1077.80
37799			BR	0.00	0.00
38100				2571.85	2571.85
38101				2577.79	2577.79
38102				590.62	590.62
38115				2848.23	2848.23
38120				2340.65	2340.65
38129			BR	0.00	0.00
38200				295.81	295.81
38204			NRC	233.48	233.48
38205			NRC	182.09	182.09
38206			NRC	182.88	182.88
38207			NRC	104.02	104.02
38208			NRC	66.24	66.24
38209			NRC	27.74	27.74
38210			NRC	184.89	184.89
38211				166.39	166.39
38212			NRC	110.18	110.18
38213			NRC	27.74	27.74
38214			NRC	94.77	94.77
38215			NRC	110.18	110.18
38220				348.68	152.48
38221				325.64	153.24
38222				361.37	171.67
38230			NRC	458.39	458.39
38232				441.41	441.41
38240			NRC	498.93	498.93
38241			NRC	372.90	372.90
38242			NRC	263.53	263.53
38243				NC	265.10
38300				682.17	441.25
38305				1064.59	1064.59
38308			NRC	992.55	992.55
38380			NRC	1239.28	1239.28
38381			NRC	1783.12	1783.12
38382			NRC	1486.93	1486.93
38500				721.78	561.65
38505				264.99	153.91
38510				1131.23	924.21
38520				1022.63	1022.63
38525				964.31	964.31
38530				1229.69	1229.69
38531				961.58	961.58
38542				1135.07	1135.07
38550				1124.43	1124.43
38555				2232.84	2232.84

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
38562				1565.47	1565.47
38564				1564.90	1564.90
38570				1127.96	1127.96
38571				1470.00	1470.00
38572				2047.07	2047.07
38573				2590.74	2590.74
38589			BR	0.00	0.00
38700				1764.08	1764.08
38720				2952.77	2952.77
38724				3187.27	3187.27
38740				1541.67	1541.67
38745				1948.35	1948.35
38746				482.85	482.85
38747				600.14	600.14
38760				1867.25	1867.25
38765				2889.46	2889.46
38770				1794.99	1794.99
38780				2283.42	2283.42
38790				182.27	182.27
38792				173.58	74.04
38794				651.10	651.10
38900				308.93	308.93
38999			BR	0.00	0.00
39000				1096.65	1096.65
39010				1746.35	1746.35
39200			NRC	1930.90	1930.90
39220				2522.21	2522.21
39401				690.67	690.67
39402				905.27	905.27
39499			BR	0.00	0.00
39501				1891.11	1891.11
39503			NRC	13456.68	13456.68
39540			NRC	1936.02	1936.02
39541			NRC	2093.67	2093.67
39545				1973.53	1973.53
39560				1777.96	1777.96
39561				2754.58	2754.58
39599			BR	0.00	0.00
40490				268.09	159.90
40500			NRC	1090.68	789.17
40510			NRC	1043.68	771.75
40520			NRC	1057.91	778.76
40525			NRC	1203.64	1203.64
40527			NRC	1347.43	1347.43
40530			NRC	1163.90	876.82
40650				967.70	656.82
40652				1063.08	767.34
40654				1231.38	925.55
40700			NRC	2206.77	2206.77
40701			NRC	2618.48	2618.48
40702			NRC	2195.30	2195.30
40720			NRC	2256.50	2256.50
40761			NRC	2382.05	2382.05
40799			BR	0.00	0.00
40800				447.97	277.74
40801				659.23	471.69
40804				404.29	252.09
40805				664.16	485.27
40806			NRC	212.41	69.59
40808				395.05	228.42
40810				442.40	272.89
40812				616.86	424.27

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
40814				826.86	655.19
40816				861.09	679.32
40818				778.28	591.46
40819				672.01	509.00
40820				554.07	364.37
40830				574.86	359.19
40831				737.18	491.94
40840				1769.12	1374.56
40842				1714.16	1346.29
40843				2271.25	1803.12
40844				2959.39	2422.73
40845				3191.41	2689.37
40899			BR	0.00	0.00
41000				345.68	242.53
41005				467.39	265.42
41006				761.42	556.57
41007				746.66	538.20
41008				825.68	584.76
41009				883.92	638.67
41010			NRC	433.93	232.68
41015				901.32	718.82
41016				956.06	757.70
41017				970.56	765.71
41018				1102.46	896.16
41019				1055.32	1055.32
41100				367.05	232.17
41105				373.29	241.29
41108				323.57	194.46
41110				459.71	283.71
41112				717.59	542.31
41113				783.18	600.69
41114				1372.43	1372.43
41115				530.67	314.27
41116				708.01	474.30
41120			NRC	2310.05	2310.05
41130			NRC	2866.30	2866.30
41135			NRC	4766.84	4766.84
41140			NRC	4763.96	4763.96
41145			NRC	6042.88	6042.88
41150			NRC	4806.97	4806.97
41153			NRC	5219.25	5219.25
41155			NRC	6627.40	6627.40
41250				580.17	333.49
41251				649.37	399.80
41252				681.39	456.34
41510			NRC	964.80	964.80
41512			NRC	1418.18	1418.18
41520			NRC	750.56	534.17
41530			NRC	2005.52	799.49
41599			BR	0.00	0.00
41800				607.44	323.24
41805				606.80	401.94
41806				836.86	591.61
41820			NRC	0.00	0.00
41821			NRC	0.00	0.00
41822				607.82	384.93
41823				938.48	697.56
41825				457.29	265.42
41826				674.18	458.50
41827				954.67	667.59
41828				674.72	460.49
41830				850.14	608.50

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
41850			NRC	0.00	0.00
41870			NRC	0.00	0.00
41872			NRC	831.36	577.46
41874			NRC	830.85	558.92
41899			BR	0.00	0.00
42000			NRC	329.87	223.83
42100				319.05	236.82
42104				460.05	299.92
42106				578.36	381.44
42107				998.29	751.60
42120				2191.24	2191.24
42140				566.08	334.53
42145				1515.31	1515.31
42160				496.51	317.62
42180				529.11	399.27
42182				695.43	557.66
42200			NRC	2062.50	2062.50
42205			NRC	2158.10	2158.10
42210			NRC	2403.85	2403.85
42215			NRC	1563.05	1563.05
42220			NRC	1286.47	1286.47
42225			NRC	2125.25	2125.25
42226			NRC	1903.21	1903.21
42227			NRC	1794.72	1794.72
42235			NRC	1561.47	1561.47
42260			NRC	1774.08	1445.16
42280			NRC	380.12	243.79
42281			NRC	488.46	357.90
42299			BR	0.00	0.00
42300			NRC	449.10	330.80
42305			NRC	935.64	935.64
42310			NRC	378.81	295.13
42320			NRC	540.32	382.35
42330			NRC	496.71	357.50
42335			NRC	829.20	557.98
42340			NRC	1032.45	737.43
42400				218.43	117.45
42405				644.74	493.98
42408			NRC	1099.76	774.45
42409			NRC	742.50	484.27
42410				1364.80	1364.80
42415				2315.77	2315.77
42420				2604.23	2604.23
42425				1830.96	1830.96
42426				2970.75	2970.75
42440			NRC	899.70	899.70
42450			NRC	974.15	775.79
42500				934.28	740.24
42505				1201.01	984.61
42507			NRC	1092.22	1092.22
42509			NRC	1816.67	1816.67
42510			NRC	1345.31	1345.31
42550			NRC	309.78	141.71
42600			NRC	1057.82	759.20
42650			NRC	172.41	125.53
42660			NRC	270.06	195.04
42665			NRC	699.28	449.70
42699			BR	0.00	0.00
42700			NRC	404.24	292.43
42720			NRC	987.43	859.76
42725			NRC	1789.95	1789.95
42800				335.45	243.84

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
42804				417.28	246.33
42806				468.17	287.12
42808				487.99	354.55
42809				428.77	268.64
42810			NRC	823.16	616.87
42815			NRC	1194.29	1194.29
42820			NRC	630.39	630.39
42821			NRC	654.53	654.53
42825			NRC	568.08	568.08
42826			NRC	545.98	545.98
42830			NRC	449.11	449.11
42831			NRC	484.99	484.99
42835			NRC	416.85	416.85
42836			NRC	521.38	521.38
42842			NRC	2188.16	2188.16
42844			NRC	3015.24	3015.24
42845			NRC	4884.18	4884.18
42860			NRC	406.09	406.09
42870			NRC	1268.46	1268.46
42890			NRC	3121.13	3121.13
42892			NRC	4103.39	4103.39
42894			NRC	5199.76	5199.76
42900				735.86	735.86
42950			NRC	1741.51	1741.51
42953			NRC	2085.36	2085.36
42955			NRC	1651.47	1651.47
42960				366.42	366.42
42961				907.48	907.48
42962				1125.43	1125.43
42970				894.03	894.03
42971				990.98	990.98
42972				1110.94	1110.94
42999			BR	0.00	0.00
43020				1233.87	1233.87
43030			NRC	1136.95	1136.95
43045				2895.96	2895.96
43100				1368.54	1368.54
43101				2234.34	2234.34
43107			NRC	6664.25	6664.25
43108			NRC	10052.08	10052.08
43112			NRC	7839.02	7839.02
43113			NRC	9805.94	9805.94
43116			NRC	11270.51	11270.51
43117			NRC	7278.36	7278.36
43118			NRC	8174.02	8174.02
43121			NRC	6352.26	6352.26
43122			NRC	5705.59	5705.59
43123			NRC	10050.96	10050.96
43124			NRC	8532.38	8532.38
43130			NRC	1729.64	1729.64
43135			NRC	3281.64	3281.64
43180				1204.30	1204.30
43191				341.24	341.24
43192				373.05	373.05
43193				373.05	373.05
43194				429.35	429.35
43195				406.83	406.83
43196				433.92	433.92
43197				396.83	184.77
43198				437.88	220.05
43200			NRC	479.65	193.29
43201			NRC	485.42	228.63

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
43202				673.68	229.35
43204			NRC	302.93	302.93
43205			NRC	316.05	316.05
43206			NRC	583.26	298.34
43210				964.77	964.77
43211				527.05	527.05
43212				425.96	425.96
43213				2476.51	580.18
43214				430.11	430.11
43215				781.85	317.32
43216				783.64	295.31
43217				825.38	359.41
43220			NRC	2148.64	262.41
43226			NRC	708.85	291.22
43227				1304.78	370.68
43229				1403.02	442.24
43231			NRC	726.73	355.98
43232				883.99	446.15
43233				512.63	512.63
43235				564.50	273.81
43236			NRC	739.85	309.95
43237			NRC	439.01	439.01
43238				522.04	522.04
43239				752.84	309.95
43240			NRC	882.56	882.56
43241			NRC	319.47	319.47
43242				589.65	589.65
43243			NRC	532.34	532.34
43244			NRC	549.71	549.71
43245				1193.19	393.26
43246				449.74	449.74
43247				761.90	396.92
43248			NRC	780.45	372.19
43249			NRC	2183.14	343.79
43250				873.72	381.07
43251				966.43	439.87
43252			NRC	668.53	379.28
43253				590.44	590.44
43254				606.64	606.64
43255				1380.26	449.77
43257			NRC	521.60	521.60
43259			NRC	507.35	507.35
43260				724.96	724.96
43261				761.09	761.09
43262			NRC	802.54	802.54
43263			NRC	803.40	803.40
43264			NRC	817.95	817.95
43265			NRC	974.04	974.04
43266				490.39	490.39
43270				1447.09	503.61
43273			NRC	268.30	268.30
43274				1040.94	1040.94
43275				847.21	847.21
43276				1083.96	1083.96
43277				851.01	851.01
43278				973.25	973.25
43279			NRC	2876.99	2876.99
43280			NRC	2407.39	2407.39
43281			NRC	3446.90	3446.90
43282			NRC	3877.33	3877.33
43283			NRC	355.84	355.84
43284			NRC	1429.68	1429.68

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
43285			NRC	1452.28	1452.28
43286			NRC	6995.88	6995.88
43287			NRC	8012.63	8012.63
43288			NRC	8343.56	8343.56
43289			BR	0.00	0.00
43300			NRC	1343.10	1343.10
43305				2393.67	2393.67
43310				3309.82	3309.82
43312			NRC	3566.03	3566.03
43313			NRC	6117.79	6117.79
43314			NRC	6364.33	6364.33
43320			NRC	3108.96	3108.96
43325			NRC	3024.08	3024.08
43327			NRC	1822.73	1822.73
43328			NRC	2513.52	2513.52
43330			NRC	2973.04	2973.04
43331			NRC	2981.30	2981.30
43332			NRC	2583.68	2583.68
43333			NRC	2813.49	2813.49
43334			NRC	2792.08	2792.08
43335			NRC	2989.48	2989.48
43336			NRC	3371.80	3371.80
43337			NRC	3439.98	3439.98
43338			NRC	261.04	261.04
43340			NRC	3063.28	3063.28
43341			NRC	3126.45	3126.45
43351			NRC	2895.09	2895.09
43352			NRC	2372.90	2372.90
43360			NRC	5031.99	5031.99
43361			NRC	6024.66	6024.66
43400			NRC	3401.28	3401.28
43405			NRC	3229.56	3229.56
43410				2246.74	2246.74
43415				5751.01	5751.01
43420			NRC	2231.75	2231.75
43425			NRC	3206.83	3206.83
43450			NRC	348.55	176.16
43453			NRC	1846.26	190.85
43460			NRC	476.72	476.72
43496			NRC	4937.65	4937.65
43499			BR	0.00	0.00
43500			NRC	1743.98	1743.98
43501			NRC	2999.89	2999.89
43502			NRC	3382.41	3382.41
43510			NRC	2104.97	2104.97
43520			NRC	1530.38	1530.38
43605				1866.75	1866.75
43610				2189.65	2189.65
43611				2731.85	2731.85
43620			NRC	4388.40	4388.40
43621			NRC	5082.88	5082.88
43622			NRC	5159.76	5159.76
43631			NRC	3235.83	3235.83
43632			NRC	4548.46	4548.46
43633			NRC	4296.00	4296.00
43634			NRC	4733.03	4733.03
43635			NRC	251.92	251.92
43640			NRC	2625.71	2625.71
43641			NRC	2659.18	2659.18
43644			NRC	3863.37	3863.37
43645			NRC	4135.99	4135.99
43647			NRC	653.96	653.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
43648			NRC	653.96	653.96
43651			NRC	1444.24	1444.24
43652			NRC	1700.21	1700.21
43653			NRC	1268.03	1268.03
43659			BR	0.00	0.00
43752				90.24	90.24
43753				48.80	48.80
43754			NRC	336.60	78.37
43755			NRC	326.51	132.48
43756			NRC	476.01	112.47
43757			NRC	664.29	170.19
43761				262.26	229.80
43762			NRC	460.81	84.28
43763			NRC	686.46	184.43
43770			NRC	2497.32	2497.32
43771			NRC	2820.67	2820.67
43772			NRC	2106.36	2106.36
43773			NRC	2825.28	2825.28
43774			NRC	2135.20	2135.20
43775			NRC	2500.10	2500.10
43800			NRC	2072.62	2072.62
43810			NRC	2258.86	2258.86
43820			NRC	2994.87	2994.87
43825			NRC	2909.84	2909.84
43830			NRC	1552.48	1552.48
43831			NRC	1321.23	1321.23
43832				2310.60	2310.60
43840				3030.94	3030.94
43842			NRC	2652.25	2652.25
43843			NRC	2809.77	2809.77
43845			NRC	4344.95	4344.95
43846			NRC	3613.31	3613.31
43847			NRC	4004.39	4004.39
43848			NRC	4299.63	4299.63
43850			NRC	3613.33	3613.33
43855			NRC	3584.96	3584.96
43860			NRC	3647.43	3647.43
43865			NRC	3801.32	3801.32
43870			NRC	1578.45	1578.45
43880			NRC	3551.53	3551.53
43881			NRC	1314.53	1314.53
43882			NRC	1314.53	1314.53
43886			NRC	793.77	793.77
43887			NRC	716.11	716.11
43888			NRC	1013.22	1013.22
43999			BR	0.00	0.00
44005			NRC	2440.97	2440.97
44010				1911.64	1911.64
44015			NRC	319.30	319.30
44020				2169.77	2169.77
44021				2173.41	2173.41
44025				2192.10	2192.10
44050			NRC	2082.44	2082.44
44055			NRC	3338.88	3338.88
44100				241.55	241.55
44110				1889.16	1889.16
44111				2188.20	2188.20
44120			NRC	2728.16	2728.16
44121			NRC	543.78	543.78
44125			NRC	2628.32	2628.32
44126			NRC	5488.22	5488.22
44127			NRC	6391.31	6391.31

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
44128			NRC	548.60	548.60
44130			NRC	2928.67	2928.67
44132			NRC	0.00	0.00
44133			NRC	0.00	0.00
44135			NRC	0.00	0.00
44136			NRC	0.00	0.00
44137			NRC	0.00	0.00
44139			NRC	271.13	271.13
44140			NRC	2990.27	2990.27
44141			NRC	4059.39	4059.39
44143			NRC	3706.75	3706.75
44144			NRC	3945.08	3945.08
44145			NRC	3694.58	3694.58
44146			NRC	4708.08	4708.08
44147			NRC	4336.19	4336.19
44150			NRC	4144.09	4144.09
44151			NRC	4806.01	4806.01
44155			NRC	4611.18	4611.18
44156			NRC	5101.69	5101.69
44157			NRC	4880.08	4880.08
44158			NRC	5010.80	5010.80
44160			NRC	2766.02	2766.02
44180			NRC	2047.59	2047.59
44186			NRC	1445.05	1445.05
44187			NRC	2436.54	2436.54
44188			NRC	2712.69	2712.69
44202			NRC	3083.54	3083.54
44203			NRC	537.67	537.67
44204			NRC	3429.03	3429.03
44205			NRC	2978.59	2978.59
44206			NRC	3894.57	3894.57
44207			NRC	4051.95	4051.95
44208			NRC	4408.00	4408.00
44210			NRC	3949.97	3949.97
44211			NRC	4827.39	4827.39
44212			NRC	4535.13	4535.13
44213			NRC	420.81	420.81
44227			NRC	3711.54	3711.54
44238			BR	0.00	0.00
44300				1875.02	1875.02
44310				2321.84	2321.84
44312			NRC	1309.77	1309.77
44314			NRC	2231.22	2231.22
44316			NRC	3156.69	3156.69
44320			NRC	2674.36	2674.36
44322			NRC	2198.41	2198.41
44340			NRC	1375.89	1375.89
44345			NRC	2333.30	2333.30
44346			NRC	2629.03	2629.03
44360				321.42	321.42
44361				355.99	355.99
44363				430.69	430.69
44364				458.95	458.95
44365				407.46	407.46
44366			NRC	538.17	538.17
44369				551.22	551.22
44370			NRC	597.74	597.74
44372				538.59	538.59
44373				430.83	430.83
44376				639.11	639.11
44377				672.89	672.89
44378			NRC	865.56	865.56

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
44379			NRC	919.48	919.48
44380				364.93	124.74
44381			NRC	1963.64	186.33
44382				571.37	163.11
44384			NRC	343.32	343.32
44385				412.95	159.77
44386				614.26	198.79
44388				628.08	349.65
44389				821.91	384.79
44390				818.30	472.79
44391			NRC	1423.35	515.22
44392				766.27	446.73
44394				880.75	506.39
44401				6252.57	544.11
44402			NRC	587.36	587.36
44403			NRC	682.07	682.07
44404			NRC	801.64	385.44
44405			NRC	1147.08	411.34
44406			NRC	515.88	515.88
44407				619.63	619.63
44408			NRC	520.47	520.47
44500			NRC	43.15	43.15
44602				3154.86	3154.86
44603				3618.14	3618.14
44604				2361.89	2361.89
44605				2902.71	2902.71
44615			NRC	2392.62	2392.62
44620			NRC	1928.77	1928.77
44625			NRC	2259.59	2259.59
44626			NRC	3573.36	3573.36
44640			NRC	3126.68	3126.68
44650			NRC	3220.75	3220.75
44660			NRC	2976.24	2976.24
44661			NRC	3461.44	3461.44
44680			NRC	2387.03	2387.03
44700			NRC	2238.24	2238.24
44701			NRC	381.69	381.69
44705			NRC	245.01	166.39
44715			NRC	0.00	0.00
44720			NRC	617.35	617.35
44721			NRC	863.11	863.11
44799			BR	0.00	0.00
44800			NRC	1701.12	1701.12
44820				1861.65	1861.65
44850			NRC	1663.21	1663.21
44899			NRC	0.00	0.00
44900			NRC	1718.67	1718.67
44950			NRC	1429.32	1429.32
44955			NRC	189.06	189.06
44960			NRC	1951.33	1951.33
44970			NRC	1333.59	1333.59
44979			NRC	0.00	0.00
45000			NRC	934.07	934.07
45005			NRC	603.24	352.23
45020			NRC	1264.35	1264.35
45100				654.85	654.85
45108				813.81	813.81
45110			NRC	4088.56	4088.56
45111			NRC	2413.68	2413.68
45112			NRC	4153.16	4153.16
45113			NRC	4194.48	4194.48
45114			NRC	4046.17	4046.17

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
45116			NRC	3463.23	3463.23
45119			NRC	4293.57	4293.57
45120			NRC	3535.99	3535.99
45121			NRC	3838.97	3838.97
45123			NRC	2490.21	2490.21
45126				6189.46	6189.46
45130			NRC	2412.76	2412.76
45135			NRC	2886.97	2886.97
45136			NRC	4088.20	4088.20
45150			NRC	914.83	914.83
45160				2276.39	2276.39
45171				1321.26	1321.26
45172				1790.02	1790.02
45190				1534.03	1534.03
45300				256.42	107.83
45303			NRC	1910.67	188.90
45305				324.90	161.16
45307				375.07	213.49
45308				366.31	185.98
45309				380.08	198.31
45315				418.66	235.45
45317			NRC	412.71	248.26
45320				408.36	233.09
45321			NRC	229.21	229.21
45327			NRC	259.32	259.32
45330				358.32	123.89
45331				556.68	158.51
45332				544.18	234.01
45333				637.16	208.70
45334			NRC	1123.58	263.06
45335			NRC	523.57	147.04
45337			NRC	258.94	258.94
45338				584.44	267.78
45340			NRC	919.70	172.42
45341			NRC	276.10	276.10
45342				379.79	379.79
45346				5963.15	359.99
45347			NRC	346.28	346.28
45349			NRC	444.46	444.46
45350			NRC	1195.58	224.70
45378				686.63	414.70
45379				887.50	536.95
45380				876.92	449.91
45381			NRC	857.45	449.91
45382			NRC	1493.79	581.33
45384				977.95	512.70
45385				927.04	571.44
45386			NRC	1254.37	475.36
45388				6302.61	607.85
45389			NRC	651.52	651.52
45390			NRC	747.32	747.32
45391			NRC	578.97	578.97
45392				683.44	683.44
45393			NRC	569.68	569.68
45395			NRC	4377.91	4377.91
45397			NRC	4764.24	4764.24
45398			NRC	1537.44	528.32
45399			NRC	0.00	0.00
45400			NRC	2527.55	2527.55
45402			NRC	3367.05	3367.05
45499			BR	0.00	0.00
45500			NRC	1229.05	1229.05

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
45505			NRC	1302.94	1302.94
45520			NRC	322.24	87.82
45540			NRC	2348.32	2348.32
45541			NRC	2088.65	2088.65
45550			NRC	3252.70	3252.70
45560			NRC	1511.22	1511.22
45562			NRC	2482.90	2482.90
45563			NRC	3657.62	3657.62
45800			NRC	2797.34	2797.34
45805			NRC	3261.33	3261.33
45820			NRC	2813.78	2813.78
45825			NRC	3403.81	3403.81
45900			NRC	443.92	443.92
45905			NRC	369.53	369.53
45910			NRC	420.75	420.75
45915				724.03	499.70
45990			NRC	236.92	236.92
45999			BR	0.00	0.00
46020			NRC	600.51	513.23
46030			NRC	301.16	196.57
46040				1160.85	911.27
46045				954.97	954.97
46050				441.03	213.10
46060			NRC	1048.33	1048.33
46070			NRC	565.28	565.28
46080			NRC	554.48	351.07
46083			NRC	389.10	233.29
46200			NRC	965.71	709.65
46220			NRC	461.31	260.79
46221			NRC	578.36	415.34
46230			NRC	605.34	380.29
46250			NRC	1002.87	691.98
46255			NRC	1100.22	779.23
46257			NRC	928.38	928.38
46258			NRC	1030.68	1030.68
46260			NRC	1047.83	1047.83
46261			NRC	1147.89	1147.89
46262			NRC	1216.09	1216.09
46270			NRC	1107.31	859.18
46275			NRC	1169.65	907.09
46280			NRC	1034.27	1034.27
46285			NRC	1164.46	906.95
46288			NRC	1204.27	1204.27
46320			NRC	404.46	245.05
46500			NRC	606.94	382.61
46505			NRC	626.93	524.51
46600				200.41	89.33
46601				298.05	206.45
46604			NRC	1327.83	144.88
46606				506.20	165.74
46607				419.45	278.79
46608				534.38	185.98
46610				507.07	177.43
46611			NRC	401.61	178.01
46612				616.74	209.92
46614			NRC	294.07	142.59
46615				324.43	201.81
46700			NRC	1444.80	1444.80
46705			NRC	1223.00	1223.00
46706			NRC	387.88	387.88
46707			NRC	1075.85	1075.85
46710			NRC	2457.48	2457.48

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
46712			NRC	4969.08	4969.08
46715			NRC	1200.00	1200.00
46716			NRC	2677.18	2677.18
46730			NRC	4366.69	4366.69
46735			NRC	5045.91	5045.91
46740			NRC	4775.75	4775.75
46742			NRC	5539.66	5539.66
46744			NRC	7779.46	7779.46
46746			NRC	8694.70	8694.70
46748			NRC	9441.26	9441.26
46750			NRC	1649.33	1649.33
46751			NRC	1447.58	1447.58
46753			NRC	1354.04	1354.04
46754			NRC	673.97	509.51
46760			NRC	2410.03	2410.03
46761			NRC	2021.41	2021.41
46900				501.95	297.09
46910				547.67	293.04
46916				506.93	312.89
46917				899.39	283.39
46922				592.08	297.79
46924				1110.43	397.06
46930			NRC	446.33	320.83
46940			NRC	507.61	320.79
46942			NRC	483.14	288.39
46945			NRC	672.22	489.00
46946			NRC	681.73	489.14
46947			NRC	844.54	844.54
46948			NRC	TBD	TBD
46999			BR	0.00	0.00
47000				640.80	197.91
47001				233.29	233.29
47010				2694.73	2694.73
47015			NRC	2589.25	2589.25
47100				1872.34	1872.34
47120			NRC	5208.77	5208.77
47122			NRC	7675.04	7675.04
47125			NRC	6892.83	6892.83
47130			NRC	7407.17	7407.17
47133			NRC	0.00	0.00
47135			NRC	12013.43	12013.43
47140			NRC	7965.72	7965.72
47141			NRC	9540.02	9540.02
47142			NRC	10501.59	10501.59
47143			NRC	735.81	735.81
47144			NRC	735.81	735.81
47145			NRC	735.81	735.81
47146			NRC	728.65	728.65
47147			NRC	858.36	858.36
47300				2513.55	2513.55
47350			NRC	3046.09	3046.09
47360			NRC	4186.25	4186.25
47361			NRC	6774.10	6774.10
47362			NRC	3231.31	3231.31
47370				2787.77	2787.77
47371				2722.12	2722.12
47379			BR	0.00	0.00
47380				3216.25	3216.25
47381				3263.85	3263.85
47382				9532.12	1660.44
47383				14214.56	1019.60
47399			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
47400			NRC	4815.43	4815.43
47420			NRC	2985.52	2985.52
47425			NRC	3047.44	3047.44
47460			NRC	2815.34	2815.34
47480			NRC	1941.47	1941.47
47490			NRC	723.56	723.56
47531				722.70	157.91
47532				1706.12	476.29
47533				2580.35	596.74
47534				3015.90	833.93
47535				2080.34	442.97
47536				1431.68	295.62
47537				843.35	214.37
47538				8819.50	530.18
47539				9806.73	959.12
47540				9975.32	989.94
47541				2487.05	743.64
47542				1024.40	304.53
47543				986.57	324.41
47544				2135.56	356.09
47550			NRC	370.86	370.86
47552			NRC	693.35	693.35
47553			NRC	688.10	688.10
47554			NRC	1154.77	1154.77
47555			NRC	736.15	736.15
47556			NRC	834.19	834.19
47562			NRC	1460.93	1460.93
47563			NRC	1590.51	1590.51
47564			NRC	2474.61	2474.61
47570			NRC	1726.00	1726.00
47579			NRC	0.00	0.00
47600			NRC	2376.34	2376.34
47605			NRC	2502.38	2502.38
47610			NRC	2795.70	2795.70
47612			NRC	2818.79	2818.79
47620			NRC	3041.08	3041.08
47700			NRC	2344.14	2344.14
47701			NRC	3804.55	3804.55
47711				3466.19	3466.19
47712				4450.27	4450.27
47715			NRC	2949.75	2949.75
47720			NRC	2561.26	2561.26
47721			NRC	3018.83	3018.83
47740			NRC	2895.30	2895.30
47741			NRC	3282.85	3282.85
47760			NRC	5035.40	5035.40
47765			NRC	6771.26	6771.26
47780			NRC	5531.66	5531.66
47785			NRC	7271.44	7271.44
47800			NRC	3497.62	3497.62
47801			NRC	2476.47	2476.47
47802			NRC	3403.73	3403.73
47900			NRC	3050.41	3050.41
47999			BR	0.00	0.00
48000			NRC	4206.68	4206.68
48001			NRC	5131.66	5131.66
48020			NRC	2622.78	2622.78
48100				1981.02	1981.02
48102				1131.43	534.90
48105			NRC	6343.90	6343.90
48120				2463.58	2463.58
48140			NRC	3493.46	3493.46

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
48145			NRC	3638.65	3638.65
48146			NRC	4181.98	4181.98
48148			NRC	2776.33	2776.33
48150			NRC	6968.26	6968.26
48152			NRC	6449.19	6449.19
48153			NRC	6936.46	6936.46
48154			NRC	6488.86	6488.86
48155			NRC	4039.60	4039.60
48160			NRC	0.00	0.00
48400			NRC	237.08	237.08
48500			NRC	2559.71	2559.71
48510			NRC	2433.66	2433.66
48520			NRC	2425.06	2425.06
48540			NRC	2909.50	2909.50
48545			NRC	2987.82	2987.82
48547			NRC	3991.45	3991.45
48548			NRC	3707.18	3707.18
48550			NRC	0.00	0.00
48551			NRC	457.63	457.63
48552			NRC	530.81	530.81
48554			NRC	5638.41	5638.41
48556			NRC	2824.97	2824.97
48999			NRC	0.00	0.00
49000				1711.50	1711.50
49002				2331.32	2331.32
49010				2069.13	2069.13
49013			BR	TBD	TBD
49014			BR	TBD	TBD
49020			NRC	3542.86	3542.86
49040			NRC	2217.71	2217.71
49060			NRC	2445.81	2445.81
49062			NRC	1641.15	1641.15
49082				418.19	162.12
49083				623.09	238.63
49084				241.74	241.74
49180				352.07	189.78
49185				2201.00	267.88
49203				2664.21	2664.21
49204				3411.03	3411.03
49205				3925.18	3925.18
49215				4938.82	4938.82
49220				2164.42	2164.42
49250			NRC	1304.43	1304.43
49255			NRC	1754.87	1754.87
49320				721.09	721.09
49321				762.63	762.63
49322			NRC	819.35	819.35
49323			NRC	1400.50	1400.50
49324			NRC	858.82	858.82
49325			NRC	917.09	917.09
49326			NRC	423.02	423.02
49327				291.28	291.28
49329			BR	0.00	0.00
49400			NRC	297.20	207.04
49402				1905.51	1905.51
49405				1754.64	441.13
49406				1753.92	441.13
49407				1432.03	467.63
49411				1017.26	410.63
49412				186.19	186.19
49418				2633.93	453.41
49419			NRC	977.38	977.38

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
49421			NRC	512.94	512.94
49422			NRC	498.24	498.24
49423			NRC	1174.63	159.74
49424			NRC	319.22	84.79
49425			NRC	1598.81	1598.81
49426				1371.60	1371.60
49427				101.85	101.85
49428				958.70	958.70
49429				1019.52	1019.52
49435			NRC	267.14	267.14
49436			NRC	408.74	408.74
49440				1975.04	458.12
49441				2242.70	538.24
49442				1865.39	462.44
49446				1893.65	332.01
49450				1365.85	148.27
49451				1488.34	202.24
49452				1835.22	309.65
49460				1481.32	107.22
49465				327.54	68.59
49491			NRC	1764.75	1764.75
49492			NRC	2131.29	2131.29
49495			NRC	906.34	906.34
49496			NRC	1360.50	1360.50
49500			NRC	890.30	890.30
49501			NRC	1342.73	1342.73
49505				1151.93	1151.93
49507				1298.23	1298.23
49520				1402.28	1402.28
49521				1591.94	1591.94
49525				1270.94	1270.94
49540				1495.22	1495.22
49550				1276.52	1276.52
49553				1401.76	1401.76
49555				1326.64	1326.64
49557				1607.49	1607.49
49560				1639.23	1639.23
49561				2068.55	2068.55
49565				1706.27	1706.27
49566				2086.98	2086.98
49568				600.21	600.21
49570				919.88	919.88
49572				1142.69	1142.69
49580			NRC	710.73	710.73
49582			NRC	1018.70	1018.70
49585				981.94	981.94
49587				1050.24	1050.24
49590				1268.58	1268.58
49600				1610.39	1610.39
49605				10988.77	10988.77
49606				2529.80	2529.80
49610				1531.54	1531.54
49611				1346.20	1346.20
49650				946.99	946.99
49651				1233.27	1233.27
49652				1651.63	1651.63
49653				2062.96	2062.96
49654				1878.62	1878.62
49655				2294.73	2294.73
49656				2038.62	2038.62
49657				2938.44	2938.44
49659			BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
49900				1805.72	1805.72
49904				3132.88	3132.88
49905				791.66	791.66
49906			NRC	0.00	0.00
49999			BR	0.00	0.00
50010				1624.09	1624.09
50020			NRC	2245.33	2245.33
50040			NRC	2054.82	2054.82
50045			NRC	2068.07	2068.07
50060			NRC	2533.17	2533.17
50065			NRC	2685.90	2685.90
50070			NRC	2634.23	2634.23
50075			NRC	3236.10	3236.10
50080			NRC	1928.91	1928.91
50081			NRC	2837.46	2837.46
50100			NRC	2331.35	2331.35
50120			NRC	2106.17	2106.17
50125			NRC	2180.67	2180.67
50130			NRC	2291.69	2291.69
50135			NRC	2492.31	2492.31
50200				1119.30	284.74
50205				1675.99	1675.99
50220			NRC	2326.84	2326.84
50225			NRC	2677.14	2677.14
50230			NRC	2852.04	2852.04
50234			NRC	2896.54	2896.54
50236			NRC	3255.88	3255.88
50240			NRC	2943.47	2943.47
50250				2699.54	2699.54
50280				2122.26	2122.26
50290				1992.45	1992.45
50300			NRC	0.00	0.00
50320			NRC	3317.64	3317.64
50323			NRC	426.31	426.31
50325			NRC	426.31	426.31
50327			NRC	485.98	485.98
50328			NRC	425.69	425.69
50329			NRC	404.76	404.76
50340			NRC	2096.78	2096.78
50360			NRC	5377.80	5377.80
50365			NRC	6361.33	6361.33
50370			NRC	2668.62	2668.62
50380			NRC	4418.24	4418.24
50382			NRC	2298.84	575.63
50384			NRC	1840.15	515.82
50385			NRC	2249.74	487.57
50386			NRC	1487.11	361.14
50387			NRC	1069.91	187.74
50389			NRC	692.40	120.40
50390				214.50	214.50
50391			NRC	268.01	218.96
50396			NRC	258.69	258.69
50400			NRC	2576.41	2576.41
50405			NRC	3100.36	3100.36
50430				1068.87	342.51
50431				442.83	144.92
50432				1725.06	459.88
50433				2290.12	572.67
50434				1805.52	430.70
50435				1068.27	222.17
50436			NRC	335.23	335.23
50437			NRC	560.62	560.62

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
50500				2866.06	2866.06
50520			NRC	2578.64	2578.64
50525			NRC	3275.89	3275.89
50526			NRC	3513.05	3513.05
50540			NRC	2540.67	2540.67
50541			NRC	2041.13	2041.13
50542				2591.08	2591.08
50543			NRC	3306.69	3306.69
50544			NRC	2769.32	2769.32
50545			NRC	2979.80	2979.80
50546			NRC	2674.97	2674.97
50547			NRC	3563.35	3563.35
50548			NRC	2997.76	2997.76
50549			NRC	0.00	0.00
50551			NRC	793.19	656.86
50553			NRC	847.15	699.28
50555				906.63	760.21
50557				922.44	770.24
50561			NRC	1044.80	878.18
50562				1292.07	1292.07
50570			NRC	1095.91	1095.91
50572			NRC	1186.15	1186.15
50574				1261.77	1261.77
50575			NRC	1593.48	1593.48
50576				1258.69	1258.69
50580			NRC	1355.09	1355.09
50590			NRC	1586.02	1257.82
50592				6710.91	762.97
50593				9115.12	1025.61
50600			NRC	2084.27	2084.27
50605			NRC	2200.46	2200.46
50606				1378.64	342.11
50610			NRC	2092.24	2092.24
50620			NRC	2002.08	2002.08
50630			NRC	1981.37	1981.37
50650			NRC	2303.99	2303.99
50660			NRC	2536.95	2536.95
50684			NRC	229.12	110.11
50686			NRC	298.84	194.97
50688			NRC	170.89	170.89
50690			NRC	215.35	154.04
50693				2101.33	456.74
50694				2323.95	597.85
50695				2840.68	766.19
50700			NRC	2052.59	2052.59
50705				4127.37	439.30
50706				2004.28	410.18
50715			NRC	2704.10	2704.10
50722			NRC	2229.89	2229.89
50725			NRC	2448.37	2448.37
50727			NRC	1122.17	1122.17
50728			NRC	1624.16	1624.16
50740			NRC	2723.89	2723.89
50750			NRC	2563.27	2563.27
50760			NRC	2505.75	2505.75
50770			NRC	2560.11	2560.11
50780			NRC	2454.66	2454.66
50782			NRC	2384.22	2384.22
50783			NRC	2504.64	2504.64
50785			NRC	2698.17	2698.17
50800			NRC	2058.43	2058.43
50810			NRC	3111.91	3111.91

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
50815			NRC	2713.50	2713.50
50820			NRC	2919.89	2919.89
50825			NRC	3693.64	3693.64
50830			NRC	4007.87	4007.87
50840			NRC	2728.12	2728.12
50845			NRC	2771.93	2771.93
50860			NRC	2095.73	2095.73
50900				1865.94	1865.94
50920			NRC	1945.19	1945.19
50930			NRC	2447.59	2447.59
50940			NRC	1964.63	1964.63
50945			NRC	2157.57	2157.57
50947			NRC	3086.96	3086.96
50948			NRC	2832.34	2832.34
50949			BR	0.00	0.00
50951			NRC	828.79	683.81
50953			NRC	877.12	727.81
50955				936.34	784.86
50957				944.61	789.52
50961			NRC	851.15	705.45
50970			NRC	825.13	825.13
50972			NRC	798.18	798.18
50974				1054.27	1054.27
50976				1040.37	1040.37
50980			NRC	793.52	793.52
51020			NRC	1030.51	1030.51
51030			NRC	1038.58	1038.58
51040			NRC	635.72	635.72
51045			NRC	1083.28	1083.28
51050			NRC	1043.44	1043.44
51060			NRC	1285.82	1285.82
51065			NRC	1281.49	1281.49
51080			NRC	900.73	900.73
51100			NRC	138.44	87.22
51101			NRC	280.87	115.69
51102			NRC	495.63	321.07
51500			NRC	1407.66	1407.66
51520				1315.14	1315.14
51525				1904.46	1904.46
51530				1704.67	1704.67
51535				1727.11	1727.11
51550			NRC	2140.39	2140.39
51555			NRC	2817.56	2817.56
51565			NRC	2882.51	2882.51
51570			NRC	3276.21	3276.21
51575			NRC	4055.03	4055.03
51580			NRC	4207.85	4207.85
51585			NRC	4692.38	4692.38
51590			NRC	4303.10	4303.10
51595			NRC	4871.33	4871.33
51596			NRC	5240.69	5240.69
51597				5101.06	5101.06
51600			NRC	408.14	99.42
51605			NRC	84.73	84.73
51610			NRC	239.09	140.99
51700			NRC	157.25	67.09
51701				95.22	56.27
51702				130.56	56.27
51703				283.36	171.56
51705				199.16	114.76
51710				276.02	175.75
51715			NRC	681.49	442.74

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
51720				179.42	97.91
51725				421.25	421.25
51725	26			168.73	168.73
51725	TC			252.53	252.53
51726				584.99	584.99
51726	26			189.58	189.58
51726	TC			395.42	395.42
51727				692.47	692.47
51727	26			235.74	235.74
51727	TC			456.73	456.73
51728				703.94	703.94
51728	26			232.07	232.07
51728	TC			471.88	471.88
51729				754.44	754.44
51729	26			279.68	279.68
51729	TC			474.76	474.76
51736			NRC	30.10	30.10
51736	26		NRC	18.49	18.49
51736	TC		NRC	11.61	11.61
51741			NRC	30.82	30.82
51741	26		NRC	18.49	18.49
51741	TC		NRC	12.33	12.33
51784			NRC	144.59	144.59
51784	26		NRC	83.21	83.21
51784	TC		NRC	61.38	61.38
51785			NRC	674.75	674.75
51785	26		NRC	205.04	205.04
51785	TC		NRC	469.71	469.71
51792			NRC	481.85	481.85
51792	26		NRC	122.49	122.49
51792	TC		NRC	359.35	359.35
51797			NRC	290.63	290.63
51797	26		NRC	89.38	89.38
51797	TC		NRC	201.25	201.25
51798			NRC	26.04	26.04
51800			NRC	2331.39	2331.39
51820			NRC	2405.68	2405.68
51840			NRC	1475.64	1475.64
51841			NRC	1720.42	1720.42
51845			NRC	1287.99	1287.99
51860			NRC	1649.57	1649.57
51865			NRC	1989.22	1989.22
51880			NRC	1032.80	1032.80
51900				1824.69	1824.69
51920			NRC	1690.45	1690.45
51925			NRC	2258.67	2258.67
51940			NRC	3651.38	3651.38
51960			NRC	3074.07	3074.07
51980			NRC	1578.90	1578.90
51990			NRC	1658.15	1658.15
51992			NRC	1841.86	1841.86
51999			BR	0.00	0.00
52000				399.95	179.95
52001			NRC	856.20	639.08
52005				598.00	294.33
52007				972.76	368.30
52010			NRC	814.00	366.79
52204				798.59	313.14
52214			NRC	1468.17	393.42
52224				1537.03	454.34
52234				547.27	547.27
52235				641.24	641.24

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
52240				872.61	872.61
52250				531.85	531.85
52260			NRC	466.34	466.34
52265			NRC	788.23	358.33
52270			NRC	811.52	404.70
52275			NRC	1077.17	552.77
52276			NRC	588.19	588.19
52277			NRC	719.35	719.35
52281				635.38	337.48
52282			NRC	750.91	750.91
52283			NRC	653.36	447.78
52285			NRC	651.00	434.60
52287				719.45	376.11
52290			NRC	543.33	543.33
52300			NRC	622.16	622.16
52301			NRC	644.52	644.52
52305			NRC	619.99	619.99
52310				574.53	336.50
52315				948.26	610.69
52317			NRC	1788.01	773.85
52318			NRC	1055.91	1055.91
52320			NRC	548.45	548.45
52325			NRC	713.52	713.52
52327			NRC	585.31	585.31
52330			NRC	1151.80	587.01
52332			NRC	996.56	345.22
52334			NRC	406.93	406.93
52341			NRC	631.21	631.21
52342			NRC	686.76	686.76
52343			NRC	766.17	766.17
52344			NRC	822.51	822.51
52345			NRC	877.99	877.99
52346			NRC	994.53	994.53
52351			NRC	673.05	673.05
52352			NRC	789.33	789.33
52353			NRC	872.61	872.61
52354				929.74	929.74
52355				1041.62	1041.62
52356				927.57	927.57
52400			NRC	1060.96	1060.96
52402			NRC	596.00	596.00
52441			NRC	2641.76	505.23
52442			NRC	1965.65	134.96
52450			NRC	1036.94	1036.94
52500			NRC	1078.59	1078.59
52601			NRC	1617.20	1617.20
52630			NRC	883.75	883.75
52640			NRC	694.22	694.22
52647			NRC	3421.38	1434.17
52648			NRC	3532.14	1529.06
52649			NRC	1825.81	1825.81
52700			NRC	975.04	975.04
53000			NRC	325.73	325.73
53010			NRC	646.28	646.28
53020			NRC	214.91	214.91
53025			NRC	150.38	150.38
53040			NRC	866.44	866.44
53060			NRC	397.61	357.94
53080			NRC	926.83	926.83
53085			NRC	1436.20	1436.20
53200				347.32	316.31
53210			NRC	1705.60	1705.60

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
53215			NRC	2059.68	2059.68
53220				997.59	997.59
53230				1339.28	1339.28
53235				1399.27	1399.27
53240			NRC	937.39	937.39
53250			NRC	872.73	872.73
53260				442.80	397.36
53265				481.94	411.25
53270			NRC	454.27	406.66
53275			NRC	580.12	580.12
53400			NRC	1771.38	1771.38
53405			NRC	1936.97	1936.97
53410			NRC	2170.17	2170.17
53415			NRC	2509.76	2509.76
53420			NRC	1866.28	1866.28
53425			NRC	2079.22	2079.22
53430			NRC	2143.92	2143.92
53431			NRC	2562.08	2562.08
53440			NRC	1668.42	1668.42
53442			NRC	1731.37	1731.37
53444			NRC	1757.27	1757.27
53445			NRC	1665.72	1665.72
53446			NRC	1419.87	1419.87
53447			NRC	1789.81	1789.81
53448			NRC	2838.10	2838.10
53449			NRC	1352.97	1352.97
53450			NRC	901.98	901.98
53460			NRC	1011.50	1011.50
53500			NRC	1648.89	1648.89
53502				1074.39	1074.39
53505				1073.67	1073.67
53510				1396.98	1396.98
53515				1764.17	1764.17
53520			NRC	1231.92	1231.92
53600			NRC	181.19	141.52
53601			NRC	172.34	118.96
53605			NRC	144.21	144.21
53620			NRC	285.20	193.59
53621			NRC	266.64	160.61
53660			NRC	148.73	91.75
53661			NRC	146.63	89.65
53665			NRC	86.37	86.37
53850				3314.95	768.00
53852				3214.82	826.56
53854				3797.92	829.00
53855			NRC	1582.97	184.35
53860			NRC	3831.65	496.31
53899			BR	0.00	0.00
54000			NRC	329.00	238.12
54001			NRC	408.75	306.32
54015				682.63	682.63
54050				283.70	229.60
54055				261.01	203.30
54056				300.36	239.05
54057				295.82	208.54
54060				396.09	285.73
54065				473.56	376.90
54100				420.96	273.09
54105				579.92	470.28
54110				1381.50	1381.50
54111				1771.76	1771.76
54112				2081.51	2081.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
54115				994.90	936.48
54120				1399.68	1399.68
54125				1806.47	1806.47
54130			NRC	2650.75	2650.75
54135			NRC	3361.97	3361.97
54150			NRC	332.82	218.13
54160			NRC	474.26	319.17
54161			NRC	435.45	435.45
54162				559.52	440.50
54163			NRC	479.45	479.45
54164			NRC	424.63	424.63
54200				233.85	182.64
54205				1176.24	1176.24
54220				448.57	297.09
54230			NRC	213.20	175.69
54231			NRC	309.21	257.27
54235			NRC	193.33	160.87
54240			NRC	224.03	224.03
54240	26		NRC	148.94	148.94
54240	TC		NRC	75.09	75.09
54250			NRC	268.27	268.27
54250	26		NRC	243.67	243.67
54250	TC		NRC	24.59	24.59
54300			NRC	1427.02	1427.02
54304			NRC	1659.75	1659.75
54308			NRC	1584.34	1584.34
54312			NRC	1813.88	1813.88
54316			NRC	2214.12	2214.12
54318			NRC	1573.58	1573.58
54322			NRC	1732.10	1732.10
54324			NRC	2149.78	2149.78
54326			NRC	2096.92	2096.92
54328			NRC	2083.02	2083.02
54332			NRC	2250.38	2250.38
54336			NRC	2641.17	2641.17
54340			NRC	1259.52	1259.52
54344			NRC	2101.51	2101.51
54348			NRC	2250.06	2250.06
54352			NRC	3148.84	3148.84
54360			NRC	1596.27	1596.27
54380			NRC	1771.77	1771.77
54385			NRC	2059.67	2059.67
54390			NRC	2757.78	2757.78
54400			NRC	1173.35	1173.35
54401			NRC	1445.24	1445.24
54405			NRC	1793.74	1793.74
54406			NRC	1618.05	1618.05
54408			NRC	1751.12	1751.12
54410			NRC	1906.01	1906.01
54411			NRC	2275.94	2275.94
54415			NRC	1168.44	1168.44
54416			NRC	1572.40	1572.40
54417			NRC	1990.41	1990.41
54420			NRC	1558.83	1558.83
54430			NRC	1417.31	1417.31
54435			NRC	917.39	917.39
54437				1488.85	1488.85
54438				2972.49	2972.49
54440			BR	0.00	0.00
54450			NRC	151.75	128.67
54500				164.60	164.60
54505				463.39	463.39

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
54512				1194.43	1194.43
54520			NRC	720.81	720.81
54522			NRC	1304.51	1304.51
54530				1117.16	1117.16
54535				1645.97	1645.97
54550			NRC	1087.77	1087.77
54560			NRC	1521.45	1521.45
54600			NRC	1000.54	1000.54
54620			NRC	662.62	662.62
54640			NRC	1055.34	1055.34
54650			NRC	1573.98	1573.98
54660			NRC	786.95	786.95
54670			NRC	896.01	896.01
54680			NRC	1745.47	1745.47
54690			NRC	1454.88	1454.88
54692			NRC	1682.72	1682.72
54699			BR	0.00	0.00
54700			NRC	469.96	469.96
54800				279.57	279.57
54830				821.59	821.59
54840				708.52	708.52
54860			NRC	924.94	924.94
54861			NRC	1252.97	1252.97
54865			NRC	790.03	790.03
54900			NRC	1774.86	1774.86
54901			NRC	2345.80	2345.80
55000			NRC	251.43	187.23
55040			NRC	744.73	744.73
55041			NRC	1127.92	1127.92
55060			NRC	839.30	839.30
55100			NRC	471.13	364.37
55110			NRC	854.32	854.32
55120				779.61	779.61
55150			NRC	1086.29	1086.29
55175			NRC	800.27	800.27
55180			NRC	1523.18	1523.18
55200			NRC	908.12	613.10
55250			NRC	793.55	499.26
55300			NRC	416.50	416.50
55400			NRC	1100.48	1100.48
55500			NRC	870.65	870.65
55520				1000.23	1000.23
55530			NRC	775.61	775.61
55535			NRC	949.65	949.65
55540			NRC	1222.20	1222.20
55550			NRC	946.11	946.11
55559			BR	0.00	0.00
55600			NRC	930.38	930.38
55605			NRC	1153.09	1153.09
55650			NRC	1586.56	1586.56
55680				756.23	756.23
55700				531.77	290.13
55705				587.53	587.53
55706				823.21	823.21
55720			NRC	998.25	998.25
55725			NRC	1312.51	1312.51
55801			NRC	2426.45	2426.45
55810			NRC	2920.12	2920.12
55812			NRC	3578.00	3578.00
55815			NRC	3908.53	3908.53
55821			NRC	1938.48	1938.48
55831			NRC	2098.03	2098.03

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
55840			NRC	2601.97	2601.97
55842				2604.27	2604.27
55845			NRC	3031.59	3031.59
55860				1942.61	1942.61
55862				2435.65	2435.65
55865				2945.84	2945.84
55866			NRC	3209.10	3209.10
55870			NRC	382.32	314.52
55873			NRC	12832.57	1694.07
55874			NRC	7137.37	368.57
55875			NRC	1694.28	1694.28
55876				304.67	222.44
55899			BR	0.00	0.00
55920				997.46	997.46
56405			NRC	245.47	243.31
56420			NRC	289.07	209.01
56440				392.84	392.84
56441				327.25	309.94
56442			NRC	101.65	101.65
56501				307.44	257.67
56515				507.74	441.38
56605				183.43	131.50
56606				82.77	65.46
56620			NRC	1176.75	1176.75
56625			NRC	1416.76	1416.76
56630			NRC	2084.38	2084.38
56631			NRC	2638.45	2638.45
56632			NRC	3109.41	3109.41
56633			NRC	2706.83	2706.83
56634			NRC	2900.68	2900.68
56637			NRC	3367.34	3367.34
56640			NRC	3339.86	3339.86
56700			NRC	408.89	408.89
56740				661.36	661.36
56800			NRC	528.13	528.13
56805			NRC	2490.12	2490.12
56810			NRC	571.94	571.94
56820			NRC	248.04	188.90
56821				329.95	252.05
57000			NRC	414.53	414.53
57010			NRC	946.72	946.72
57020			NRC	210.84	176.22
57022			NRC	370.60	370.60
57023				674.89	674.89
57061				263.57	220.29
57065				444.27	386.56
57100				199.58	146.92
57105				315.39	283.65
57106			NRC	1106.27	1106.27
57107			NRC	3215.68	3215.68
57109			NRC	3902.14	3902.14
57110			NRC	1945.08	1945.08
57111			NRC	3909.25	3909.25
57112			NRC	4198.29	4198.29
57120			NRC	1113.89	1113.89
57130				401.74	349.80
57135				438.48	384.38
57150			NRC	103.22	57.78
57155				807.10	620.28
57156				445.96	326.95
57160			NRC	135.62	102.44
57170			NRC	140.15	105.52

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
57180				327.17	236.29
57200				673.16	673.16
57210			NRC	809.02	809.02
57220			NRC	702.03	702.03
57230				864.15	864.15
57240			NRC	1300.21	1300.21
57250			NRC	1303.16	1303.16
57260			NRC	1666.81	1666.81
57265			NRC	1872.42	1872.42
57267			NRC	558.69	558.69
57268			NRC	1061.58	1061.58
57270			NRC	1763.44	1763.44
57280			NRC	2090.30	2090.30
57282			NRC	1108.70	1108.70
57283			NRC	1500.82	1500.82
57284			NRC	1788.73	1788.73
57285			NRC	1475.70	1475.70
57287			NRC	1520.60	1520.60
57288			NRC	1576.81	1576.81
57289			NRC	1664.90	1664.90
57291			NRC	1151.65	1151.65
57292			NRC	1769.43	1769.43
57295			NRC	1050.60	1050.60
57296			NRC	2062.15	2062.15
57300			NRC	1255.28	1255.28
57305			NRC	2092.43	2092.43
57307			NRC	2277.60	2277.60
57308			NRC	1448.37	1448.37
57310				1034.37	1034.37
57311				1177.87	1177.87
57320				1185.44	1185.44
57330				1655.55	1655.55
57335			NRC	2513.53	2513.53
57400			NRC	291.86	291.86
57410			NRC	233.16	233.16
57415			NRC	357.42	357.42
57420				261.10	201.23
57421				349.89	270.55
57423			NRC	2002.55	2002.55
57425			NRC	2121.90	2121.90
57426			NRC	1852.49	1852.49
57452				245.67	200.23
57454				338.06	291.90
57455				317.67	239.77
57456				298.59	222.85
57460				619.59	351.26
57461				699.01	406.15
57500				282.97	162.51
57505			NRC	238.98	207.24
57510			NRC	295.31	247.70
57511			NRC	333.86	292.75
57513			NRC	347.40	302.68
57520			NRC	691.71	609.48
57522			NRC	589.05	530.62
57530			NRC	764.17	764.17
57531			NRC	3672.75	3672.75
57540			NRC	1682.18	1682.18
57545			NRC	1784.07	1784.07
57550			NRC	888.15	888.15
57555			NRC	1307.09	1307.09
57556			NRC	1236.32	1236.32
57558			NRC	286.71	252.81

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
57700			NRC	690.42	690.42
57720			NRC	675.01	675.01
57800			NRC	139.16	104.54
58100				199.36	153.92
58110				109.59	90.11
58120			NRC	579.36	484.86
58140				2006.16	2006.16
58145				1204.85	1204.85
58146				2497.00	2497.00
58150			NRC	2231.14	2231.14
58152			NRC	2730.22	2730.22
58180			NRC	2099.83	2099.83
58200			NRC	3046.99	3046.99
58210				4099.42	4099.42
58240				6507.59	6507.59
58260			NRC	1797.72	1797.72
58262			NRC	1999.85	1999.85
58263			NRC	2150.89	2150.89
58267			NRC	2287.73	2287.73
58270			NRC	1921.89	1921.89
58275			NRC	2139.42	2139.42
58280			NRC	2278.88	2278.88
58285			NRC	3211.30	3211.30
58290			NRC	2499.26	2499.26
58291			NRC	2731.83	2731.83
58292			NRC	2840.57	2840.57
58293			NRC	2959.30	2959.30
58294			NRC	2638.01	2638.01
58300			NRC	172.02	118.65
58301			NRC	204.08	147.10
58321			NRC	165.46	106.31
58322			NRC	186.25	127.10
58323			NRC	32.73	26.96
58340			NRC	328.86	124.73
58345			NRC	607.15	607.15
58346				1009.56	1009.56
58350			NRC	229.19	176.54
58353			NRC	2050.41	478.67
58356			NRC	3807.89	756.74
58400			NRC	968.43	968.43
58410			NRC	1745.11	1745.11
58520			NRC	1708.12	1708.12
58540			NRC	1969.73	1969.73
58541			NRC	1557.73	1557.73
58542			NRC	1784.15	1784.15
58543			NRC	1800.32	1800.32
58544			NRC	1956.79	1956.79
58545			NRC	1964.48	1964.48
58546			NRC	2426.89	2426.89
58548			NRC	4223.32	4223.32
58550			NRC	1908.62	1908.62
58552			NRC	2149.74	2149.74
58553			NRC	2440.80	2440.80
58554			NRC	2886.09	2886.09
58555			NRC	625.49	333.36
58558				2834.50	508.99
58559			NRC	629.93	629.93
58560			NRC	686.96	686.96
58561			NRC	788.62	788.62
58562			NRC	778.81	486.68
58563			NRC	3654.49	541.31
58565			NRC	3788.56	947.31

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
58570			NRC	1716.94	1716.94
58571			NRC	1978.87	1978.87
58572			NRC	2252.77	2252.77
58573			NRC	2684.97	2684.97
58575				4176.67	4176.67
58578			NRC	0.00	0.00
58579			NRC	0.00	0.00
58600			NRC	788.48	788.48
58605			NRC	713.12	713.12
58611			NRC	167.17	167.17
58615			NRC	530.15	530.15
58660			NRC	1472.66	1472.66
58661			NRC	1423.42	1423.42
58662				1549.52	1549.52
58670			NRC	788.41	788.41
58671			NRC	789.20	789.20
58672			NRC	1587.79	1587.79
58673			NRC	1721.16	1721.16
58674			NRC	1763.02	1763.02
58679			NRC	0.00	0.00
58700			NRC	1712.24	1712.24
58720			NRC	1631.63	1631.63
58740			NRC	1956.19	1956.19
58750			NRC	1954.05	1954.05
58752			NRC	1949.01	1949.01
58760			NRC	1756.85	1756.85
58770			NRC	1849.58	1849.58
58800			NRC	707.47	649.76
58805			NRC	884.55	884.55
58820			NRC	685.05	685.05
58822			NRC	1515.16	1515.16
58825			NRC	1504.87	1504.87
58900				901.46	901.46
58920			NRC	1520.10	1520.10
58925			NRC	1642.38	1642.38
58940			NRC	1168.03	1168.03
58943			NRC	2621.30	2621.30
58950				2524.27	2524.27
58951				3233.26	3233.26
58952				3667.01	3667.01
58953			NRC	4522.22	4522.22
58954			NRC	4911.85	4911.85
58956				3064.85	3064.85
58957				3548.97	3548.97
58958				3930.31	3930.31
58960				2164.29	2164.29
58970			NRC	489.62	431.20
58976			NRC	536.51	465.10
58999			NRC	0.00	0.00
59000			NRC	265.46	178.91
59001			NRC	396.39	396.39
59012			NRC	448.35	448.35
59015				340.67	290.90
59020			NRC	148.96	148.96
59020	26		NRC	81.81	81.81
59020	TC		NRC	67.15	67.15
59025			NRC	103.18	103.18
59025	26		NRC	65.60	65.60
59025	TC		NRC	37.58	37.58
59030			NRC	250.95	250.95
59050			NRC	112.71	112.71
59051			NRC	93.43	93.43

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
59070			NRC	875.16	686.90
59072			NRC	1160.98	1160.98
59074			NRC	844.86	686.90
59076			NRC	1160.98	1160.98
59100				1856.03	1856.03
59120			NRC	1767.26	1767.26
59121			NRC	1770.02	1770.02
59130			NRC	2064.92	2064.92
59135			NRC	2039.80	2039.80
59136			NRC	1955.62	1955.62
59140			NRC	889.63	889.63
59150			NRC	1712.80	1712.80
59151			NRC	1667.07	1667.07
59160			NRC	470.80	391.46
59200			NRC	167.39	99.59
59300			NRC	436.22	327.31
59320			NRC	335.77	335.77
59325			NRC	535.74	535.74
59350			NRC	623.79	623.79
59400			NRC	4621.95	4621.95
59409			NRC	1803.06	1803.06
59410			NRC	2306.75	2306.75
59412			NRC	226.93	226.93
59414			NRC	204.57	204.57
59425			NRC	1001.99	787.04
59426			NRC	1786.76	1387.88
59430			NRC	421.70	306.29
59510			NRC	5128.47	5128.47
59514			NRC	2032.14	2032.14
59515			NRC	2803.47	2803.47
59525			NRC	1077.80	1077.80
59610			NRC	4853.46	4853.46
59612			NRC	2033.64	2033.64
59614			NRC	2519.23	2519.23
59618			NRC	5196.93	5196.93
59620			NRC	2088.88	2088.88
59622			NRC	2887.01	2887.01
59812			NRC	712.68	656.42
59820			NRC	850.87	793.16
59821			NRC	853.71	791.67
59830			NRC	975.12	975.12
59840			NRC	493.83	463.54
59841			NRC	857.68	801.42
59850			NRC	776.44	776.44
59851			NRC	833.56	833.56
59852			NRC	1141.95	1141.95
59855			NRC	918.98	918.98
59856			NRC	1081.75	1081.75
59857			NRC	1151.85	1151.85
59866			NRC	476.64	476.64
59870			NRC	1067.97	1067.97
59871			NRC	293.12	293.12
59897			NRC	0.00	0.00
59898			NRC	0.00	0.00
59899			NRC	0.00	0.00
60000			NRC	364.83	327.32
60100				242.04	174.96
60200				1452.02	1452.02
60210			NRC	1557.93	1557.93
60212			NRC	2226.34	2226.34
60220			NRC	1553.09	1553.09
60225			NRC	2046.62	2046.62

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
60240			NRC	2027.86	2027.86
60252			NRC	2915.34	2915.34
60254			NRC	3693.32	3693.32
60260			NRC	2411.79	2411.79
60270			NRC	3027.82	3027.82
60271			NRC	2334.21	2334.21
60280				961.93	961.93
60281				1279.55	1279.55
60300			NRC	242.96	110.96
60500			NRC	2134.44	2134.44
60502			NRC	2858.94	2858.94
60505			NRC	3077.66	3077.66
60512			NRC	542.30	542.30
60520			NRC	2317.74	2317.74
60521			NRC	2493.45	2493.45
60522			NRC	3040.37	3040.37
60540			NRC	2369.22	2369.22
60545			NRC	2714.66	2714.66
60600				3058.92	3058.92
60605				3719.23	3719.23
60650			NRC	2652.76	2652.76
60659			NRC	0.00	0.00
60699			BR	0.00	0.00
61000			NRC	243.94	243.94
61001			NRC	241.89	241.89
61020				219.30	219.30
61026				233.25	233.25
61050				187.55	187.55
61055				277.87	277.87
61070				125.14	125.14
61105				1025.72	1025.72
61107				709.61	709.61
61108				1983.40	1983.40
61120				1658.90	1658.90
61140				2824.64	2824.64
61150				3048.62	3048.62
61151				2231.56	2231.56
61154				2837.75	2837.75
61156				2797.79	2797.79
61210				837.81	837.81
61215				1128.33	1128.33
61250				1928.89	1928.89
61253				2207.84	2207.84
61304				3690.54	3690.54
61305				4497.53	4497.53
61312				4672.94	4672.94
61313				4447.90	4447.90
61314				4081.78	4081.78
61315				4634.49	4634.49
61316				200.56	200.56
61320				4261.73	4261.73
61321				4731.09	4731.09
61322				5351.18	5351.18
61323				5361.87	5361.87
61330				4003.12	4003.12
61333				4577.45	4577.45
61340				3169.71	3169.71
61343				4916.19	4916.19
61345				4575.45	4575.45
61450			NRC	4295.72	4295.72
61458				4515.60	4515.60
61460				4733.93	4733.93

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
61500				2922.40	2922.40
61501				2532.70	2532.70
61510				4909.94	4909.94
61512				5742.17	5742.17
61514				4290.25	4290.25
61516				4174.07	4174.07
61517				199.78	199.78
61518				6218.02	6218.02
61519				6664.00	6664.00
61520				8480.03	8480.03
61521				7202.42	7202.42
61522				4827.29	4827.29
61524				4668.77	4668.77
61526				7525.66	7525.66
61530				7001.17	7001.17
61531				2694.19	2694.19
61533				3406.66	3406.66
61534				3631.52	3631.52
61535				2224.96	2224.96
61536				5776.11	5776.11
61537				5567.74	5567.74
61538				6015.95	6015.95
61539				5346.43	5346.43
61540				4836.96	4836.96
61541				4810.49	4810.49
61543				4730.91	4730.91
61544				4296.89	4296.89
61545				7140.97	7140.97
61546				5176.33	5176.33
61548				3515.72	3515.72
61550			NRC	2445.59	2445.59
61552			NRC	3331.04	3331.04
61556			NRC	3845.53	3845.53
61557			NRC	3783.92	3783.92
61558			NRC	4236.85	4236.85
61559			NRC	5091.30	5091.30
61563				4411.81	4411.81
61564				5445.24	5445.24
61566				4975.67	4975.67
61567				5592.53	5592.53
61570				4178.05	4178.05
61571				4394.14	4394.14
61575				5652.96	5652.96
61576				9245.03	9245.03
61580				5351.49	5351.49
61581				5787.89	5787.89
61582				6717.17	6717.17
61583				6429.24	6429.24
61584				6386.78	6386.78
61585				7268.77	7268.77
61586				5340.58	5340.58
61590				6733.75	6733.75
61591				6809.93	6809.93
61592				7071.69	7071.69
61595				5191.51	5191.51
61596				5353.08	5353.08
61597				6540.77	6540.77
61598				6320.00	6320.00
61600				4683.94	4683.94
61601				5340.35	5340.35
61605				4732.08	4732.08
61606				6556.41	6556.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
61607				5954.50	5954.50
61608				7324.81	7324.81
61611				1070.81	1070.81
61613				7421.63	7421.63
61615				6243.45	6243.45
61616				7439.33	7439.33
61618				2874.26	2874.26
61619				3170.50	3170.50
61623			NRC	1281.96	1281.96
61624				2601.80	2601.80
61626				1973.75	1973.75
61630			NRC	3122.71	3122.71
61635			NRC	3276.61	3276.61
61640			NRC	1102.69	1102.69
61641			NRC	387.24	387.24
61642			NRC	774.48	774.48
61645				1878.01	1878.01
61650				1243.84	1243.84
61651				541.42	541.42
61680			NRC	5070.16	5070.16
61682			NRC	9506.88	9506.88
61684			NRC	6385.10	6385.10
61686			NRC	10502.02	10502.02
61690			NRC	4883.11	4883.11
61692			NRC	8368.78	8368.78
61697			NRC	9652.23	9652.23
61698			NRC	10777.34	10777.34
61700			NRC	7742.86	7742.86
61702			NRC	9094.47	9094.47
61703			NRC	2985.13	2985.13
61705			NRC	5645.86	5645.86
61708			NRC	5773.96	5773.96
61710			NRC	4867.16	4867.16
61711			NRC	5821.25	5821.25
61720			NRC	2858.30	2858.30
61735			NRC	3585.97	3585.97
61750				3173.83	3173.83
61751				3096.19	3096.19
61760				3530.74	3530.74
61770				3664.56	3664.56
61781			NRC	535.32	535.32
61782			NRC	386.11	386.11
61783			NRC	523.97	523.97
61790			NRC	1968.16	1968.16
61791			NRC	2527.27	2527.27
61796				2275.45	2275.45
61797			NRC	499.89	499.89
61798				3110.41	3110.41
61799			NRC	692.78	692.78
61800			NRC	347.09	347.09
61850				2153.32	2153.32
61860				3509.73	3509.73
61863				3365.76	3365.76
61864				644.93	644.93
61867				5132.61	5132.61
61868				1136.36	1136.36
61870				2663.06	2663.06
61880				1267.77	1267.77
61885				1134.95	1134.95
61886				1878.66	1878.66
61888				882.96	882.96
62000				2312.79	2312.79

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
62005				2803.75	2803.75
62010				3425.59	3425.59
62100				3558.37	3558.37
62115			NRC	3765.05	3765.05
62117			NRC	4438.91	4438.91
62120				4699.95	4699.95
62121			NRC	3488.51	3488.51
62140				2290.56	2290.56
62141				2538.75	2538.75
62142				1969.16	1969.16
62143				2322.01	2322.01
62145				3143.38	3143.38
62146				2622.76	2622.76
62147				3214.70	3214.70
62148				287.78	287.78
62160				432.83	432.83
62161			NRC	3380.69	3380.69
62162			NRC	4242.89	4242.89
62163				2627.43	2627.43
62164				4679.08	4679.08
62165				3417.68	3417.68
62180			NRC	3607.63	3607.63
62190			NRC	2071.33	2071.33
62192			NRC	2184.90	2184.90
62194			NRC	1075.83	1075.83
62200			NRC	3086.31	3086.31
62201			NRC	2703.41	2703.41
62220			NRC	2240.68	2240.68
62223			NRC	2317.84	2317.84
62225			NRC	1167.37	1167.37
62230			NRC	1875.90	1875.90
62252			NRC	175.56	175.56
62252	26		NRC	104.08	104.08
62252	TC		NRC	71.48	71.48
62256			NRC	1333.78	1333.78
62258			NRC	2491.89	2491.89
62263				1270.30	678.82
62264				912.86	528.40
62267				550.90	349.65
62268				567.97	567.97
62269				588.21	588.21
62270				314.58	171.04
62272				412.66	184.73
62273				370.96	250.50
62280				453.14	234.79
62281				335.38	225.51
62282				412.63	204.52
62284				268.61	125.68
62287				1273.88	1273.88
62290				461.67	237.74
62291				445.42	229.87
62292				808.47	808.47
62294				1374.63	1374.63
62302				342.49	173.96
62303				349.94	173.96
62304				338.13	170.99
62305				367.00	178.44
62320				350.43	218.43
62321				532.46	235.28
62322				325.58	188.53
62323				525.71	217.71
62324				310.56	200.92

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
62325				496.72	237.77
62326				321.38	197.32
62327				496.07	214.04
62328			BR	TBD	TBD
62329			BR	TBD	TBD
62350				876.97	876.97
62351				1894.73	1894.73
62355				585.94	585.94
62360				693.68	693.68
62361				945.52	945.52
62362				841.13	841.13
62365				646.58	646.58
62367				85.71	55.41
62368				118.10	77.71
62369				245.78	77.71
62370				256.73	102.36
62380				1459.77	1459.77
63001				2760.87	2760.87
63003				2755.93	2755.93
63005				2631.53	2631.53
63011				2416.55	2416.55
63012				2648.15	2648.15
63015				3304.94	3304.94
63016				3398.55	3398.55
63017				2803.76	2803.76
63020				2571.52	2571.52
63030				2148.53	2148.53
63035				429.50	429.50
63040				3096.08	3096.08
63042				2873.95	2873.95
63043				589.46	589.46
63044				589.46	589.46
63045				2856.68	2856.68
63046				2721.45	2721.45
63047				2438.71	2438.71
63048				474.90	474.90
63050				3326.75	3326.75
63051				3804.66	3804.66
63055				3637.48	3637.48
63056				3312.56	3312.56
63057				717.48	717.48
63064				3976.75	3976.75
63066				465.10	465.10
63075				3002.74	3002.74
63076				554.30	554.30
63077				3388.09	3388.09
63078				467.39	467.39
63081				3915.26	3915.26
63082				598.13	598.13
63085				4292.84	4292.84
63086				429.83	429.83
63087				5396.34	5396.34
63088				579.80	579.80
63090				4365.76	4365.76
63091				398.61	398.61
63101				5195.70	5195.70
63102				5058.95	5058.95
63103				662.25	662.25
63170				3555.25	3555.25
63172			NRC	3097.35	3097.35
63173			NRC	3838.69	3838.69
63180				3183.29	3183.29

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
63182				3363.34	3363.34
63185				2537.28	2537.28
63190				2745.43	2745.43
63191				3100.76	3100.76
63194				3594.46	3594.46
63195				3460.17	3460.17
63196				4018.92	4018.92
63197				3527.28	3527.28
63198				4723.37	4723.37
63199				4950.98	4950.98
63200			NRC	3422.07	3422.07
63250			NRC	6576.40	6576.40
63251			NRC	6871.68	6871.68
63252			NRC	6830.58	6830.58
63265				3725.68	3725.68
63266				3850.30	3850.30
63267				3044.76	3044.76
63268				3151.04	3151.04
63270				4634.37	4634.37
63271				4634.80	4634.80
63272				4228.82	4228.82
63273				4174.25	4174.25
63275				4030.87	4030.87
63276				4004.68	4004.68
63277				3471.21	3471.21
63278				3543.87	3543.87
63280				4749.90	4749.90
63281				4694.21	4694.21
63282				4421.55	4421.55
63283				4238.83	4238.83
63285				5897.46	5897.46
63286				5807.65	5807.65
63287				6151.89	6151.89
63290				6244.97	6244.97
63295			NRC	752.88	752.88
63300				4108.75	4108.75
63301				4920.54	4920.54
63302				4853.96	4853.96
63303				4850.87	4850.87
63304				5177.20	5177.20
63305				5664.38	5664.38
63306				5387.02	5387.02
63307				5450.97	5450.97
63308				729.03	729.03
63600				2455.36	2455.36
63610				1318.97	1318.97
63620				2518.41	2518.41
63621				577.08	577.08
63650				3367.98	903.98
63655				1834.92	1834.92
63661				1301.93	711.17
63662				1857.57	1857.57
63663				1748.00	991.34
63664				1926.41	1926.41
63685				791.39	791.39
63688				816.60	816.60
63700			NRC	2902.26	2902.26
63702			NRC	3199.70	3199.70
63704			NRC	3560.28	3560.28
63706			NRC	3950.73	3950.73
63707				2056.86	2056.86
63709				2446.65	2446.65

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
63710				2412.08	2412.08
63740			NRC	2165.22	2165.22
63741			NRC	1502.06	1502.06
63744			NRC	1488.87	1488.87
63746			NRC	1320.95	1320.95
64400				186.43	102.63
64405				115.19	76.55
64408				162.40	120.03
64415				164.13	93.83
64416				114.40	114.40
64417				181.66	100.65
64418				131.34	81.52
64420				152.12	94.85
64421				215.35	130.61
64425				191.10	134.77
64430			NRC	199.52	113.86
64435			NRC	193.09	116.28
64445				188.01	104.21
64446				114.40	114.40
64447				167.94	95.78
64448				102.89	102.89
64449				122.03	122.03
64450				105.43	63.06
64451			BR	TBD	TBD
64454			BR	TBD	TBD
64455				66.74	49.98
64461				192.36	116.48
64462				107.46	73.47
64463				247.51	121.34
64479				334.11	185.59
64480				164.81	89.39
64483				308.50	157.19
64484				134.46	73.94
64486				151.05	80.75
64487				215.81	93.83
64488				185.63	101.37
64489				317.81	113.89
64490				259.32	149.45
64491				130.11	85.41
64492				131.04	86.34
64493				235.58	127.10
64494				120.54	73.98
64495				120.54	74.92
64505			NRC	163.28	132.08
64510				181.57	104.75
64517			NRC	262.83	177.63
64520				273.97	115.21
64530			NRC	274.01	129.68
64553			NRC	3566.08	779.65
64555				3238.93	753.29
64561			NRC	1548.79	670.96
64566				265.45	67.09
64568			NRC	1406.48	1406.48
64569			NRC	1690.52	1690.52
64570			NRC	1620.07	1620.07
64575			NRC	728.72	728.72
64580			NRC	673.36	673.36
64581			NRC	1466.47	1466.47
64585				522.73	314.27
64590			NRC	566.41	352.90
64595				510.20	275.05
64600				918.73	508.30

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
64605				1262.38	771.89
64610				1657.28	1093.21
64611			NRC	258.35	228.05
64612				287.54	255.81
64615				324.30	274.53
64616				287.69	242.97
64617				347.59	240.83
64620				446.89	381.25
64624			BR	TBD	TBD
64625			BR	TBD	TBD
64630			NRC	511.08	417.31
64632				185.31	149.96
64633				884.86	491.02
64634				394.56	150.04
64635				875.02	484.07
64636				358.03	131.54
64640				287.15	202.76
64642				312.75	238.45
64643				200.77	159.66
64644				362.39	261.41
64645				251.49	184.40
64646				328.50	255.65
64647				387.38	303.71
64650			NRC	167.77	92.75
64653			NRC	206.35	119.07
64680			NRC	673.32	355.22
64681			NRC	1217.55	600.10
64702				1092.08	1092.08
64704				699.85	699.85
64708				1090.03	1090.03
64712				1274.64	1274.64
64713				1713.04	1713.04
64714				1583.15	1583.15
64716				1135.77	1135.77
64718				1286.28	1286.28
64719				872.86	872.86
64721				937.40	928.03
64722				776.84	776.84
64726				592.99	592.99
64727				407.69	407.69
64732				975.75	975.75
64734				1103.11	1103.11
64736				813.93	813.93
64738				1013.39	1013.39
64740				1058.50	1058.50
64742				1065.89	1065.89
64744				1083.54	1083.54
64746				949.43	949.43
64755				2018.73	2018.73
64760				1127.49	1127.49
64763				1126.68	1126.68
64766				1365.24	1365.24
64771				1296.38	1296.38
64772				1233.91	1233.91
64774				889.10	889.10
64776				848.53	848.53
64778				406.96	406.96
64782				1004.87	1004.87
64783				486.07	486.07
64784				1591.33	1591.33
64786				2223.31	2223.31
64787				534.68	534.68

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
64788				874.73	874.73
64790				1844.20	1844.20
64792				2402.52	2402.52
64795				432.15	432.15
64802				1853.07	1853.07
64804				2612.06	2612.06
64809				2370.61	2370.61
64818				1716.59	1716.59
64820				1566.14	1566.14
64821				1517.41	1517.41
64822				1517.41	1517.41
64823				1728.64	1728.64
64831				1498.63	1498.63
64832				745.72	745.72
64834				1626.68	1626.68
64835				1785.56	1785.56
64836				1787.14	1787.14
64837				817.79	817.79
64840				2118.23	2118.23
64856				2226.30	2226.30
64857				2319.10	2319.10
64858				2599.19	2599.19
64859				552.05	552.05
64861				3407.75	3407.75
64862				2999.20	2999.20
64864				1898.88	1898.88
64865				2385.34	2385.34
64866				2783.52	2783.52
64868				2193.08	2193.08
64872				260.36	260.36
64874				388.52	388.52
64876				441.53	441.53
64885				2451.82	2451.82
64886				2847.48	2847.48
64890				2379.95	2379.95
64891				2525.14	2525.14
64892				2296.50	2296.50
64893				2474.82	2474.82
64895				2922.13	2922.13
64896				3165.87	3165.87
64897				2784.48	2784.48
64898				3024.99	3024.99
64901				1336.93	1336.93
64902				1547.30	1547.30
64905				2244.22	2244.22
64907				2880.01	2880.01
64910				1732.09	1732.09
64911				2241.54	2241.54
64912				1700.57	1700.57
64913				347.22	347.22
64999			BR	0.00	0.00
65091				1378.21	1378.21
65093				1363.07	1363.07
65101				1599.79	1599.79
65103				1667.13	1667.13
65105				1836.38	1836.38
65110				2638.59	2638.59
65112				3057.14	3057.14
65114				3205.07	3205.07
65125				962.88	623.14
65130				1586.21	1586.21
65135				1609.10	1609.10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
65140				1748.57	1748.57
65150				1256.97	1256.97
65155				1831.00	1831.00
65175				1426.08	1426.08
65205				97.90	76.98
65210				119.67	92.26
65220				126.30	90.96
65222				145.04	112.58
65235				1524.70	1524.70
65260				2065.29	2065.29
65265				2321.74	2321.74
65270				575.60	302.95
65272				1082.75	755.27
65273				818.94	818.94
65275				1237.95	992.71
65280				1441.62	1441.62
65285				2385.22	2385.22
65286				1494.28	1065.10
65290				1052.84	1052.84
65400				1454.93	1289.03
65410				306.82	223.87
65420				1107.60	806.09
65426				1395.66	1023.46
65430				249.11	222.42
65435				173.77	149.24
65436				830.94	794.88
65450				695.27	684.46
65600				850.35	732.06
65710				2392.50	2392.50
65730				2650.33	2650.33
65750				2666.46	2666.46
65755				2652.75	2652.75
65756				2545.61	2545.61
65757				280.42	280.42
65760			NRC	0.00	0.00
65765			NRC	0.00	0.00
65767			NRC	0.00	0.00
65770				2996.99	2996.99
65771			NRC	0.00	0.00
65772				964.84	868.91
65775				1189.69	1189.69
65778				2897.96	120.91
65779				2506.89	329.24
65780			NRC	1421.75	1421.75
65781			NRC	2861.99	2861.99
65782			NRC	2465.74	2465.74
65785				5055.34	945.30
65800			NRC	257.44	197.57
65810			NRC	995.20	995.20
65815				1359.27	1020.97
65820			NRC	1616.38	1616.38
65850			NRC	1801.74	1801.74
65855			NRC	526.75	447.40
65860				660.71	543.14
65865				1011.46	1011.46
65870				1262.28	1262.28
65875				1347.46	1347.46
65880				1419.13	1419.13
65900				2080.96	2080.96
65920				1686.67	1686.67
65930				1363.78	1363.78
66020				403.21	281.31

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
66030				360.46	237.11
66130				1494.08	1220.71
66150			NRC	1872.96	1872.96
66155			NRC	1871.45	1871.45
66160			NRC	2114.01	2114.01
66170			NRC	2342.73	2342.73
66172			NRC	2549.61	2549.61
66174			NRC	2033.55	2033.55
66175			NRC	2131.19	2131.19
66179				2309.94	2309.94
66180			NRC	2438.92	2438.92
66183				2205.55	2205.55
66184				1678.73	1678.73
66185			NRC	1809.09	1809.09
66225				1998.79	1998.79
66250				1594.21	1191.72
66500				762.61	762.61
66505				835.40	835.40
66600				1797.95	1797.95
66605			NRC	2288.43	2288.43
66625			NRC	917.30	917.30
66630			NRC	1217.49	1217.49
66635				1229.69	1229.69
66680				1105.95	1105.95
66682				1378.02	1378.02
66700				963.80	841.89
66710				945.04	841.89
66711				1374.28	1374.28
66720				982.68	872.32
66740				937.83	841.89
66761			NRC	634.22	505.11
66762			NRC	1016.65	909.89
66770				1130.08	1031.99
66820			NRC	854.74	854.74
66821			NRC	703.54	662.42
66825				1639.39	1639.39
66830				1520.12	1520.12
66840				1491.98	1491.98
66850				1698.53	1698.53
66852			NRC	1810.60	1810.60
66920			NRC	1615.52	1615.52
66930			NRC	1836.50	1836.50
66940			NRC	1676.37	1676.37
66982			NRC	1705.09	1705.09
66983			NRC	1593.63	1593.63
66984			NRC	1369.68	1369.68
66985			NRC	1646.86	1646.86
66986			NRC	1949.35	1949.35
66987			NRC	TBD	TBD
66988			NRC	TBD	TBD
66990				195.28	195.28
66999			BR	0.00	0.00
67005				1010.08	1010.08
67010				1161.89	1161.89
67015				1246.15	1246.15
67025				1560.90	1353.16
67027				1828.63	1828.63
67028				218.62	214.29
67030			NRC	1140.05	1140.05
67031			NRC	832.85	762.88
67036				1932.57	1932.57
67039				2071.38	2071.38

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
67040				2239.90	2239.90
67041			NRC	2477.15	2477.15
67042			NRC	2477.15	2477.15
67043			NRC	2614.39	2614.39
67101				702.68	608.91
67105				633.37	587.93
67107				2434.39	2434.39
67108				2580.10	2580.10
67110				1881.81	1739.72
67113				2878.78	2878.78
67115				1066.48	1066.48
67120			NRC	1410.28	1191.72
67121			NRC	1947.84	1947.84
67141			NRC	1119.40	1041.49
67145			NRC	1127.79	1064.31
67208				1285.03	1238.15
67210				1106.48	1069.69
67218				2983.63	2983.63
67220				1139.66	1069.69
67221			NRC	606.35	460.65
67225			NRC	63.87	60.98
67227				626.22	551.21
67228				732.71	659.86
67229			NRC	2505.02	2505.02
67250				1698.40	1698.40
67255				1459.65	1459.65
67299			BR	0.00	0.00
67311			NRC	1277.95	1277.95
67312			NRC	1527.13	1527.13
67314			NRC	1439.46	1439.46
67316			NRC	1717.09	1717.09
67318			NRC	1503.85	1503.85
67320			NRC	699.47	699.47
67331			NRC	663.66	663.66
67332			NRC	720.06	720.06
67334			NRC	655.14	655.14
67335			NRC	321.18	321.18
67340			NRC	777.17	777.17
67343			NRC	1397.11	1397.11
67345				524.59	471.22
67346				416.91	416.91
67399			BR	0.00	0.00
67400				2011.26	2011.26
67405				1714.52	1714.52
67412				1852.98	1852.98
67413				1854.03	1854.03
67414				2876.46	2876.46
67415			NRC	226.62	226.62
67420				3493.62	3493.62
67430				2699.90	2699.90
67440				2613.09	2613.09
67445				3043.41	3043.41
67450				2715.90	2715.90
67500				154.03	133.11
67505				180.00	154.75
67515				166.82	153.83
67550				2090.11	2090.11
67560				2142.56	2142.56
67570				2557.96	2557.96
67599			BR	0.00	0.00
67700			NRC	573.97	248.66
67710			NRC	480.72	207.34

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
67715			NRC	519.23	231.42
67800				272.46	221.24
67801				348.13	286.82
67805				431.47	352.85
67808				786.36	786.36
67810				368.61	155.10
67820			NRC	69.31	73.64
67825			NRC	277.64	259.60
67830			NRC	563.41	295.08
67835			NRC	939.60	939.60
67840				585.31	338.62
67850				454.77	289.59
67875			NRC	367.35	207.94
67880			NRC	978.82	787.67
67882			NRC	1203.66	1009.63
67900			NRC	1367.17	1091.63
67901			NRC	1634.82	1246.76
67902			NRC	1551.09	1551.09
67903			NRC	1270.75	1037.05
67904			NRC	1566.82	1281.90
67906			NRC	1090.28	1090.28
67908			NRC	1059.47	910.88
67909			NRC	1147.42	938.24
67911			NRC	1204.85	1204.85
67912			NRC	1879.46	1047.07
67914			NRC	1002.36	696.52
67915			NRC	628.85	419.67
67916			NRC	1268.59	921.64
67917			NRC	1294.10	980.33
67921			NRC	982.36	660.65
67922			NRC	618.03	418.23
67923			NRC	1268.52	922.29
67924			NRC	1351.73	980.26
67930				778.10	517.70
67935				1268.74	954.25
67938				528.26	248.39
67950				1224.73	991.75
67961				1229.37	974.03
67966				1647.48	1412.33
67971				1555.21	1555.21
67973				2002.03	2002.03
67974				1997.23	1997.23
67975				1470.49	1470.49
67999			BR	0.00	0.00
68020			NRC	258.09	237.18
68040				134.29	107.60
68100				368.00	207.87
68110				485.96	317.18
68115				671.21	394.23
68130				1152.45	881.96
68135				337.18	322.03
68200			NRC	88.59	74.89
68320			NRC	1548.58	1152.58
68325			NRC	1408.77	1408.77
68326			NRC	1382.94	1382.94
68328			NRC	1518.10	1518.10
68330			NRC	1295.01	985.56
68335			NRC	1388.25	1388.25
68340			NRC	1191.20	852.91
68360			NRC	1140.41	882.90
68362			NRC	1407.33	1407.33
68371			NRC	882.61	882.61

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
68399			BR	0.00	0.00
68400			NRC	606.62	283.47
68420			NRC	685.97	361.38
68440			NRC	217.57	209.64
68500				2100.04	2100.04
68505				2090.14	2090.14
68510				958.69	633.38
68520			NRC	1475.94	1475.94
68525				573.78	573.78
68530				910.35	551.86
68540				1997.81	1997.81
68550				2453.02	2453.02
68700			NRC	1293.89	1293.89
68705			NRC	519.08	355.34
68720			NRC	1628.39	1628.39
68745			NRC	1634.08	1634.08
68750			NRC	1693.64	1693.64
68760			NRC	439.54	311.87
68761			NRC	314.22	252.19
68770			NRC	1347.98	1347.98
68801			NRC	191.08	165.83
68810			NRC	333.24	273.37
68811			NRC	291.48	291.48
68815			NRC	827.67	474.23
68816			NRC	1493.51	338.69
68840			NRC	273.83	247.86
68850			NRC	134.82	120.40
68899			BR	0.00	0.00
69000				392.68	257.80
69005				458.48	340.91
69020				485.41	302.20
69100				207.30	107.03
69105				294.18	135.49
69110				964.56	691.18
69120				852.59	852.59
69140				1865.97	1865.97
69145				823.87	528.13
69150				2231.06	2231.06
69155				3567.69	3567.69
69200				173.06	103.10
69205				212.49	212.49
69209				28.92	28.92
69210			NRC	101.12	72.27
69220			NRC	171.43	112.28
69222			NRC	452.36	287.90
69300			NRC	1360.04	1047.71
69310				2321.72	2321.72
69320			NRC	3270.51	3270.51
69399			BR	0.00	0.00
69420			NRC	397.02	256.36
69421			NRC	317.81	317.81
69424			NRC	268.22	132.61
69433			NRC	420.83	282.33
69436			NRC	340.37	340.37
69440			NRC	1468.19	1468.19
69450			NRC	1158.63	1158.63
69501			NRC	1556.61	1556.61
69502			NRC	2067.97	2067.97
69505			NRC	2571.66	2571.66
69511			NRC	2637.05	2637.05
69530			NRC	3552.95	3552.95
69535			NRC	5817.50	5817.50

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
69540				432.82	268.36
69550				2222.56	2222.56
69552				3377.00	3377.00
69554				5453.19	5453.19
69601			NRC	2228.97	2228.97
69602			NRC	2335.93	2335.93
69603			NRC	2698.57	2698.57
69604			NRC	2390.57	2390.57
69605			NRC	3348.39	3348.39
69610				814.79	630.14
69620			NRC	1474.89	1047.15
69631			NRC	1888.24	1888.24
69632			NRC	2308.31	2308.31
69633			NRC	2235.78	2235.78
69635			NRC	2655.67	2655.67
69636			NRC	2953.75	2953.75
69637			NRC	2995.08	2995.08
69641			NRC	2233.49	2233.49
69642			NRC	2875.30	2875.30
69643			NRC	2626.80	2626.80
69644			NRC	3172.15	3172.15
69645			NRC	3115.03	3115.03
69646			NRC	3319.40	3319.40
69650			NRC	1720.36	1720.36
69660			NRC	1991.96	1991.96
69661			NRC	2597.43	2597.43
69662			NRC	2494.36	2494.36
69666			NRC	1730.39	1730.39
69667			NRC	1737.23	1737.23
69670			NRC	2022.77	2022.77
69676			NRC	1775.04	1775.04
69700			NRC	1455.08	1455.08
69710			NRC	0.00	0.00
69711			NRC	1831.92	1831.92
69714			NRC	2306.85	2306.85
69715			NRC	2857.05	2857.05
69717			NRC	2419.26	2419.26
69718			NRC	2886.30	2886.30
69720				2576.79	2576.79
69725				4071.35	4071.35
69740				2518.62	2518.62
69745				2677.85	2677.85
69799			BR	0.00	0.00
69801			NRC	436.05	273.76
69805			NRC	2261.60	2261.60
69806			NRC	2014.91	2014.91
69905			NRC	1964.19	1964.19
69910			NRC	2174.48	2174.48
69915				3317.01	3317.01
69930			NRC	2647.83	2647.83
69949			BR	0.00	0.00
69950				3858.50	3858.50
69955				4276.26	4276.26
69960			NRC	4161.89	4161.89
69970				4647.40	4647.40
69979			BR	0.00	0.00
69990				493.57	493.57
70010				86.00	86.00
70015				207.89	207.89
70015	26			84.47	84.47
70015	TC			123.42	123.42
70030				39.45	39.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
70030	26			11.93	11.93
70030	TC			27.51	27.51
70100				46.01	46.01
70100	26			12.91	12.91
70100	TC			33.10	33.10
70110				53.75	53.75
70110	26			17.86	17.86
70110	TC			35.89	35.89
70120				46.01	46.01
70120	26			12.91	12.91
70120	TC			33.10	33.10
70130				76.52	76.52
70130	26			24.33	24.33
70130	TC			52.19	52.19
70134				71.82	71.82
70134	26			24.76	24.76
70134	TC			47.07	47.07
70140				40.93	40.93
70140	26			14.35	14.35
70140	TC			26.58	26.58
70150				58.45	58.45
70150	26			18.83	18.83
70150	TC			39.62	39.62
70160				45.97	45.97
70160	26			12.40	12.40
70160	TC			33.57	33.57
70170				277.24	277.24
70170	26			21.37	21.37
70170	TC			255.87	255.87
70190				48.93	48.93
70190	26			15.36	15.36
70190	TC			33.57	33.57
70200				59.00	59.00
70200	26			19.85	19.85
70200	TC			39.15	39.15
70210				42.24	42.24
70210	26			12.40	12.40
70210	TC			29.84	29.84
70220				52.35	52.35
70220	26			17.86	17.86
70220	TC			34.50	34.50
70240				42.32	42.32
70240	26			13.88	13.88
70240	TC			28.44	28.44
70250				50.92	50.92
70250	26			17.82	17.82
70250	TC			33.10	33.10
70260				63.95	63.95
70260	26			24.80	24.80
70260	TC			39.15	39.15
70300				19.13	19.13
70300	26			7.92	7.92
70300	TC			11.22	11.22
70310				50.11	50.11
70310	26			10.96	10.96
70310	TC			39.15	39.15
70320				72.29	72.29
70320	26			17.31	17.31
70320	TC			54.98	54.98
70328				42.28	42.28
70328	26			12.91	12.91
70328	TC			29.38	29.38

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
70330				65.81	65.81
70330	26			17.35	17.35
70330	TC			48.46	48.46
70332				102.55	102.55
70332	26			38.26	38.26
70332	TC			64.29	64.29
70336				419.17	419.17
70336	26			103.90	103.90
70336	TC			315.27	315.27
70350			NRC	25.53	25.53
70350	26		NRC	13.84	13.84
70350	TC		NRC	11.68	11.68
70355				27.05	27.05
70355	26			15.36	15.36
70355	TC			11.68	11.68
70360				40.38	40.38
70360	26			11.93	11.93
70360	TC			28.44	28.44
70370			NRC	107.12	107.12
70370	26		NRC	20.95	20.95
70370	TC		NRC	86.17	86.17
70371			NRC	132.81	132.81
70371	26		NRC	60.14	60.14
70371	TC		NRC	72.67	72.67
70380			NRC	45.03	45.03
70380	26		NRC	11.93	11.93
70380	TC		NRC	33.10	33.10
70390			NRC	136.75	136.75
70390	26		NRC	26.83	26.83
70390	TC		NRC	109.92	109.92
70450				155.62	155.62
70450	26			60.14	60.14
70450	TC			95.48	95.48
70460				219.74	219.74
70460	26			80.50	80.50
70460	TC			139.25	139.25
70470				256.65	256.65
70470	26			89.93	89.93
70470	TC			166.72	166.72
70480				310.69	310.69
70480	26			90.44	90.44
70480	TC			220.25	220.25
70481				367.49	367.49
70481	26			97.89	97.89
70481	TC			269.60	269.60
70482				399.96	399.96
70482	26			102.37	102.37
70482	TC			297.58	297.58
70486				186.35	186.35
70486	26			60.60	60.60
70486	TC			125.75	125.75
70487				224.35	224.35
70487	26			79.52	79.52
70487	TC			144.83	144.83
70488				272.94	272.94
70488	26			89.93	89.93
70488	TC			183.01	183.01
70490				221.31	221.31
70490	26			90.44	90.44
70490	TC			130.87	130.87
70491				272.05	272.05
70491	26			97.89	97.89

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
70491	TC			174.16	174.16
70492				327.58	327.58
70492	26			114.31	114.31
70492	TC			213.27	213.27
70496				394.79	394.79
70496	26			123.75	123.75
70496	TC			271.05	271.05
70498				393.86	393.86
70498	26			123.75	123.75
70498	TC			270.11	270.11
70540				354.33	354.33
70540	26			95.43	95.43
70540	TC			258.90	258.90
70542				421.20	421.20
70542	26			114.77	114.77
70542	TC			306.43	306.43
70543				529.72	529.72
70543	26			151.13	151.13
70543	TC			378.59	378.59
70544				370.46	370.46
70544	26			84.98	84.98
70544	TC			285.48	285.48
70545				367.67	367.67
70545	26			84.98	84.98
70545	TC			282.68	282.68
70546				542.12	542.12
70546	26			104.36	104.36
70546	TC			437.76	437.76
70547				371.86	371.86
70547	26			84.98	84.98
70547	TC			286.87	286.87
70548				409.99	409.99
70548	26			106.35	106.35
70548	TC			303.64	303.64
70549				567.77	567.77
70549	26			127.22	127.22
70549	TC			440.55	440.55
70551				303.67	303.67
70551	26			104.83	104.83
70551	TC			198.84	198.84
70552				420.52	420.52
70552	26			126.20	126.20
70552	TC			294.32	294.32
70553				496.83	496.83
70553	26			161.54	161.54
70553	TC			335.29	335.29
70554				586.86	586.86
70554	26			149.10	149.10
70554	TC			437.76	437.76
70555				908.84	908.84
70555	26			178.00	178.00
70555	TC			730.84	730.84
70557	26			219.64	219.64
70558	26			241.90	241.90
70559	26			232.06	232.06
71045				33.44	33.44
71045	26			12.91	12.91
71045	TC			20.53	20.53
71046				42.45	42.45
71046	26			15.40	15.40
71046	TC			27.05	27.05
71047				53.37	53.37

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
71047	26			19.80	19.80
71047	TC			33.57	33.57
71048				57.73	57.73
71048	26			22.77	22.77
71048	TC			34.96	34.96
71100				46.18	46.18
71100	26			15.87	15.87
71100	TC			30.31	30.31
71101				52.95	52.95
71101	26			19.38	19.38
71101	TC			33.57	33.57
71110				55.32	55.32
71110	26			20.82	20.82
71110	TC			34.50	34.50
71111				65.73	65.73
71111	26			23.32	23.32
71111	TC			42.41	42.41
71120				41.90	41.90
71120	26			14.39	14.39
71120	TC			27.51	27.51
71130				49.90	49.90
71130	26			15.40	15.40
71130	TC			34.50	34.50
71250				213.35	213.35
71250	26			82.48	82.48
71250	TC			130.87	130.87
71260				263.04	263.04
71260	26			87.94	87.94
71260	TC			175.10	175.10
71270				311.63	311.63
71270	26			97.89	97.89
71270	TC			213.74	213.74
71275				403.93	403.93
71275	26			128.70	128.70
71275	TC			275.24	275.24
71550				537.80	537.80
71550	26			102.88	102.88
71550	TC			434.92	434.92
71551				595.83	595.83
71551	26			122.26	122.26
71551	TC			473.56	473.56
71552				752.81	752.81
71552	26			159.55	159.55
71552	TC			593.26	593.26
71555				521.63	521.63
71555	26			126.28	126.28
71555	TC			395.35	395.35
72020				30.98	30.98
72020	26			10.92	10.92
72020	TC			20.06	20.06
72040				48.97	48.97
72040	26			15.87	15.87
72040	TC			33.10	33.10
72050				67.55	67.55
72050	26			22.35	22.35
72050	TC			45.20	45.20
72052				80.33	80.33
72052	26			25.82	25.82
72052	TC			54.52	54.52
72070				45.71	45.71
72070	26			15.87	15.87
72070	TC			29.84	29.84

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
72072				48.50	48.50
72072	26			15.40	15.40
72072	TC			33.10	33.10
72074				53.16	53.16
72074	26			15.40	15.40
72074	TC			37.76	37.76
72080				45.24	45.24
72080	26			15.87	15.87
72080	TC			29.38	29.38
72081				54.30	54.30
72081	26			19.34	19.34
72081	TC			34.96	34.96
72082				86.64	86.64
72082	26			22.81	22.81
72082	TC			63.83	63.83
72083				102.17	102.17
72083	26			25.77	25.77
72083	TC			76.40	76.40
72084				119.23	119.23
72084	26			29.80	29.80
72084	TC			89.43	89.43
72100				48.97	48.97
72100	26			15.87	15.87
72100	TC			33.10	33.10
72110				68.48	68.48
72110	26			22.35	22.35
72110	TC			46.14	46.14
72114				77.83	77.83
72114	26			23.32	23.32
72114	TC			54.52	54.52
72120				57.35	57.35
72120	26			15.87	15.87
72120	TC			41.48	41.48
72125				245.98	245.98
72125	26			75.54	75.54
72125	TC			170.44	170.44
72126				303.46	303.46
72126	26			86.46	86.46
72126	TC			217.00	217.00
72127				358.60	358.60
72127	26			89.47	89.47
72127	TC			269.14	269.14
72128				241.03	241.03
72128	26			71.06	71.06
72128	TC			169.97	169.97
72129				305.32	305.32
72129	26			86.46	86.46
72129	TC			218.86	218.86
72130				359.07	359.07
72130	26			89.47	89.47
72130	TC			269.60	269.60
72131				240.10	240.10
72131	26			71.06	71.06
72131	TC			169.04	169.04
72132				303.92	303.92
72132	26			86.46	86.46
72132	TC			217.46	217.46
72133				357.72	357.72
72133	26			89.98	89.98
72133	TC			267.74	267.74
72141				296.26	296.26
72141	26			105.34	105.34

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
72141	TC			190.92	190.92
72142				428.48	428.48
72142	26			126.71	126.71
72142	TC			301.77	301.77
72146				296.73	296.73
72146	26			105.34	105.34
72146	TC			191.39	191.39
72147				426.11	426.11
72147	26			126.20	126.20
72147	TC			299.91	299.91
72148				296.73	296.73
72148	26			105.34	105.34
72148	TC			191.39	191.39
72149				423.36	423.36
72149	26			126.71	126.71
72149	TC			296.65	296.65
72156				500.09	500.09
72156	26			161.54	161.54
72156	TC			338.55	338.55
72157				501.49	501.49
72157	26			161.54	161.54
72157	TC			339.95	339.95
72158				499.16	499.16
72158	26			161.54	161.54
72158	TC			337.62	337.62
72159				540.26	540.26
72159	26			127.22	127.22
72159	TC			413.04	413.04
72170				44.10	44.10
72170	26			12.40	12.40
72170	TC			31.70	31.70
72190				53.12	53.12
72190	26			15.36	15.36
72190	TC			37.76	37.76
72191				420.23	420.23
72191	26			127.30	127.30
72191	TC			292.93	292.93
72192				195.79	195.79
72192	26			77.02	77.02
72192	TC			118.76	118.76
72193				312.05	312.05
72193	26			82.48	82.48
72193	TC			229.57	229.57
72194				353.74	353.74
72194	26			86.00	86.00
72194	TC			267.74	267.74
72195				361.31	361.31
72195	26			103.35	103.35
72195	TC			257.97	257.97
72196				422.18	422.18
72196	26			122.73	122.73
72196	TC			299.45	299.45
72197				533.23	533.23
72197	26			155.57	155.57
72197	TC			377.66	377.66
72198				524.43	524.43
72198	26			125.82	125.82
72198	TC			398.61	398.61
72200				41.31	41.31
72200	26			12.40	12.40
72200	TC			28.91	28.91
72202				46.51	46.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
72202	26			13.42	13.42
72202	TC			33.10	33.10
72220				40.84	40.84
72220	26			12.40	12.40
72220	TC			28.44	28.44
72240				140.98	140.98
72240	26			64.12	64.12
72240	TC			76.86	76.86
72255				143.44	143.44
72255	26			67.04	67.04
72255	TC			76.40	76.40
72265				131.79	131.79
72265	26			57.73	57.73
72265	TC			74.07	74.07
72270				183.85	183.85
72270	26			95.35	95.35
72270	TC			88.50	88.50
72275				165.44	165.44
72275	26			55.06	55.06
72275	TC			110.38	110.38
72285				159.77	159.77
72285	26			83.84	83.84
72285	TC			75.93	75.93
72295				138.82	138.82
72295	26			61.03	61.03
72295	TC			77.79	77.79
73000				38.94	38.94
73000	26			11.89	11.89
73000	TC			27.05	27.05
73010				42.71	42.71
73010	26			12.87	12.87
73010	TC			29.84	29.84
73020				31.91	31.91
73020	26			11.38	11.38
73020	TC			20.53	20.53
73030				40.42	40.42
73030	26			13.37	13.37
73030	TC			27.05	27.05
73040				147.71	147.71
73040	26			38.72	38.72
73040	TC			108.99	108.99
73050				49.82	49.82
73050	26			14.85	14.85
73050	TC			34.96	34.96
73060				40.34	40.34
73060	26			11.89	11.89
73060	TC			28.44	28.44
73070				36.10	36.10
73070	26			11.38	11.38
73070	TC			24.72	24.72
73080				39.91	39.91
73080	26			12.40	12.40
73080	TC			27.51	27.51
73085				141.70	141.70
73085	26			40.63	40.63
73085	TC			101.07	101.07
73090				37.54	37.54
73090	26			11.89	11.89
73090	TC			25.65	25.65
73092			NRC	38.47	38.47
73092	26		NRC	11.43	11.43
73092	TC		NRC	27.05	27.05

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
73100				42.66	42.66
73100	26			11.89	11.89
73100	TC			30.77	30.77
73110				48.76	48.76
73110	26			12.40	12.40
73110	TC			36.36	36.36
73115				157.53	157.53
73115	26			40.16	40.16
73115	TC			117.37	117.37
73120				38.94	38.94
73120	26			11.89	11.89
73120	TC			27.05	27.05
73130				44.57	44.57
73130	26			12.40	12.40
73130	TC			32.17	32.17
73140				44.87	44.87
73140	26			9.90	9.90
73140	TC			34.96	34.96
73200				239.63	239.63
73200	26			71.06	71.06
73200	TC			168.58	168.58
73201				297.62	297.62
73201	26			82.48	82.48
73201	TC			215.13	215.13
73202				369.57	369.57
73202	26			86.46	86.46
73202	TC			283.11	283.11
73206				438.34	438.34
73206	26			126.79	126.79
73206	TC			311.55	311.55
73218				477.28	477.28
73218	26			95.90	95.90
73218	TC			381.38	381.38
73219				524.56	524.56
73219	26			114.77	114.77
73219	TC			409.78	409.78
73220				649.83	649.83
73220	26			151.59	151.59
73220	TC			498.24	498.24
73221				312.01	312.01
73221	26			96.37	96.37
73221	TC			215.64	215.64
73222				494.76	494.76
73222	26			115.24	115.24
73222	TC			379.52	379.52
73223				614.45	614.45
73223	26			152.06	152.06
73223	TC			462.39	462.39
73225				517.62	517.62
73225	26			119.94	119.94
73225	TC			397.68	397.68
73501				41.35	41.35
73501	26			13.37	13.37
73501	TC			27.98	27.98
73502				57.35	57.35
73502	26			15.87	15.87
73502	TC			41.48	41.48
73503				71.57	71.57
73503	26			19.85	19.85
73503	TC			51.72	51.72
73521				51.30	51.30
73521	26			15.87	15.87

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
73521	TC			35.43	35.43
73522				67.00	67.00
73522	26			21.33	21.33
73522	TC			45.67	45.67
73523				78.26	78.26
73523	26			22.81	22.81
73523	TC			55.45	55.45
73525				150.59	150.59
73525	26			41.14	41.14
73525	TC			109.45	109.45
73551				38.01	38.01
73551	26			11.89	11.89
73551	TC			26.12	26.12
73552				44.61	44.61
73552	26			12.91	12.91
73552	TC			31.70	31.70
73560				43.13	43.13
73560	26			11.89	11.89
73560	TC			31.24	31.24
73562				49.73	49.73
73562	26			13.37	13.37
73562	TC			36.36	36.36
73564				55.49	55.49
73564	26			15.87	15.87
73564	TC			39.62	39.62
73565				49.65	49.65
73565	26			12.36	12.36
73565	TC			37.29	37.29
73580				169.68	169.68
73580	26			40.67	40.67
73580	TC			129.01	129.01
73590				39.41	39.41
73590	26			11.43	11.43
73590	TC			27.98	27.98
73592				38.47	38.47
73592	26			11.43	11.43
73592	TC			27.05	27.05
73600				41.27	41.27
73600	26			11.89	11.89
73600	TC			29.38	29.38
73610				44.57	44.57
73610	26			12.40	12.40
73610	TC			32.17	32.17
73615				158.04	158.04
73615	26			41.14	41.14
73615	TC			116.90	116.90
73620				36.15	36.15
73620	26			10.96	10.96
73620	TC			25.18	25.18
73630				41.78	41.78
73630	26			11.93	11.93
73630	TC			29.84	29.84
73650				36.15	36.15
73650	26			11.43	11.43
73650	TC			24.72	24.72
73660				38.35	38.35
73660	26			9.44	9.44
73660	TC			28.91	28.91
73700				240.10	240.10
73700	26			71.06	71.06
73700	TC			169.04	169.04
73701				301.34	301.34

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
73701	26			82.48	82.48
73701	TC			218.86	218.86
73702				363.98	363.98
73702	26			86.00	86.00
73702	TC			277.98	277.98
73706				474.66	474.66
73706	26			133.27	133.27
73706	TC			341.39	341.39
73718				350.14	350.14
73718	26			95.43	95.43
73718	TC			254.71	254.71
73719				414.22	414.22
73719	26			114.77	114.77
73719	TC			299.45	299.45
73720				531.58	531.58
73720	26			151.59	151.59
73720	TC			379.99	379.99
73721				312.01	312.01
73721	26			96.37	96.37
73721	TC			215.64	215.64
73722				497.09	497.09
73722	26			115.24	115.24
73722	TC			381.85	381.85
73723				613.05	613.05
73723	26			151.59	151.59
73723	TC			461.46	461.46
73725				524.98	524.98
73725	26			126.83	126.83
73725	TC			398.14	398.14
74018				38.09	38.09
74018	26			12.91	12.91
74018	TC			25.18	25.18
74019				46.68	46.68
74019	26			16.38	16.38
74019	TC			30.31	30.31
74021				53.88	53.88
74021	26			19.38	19.38
74021	TC			34.50	34.50
74022				62.47	62.47
74022	26			22.85	22.85
74022	TC			39.62	39.62
74150				201.84	201.84
74150	26			84.47	84.47
74150	TC			117.37	117.37
74160				318.57	318.57
74160	26			89.93	89.93
74160	TC			228.64	228.64
74170				361.06	361.06
74170	26			98.90	98.90
74170	TC			262.16	262.16
74174				529.51	529.51
74174	26			154.18	154.18
74174	TC			375.33	375.33
74175				421.16	421.16
74175	26			127.77	127.77
74175	TC			293.39	293.39
74176				270.87	270.87
74176	26			123.24	123.24
74176	TC			147.63	147.63
74177				426.70	426.70
74177	26			129.16	129.16
74177	TC			297.54	297.54

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
74178				481.60	481.60
74178	26			141.65	141.65
74178	TC			339.95	339.95
74181				326.86	326.86
74181	26			103.35	103.35
74181	TC			223.51	223.51
74182				478.51	478.51
74182	26			122.73	122.73
74182	TC			355.78	355.78
74183				533.70	533.70
74183	26			155.57	155.57
74183	TC			378.12	378.12
74185				526.29	526.29
74185	26			126.28	126.28
74185	TC			400.01	400.01
74190				288.61	288.61
74190	26			32.88	32.88
74190	TC			255.73	255.73
74210				118.59	118.59
74210	26			41.73	41.73
74210	TC			76.86	76.86
74220				130.14	130.14
74220	26			47.70	47.70
74220	TC			82.45	82.45
74221			BR	TBD	TBD
74221	TC		BR	TBD	TBD
74221	26		BR	TBD	TBD
74230				169.55	169.55
74230	26			37.75	37.75
74230	TC			131.80	131.80
74235				179.31	179.31
74235	26			84.47	84.47
74235	TC			94.84	94.84
74240				163.75	163.75
74240	26			49.18	49.18
74240	TC			114.57	114.57
74246			NRC	181.91	181.91
74246	26		NRC	48.71	48.71
74246	TC		NRC	133.20	133.20
74248			BR	TBD	TBD
74250			NRC	150.21	150.21
74250	26		NRC	33.31	33.31
74250	TC		NRC	116.90	116.90
74251			NRC	569.25	569.25
74251	26		NRC	48.71	48.71
74251	TC		NRC	520.54	520.54
74261			NRC	643.06	643.06
74261	26		NRC	169.96	169.96
74261	TC		NRC	473.10	473.10
74262			NRC	721.23	721.23
74262	26		NRC	176.90	176.90
74262	TC		NRC	544.33	544.33
74263			NRC	1001.65	1001.65
74263	26		NRC	159.83	159.83
74263	TC		NRC	841.82	841.82
74270			NRC	214.50	214.50
74270	26		NRC	48.71	48.71
74270	TC		NRC	165.78	165.78
74280			NRC	302.91	302.91
74280	26		NRC	70.08	70.08
74280	TC		NRC	232.83	232.83
74283			NRC	316.83	316.83

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
74283	26		NRC	145.92	145.92
74283	TC		NRC	170.91	170.91
74290			NRC	101.58	101.58
74290	26		NRC	22.85	22.85
74290	TC		NRC	78.72	78.72
74300			NRC	172.30	172.30
74300	26		NRC	25.86	25.86
74300	TC		NRC	146.44	146.44
74301			NRC	161.33	161.33
74301	26		NRC	14.90	14.90
74301	TC		NRC	146.44	146.44
74328	26		NRC	50.15	50.15
74329	26		NRC	50.11	50.11
74330	26		NRC	64.07	64.07
74340				149.76	149.76
74340	26			38.26	38.26
74340	TC			111.50	111.50
74355				200.37	200.37
74355	26			53.66	53.66
74355	TC			146.71	146.71
74360			NRC	134.69	134.69
74360	26		NRC	39.74	39.74
74360	TC		NRC	94.95	94.95
74363			NRC	375.47	375.47
74363	26		NRC	60.73	60.73
74363	TC		NRC	314.74	314.74
74400			NRC	158.67	158.67
74400	26		NRC	34.79	34.79
74400	TC		NRC	123.88	123.88
74410			NRC	161.00	161.00
74410	26		NRC	34.32	34.32
74410	TC		NRC	126.68	126.68
74415			NRC	191.73	191.73
74415	26		NRC	34.79	34.79
74415	TC		NRC	156.94	156.94
74420			NRC	96.37	96.37
74420	26		NRC	36.27	36.27
74420	TC		NRC	60.10	60.10
74425				233.74	233.74
74425	26			24.88	24.88
74425	TC			208.86	208.86
74430				53.16	53.16
74430	26			22.85	22.85
74430	TC			30.31	30.31
74440			NRC	115.29	115.29
74440	26		NRC	25.86	25.86
74440	TC		NRC	89.43	89.43
74445			NRC	223.33	223.33
74445	26		NRC	78.03	78.03
74445	TC		NRC	145.30	145.30
74450				232.29	232.29
74450	26			23.36	23.36
74450	TC			208.93	208.93
74455				120.24	120.24
74455	26			23.36	23.36
74455	TC			96.88	96.88
74470				183.91	183.91
74470	26			37.33	37.33
74470	TC			146.58	146.58
74485				144.28	144.28
74485	26			56.71	56.71
74485	TC			87.57	87.57

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
74710			NRC	51.85	51.85
74710	26		NRC	24.33	24.33
74710	TC		NRC	27.51	27.51
74712			NRC	644.79	644.79
74712	26		NRC	212.20	212.20
74712	TC		NRC	432.60	432.60
74713			NRC	315.60	315.60
74713	26		NRC	131.66	131.66
74713	TC		NRC	183.94	183.94
74740			NRC	109.75	109.75
74740	26		NRC	26.83	26.83
74740	TC		NRC	82.91	82.91
74742			NRC	299.44	299.44
74742	26		NRC	43.72	43.72
74742	TC		NRC	255.73	255.73
74775			NRC	253.08	253.08
74775	26		NRC	44.23	44.23
74775	TC		NRC	208.86	208.86
75557			NRC	436.89	436.89
75557	26		NRC	163.56	163.56
75557	TC		NRC	273.33	273.33
75559			NRC	607.58	607.58
75559	26		NRC	201.52	201.52
75559	TC		NRC	406.06	406.06
75561			NRC	571.65	571.65
75561	26		NRC	180.49	180.49
75561	TC		NRC	391.16	391.16
75563			NRC	677.16	677.16
75563	26		NRC	206.85	206.85
75563	TC		NRC	470.31	470.31
75565				71.40	71.40
75565	26			17.39	17.39
75565	TC			54.01	54.01
75571				138.57	138.57
75571	26			40.75	40.75
75571	TC			97.81	97.81
75572				357.97	357.97
75572	26			122.77	122.77
75572	TC			235.20	235.20
75573			NRC	485.36	485.36
75573	26		NRC	178.46	178.46
75573	TC		NRC	306.89	306.89
75574				524.76	524.76
75574	26			167.08	167.08
75574	TC			357.68	357.68
75600			NRC	264.49	264.49
75600	26		NRC	34.46	34.46
75600	TC		NRC	230.03	230.03
75605			NRC	181.28	181.28
75605	26		NRC	78.81	78.81
75605	TC		NRC	102.47	102.47
75625			NRC	179.13	179.13
75625	26		NRC	78.99	78.99
75625	TC		NRC	100.14	100.14
75630			NRC	226.27	226.27
75630	26		NRC	124.27	124.27
75630	TC		NRC	102.00	102.00
75635			NRC	590.50	590.50
75635	26		NRC	167.63	167.63
75635	TC		NRC	422.86	422.86
75705			NRC	342.87	342.87
75705	26		NRC	165.41	165.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
75705	TC		NRC	177.47	177.47
75710			NRC	228.61	228.61
75710	26		NRC	122.42	122.42
75710	TC		NRC	106.19	106.19
75716			NRC	243.88	243.88
75716	26		NRC	136.29	136.29
75716	TC		NRC	107.59	107.59
75726			NRC	195.15	195.15
75726	26		NRC	77.79	77.79
75726	TC		NRC	117.37	117.37
75731			NRC	225.42	225.42
75731	26		NRC	81.00	81.00
75731	TC		NRC	144.41	144.41
75733			NRC	242.85	242.85
75733	26		NRC	90.01	90.01
75733	TC		NRC	152.84	152.84
75736			NRC	209.26	209.26
75736	26		NRC	77.88	77.88
75736	TC		NRC	131.38	131.38
75741			NRC	198.24	198.24
75741	26		NRC	89.72	89.72
75741	TC		NRC	108.52	108.52
75743			NRC	223.60	223.60
75743	26		NRC	113.68	113.68
75743	TC		NRC	109.92	109.92
75746			NRC	198.83	198.83
75746	26		NRC	78.68	78.68
75746	TC		NRC	120.16	120.16
75756			NRC	228.57	228.57
75756	26		NRC	80.89	80.89
75756	TC		NRC	147.67	147.67
75774			NRC	110.17	110.17
75774	26		NRC	24.46	24.46
75774	TC		NRC	85.71	85.71
75801			NRC	318.81	318.81
75801	26		NRC	63.16	63.16
75801	TC		NRC	255.65	255.65
75803			NRC	339.10	339.10
75803	26		NRC	83.46	83.46
75803	TC		NRC	255.65	255.65
75805			NRC	313.29	313.29
75805	26		NRC	57.64	57.64
75805	TC		NRC	255.65	255.65
75807			NRC	335.38	335.38
75807	26		NRC	79.73	79.73
75807	TC		NRC	255.65	255.65
75809				127.40	127.40
75809	26			33.77	33.77
75809	TC			93.62	93.62
75810			NRC	891.53	891.53
75810	26		NRC	70.30	70.30
75810	TC		NRC	821.23	821.23
75820			NRC	149.91	149.91
75820	26		NRC	49.31	49.31
75820	TC		NRC	100.61	100.61
75822			NRC	176.24	176.24
75822	26		NRC	73.31	73.31
75822	TC		NRC	102.93	102.93
75825			NRC	176.76	176.76
75825	26		NRC	78.94	78.94
75825	TC		NRC	97.81	97.81
75827			NRC	183.32	183.32

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
75827	26		NRC	79.92	79.92
75827	TC		NRC	103.40	103.40
75831			NRC	184.07	184.07
75831	26		NRC	77.88	77.88
75831	TC		NRC	106.19	106.19
75833			NRC	219.05	219.05
75833	26		NRC	103.50	103.50
75833	TC		NRC	115.55	115.55
75840			NRC	195.11	195.11
75840	26		NRC	81.00	81.00
75840	TC		NRC	114.11	114.11
75842			NRC	237.22	237.22
75842	26		NRC	105.85	105.85
75842	TC		NRC	131.38	131.38
75860			NRC	191.05	191.05
75860	26		NRC	79.74	79.74
75860	TC		NRC	111.31	111.31
75870			NRC	252.67	252.67
75870	26		NRC	91.07	91.07
75870	TC		NRC	161.59	161.59
75872			NRC	195.11	195.11
75872	26		NRC	81.00	81.00
75872	TC		NRC	114.11	114.11
75880			NRC	163.33	163.33
75880	26		NRC	49.68	49.68
75880	TC		NRC	113.64	113.64
75885			NRC	206.20	206.20
75885	26		NRC	95.81	95.81
75885	TC		NRC	110.38	110.38
75887			NRC	207.13	207.13
75887	26		NRC	96.28	96.28
75887	TC		NRC	110.85	110.85
75889			NRC	188.13	188.13
75889	26		NRC	77.28	77.28
75889	TC		NRC	110.85	110.85
75891			NRC	190.45	190.45
75891	26		NRC	78.21	78.21
75891	TC		NRC	112.24	112.24
75893			NRC	157.07	157.07
75893	26		NRC	38.30	38.30
75893	TC		NRC	118.76	118.76
75894			NRC	831.06	831.06
75894	26		NRC	102.50	102.50
75894	TC		NRC	728.56	728.56
75898			NRC	275.16	275.16
75898	26		NRC	127.94	127.94
75898	TC		NRC	147.21	147.21
75901				263.89	263.89
75901	26			33.39	33.39
75901	TC			230.50	230.50
75902				105.18	105.18
75902	26			26.92	26.92
75902	TC			78.26	78.26
75956	26			492.31	492.31
75957	26			422.67	422.67
75958	26			280.74	280.74
75959	26		NRC	244.67	244.67
75970				598.73	598.73
75970	26			56.33	56.33
75970	TC			542.40	542.40
75984			NRC	137.80	137.80
75984	26		NRC	49.30	49.30

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
75984	TC		NRC	88.50	88.50
75989			NRC	164.64	164.64
75989	26		NRC	82.19	82.19
75989	TC		NRC	82.45	82.45
76000				63.36	63.36
76000	26			21.88	21.88
76000	TC			41.48	41.48
76010			NRC	36.70	36.70
76010	26		NRC	12.91	12.91
76010	TC		NRC	23.79	23.79
76080			NRC	77.41	77.41
76080	26		NRC	36.86	36.86
76080	TC		NRC	40.55	40.55
76098			NRC	22.64	22.64
76098	26		NRC	11.43	11.43
76098	TC		NRC	11.22	11.22
76100			NRC	127.02	127.02
76100	26		NRC	44.10	44.10
76100	TC		NRC	82.91	82.91
76101			NRC	126.40	126.40
76101	26		NRC	40.23	40.23
76101	TC		NRC	86.17	86.17
76102			NRC	230.08	230.08
76102	26		NRC	47.50	47.50
76102	TC		NRC	182.59	182.59
76120			NRC	135.35	135.35
76120	26		NRC	25.90	25.90
76120	TC		NRC	109.45	109.45
76125			NRC	81.09	81.09
76125	26		NRC	19.85	19.85
76125	TC		NRC	61.24	61.24
76140			NRC	0.00	0.00
76376				31.19	31.19
76376	26			13.92	13.92
76376	TC			17.27	17.27
76377				97.17	97.17
76377	26			56.16	56.16
76377	TC			41.01	41.01
76380				193.93	193.93
76380	26			68.65	68.65
76380	TC			125.28	125.28
76390				579.23	579.23
76390	26			98.26	98.26
76390	TC			480.97	480.97
76391				315.01	315.01
76391	26			78.46	78.46
76391	TC			236.55	236.55
76496			BR	0.00	0.00
76496	26		BR	0.00	0.00
76496	TC		BR	0.00	0.00
76497			BR	0.00	0.00
76497	26		BR	0.00	0.00
76497	TC		BR	0.00	0.00
76498			BR	0.00	0.00
76498	26		BR	0.00	0.00
76498	TC		BR	0.00	0.00
76499			BR	0.00	0.00
76499	26		BR	0.00	0.00
76499	TC		BR	0.00	0.00
76506				154.70	154.70
76506	26			45.24	45.24
76506	TC			109.45	109.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
76510				149.69	149.69
76510	26			79.81	79.81
76510	TC			69.88	69.88
76511				92.64	92.64
76511	26			50.69	50.69
76511	TC			41.95	41.95
76512				82.99	82.99
76512	26			48.49	48.49
76512	TC			34.50	34.50
76513				132.30	132.30
76513	26			50.31	50.31
76513	TC			81.98	81.98
76514				17.44	17.44
76514	26			11.34	11.34
76514	TC			6.10	6.10
76516				73.01	73.01
76516	26			31.99	31.99
76516	TC			41.01	41.01
76519				89.42	89.42
76519	26			43.76	43.76
76519	TC			45.67	45.67
76529				110.97	110.97
76529	26			46.21	46.21
76529	TC			64.76	64.76
76536				153.85	153.85
76536	26			39.74	39.74
76536	TC			114.11	114.11
76604				119.35	119.35
76604	26			38.30	38.30
76604	TC			81.05	81.05
76641				143.90	143.90
76641	26			51.67	51.67
76641	TC			92.23	92.23
76642				118.08	118.08
76642	26			48.20	48.20
76642	TC			69.88	69.88
76700				163.32	163.32
76700	26			57.13	57.13
76700	TC			106.19	106.19
76705				121.85	121.85
76705	26			41.26	41.26
76705	TC			80.59	80.59
76706			NRC	151.48	151.48
76706	26		NRC	38.77	38.77
76706	TC		NRC	112.71	112.71
76770				151.39	151.39
76770	26			52.18	52.18
76770	TC			99.21	99.21
76775				79.44	79.44
76775	26			40.75	40.75
76775	TC			38.69	38.69
76776				207.34	207.34
76776	26			53.66	53.66
76776	TC			153.68	153.68
76800				193.56	193.56
76800	26			83.65	83.65
76800	TC			109.92	109.92
76801			NRC	165.57	165.57
76801	26		NRC	70.55	70.55
76801	TC		NRC	95.02	95.02
76802			NRC	88.03	88.03
76802	26		NRC	59.63	59.63

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
76802	TC		NRC	28.40	28.40
76805			NRC	189.36	189.36
76805	26		NRC	71.06	71.06
76805	TC		NRC	118.30	118.30
76810			NRC	126.93	126.93
76810	26		NRC	71.06	71.06
76810	TC		NRC	55.87	55.87
76811			NRC	247.18	247.18
76811	26		NRC	137.68	137.68
76811	TC		NRC	109.50	109.50
76812			NRC	274.56	274.56
76812	26		NRC	130.19	130.19
76812	TC		NRC	144.37	144.37
76813			NRC	166.08	166.08
76813	26		NRC	85.96	85.96
76813	TC		NRC	80.12	80.12
76814			NRC	110.30	110.30
76814	26		NRC	72.55	72.55
76814	TC		NRC	37.76	37.76
76815			NRC	113.77	113.77
76815	26		NRC	46.21	46.21
76815	TC		NRC	67.55	67.55
76816			NRC	154.32	154.32
76816	26		NRC	61.62	61.62
76816	TC		NRC	92.69	92.69
76817			NRC	130.53	130.53
76817	26		NRC	53.66	53.66
76817	TC		NRC	76.86	76.86
76818			NRC	165.07	165.07
76818	26		NRC	76.52	76.52
76818	TC		NRC	88.55	88.55
76819			NRC	120.88	120.88
76819	26		NRC	55.66	55.66
76819	TC		NRC	65.22	65.22
76820			NRC	65.18	65.18
76820	26		NRC	36.27	36.27
76820	TC		NRC	28.91	28.91
76821			NRC	124.77	124.77
76821	26		NRC	51.17	51.17
76821	TC		NRC	73.60	73.60
76825			NRC	370.25	370.25
76825	26		NRC	118.29	118.29
76825	TC		NRC	251.96	251.96
76826			NRC	218.81	218.81
76826	26		NRC	58.15	58.15
76826	TC		NRC	160.66	160.66
76827			NRC	100.86	100.86
76827	26		NRC	40.75	40.75
76827	TC		NRC	60.10	60.10
76828			NRC	72.88	72.88
76828	26		NRC	40.25	40.25
76828	TC		NRC	32.63	32.63
76830			NRC	163.28	163.28
76830	26		NRC	49.18	49.18
76830	TC		NRC	114.11	114.11
76831			NRC	159.26	159.26
76831	26		NRC	51.68	51.68
76831	TC		NRC	107.59	107.59
76856			NRC	146.99	146.99
76856	26		NRC	48.71	48.71
76856	TC		NRC	98.28	98.28
76857			NRC	66.53	66.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
76857	26		NRC	35.30	35.30
76857	TC		NRC	31.24	31.24
76870				141.19	141.19
76870	26			45.24	45.24
76870	TC			95.95	95.95
76872			NRC	171.57	171.57
76872	26		NRC	47.23	47.23
76872	TC		NRC	124.35	124.35
76873			NRC	235.43	235.43
76873	26		NRC	110.15	110.15
76873	TC		NRC	125.28	125.28
76881			NRC	119.69	119.69
76881	26		NRC	44.69	44.69
76881	TC		NRC	75.00	75.00
76882			NRC	77.66	77.66
76882	26		NRC	34.79	34.79
76882	TC		NRC	42.88	42.88
76885			NRC	191.89	191.89
76885	26		NRC	52.65	52.65
76885	TC		NRC	139.25	139.25
76886			NRC	141.11	141.11
76886	26		NRC	44.23	44.23
76886	TC		NRC	96.88	96.88
76932				228.50	228.50
76932	26			46.72	46.72
76932	TC			181.78	181.78
76936			NRC	363.28	363.28
76936	26		NRC	138.33	138.33
76936	TC		NRC	224.96	224.96
76937				46.05	46.05
76937	26			20.44	20.44
76937	TC			25.61	25.61
76940			NRC	248.76	248.76
76940	26		NRC	145.86	145.86
76940	TC		NRC	102.89	102.89
76941			NRC	200.79	200.79
76941	26		NRC	97.90	97.90
76941	TC		NRC	102.89	102.89
76942				77.96	77.96
76942	26			45.32	45.32
76942	TC			32.63	32.63
76945			NRC	152.58	152.58
76945	26		NRC	49.18	49.18
76945	TC		NRC	103.40	103.40
76946			NRC	44.61	44.61
76946	26		NRC	27.34	27.34
76946	TC		NRC	17.27	17.27
76948			NRC	101.83	101.83
76948	26		NRC	49.18	49.18
76948	TC		NRC	52.65	52.65
76965				127.89	127.89
76965	26			95.26	95.26
76965	TC			32.63	32.63
76970				120.12	120.12
76970	26			27.43	27.43
76970	TC			92.69	92.69
76975			NRC	194.17	194.17
76975	26		NRC	59.41	59.41
76975	TC		NRC	134.75	134.75
76977			NRC	10.08	10.08
76977	26		NRC	3.98	3.98
76977	TC		NRC	6.10	6.10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
76978				434.70	434.70
76978	26			114.35	114.35
76978	TC			320.35	320.35
76979				293.85	293.85
76979	26			60.14	60.14
76979	TC			233.71	233.71
76981				144.24	144.24
76981	26			42.24	42.24
76981	TC			102.00	102.00
76982				129.34	129.34
76982	26			42.24	42.24
76982	TC			87.10	87.10
76983				79.99	79.99
76983	26			35.76	35.76
76983	TC			44.23	44.23
76998				225.77	225.77
76998	26			90.31	90.31
76998	TC			135.47	135.47
76999			BR	0.00	0.00
76999	26		BR	0.00	0.00
76999	TC		BR	0.00	0.00
77001				120.50	120.50
77001	26			26.41	26.41
77001	TC			94.09	94.09
77002				135.60	135.60
77002	26			39.19	39.19
77002	TC			96.42	96.42
77003				131.71	131.71
77003	26			42.75	42.75
77003	TC			88.97	88.97
77011			NRC	306.72	306.72
77011	26		NRC	88.79	88.79
77011	TC		NRC	217.93	217.93
77012				205.56	205.56
77012	26			104.49	104.49
77012	TC			101.07	101.07
77013			NRC	690.38	690.38
77013	26		NRC	272.04	272.04
77013	TC		NRC	418.34	418.34
77014				162.56	162.56
77014	26			62.89	62.89
77014	TC			99.67	99.67
77021				632.44	632.44
77021	26			103.47	103.47
77021	TC			528.97	528.97
77022			NRC	698.30	698.30
77022	26		NRC	305.21	305.21
77022	TC		NRC	393.08	393.08
77046				333.34	333.34
77046	26			102.37	102.37
77046	TC			230.96	230.96
77047				342.86	342.86
77047	26			113.29	113.29
77047	TC			229.57	229.57
77048				528.58	528.58
77048	26			148.12	148.12
77048	TC			380.45	380.45
77049				540.64	540.64
77049	26			162.05	162.05
77049	TC			378.59	378.59
77053				77.07	77.07
77053	26			25.35	25.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
77053	TC			51.72	51.72
77054				100.77	100.77
77054	26			32.29	32.29
77054	TC			68.48	68.48
77061			NRC	0.00	0.00
77061	26		NRC	0.00	0.00
77061	TC		NRC	0.00	0.00
77062			NRC	0.00	0.00
77062	26		NRC	0.00	0.00
77062	TC		NRC	0.00	0.00
77063				74.82	74.82
77063	26			42.24	42.24
77063	TC			32.59	32.59
77065				179.20	179.20
77065	26			57.64	57.64
77065	TC			121.56	121.56
77066				226.60	226.60
77066	26			71.06	71.06
77066	TC			155.54	155.54
77067			NRC	182.20	182.20
77067	26		NRC	53.66	53.66
77067	TC		NRC	128.54	128.54
77071				68.62	68.62
77072			NRC	32.55	32.55
77072	26		NRC	13.42	13.42
77072	TC		NRC	19.13	19.13
77073			NRC	50.62	50.62
77073	26		NRC	20.32	20.32
77073	TC		NRC	30.31	30.31
77074			NRC	91.00	91.00
77074	26		NRC	32.29	32.29
77074	TC		NRC	58.71	58.71
77075			NRC	123.50	123.50
77075	26		NRC	38.26	38.26
77075	TC		NRC	85.24	85.24
77076			NRC	135.86	135.86
77076	26		NRC	49.68	49.68
77076	TC		NRC	86.17	86.17
77077			NRC	52.19	52.19
77077	26		NRC	22.81	22.81
77077	TC		NRC	29.38	29.38
77078			NRC	151.98	151.98
77078	26		NRC	17.39	17.39
77078	TC		NRC	134.59	134.59
77080			NRC	53.54	53.54
77080	26		NRC	13.92	13.92
77080	TC		NRC	39.62	39.62
77081			NRC	44.69	44.69
77081	26		NRC	14.39	14.39
77081	TC		NRC	30.31	30.31
77084				506.31	506.31
77084	26			113.76	113.76
77084	TC			392.56	392.56
77085				73.09	73.09
77085	26			21.37	21.37
77085	TC			51.72	51.72
77086				46.90	46.90
77086	26			11.93	11.93
77086	TC			34.96	34.96
77261				100.39	100.39
77262				151.51	151.51
77263				236.80	236.80

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
77280				368.13	368.13
77280	26			52.43	52.43
77280	TC			315.69	315.69
77285				608.48	608.48
77285	26			79.56	79.56
77285	TC			528.92	528.92
77290				678.74	678.74
77290	26			115.36	115.36
77290	TC			563.37	563.37
77293				616.94	616.94
77293	26			148.03	148.03
77293	TC			468.91	468.91
77295				668.10	668.10
77295	26			316.84	316.84
77295	TC			351.26	351.26
77299			BR	0.00	0.00
77299	26		BR	0.00	0.00
77299	TC		BR	0.00	0.00
77300				90.78	90.78
77300	26			46.04	46.04
77300	TC			44.74	44.74
77301				2599.17	2599.17
77301	26			590.14	590.14
77301	TC			2009.04	2009.04
77306				204.12	204.12
77306	26			103.47	103.47
77306	TC			100.65	100.65
77307				395.58	395.58
77307	26			213.88	213.88
77307	TC			181.70	181.70
77316				275.40	275.40
77316	26			103.94	103.94
77316	TC			171.46	171.46
77317				360.68	360.68
77317	26			135.17	135.17
77317	TC			225.51	225.51
77318				519.55	519.55
77318	26			213.88	213.88
77318	TC			305.68	305.68
77321				128.07	128.07
77321	26			70.29	70.29
77321	TC			57.77	57.77
77331				89.55	89.55
77331	26			64.37	64.37
77331	TC			25.18	25.18
77332				71.40	71.40
77332	26			33.64	33.64
77332	TC			37.76	37.76
77333				147.66	147.66
77333	26			55.44	55.44
77333	TC			92.23	92.23
77334				174.58	174.58
77334	26			85.15	85.15
77334	TC			89.43	89.43
77336				105.48	105.48
77338				678.38	678.38
77338	26			316.84	316.84
77338	TC			361.54	361.54
77370				164.41	164.41
77371				9866.08	9866.08
77372				1408.57	1408.57
77373				1705.31	1705.31

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
77385			BR	0.00	0.00
77386			BR	0.00	0.00
77387			BR	0.00	0.00
77399			BR	0.00	0.00
77399	26		BR	0.00	0.00
77399	TC		BR	0.00	0.00
77401				32.63	32.63
77402				183.83	183.83
77407				333.73	333.73
77412				316.81	316.81
77417				14.94	14.94
77423				85.37	85.37
77424			BR	0.00	0.00
77425			BR	0.00	0.00
77427				265.28	265.28
77431				146.01	146.01
77432				596.92	596.92
77435				899.70	899.70
77469				445.11	445.11
77470				183.59	183.59
77470	26			150.02	150.02
77470	TC			33.57	33.57
77499			BR	0.00	0.00
77499	26		BR	0.00	0.00
77499	TC		BR	0.00	0.00
77520				1364.75	1364.75
77522			BR	0.00	0.00
77523				1455.87	1455.87
77525			BR	0.00	0.00
77600			NRC	600.02	600.02
77600	26		NRC	99.83	99.83
77600	TC		NRC	500.19	500.19
77605			NRC	1035.92	1035.92
77605	26		NRC	145.13	145.13
77605	TC		NRC	890.80	890.80
77610			NRC	918.47	918.47
77610	26		NRC	96.11	96.11
77610	TC		NRC	822.36	822.36
77615			NRC	1409.43	1409.43
77615	26		NRC	135.25	135.25
77615	TC		NRC	1274.18	1274.18
77620			NRC	691.12	691.12
77620	26		NRC	122.49	122.49
77620	TC		NRC	568.63	568.63
77750				524.53	524.53
77750	26			368.85	368.85
77750	TC			155.68	155.68
77761				544.64	544.64
77761	26			284.64	284.64
77761	TC			260.01	260.01
77762				724.00	724.00
77762	26			426.24	426.24
77762	TC			297.76	297.76
77763				1033.21	1033.21
77763	26			641.74	641.74
77763	TC			391.47	391.47
77767				312.01	312.01
77767	26			77.70	77.70
77767	TC			234.31	234.31
77768				478.47	478.47
77768	26			103.94	103.94
77768	TC			374.53	374.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
77770				444.52	444.52
77770	26			143.59	143.59
77770	TC			300.93	300.93
77771				812.22	812.22
77771	26			281.17	281.17
77771	TC			531.05	531.05
77772				1229.19	1229.19
77772	26			398.09	398.09
77772	TC			831.10	831.10
77778				1159.79	1159.79
77778	26			647.18	647.18
77778	TC			512.61	512.61
77789				167.55	167.55
77789	26			84.64	84.64
77789	TC			82.91	82.91
77790				20.06	20.06
77799			BR	0.00	0.00
77799	26		BR	0.00	0.00
77799	TC		BR	0.00	0.00
78012				109.88	NC
78012	26			13.42	13.42
78012	TC			96.46	NC
78013				259.70	NC
78013	26			25.86	25.86
78013	TC			233.85	NC
78014				325.94	NC
78014	26			34.83	34.83
78014	TC			291.11	NC
78015				304.35	304.35
78015	26			47.23	47.23
78015	TC			257.12	257.12
78016				381.71	381.71
78016	26			48.66	48.66
78016	TC			333.05	333.05
78018				424.38	424.38
78018	26			58.27	58.27
78018	TC			366.11	366.11
78020				114.91	114.91
78020	26			39.40	39.40
78020	TC			75.51	75.51
78070			NRC	404.53	404.53
78070	26		NRC	55.23	55.23
78070	TC		NRC	349.30	349.30
78071				483.63	NC
78071	26			83.07	83.07
78071	TC			400.56	NC
78072			NRC	529.17	NC
78072	26			109.06	109.06
78072	TC		NRC	420.11	NC
78075			NRC	608.75	608.75
78075	26		NRC	52.65	52.65
78075	TC		NRC	556.10	556.10
78099			BR	0.00	0.00
78099	26		BR	0.00	0.00
78099	TC		BR	0.00	0.00
78102				230.24	230.24
78102	26			37.37	37.37
78102	TC			192.88	192.88
78103				295.34	295.34
78103	26			49.85	49.85
78103	TC			245.48	245.48
78104				336.56	336.56

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78104	26			54.76	54.76
78104	TC			281.80	281.80
78110			NRC	93.63	93.63
78110	26		NRC	11.55	11.55
78110	TC		NRC	82.07	82.07
78111			NRC	99.34	99.34
78111	26		NRC	13.54	13.54
78111	TC		NRC	85.80	85.80
78120			NRC	96.12	96.12
78120	26		NRC	14.05	14.05
78120	TC		NRC	82.07	82.07
78121			NRC	105.35	105.35
78121	26		NRC	19.55	19.55
78121	TC		NRC	85.80	85.80
78122				129.22	129.22
78122	26			29.92	29.92
78122	TC			99.30	99.30
78130				168.53	168.53
78130	26			36.14	36.14
78130	TC			132.40	132.40
78135				376.30	376.30
78135	26			38.12	38.12
78135	TC			338.18	338.18
78140				148.94	148.94
78140	26			36.14	36.14
78140	TC			112.80	112.80
78185				228.59	228.59
78185	26			24.08	24.08
78185	TC			204.52	204.52
78191				168.53	168.53
78191	26			36.14	36.14
78191	TC			132.40	132.40
78195				483.68	483.68
78195	26			83.12	83.12
78195	TC			400.56	400.56
78199			BR	0.00	0.00
78199	26		BR	0.00	0.00
78199	TC		BR	0.00	0.00
78201				257.67	257.67
78201	26			29.88	29.88
78201	TC			227.79	227.79
78202				273.33	273.33
78202	26			33.43	33.43
78202	TC			239.90	239.90
78215				263.51	263.51
78215	26			34.32	34.32
78215	TC			229.19	229.19
78216				174.00	174.00
78216	26			38.85	38.85
78216	TC			135.15	135.15
78226				446.69	446.69
78226	26			51.72	51.72
78226	TC			394.97	394.97
78227				603.42	603.42
78227	26			63.14	63.14
78227	TC			540.27	540.27
78230			NRC	236.34	236.34
78230	26		NRC	32.29	32.29
78230	TC		NRC	204.05	204.05
78231			NRC	141.11	141.11
78231	26		NRC	31.10	31.10
78231	TC		NRC	110.01	110.01

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78232			NRC	138.10	138.10
78232	26		NRC	28.10	28.10
78232	TC		NRC	110.01	110.01
78258			NRC	297.20	297.20
78258	26		NRC	50.78	50.78
78258	TC		NRC	246.42	246.42
78261			NRC	274.51	274.51
78261	26		NRC	41.13	41.13
78261	TC		NRC	233.38	233.38
78262			NRC	326.70	326.70
78262	26		NRC	46.76	46.76
78262	TC		NRC	279.94	279.94
78264			NRC	452.95	452.95
78264	26		NRC	54.72	54.72
78264	TC		NRC	398.23	398.23
78265			NRC	537.64	537.64
78265	26		NRC	68.13	68.13
78265	TC		NRC	469.51	469.51
78266			NRC	637.27	637.27
78266	26		NRC	75.12	75.12
78266	TC		NRC	562.16	562.16
78267				13.83	13.83
78268				118.01	118.01
78278				472.93	472.93
78278	26			69.11	69.11
78278	TC			403.82	403.82
78282			NRC	338.38	338.38
78282	26		NRC	23.06	23.06
78282	TC		NRC	315.32	315.32
78290			NRC	446.90	446.90
78290	26		NRC	47.27	47.27
78290	TC		NRC	399.63	399.63
78291			NRC	348.07	348.07
78291	26		NRC	60.22	60.22
78291	TC		NRC	287.85	287.85
78299			BR	0.00	0.00
78299	26		BR	0.00	0.00
78299	TC		BR	0.00	0.00
78300				311.55	311.55
78300	26			43.76	43.76
78300	TC			267.79	267.79
78305				380.03	380.03
78305	26			58.19	58.19
78305	TC			321.84	321.84
78306				409.44	409.44
78306	26			59.67	59.67
78306	TC			349.77	349.77
78315				469.33	469.33
78315	26			70.63	70.63
78315	TC			398.70	398.70
78350				44.31	44.31
78350	26			15.87	15.87
78350	TC			28.44	28.44
78351				21.84	21.84
78399			BR	0.00	0.00
78399	26		BR	0.00	0.00
78399	TC		BR	0.00	0.00
78414			NRC	124.89	124.89
78414	26		NRC	31.32	31.32
78414	TC		NRC	93.57	93.57
78428			NRC	249.84	249.84
78428	26		NRC	53.24	53.24

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78428	TC		NRC	196.60	196.60
78429			NRC	TBD	TBD
78429	TC		NRC	TBD	TBD
78429	26		NRC	TBD	TBD
78430			NRC	TBD	TBD
78430	TC		NRC	TBD	TBD
78430	26		NRC	TBD	TBD
78431			NRC	TBD	TBD
78431	TC		NRC	TBD	TBD
78431	26		NRC	TBD	TBD
78432			NRC	TBD	TBD
78432	TC		NRC	TBD	TBD
78432	26		NRC	TBD	TBD
78433			NRC	TBD	TBD
78433	TC		NRC	TBD	TBD
78433	26		NRC	TBD	TBD
78434			NRC	TBD	TBD
78445				252.85	252.85
78445	26			35.30	35.30
78445	TC			217.55	217.55
78451				461.11	461.11
78451	26			95.01	95.01
78451	TC			366.11	366.11
78452				640.53	640.53
78452	26			111.38	111.38
78452	TC			529.15	529.15
78453				413.38	413.38
78453	26			70.08	70.08
78453	TC			343.30	343.30
78454				590.93	590.93
78454	26			93.95	93.95
78454	TC			496.98	496.98
78456				420.32	420.32
78456	26			68.64	68.64
78456	TC			351.68	351.68
78457				260.68	260.68
78457	26			55.23	55.23
78457	TC			205.45	205.45
78458				279.76	279.76
78458	26			63.61	63.61
78458	TC			216.15	216.15
78459			NRC	1129.32	1129.32
78459	26		NRC	100.17	100.17
78459	TC		NRC	1029.16	1029.16
78466			NRC	267.15	267.15
78466	26		NRC	49.13	49.13
78466	TC		NRC	218.02	218.02
78468			NRC	277.43	277.43
78468	26		NRC	55.69	55.69
78468	TC		NRC	221.74	221.74
78469			NRC	306.76	306.76
78469	26		NRC	64.07	64.07
78469	TC		NRC	242.69	242.69
78472			NRC	311.29	311.29
78472	26		NRC	68.13	68.13
78472	TC		NRC	243.16	243.16
78473			NRC	393.94	393.94
78473	26		NRC	100.51	100.51
78473	TC		NRC	293.44	293.44
78481			NRC	240.02	240.02
78481	26		NRC	68.13	68.13
78481	TC		NRC	171.88	171.88

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78483			NRC	324.53	324.53
78483	26		NRC	100.00	100.00
78483	TC		NRC	224.53	224.53
78491			NRC	1129.79	1129.79
78491	26		NRC	100.63	100.63
78491	TC		NRC	1029.16	1029.16
78492			NRC	1156.07	1156.07
78492	26		NRC	126.91	126.91
78492	TC		NRC	1029.16	1029.16
78494			NRC	308.45	308.45
78494	26		NRC	82.06	82.06
78494	TC		NRC	226.40	226.40
78496			NRC	60.44	60.44
78496	26		NRC	34.32	34.32
78496	TC		NRC	26.12	26.12
78499			NRC	0.00	0.00
78499	26		NRC	0.00	0.00
78499	TC		NRC	0.00	0.00
78579				251.78	251.78
78579	26			33.81	33.81
78579	TC			217.97	217.97
78580				323.27	323.27
78580	26			51.72	51.72
78580	TC			271.56	271.56
78582				453.76	453.76
78582	26			74.61	74.61
78582	TC			379.15	379.15
78597				272.94	272.94
78597	26			50.32	50.32
78597	TC			222.63	222.63
78598				413.63	413.63
78598	26			58.23	58.23
78598	TC			355.40	355.40
78599			BR	0.00	0.00
78599	26		BR	0.00	0.00
78599	TC		BR	0.00	0.00
78600				249.80	249.80
78600	26			31.32	31.32
78600	TC			218.48	218.48
78601				293.39	293.39
78601	26			35.80	35.80
78601	TC			257.59	257.59
78605				269.73	269.73
78605	26			37.75	37.75
78605	TC			231.98	231.98
78606				445.29	445.29
78606	26			44.27	44.27
78606	TC			401.03	401.03
78608			NRC	1305.13	1305.13
78608	26		NRC	101.61	101.61
78608	TC		NRC	1203.52	1203.52
78609			NRC	105.20	105.20
78609	26		NRC	105.20	105.20
78609	TC		NRC	0.00	0.00
78610				236.13	236.13
78610	26			21.37	21.37
78610	TC			214.76	214.76
78630				456.68	456.68
78630	26			47.74	47.74
78630	TC			408.94	408.94
78635				457.78	457.78
78635	26			43.72	43.72

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78635	TC			414.06	414.06
78645				438.95	438.95
78645	26			39.32	39.32
78645	TC			399.63	399.63
78650				370.12	370.12
78650	26			36.14	36.14
78650	TC			333.99	333.99
78660				247.34	247.34
78660	26			37.24	37.24
78660	TC			210.10	210.10
78699			BR	0.00	0.00
78699	26		BR	0.00	0.00
78699	TC		BR	0.00	0.00
78700				231.18	231.18
78700	26			30.85	30.85
78700	TC			200.33	200.33
78701				293.77	293.77
78701	26			34.32	34.32
78701	TC			259.45	259.45
78707			NRC	315.86	315.86
78707	26		NRC	65.72	65.72
78707	TC		NRC	250.14	250.14
78708			NRC	242.52	242.52
78708	26		NRC	83.58	83.58
78708	TC		NRC	158.93	158.93
78709			NRC	499.93	499.93
78709	26		NRC	96.57	96.57
78709	TC		NRC	403.35	403.35
78725				146.61	146.61
78725	26			25.90	25.90
78725	TC			120.71	120.71
78730			NRC	104.08	104.08
78730	26		NRC	11.38	11.38
78730	TC		NRC	92.69	92.69
78740			NRC	295.46	295.46
78740	26		NRC	38.81	38.81
78740	TC		NRC	256.66	256.66
78761			NRC	286.37	286.37
78761	26		NRC	50.19	50.19
78761	TC		NRC	236.17	236.17
78799			BR	0.00	0.00
78799	26		BR	0.00	0.00
78799	TC		BR	0.00	0.00
78800				264.41	264.41
78800	26			47.79	47.79
78800	TC			216.62	216.62
78801				349.18	349.18
78801	26			55.74	55.74
78801	TC			293.44	293.44
78802				436.49	436.49
78802	26			58.74	58.74
78802	TC			377.75	377.75
78803				461.71	461.71
78803	26			73.72	73.72
78803	TC			387.99	387.99
78804				767.63	767.63
78804	26			73.64	73.64
78804	TC			694.00	694.00
78808			NRC	52.99	52.99
78811			NRC	1309.99	1309.99
78811	26		NRC	106.48	106.48
78811	TC		NRC	1203.52	1203.52

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
78812			NRC	1334.49	1334.49
78812	26		NRC	130.98	130.98
78812	TC		NRC	1203.52	1203.52
78813			NRC	1338.99	1338.99
78813	26		NRC	135.46	135.46
78813	TC		NRC	1203.52	1203.52
78814			NRC	1487.20	1487.20
78814	26		NRC	150.36	150.36
78814	TC		NRC	1336.85	1336.85
78815			NRC	1505.02	1505.02
78815	26		NRC	168.18	168.18
78815	TC		NRC	1336.85	1336.85
78816			NRC	1507.13	1507.13
78816	26		NRC	170.29	170.29
78816	TC		NRC	1336.85	1336.85
78830			BR	TBD	TBD
78830	TC		BR	TBD	TBD
78830	26		BR	TBD	TBD
78831			BR	TBD	TBD
78831	TC		BR	TBD	TBD
78831	26		BR	TBD	TBD
78832			BR	TBD	TBD
78832	TC		BR	TBD	TBD
78832	26		BR	TBD	TBD
78835			BR	TBD	TBD
78999			BR	0.00	0.00
78999	26		BR	0.00	0.00
78999	TC		BR	0.00	0.00
79005				190.07	190.07
79005	26			124.33	124.33
79005	TC			65.73	65.73
79101				203.31	203.31
79101	26			138.09	138.09
79101	TC			65.22	65.22
79200				186.92	186.92
79200	26			118.39	118.39
79200	TC			68.53	68.53
79300	26			95.80	95.80
79403			NRC	263.33	263.33
79403	26		NRC	154.72	154.72
79403	TC		NRC	108.61	108.61
79440			NRC	169.18	169.18
79440	26		NRC	118.39	118.39
79440	TC		NRC	50.79	50.79
79445	26		NRC	162.47	162.47
79999			BR	0.00	0.00
79999	26		BR	0.00	0.00
79999	TC		BR	0.00	0.00
80047				17.16	17.16
80048				11.75	11.75
80050				88.98	88.98
80051				9.74	9.74
80053				14.68	14.68
80055			NRC	66.40	66.40
80061				18.60	18.60
80069				12.06	12.06
80074				66.16	66.16
80076				11.35	11.35
80081			NRC	103.98	103.98
80145			BR	TBD	TBD
80150			NRC	20.94	20.94
80155			NRC	48.21	48.21

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
80156			NRC	20.23	20.23
80157			NRC	18.41	18.41
80158				25.08	25.08
80159				25.69	25.69
80162				18.44	18.44
80163				18.44	18.44
80164				18.81	18.81
80165				18.81	18.81
80168				22.69	22.69
80169				19.08	19.08
80170				22.75	22.75
80171				27.09	27.09
80173				20.23	20.23
80175				18.41	18.41
80176				20.40	20.40
80177				18.41	18.41
80178				9.19	9.19
80180				25.08	25.08
80183				18.41	18.41
80184				19.13	19.13
80185				18.41	18.41
80186				19.11	19.11
80187			BR	TBD	TBD
80188				23.05	23.05
80190				75.00	75.00
80192				23.26	23.26
80194				20.28	20.28
80195				19.08	19.08
80197				19.08	19.08
80198				19.64	19.64
80199				33.89	33.89
80200				22.40	22.40
80201				16.55	16.55
80202				18.81	18.81
80203				18.41	18.41
80230			BR	TBD	TBD
80235			BR	TBD	TBD
80280			BR	TBD	TBD
80285			BR	TBD	TBD
80299				23.30	23.30
80305				15.75	15.75
80306				21.43	21.43
80307				80.81	80.81
80320			BR	0.00	0.00
80321			BR	0.00	0.00
80322			BR	0.00	0.00
80323			BR	0.00	0.00
80324			BR	0.00	0.00
80325			BR	0.00	0.00
80326			BR	0.00	0.00
80327			BR	0.00	0.00
80328			BR	0.00	0.00
80329			BR	0.00	0.00
80330			BR	0.00	0.00
80331			BR	0.00	0.00
80332			BR	0.00	0.00
80333			BR	0.00	0.00
80334			BR	0.00	0.00
80335			BR	0.00	0.00
80336			BR	0.00	0.00
80337			BR	0.00	0.00
80338			BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
80339			BR	0.00	0.00
80340			BR	0.00	0.00
80341			BR	0.00	0.00
80342			BR	0.00	0.00
80343			BR	0.00	0.00
80344			BR	0.00	0.00
80345			BR	0.00	0.00
80346			BR	0.00	0.00
80347			BR	0.00	0.00
80348			BR	0.00	0.00
80349			BR	0.00	0.00
80350			BR	0.00	0.00
80351			BR	0.00	0.00
80352			BR	0.00	0.00
80353			BR	0.00	0.00
80354			BR	0.00	0.00
80355			BR	0.00	0.00
80356			BR	0.00	0.00
80357			BR	0.00	0.00
80358			BR	0.00	0.00
80359			BR	0.00	0.00
80360			BR	0.00	0.00
80361			BR	0.00	0.00
80362			BR	0.00	0.00
80363			BR	0.00	0.00
80364			BR	0.00	0.00
80365			BR	0.00	0.00
80366			BR	0.00	0.00
80367			BR	0.00	0.00
80368			BR	0.00	0.00
80369			BR	0.00	0.00
80370			BR	0.00	0.00
80371			BR	0.00	0.00
80372			BR	0.00	0.00
80373			BR	0.00	0.00
80374			BR	0.00	0.00
80375			BR	0.00	0.00
80376			BR	0.00	0.00
80377			BR	0.00	0.00
80400			NRC	45.30	45.30
80402			NRC	120.78	120.78
80406			NRC	108.69	108.69
80408			NRC	174.30	174.30
80410			NRC	111.64	111.64
80412			NRC	1002.03	1002.03
80414			NRC	71.71	71.71
80415			NRC	77.61	77.61
80416			NRC	261.65	261.65
80417			NRC	61.10	61.10
80418			NRC	804.80	804.80
80420			NRC	202.35	202.35
80422			NRC	63.99	63.99
80424			NRC	70.14	70.14
80426			NRC	206.13	206.13
80428			NRC	92.65	92.65
80430			NRC	161.66	161.66
80432			NRC	207.01	207.01
80434			NRC	356.29	356.29
80435			NRC	143.06	143.06
80436				126.61	126.61
80438			NRC	70.01	70.01
80439			NRC	93.35	93.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
80500				31.91	27.72
80502				103.69	99.49
81000				5.03	5.03
81001				4.40	4.40
81002				4.35	4.35
81003				3.11	3.11
81005				3.01	3.01
81007				37.48	37.48
81015				4.24	4.24
81020				5.88	5.88
81025				10.76	10.76
81050				4.55	4.55
81099			NRC	0.00	0.00
81120				241.56	241.56
81121				369.74	369.74
81161			NRC	348.75	348.75
81162				2534.55	2534.55
81163				585.00	585.00
81164				730.29	730.29
81165				353.60	353.60
81166				376.69	376.69
81167				353.60	353.60
81170			NRC	375.00	375.00
81171			NRC	171.25	171.25
81172			NRC	343.54	343.54
81173				376.69	376.69
81174				231.50	231.50
81175				845.63	845.63
81176				335.96	335.96
81177			NRC	171.25	171.25
81178			NRC	171.25	171.25
81179			NRC	171.25	171.25
81180			NRC	171.25	171.25
81181			NRC	171.25	171.25
81182			NRC	171.25	171.25
81183				171.25	171.25
81184			NRC	171.25	171.25
81185			NRC	1057.84	1057.84
81186			NRC	231.50	231.50
81187			NRC	171.25	171.25
81188			NRC	171.25	171.25
81189			NRC	343.54	343.54
81190			NRC	231.50	231.50
81201			NRC	975.00	975.00
81202			NRC	350.00	350.00
81203			NRC	250.00	250.00
81204				171.25	171.25
81206			NRC	227.73	227.73
81207			NRC	201.16	201.16
81208			NRC	268.28	268.28
81210			NRC	219.25	219.25
81212				550.00	550.00
81215				469.06	469.06
81216				231.40	231.40
81217				469.06	469.06
81218			NRC	335.96	335.96
81219			NRC	168.93	168.93
81225			NRC	364.20	364.20
81226			NRC	563.64	563.64
81227			NRC	218.51	218.51
81230			NRC	218.51	218.51
81231			NRC	218.51	218.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
81232				218.51	218.51
81233				219.25	219.25
81234			NRC	171.25	171.25
81235			NRC	405.73	405.73
81236				353.60	353.60
81237				219.25	219.25
81238			NRC	750.00	750.00
81239			NRC	343.54	343.54
81240			NRC	82.11	82.11
81241			NRC	91.71	91.71
81242				45.78	45.78
81245			NRC	206.89	206.89
81246			NRC	103.75	103.75
81247			NRC	218.51	218.51
81248			NRC	469.06	469.06
81249			NRC	750.00	750.00
81252			NRC	126.40	126.40
81253			NRC	76.90	76.90
81254			NRC	43.75	43.75
81256			NRC	90.78	90.78
81258			NRC	469.06	469.06
81259			NRC	750.00	750.00
81261			NRC	274.99	274.99
81262			NRC	85.69	85.69
81263			NRC	409.05	409.05
81264			NRC	215.91	215.91
81265			NRC	298.68	298.68
81266				381.01	381.01
81267			NRC	288.14	288.14
81268			NRC	362.20	362.20
81269			NRC	253.00	253.00
81270			NRC	127.31	127.31
81271			NRC	171.25	171.25
81272			NRC	411.89	411.89
81273			NRC	156.09	156.09
81274			NRC	343.54	343.54
81275			NRC	241.56	241.56
81276			NRC	241.56	241.56
81277			BR	TBD	TBD
81283				91.71	91.71
81284			NRC	171.25	171.25
81285			NRC	343.54	343.54
81286			NRC	343.54	343.54
81287			NRC	155.80	155.80
81288			NRC	240.40	240.40
81289			NRC	231.50	231.50
81291			NRC	81.68	81.68
81292			NRC	844.25	844.25
81293			NRC	413.75	413.75
81294			NRC	253.00	253.00
81295			NRC	477.13	477.13
81296			NRC	422.16	422.16
81297			NRC	266.63	266.63
81298			NRC	802.31	802.31
81299			NRC	385.00	385.00
81300			NRC	297.50	297.50
81301			NRC	435.70	435.70
81305				219.25	219.25
81306				364.20	364.20
81307			BR	TBD	TBD
81308			BR	TBD	TBD
81309			BR	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
81310			NRC	308.15	308.15
81311			NRC	369.74	369.74
81312			NRC	171.25	171.25
81313			NRC	318.81	318.81
81314			NRC	411.89	411.89
81315			NRC	287.94	287.94
81316			NRC	287.94	287.94
81317			NRC	845.63	845.63
81318			NRC	413.75	413.75
81319			NRC	254.38	254.38
81320				364.20	364.20
81321			NRC	750.00	750.00
81322			NRC	59.45	59.45
81323			NRC	375.00	375.00
81324			NRC	947.95	947.95
81325			NRC	961.98	961.98
81326			NRC	59.45	59.45
81327			NRC	240.00	240.00
81328			NRC	218.51	218.51
81329			NRC	171.25	171.25
81332			NRC	60.63	60.63
81333				171.25	171.25
81334				411.89	411.89
81335			NRC	218.51	218.51
81336			NRC	376.69	376.69
81337			NRC	231.50	231.50
81340			NRC	290.16	290.16
81341			NRC	68.88	68.88
81342			NRC	279.85	279.85
81343			NRC	171.25	171.25
81344			NRC	171.25	171.25
81345				231.50	231.50
81346			NRC	218.51	218.51
81350				292.50	292.50
81355				110.25	110.25
81361			NRC	218.51	218.51
81362			NRC	469.06	469.06
81363			NRC	253.00	253.00
81364			NRC	405.73	405.73
81370			NRC	558.50	558.50
81371			NRC	505.65	505.65
81372			NRC	504.49	504.49
81373			NRC	159.29	159.29
81374			NRC	101.04	101.04
81375			NRC	306.59	306.59
81376			NRC	169.75	169.75
81377			NRC	127.51	127.51
81378			NRC	479.95	479.95
81379			NRC	465.81	465.81
81380			NRC	246.18	246.18
81381			NRC	212.38	212.38
81382			NRC	171.78	171.78
81383			NRC	151.58	151.58
81410			NRC	630.00	630.00
81411			NRC	1687.74	1687.74
81412			NRC	3060.70	3060.70
81413			NRC	812.36	812.36
81414			NRC	812.36	812.36
81415			NRC	5975.00	5975.00
81416			NRC	15000.00	15000.00
81417			NRC	400.00	400.00
81420			NRC	948.81	948.81

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
81422			NRC	948.81	948.81
81425			NRC	6289.00	6289.00
81426			NRC	3387.44	3387.44
81427			NRC	2922.06	2922.06
81430			NRC	2031.25	2031.25
81431			NRC	849.46	849.46
81432				943.13	943.13
81433			NRC	609.63	609.63
81434			NRC	747.39	747.39
81435				812.36	812.36
81436			NRC	812.36	812.36
81437				609.63	609.63
81438				609.63	609.63
81439			NRC	812.36	812.36
81440			NRC	4155.00	4155.00
81442			NRC	2679.50	2679.50
81443			NRC	3060.70	3060.70
81445			NRC	747.39	747.39
81448			NRC	812.36	812.36
81450			NRC	949.41	949.41
81455			NRC	3649.50	3649.50
81460			NRC	1608.75	1608.75
81465			NRC	1170.00	1170.00
81470			NRC	1142.50	1142.50
81471			NRC	1142.50	1142.50
81479			NRC	0.00	0.00
81490			NRC	1050.81	1050.81
81493			NRC	1312.50	1312.50
81500				325.63	325.63
81503				1121.25	1121.25
81504				650.00	650.00
81506			NRC	93.34	93.34
81507			NRC	993.75	993.75
81508			NRC	67.88	67.88
81509			NRC	1859.21	1859.21
81510			NRC	69.43	69.43
81511			NRC	191.88	191.88
81512			NRC	86.90	86.90
81518				4841.25	4841.25
81519				4841.25	4841.25
81520				3486.40	3486.40
81521				4841.25	4841.25
81522			BR	TBD	TBD
81525				3895.00	3895.00
81528				636.09	636.09
81535				724.33	724.33
81536				221.95	221.95
81538				3588.75	3588.75
81539				950.00	950.00
81540				4687.50	4687.50
81541				4841.25	4841.25
81542			BR	TBD	TBD
81545				4500.00	4500.00
81551				2537.50	2537.50
81552			BR	TBD	TBD
81595			NRC	4050.00	4050.00
81596			NRC	90.24	90.24
81599			NRC	0.00	0.00
82009				6.28	6.28
82010				11.35	11.35
82013				15.51	15.51
82016				20.61	20.61

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
82017				23.43	23.43
82024			NRC	53.64	53.64
82030			NRC	35.84	35.84
82040				6.88	6.88
82042				9.73	9.73
82043				8.03	8.03
82044				7.79	7.79
82045				47.14	47.14
82075				37.50	37.50
82085				13.49	13.49
82088			NRC	56.60	56.60
82103				18.66	18.66
82104				20.09	20.09
82105			NRC	23.30	23.30
82106			NRC	23.30	23.30
82107			NRC	89.46	89.46
82108			NRC	35.39	35.39
82120			NRC	7.49	7.49
82127				19.26	19.26
82128				19.26	19.26
82131				28.73	28.73
82135				22.85	22.85
82136				24.51	24.51
82139				23.43	23.43
82140				20.24	20.24
82143			NRC	11.69	11.69
82150				9.00	9.00
82154			NRC	40.05	40.05
82157			NRC	40.66	40.66
82160			NRC	34.73	34.73
82163			NRC	28.50	28.50
82164			NRC	20.28	20.28
82172			NRC	26.36	26.36
82175			NRC	26.35	26.35
82180			NRC	13.73	13.73
82190			NRC	20.70	20.70
82232			NRC	22.46	22.46
82239			NRC	23.79	23.79
82240			NRC	36.91	36.91
82247				6.96	6.96
82248				6.96	6.96
82252				6.33	6.33
82261				23.43	23.43
82270				5.48	5.48
82271				6.65	6.65
82272				5.29	5.29
82274				22.09	22.09
82286			NRC	7.16	7.16
82300			NRC	32.15	32.15
82306			NRC	41.11	41.11
82308			NRC	37.21	37.21
82310			NRC	7.16	7.16
82330			NRC	19.00	19.00
82331			NRC	16.68	16.68
82340			NRC	8.38	8.38
82355			NRC	16.08	16.08
82360			NRC	17.88	17.88
82365			NRC	17.91	17.91
82370			NRC	17.40	17.40
82373			NRC	25.08	25.08
82374				6.79	6.79
82375				17.11	17.11

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
82376				17.59	17.59
82378			NRC	26.34	26.34
82379			NRC	23.43	23.43
82380			NRC	12.81	12.81
82382			NRC	34.13	34.13
82383			NRC	36.35	36.35
82384			NRC	35.08	35.08
82387			NRC	25.08	25.08
82390			NRC	14.91	14.91
82397			NRC	19.61	19.61
82415				17.60	17.60
82435			NRC	6.39	6.39
82436			NRC	7.19	7.19
82438			NRC	6.79	6.79
82441			NRC	8.34	8.34
82465				6.05	6.05
82480			NRC	10.94	10.94
82482			NRC	12.26	12.26
82485				28.69	28.69
82495			NRC	28.16	28.16
82507			NRC	38.61	38.61
82523			NRC	25.95	25.95
82525			NRC	17.24	17.24
82528				31.28	31.28
82530				23.21	23.21
82533				22.64	22.64
82540				6.44	6.44
82542				30.11	30.11
82550				9.04	9.04
82552				18.60	18.60
82553				16.04	16.04
82554				16.49	16.49
82565				7.11	7.11
82570				7.19	7.19
82575				13.14	13.14
82585				17.68	17.68
82595				8.98	8.98
82600			NRC	26.94	26.94
82607			NRC	20.94	20.94
82608			NRC	19.89	19.89
82610				23.15	23.15
82615				11.94	11.94
82626			NRC	35.10	35.10
82627			NRC	30.89	30.89
82633				43.04	43.04
82634			NRC	40.66	40.66
82638			NRC	17.01	17.01
82642				40.66	40.66
82652				53.48	53.48
82656				16.01	16.01
82657				27.71	27.71
82658				55.04	55.04
82664			NRC	76.88	76.88
82668				26.10	26.10
82670			NRC	38.80	38.80
82671			NRC	44.86	44.86
82672			NRC	30.14	30.14
82677			NRC	33.59	33.59
82679			NRC	34.66	34.66
82693				20.70	20.70
82696				32.80	32.80
82705			NRC	7.08	7.08

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
82710			NRC	23.34	23.34
82715			NRC	28.71	28.71
82725			NRC	23.46	23.46
82726			NRC	25.08	25.08
82728				18.94	18.94
82731			NRC	89.46	89.46
82735			NRC	25.75	25.75
82746				20.43	20.43
82747				24.06	24.06
82757			NRC	24.08	24.08
82759				29.84	29.84
82760				15.55	15.55
82775				29.26	29.26
82776				14.68	14.68
82777				55.31	55.31
82784				12.93	12.93
82785				22.86	22.86
82787				11.14	11.14
82800				13.75	13.75
82803				32.59	32.59
82805				98.46	98.46
82810				12.21	12.21
82820				16.68	16.68
82930			NRC	8.39	8.39
82938			NRC	24.58	24.58
82941			NRC	24.49	24.49
82943				19.85	19.85
82945				5.46	5.46
82946				22.21	22.21
82947				5.46	5.46
82948				6.30	6.30
82950				6.59	6.59
82951				17.88	17.88
82952				5.45	5.45
82955				13.46	13.46
82960				8.40	8.40
82962				4.10	4.10
82963				29.84	29.84
82965				16.44	16.44
82977				10.00	10.00
82978				19.80	19.80
82979				13.11	13.11
82985				20.95	20.95
83001			NRC	25.81	25.81
83002			NRC	25.71	25.71
83003			NRC	23.15	23.15
83006			NRC	94.50	94.50
83009			NRC	93.55	93.55
83010				17.46	17.46
83012				33.61	33.61
83013			NRC	93.55	93.55
83014			NRC	10.91	10.91
83015				26.18	26.18
83018				30.51	30.51
83020				17.88	17.88
83020	26			25.81	25.81
83021				25.08	25.08
83026				5.01	5.01
83030			NRC	13.43	13.43
83033			NRC	10.00	10.00
83036				13.49	13.49
83037				13.49	13.49

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
83045				8.11	8.11
83050				10.25	10.25
83051				10.15	10.15
83060				11.49	11.49
83065				11.25	11.25
83068				11.84	11.84
83069				5.49	5.49
83070				6.59	6.59
83080				23.43	23.43
83088				41.01	41.01
83090				23.43	23.43
83150				28.01	28.01
83491				24.34	24.34
83497				17.91	17.91
83498			NRC	37.74	37.74
83500			NRC	31.46	31.46
83505				33.76	33.76
83516				16.01	16.01
83518				12.05	12.05
83519				23.00	23.00
83520				21.59	21.59
83525			NRC	15.88	15.88
83527			NRC	17.99	17.99
83528			NRC	24.78	24.78
83540				8.99	8.99
83550				12.14	12.14
83570				12.29	12.29
83582				19.69	19.69
83586				17.78	17.78
83593				36.53	36.53
83605				14.84	14.84
83615				8.39	8.39
83625				17.78	17.78
83630			NRC	27.26	27.26
83631			NRC	27.26	27.26
83632			NRC	28.09	28.09
83633				14.06	14.06
83655				16.81	16.81
83661			NRC	30.54	30.54
83662			NRC	26.26	26.26
83663			NRC	26.26	26.26
83664			NRC	26.26	26.26
83670				12.73	12.73
83690				9.56	9.56
83695				17.99	17.99
83698				57.89	57.89
83700				15.64	15.64
83701				42.33	42.33
83704				43.83	43.83
83718				11.38	11.38
83719				16.16	16.16
83721				13.25	13.25
83722				43.83	43.83
83727			NRC	23.88	23.88
83735				9.30	9.30
83775				10.24	10.24
83785				34.16	34.16
83789				30.14	30.14
83825				22.58	22.58
83835				23.53	23.53
83857				14.91	14.91
83861			NRC	28.10	28.10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
83864				35.63	35.63
83872				8.14	8.14
83873				23.90	23.90
83874				17.94	17.94
83876			NRC	63.58	63.58
83880				49.08	49.08
83883				18.89	18.89
83885				34.04	34.04
83915			NRC	15.49	15.49
83916				34.24	34.24
83918				29.50	29.50
83919				22.85	22.85
83921				26.51	26.51
83930				9.19	9.19
83935				9.46	9.46
83937				41.45	41.45
83945				18.06	18.06
83950				89.46	89.46
83951				89.46	89.46
83970				57.33	57.33
83986				4.98	4.98
83987				4.98	4.98
83992			NRC	0.00	0.00
83993			NRC	27.26	27.26
84030			NRC	7.64	7.64
84035			NRC	5.09	5.09
84060			NRC	10.26	10.26
84066			NRC	13.41	13.41
84075				7.19	7.19
84078				10.33	10.33
84080				20.54	20.54
84081			NRC	22.94	22.94
84085				13.11	13.11
84087				14.34	14.34
84100				6.59	6.59
84105				7.23	7.23
84106				7.28	7.28
84110				11.73	11.73
84112			NRC	122.64	122.64
84119				16.70	16.70
84120				20.44	20.44
84126				48.89	48.89
84132				6.39	6.39
84133				5.99	5.99
84134				20.26	20.26
84135			NRC	26.59	26.59
84138			NRC	26.31	26.31
84140			NRC	28.71	28.71
84143			NRC	31.68	31.68
84144			NRC	28.98	28.98
84145				37.21	37.21
84146			NRC	26.91	26.91
84150			NRC	52.21	52.21
84152			NRC	25.55	25.55
84153			NRC	25.55	25.55
84154			NRC	25.55	25.55
84155				5.09	5.09
84156				5.09	5.09
84157				5.09	5.09
84160				7.19	7.19
84163			NRC	20.91	20.91
84165				14.91	14.91

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
84165	26			25.81	25.81
84166				24.76	24.76
84166	26			25.81	25.81
84181				23.65	23.65
84181	26			25.81	25.81
84182				36.51	36.51
84182	26			25.81	25.81
84202				19.93	19.93
84203				12.18	12.18
84206				33.36	33.36
84207				39.03	39.03
84210				18.10	18.10
84220				13.11	13.11
84228				16.16	16.16
84233			NRC	109.85	109.85
84234			NRC	90.11	90.11
84235			NRC	89.04	89.04
84238			NRC	50.79	50.79
84244				30.55	30.55
84252				28.11	28.11
84255				35.46	35.46
84260				43.04	43.04
84270			NRC	30.19	30.19
84275				18.66	18.66
84285				32.69	32.69
84295				6.69	6.69
84300				6.75	6.75
84302				6.75	6.75
84305				29.54	29.54
84307				25.39	25.39
84311				10.13	10.13
84315				4.10	4.10
84375				48.75	48.75
84376				7.64	7.64
84377				7.64	7.64
84378				16.01	16.01
84379				16.01	16.01
84392				6.86	6.86
84402			NRC	35.38	35.38
84403			NRC	35.85	35.85
84410			NRC	71.23	71.23
84425				29.49	29.49
84430				16.16	16.16
84431				43.89	43.89
84432				22.30	22.30
84436			NRC	9.54	9.54
84437			NRC	8.98	8.98
84439			NRC	12.53	12.53
84442			NRC	20.54	20.54
84443			NRC	23.34	23.34
84445			NRC	70.64	70.64
84446				19.69	19.69
84449				25.00	25.00
84450				7.19	7.19
84460				7.36	7.36
84466				17.73	17.73
84478				7.98	7.98
84479			NRC	8.98	8.98
84480			NRC	19.69	19.69
84481			NRC	23.53	23.53
84482			NRC	21.89	21.89
84484				15.59	15.59

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
84485			NRC	10.00	10.00
84488			NRC	10.14	10.14
84490			NRC	12.41	12.41
84510				14.45	14.45
84512				12.61	12.61
84520				5.49	5.49
84525				6.41	6.41
84540				6.95	6.95
84545				9.19	9.19
84550				6.28	6.28
84560				6.59	6.59
84577				23.34	23.34
84578				5.59	5.59
84580				11.94	11.94
84583				7.56	7.56
84585				21.53	21.53
84586				49.08	49.08
84588				47.14	47.14
84590				16.13	16.13
84591			NRC	21.33	21.33
84597				19.05	19.05
84600				22.34	22.34
84620				16.45	16.45
84630				15.81	15.81
84681				28.91	28.91
84702				20.91	20.91
84703				10.45	10.45
84704			NRC	20.91	20.91
84830			NRC	15.88	15.88
84999			BR	0.00	0.00
85002				6.26	6.26
85004				8.98	8.98
85007				4.78	4.78
85008				4.78	4.78
85009				6.34	6.34
85013				8.75	8.75
85014				3.29	3.29
85018				3.29	3.29
85025				10.79	10.79
85027				8.98	8.98
85032				5.99	5.99
85041				4.19	4.19
85044				5.99	5.99
85045				5.55	5.55
85046				7.74	7.74
85048				3.53	3.53
85049				6.21	6.21
85055				44.68	44.68
85060				34.57	34.57
85097				102.42	70.29
85130				16.51	16.51
85170				20.38	20.38
85175				25.46	25.46
85210				18.04	18.04
85220				24.51	24.51
85230				24.86	24.86
85240				24.86	24.86
85244				28.36	28.36
85245				31.86	31.86
85246				31.86	31.86
85247				31.86	31.86
85250				26.45	26.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
85260				24.86	24.86
85270				24.86	24.86
85280				26.88	26.88
85290				22.69	22.69
85291				12.35	12.35
85292				26.30	26.30
85293				26.30	26.30
85300				16.46	16.46
85301				15.01	15.01
85302				16.69	16.69
85303				19.21	19.21
85305				16.13	16.13
85306				21.29	21.29
85307				21.29	21.29
85335				17.88	17.88
85337				21.59	21.59
85345				5.99	5.99
85347				5.91	5.91
85348				5.61	5.61
85360				11.68	11.68
85362				9.56	9.56
85366				100.58	100.58
85370				15.78	15.78
85378				12.15	12.15
85379				14.14	14.14
85380				14.14	14.14
85384				12.15	12.15
85385				18.08	18.08
85390				19.35	19.35
85390	26			52.60	52.60
85396				28.65	28.65
85397				38.58	38.58
85400				10.70	10.70
85410				10.70	10.70
85415				23.88	23.88
85420				9.08	9.08
85421				14.15	14.15
85441				5.84	5.84
85445			NRC	9.46	9.46
85460			NRC	10.74	10.74
85461			NRC	11.70	11.70
85475				12.33	12.33
85520				18.19	18.19
85525				16.44	16.44
85530				18.19	18.19
85536				8.98	8.98
85540				11.95	11.95
85547				11.95	11.95
85549				26.04	26.04
85555				9.34	9.34
85557				18.55	18.55
85576				31.14	31.14
85576	26			25.81	25.81
85597				24.96	24.96
85598			NRC	24.96	24.96
85610				5.46	5.46
85611				5.48	5.48
85612			NRC	21.86	21.86
85613			NRC	13.30	13.30
85635			NRC	13.68	13.68
85651				5.34	5.34
85652				3.75	3.75

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
85660			NRC	7.65	7.65
85670				8.01	8.01
85675				9.51	9.51
85705				13.38	13.38
85730				8.34	8.34
85732				8.98	8.98
85810				16.21	16.21
85999			BR	0.00	0.00
86000				9.70	9.70
86001				9.78	9.78
86003				7.25	7.25
86005				11.06	11.06
86008				24.91	24.91
86021				20.91	20.91
86022				25.51	25.51
86023				17.30	17.30
86038				16.79	16.79
86039				15.50	15.50
86060			NRC	10.14	10.14
86063			NRC	8.01	8.01
86077				77.28	72.16
86078				77.28	72.16
86079			NRC	76.81	72.16
86140				7.19	7.19
86141				17.99	17.99
86146			NRC	35.35	35.35
86147			NRC	35.35	35.35
86148			NRC	22.31	22.31
86152			NRC	341.25	341.25
86153	26			48.62	48.62
86155			NRC	22.20	22.20
86156			NRC	10.09	10.09
86157			NRC	11.20	11.20
86160			NRC	16.66	16.66
86161			NRC	16.66	16.66
86162			NRC	28.23	28.23
86171			NRC	13.90	13.90
86200			NRC	17.99	17.99
86215			NRC	18.40	18.40
86225			NRC	19.09	19.09
86226			NRC	16.81	16.81
86235			NRC	24.91	24.91
86255				16.74	16.74
86255	26		NRC	25.81	25.81
86256				16.74	16.74
86256	26		NRC	25.81	25.81
86277			NRC	21.86	21.86
86280			NRC	11.38	11.38
86294				31.96	31.96
86300				28.91	28.91
86301				28.91	28.91
86304				28.91	28.91
86305			NRC	28.91	28.91
86308			NRC	7.19	7.19
86309			NRC	8.98	8.98
86310			NRC	10.24	10.24
86316				28.91	28.91
86317				20.81	20.81
86318				22.61	22.61
86320				37.40	37.40
86320	26		NRC	25.81	25.81
86325				31.06	31.06

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
86325	26		NRC	25.81	25.81
86327				37.40	37.40
86327	26		NRC	31.61	31.61
86329			NRC	19.51	19.51
86331			NRC	16.64	16.64
86332			NRC	33.85	33.85
86334				31.04	31.04
86334	26		NRC	25.81	25.81
86335				40.76	40.76
86335	26		NRC	25.81	25.81
86336			NRC	21.65	21.65
86337				29.74	29.74
86340			NRC	20.94	20.94
86341				29.46	29.46
86343			NRC	17.30	17.30
86344			NRC	12.99	12.99
86352				188.70	188.70
86353			NRC	68.09	68.09
86355			NRC	52.40	52.40
86356			NRC	37.19	37.19
86357			NRC	52.40	52.40
86359			NRC	52.40	52.40
86360			NRC	65.25	65.25
86361			NRC	37.19	37.19
86367			NRC	97.23	97.23
86376				20.21	20.21
86382			NRC	23.49	23.49
86384			NRC	17.01	17.01
86386				27.23	27.23
86403			NRC	14.43	14.43
86406			NRC	14.78	14.78
86430				7.88	7.88
86431				7.88	7.88
86480			NRC	86.09	86.09
86481			NRC	125.00	125.00
86485				23.18	23.18
86486				7.03	7.03
86490				115.97	115.97
86510				8.89	8.89
86580				11.22	11.22
86590			NRC	15.83	15.83
86592				5.94	5.94
86593				6.11	6.11
86602				14.14	14.14
86603				17.88	17.88
86606				20.91	20.91
86609				17.89	17.89
86611				14.14	14.14
86612				17.93	17.93
86615				18.31	18.31
86617				21.51	21.51
86618				23.65	23.65
86619				18.58	18.58
86622				12.40	12.40
86625				18.23	18.23
86628				16.68	16.68
86631			NRC	16.43	16.43
86632			NRC	17.61	17.61
86635				15.94	15.94
86638				16.84	16.84
86641				20.01	20.01
86644				19.99	19.99

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
86645				23.40	23.40
86648			NRC	21.13	21.13
86651				18.31	18.31
86652				18.31	18.31
86653				18.31	18.31
86654				18.31	18.31
86658				18.09	18.09
86663			NRC	18.23	18.23
86664			NRC	21.24	21.24
86665			NRC	25.20	25.20
86666			NRC	14.14	14.14
86668			NRC	17.70	17.70
86671				17.03	17.03
86674				20.44	20.44
86677			NRC	21.06	21.06
86682			NRC	18.06	18.06
86684				22.00	22.00
86687				11.65	11.65
86688				19.45	19.45
86689				26.89	26.89
86692				23.84	23.84
86694			NRC	19.99	19.99
86695			NRC	18.31	18.31
86696			NRC	26.89	26.89
86698				17.35	17.35
86701				12.34	12.34
86702				18.78	18.78
86703				19.04	19.04
86704				16.74	16.74
86705				16.35	16.35
86706				14.91	14.91
86707				16.06	16.06
86708				17.20	17.20
86709				15.64	15.64
86710				18.83	18.83
86711				21.11	21.11
86713			NRC	21.25	21.25
86717			NRC	17.01	17.01
86720			NRC	20.25	20.25
86723			NRC	18.31	18.31
86727			NRC	17.88	17.88
86732			NRC	18.75	18.75
86735			NRC	18.13	18.13
86738			NRC	18.39	18.39
86741			NRC	18.31	18.31
86744			NRC	19.99	19.99
86747			NRC	20.88	20.88
86750			NRC	18.31	18.31
86753			NRC	17.20	17.20
86756				19.86	19.86
86757			NRC	26.89	26.89
86759			NRC	22.79	22.79
86762			NRC	19.99	19.99
86765			NRC	17.89	17.89
86768			NRC	18.31	18.31
86771			NRC	30.60	30.60
86774				20.55	20.55
86777			NRC	19.99	19.99
86778			NRC	20.01	20.01
86780			NRC	18.39	18.39
86784			NRC	17.45	17.45
86787			NRC	17.89	17.89

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
86788				23.40	23.40
86789				19.99	19.99
86790			NRC	17.89	17.89
86793			NRC	18.31	18.31
86794			NRC	23.40	23.40
86800			NRC	22.09	22.09
86803				19.81	19.81
86804				21.51	21.51
86805			NRC	236.89	236.89
86806			NRC	66.10	66.10
86807			NRC	98.31	98.31
86808			NRC	41.23	41.23
86812			NRC	35.84	35.84
86813			NRC	80.55	80.55
86816			NRC	38.69	38.69
86817			NRC	132.68	132.68
86821			NRC	50.78	50.78
86825				136.86	136.86
86826				45.66	45.66
86828				80.24	80.24
86829				80.24	80.24
86830				119.40	119.40
86831				102.35	102.35
86832				404.69	404.69
86833				407.25	407.25
86834				496.61	496.61
86835				448.56	448.56
86849			BR	0.00	0.00
86850				12.21	12.21
86860			NRC	0.00	0.00
86870			NRC	0.00	0.00
86880			NRC	7.49	7.49
86885			NRC	7.95	7.95
86886			NRC	7.19	7.19
86890				125.00	125.00
86891				56.00	56.00
86900				4.15	4.15
86901				4.15	4.15
86902				7.94	7.94
86904				20.43	20.43
86905				5.31	5.31
86906				10.76	10.76
86910			NRC	0.00	0.00
86911			NRC	0.00	0.00
86920			NRC	0.00	0.00
86921			NRC	0.00	0.00
86922			NRC	0.00	0.00
86923			NRC	0.00	0.00
86927			NRC	0.00	0.00
86930			NRC	0.00	0.00
86931			NRC	0.00	0.00
86932			NRC	0.00	0.00
86940			NRC	11.39	11.39
86941			NRC	16.81	16.81
86945			NRC	0.00	0.00
86950			NRC	0.00	0.00
86960			NRC	0.00	0.00
86965			NRC	0.00	0.00
86970			NRC	0.00	0.00
86971			NRC	0.00	0.00
86972			NRC	0.00	0.00
86975			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
86976			NRC	0.00	0.00
86977			NRC	0.00	0.00
86978			NRC	0.00	0.00
86985			NRC	0.00	0.00
86999			NRC	0.00	0.00
87003			NRC	23.39	23.39
87015			NRC	9.28	9.28
87040				14.34	14.34
87045				13.11	13.11
87046				13.11	13.11
87070				11.96	11.96
87071				13.11	13.11
87073				13.11	13.11
87075				13.15	13.15
87076				11.21	11.21
87077				11.21	11.21
87081				9.20	9.20
87084				33.84	33.84
87086				11.21	11.21
87088				11.24	11.24
87101				10.70	10.70
87102				11.68	11.68
87103				25.58	25.58
87106				14.34	14.34
87107				14.34	14.34
87109				21.38	21.38
87110				27.21	27.21
87116				15.00	15.00
87118				18.26	18.26
87140				7.74	7.74
87143				17.40	17.40
87147				7.19	7.19
87149				27.85	27.85
87150				48.74	48.74
87152				9.68	9.68
87153				160.21	160.21
87158				9.68	9.68
87164				14.91	14.91
87164	26			28.14	28.14
87166				15.70	15.70
87168			NRC	5.94	5.94
87169			NRC	5.94	5.94
87172			NRC	5.94	5.94
87176				8.18	8.18
87177			NRC	12.36	12.36
87181				6.59	6.59
87184				9.58	9.58
87185				6.59	6.59
87186				12.01	12.01
87187				50.21	50.21
87188				9.23	9.23
87190				9.14	9.14
87197				20.86	20.86
87205				5.94	5.94
87206				7.49	7.49
87207				8.33	8.33
87207	26			25.81	25.81
87209				24.96	24.96
87210				7.28	7.28
87220				5.94	5.94
87230				27.41	27.41
87250				27.16	27.16

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
87252				36.21	36.21
87253				28.06	28.06
87254				27.16	27.16
87255				47.03	47.03
87260				18.04	18.04
87265			NRC	16.65	16.65
87267				16.78	16.78
87269				17.01	17.01
87270			NRC	16.65	16.65
87271				16.78	16.78
87272			NRC	16.65	16.65
87273			NRC	16.65	16.65
87274			NRC	16.65	16.65
87275			NRC	16.65	16.65
87276			NRC	20.09	20.09
87278			NRC	19.50	19.50
87279			NRC	20.54	20.54
87280				16.78	16.78
87281				16.65	16.65
87283			NRC	76.00	76.00
87285			NRC	16.65	16.65
87290			NRC	16.78	16.78
87299				20.13	20.13
87300				16.65	16.65
87301				16.65	16.65
87305			NRC	16.65	16.65
87320			NRC	18.75	18.75
87324			NRC	16.65	16.65
87327			NRC	16.78	16.78
87328			NRC	17.28	17.28
87329			NRC	16.65	16.65
87332				16.65	16.65
87335				16.65	16.65
87336			NRC	20.00	20.00
87337			NRC	16.65	16.65
87338			NRC	19.98	19.98
87339				20.00	20.00
87340				14.35	14.35
87341				14.35	14.35
87350				16.01	16.01
87380				22.95	22.95
87385				16.65	16.65
87389				33.44	33.44
87390				30.08	30.08
87391				27.38	27.38
87400			NRC	17.66	17.66
87420				17.39	17.39
87425			NRC	16.65	16.65
87427			NRC	16.65	16.65
87430				21.01	21.01
87449				16.65	16.65
87450				13.33	13.33
87451				13.33	13.33
87471			NRC	48.74	48.74
87472			NRC	59.50	59.50
87475			NRC	27.85	27.85
87476			NRC	48.74	48.74
87480				27.85	27.85
87481				48.74	48.74
87482				69.68	69.68
87483			NRC	578.86	578.86
87485			NRC	27.85	27.85

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
87486			NRC	48.74	48.74
87487			NRC	59.50	59.50
87490			NRC	28.44	28.44
87491			NRC	48.74	48.74
87492			NRC	66.84	66.84
87493				48.74	48.74
87495				37.54	37.54
87496				48.74	48.74
87497				59.50	59.50
87498			NRC	48.74	48.74
87500				48.74	48.74
87501				71.28	71.28
87502				119.75	119.75
87503				36.53	36.53
87505				178.18	178.18
87506				328.74	328.74
87507				578.86	578.86
87510			NRC	27.85	27.85
87511			NRC	48.74	48.74
87512			NRC	58.00	58.00
87516				48.74	48.74
87517				59.50	59.50
87520				39.03	39.03
87521				48.74	48.74
87522				59.50	59.50
87525				37.25	37.25
87526				49.08	49.08
87527				58.00	58.00
87528			NRC	27.85	27.85
87529			NRC	48.74	48.74
87530			NRC	59.50	59.50
87531			NRC	72.50	72.50
87532			NRC	48.74	48.74
87533			NRC	58.00	58.00
87534				27.85	27.85
87535				48.74	48.74
87536				118.19	118.19
87537				27.85	27.85
87538				48.74	48.74
87539				73.28	73.28
87540			NRC	27.85	27.85
87541			NRC	48.74	48.74
87542			NRC	58.00	58.00
87550				27.85	27.85
87551				60.30	60.30
87552				59.50	59.50
87555			NRC	33.60	33.60
87556			NRC	52.10	52.10
87557			NRC	59.50	59.50
87560			NRC	34.11	34.11
87561			NRC	48.74	48.74
87562			NRC	59.50	59.50
87563			NRC	TBD	TBD
87580				27.85	27.85
87581				48.74	48.74
87582				378.28	378.28
87590				33.60	33.60
87591				48.74	48.74
87592				59.50	59.50
87623			NRC	48.74	48.74
87624			NRC	48.74	48.74
87625			NRC	50.69	50.69

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
87631				178.29	178.29
87632				296.43	296.43
87633				578.86	578.86
87634			NRC	97.49	97.49
87640				48.74	48.74
87641				48.74	48.74
87650				27.85	27.85
87651				48.74	48.74
87652				58.00	58.00
87653				48.74	48.74
87660			NRC	27.85	27.85
87661				48.74	48.74
87662			NRC	71.28	71.28
87797				37.54	37.54
87798				48.74	48.74
87799				59.50	59.50
87800				55.71	55.71
87801				97.49	97.49
87802				16.65	16.65
87803			NRC	20.00	20.00
87804			NRC	20.69	20.69
87806			NRC	40.96	40.96
87807				16.65	16.65
87808				19.11	19.11
87809				27.20	27.20
87810				44.11	44.11
87850				30.70	30.70
87880				20.66	20.66
87899				20.09	20.09
87900				181.04	181.04
87901				357.56	357.56
87902				357.56	357.56
87903				678.69	678.69
87904				36.21	36.21
87905			NRC	16.98	16.98
87906				178.79	178.79
87910				357.56	357.56
87912				357.56	357.56
87999			BR	0.00	0.00
88000			BR	0.00	0.00
88005			BR	0.00	0.00
88007			BR	0.00	0.00
88012			NRC	0.00	0.00
88014			NRC	0.00	0.00
88016			NRC	0.00	0.00
88020			BR	0.00	0.00
88025			BR	0.00	0.00
88027			BR	0.00	0.00
88028			NRC	0.00	0.00
88029			NRC	0.00	0.00
88036			BR	0.00	0.00
88037			BR	0.00	0.00
88040				821.25	821.25
88045				46.25	46.25
88099			NRC	0.00	0.00
88104				94.63	94.63
88104	26			40.58	40.58
88104	TC			54.05	54.05
88106				85.92	85.92
88106	26			27.68	27.68
88106	TC			58.24	58.24
88108				81.55	81.55

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
88108	26			32.16	32.16
88108	TC			49.39	49.39
88112				90.91	90.91
88112	26			40.11	40.11
88112	TC			50.79	50.79
88120			NRC	791.61	791.61
88120	26		NRC	82.94	82.94
88120	TC		NRC	708.67	708.67
88121			NRC	635.18	635.18
88121	26		NRC	70.41	70.41
88121	TC		NRC	564.77	564.77
88125			NRC	36.10	36.10
88125	26		NRC	19.76	19.76
88125	TC		NRC	16.34	16.34
88130			NRC	24.96	24.96
88140			NRC	11.10	11.10
88141			NRC	43.76	43.76
88142			NRC	28.14	28.14
88143			NRC	28.80	28.80
88147			NRC	63.20	63.20
88148			NRC	21.10	21.10
88150			NRC	18.74	18.74
88152			NRC	34.55	34.55
88153			NRC	30.04	30.04
88155			NRC	18.31	18.31
88160			NRC	95.77	95.77
88160	26		NRC	37.07	37.07
88160	TC		NRC	58.71	58.71
88161			NRC	89.26	89.26
88161	26		NRC	36.14	36.14
88161	TC		NRC	53.12	53.12
88162			NRC	129.08	129.08
88162	26		NRC	54.97	54.97
88162	TC		NRC	74.11	74.11
88164			NRC	18.74	18.74
88165			NRC	52.78	52.78
88166			NRC	18.74	18.74
88167			NRC	18.74	18.74
88172			NRC	77.53	77.53
88172	26		NRC	51.88	51.88
88172	TC		NRC	25.65	25.65
88173			NRC	207.20	207.20
88173	26		NRC	101.43	101.43
88173	TC		NRC	105.77	105.77
88174			NRC	31.71	31.71
88175			NRC	36.80	36.80
88177			NRC	40.92	40.92
88177	26		NRC	31.61	31.61
88177	TC		NRC	9.31	9.31
88182			NRC	179.92	179.92
88182	26		NRC	55.48	55.48
88182	TC		NRC	124.44	124.44
88184			NRC	87.61	87.61
88185			NRC	32.12	32.12
88187			NRC	53.53	53.53
88188			NRC	90.52	90.52
88189			NRC	121.58	121.58
88199			NRC	0.00	0.00
88199	26		NRC	0.00	0.00
88199	TC		NRC	0.00	0.00
88230			NRC	161.80	161.80
88233				195.45	195.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
88235			NRC	204.54	204.54
88237				179.69	179.69
88239				204.89	204.89
88240			NRC	16.34	16.34
88241			NRC	15.11	15.11
88245			NRC	240.53	240.53
88248			NRC	240.53	240.53
88249			NRC	240.53	240.53
88261			NRC	330.43	330.43
88262			NRC	173.11	173.11
88263			NRC	208.74	208.74
88264			NRC	180.76	180.76
88267			NRC	249.69	249.69
88269			NRC	231.01	231.01
88271			NRC	29.75	29.75
88272			NRC	50.88	50.88
88273			NRC	44.63	44.63
88274			NRC	52.98	52.98
88275			NRC	63.99	63.99
88280			NRC	41.84	41.84
88283			NRC	95.28	95.28
88285			NRC	33.64	33.64
88289			NRC	47.83	47.83
88291			NRC	46.04	46.04
88299			NRC	0.00	0.00
88300				21.38	21.38
88300	26			6.43	6.43
88300	TC			14.94	14.94
88302				41.14	41.14
88302	26			9.90	9.90
88302	TC			31.24	31.24
88304				54.09	54.09
88304	26			16.34	16.34
88304	TC			37.76	37.76
88305				94.08	94.08
88305	26			54.46	54.46
88305	TC			39.62	39.62
88307				360.33	360.33
88307	26			119.08	119.08
88307	TC			241.25	241.25
88309				549.04	549.04
88309	26			210.44	210.44
88309	TC			338.60	338.60
88311				29.50	29.50
88311	26			17.82	17.82
88311	TC			11.68	11.68
88312				134.12	134.12
88312	26			38.17	38.17
88312	TC			95.95	95.95
88313				96.54	96.54
88313	26			17.35	17.35
88313	TC			79.19	79.19
88314				123.03	123.03
88314	26			32.20	32.20
88314	TC			90.83	90.83
88319				129.89	129.89
88319	26			38.13	38.13
88319	TC			91.76	91.76
88321				139.91	119.89
88323				160.59	160.59
88323	26			125.63	125.63
88323	TC			34.96	34.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
88325				251.00	212.36
88329				71.44	51.42
88331				133.22	133.22
88331	26			89.88	89.88
88331	TC			43.34	43.34
88332				72.88	72.88
88332	26			44.43	44.43
88332	TC			28.44	28.44
88333				123.02	123.02
88333	26			89.92	89.92
88333	TC			33.10	33.10
88334				76.72	76.72
88334	26			54.84	54.84
88334	TC			21.88	21.88
88341				124.38	124.38
88341	26			41.05	41.05
88341	TC			83.34	83.34
88342				143.22	143.22
88342	26			50.99	50.99
88342	TC			92.23	92.23
88344				228.71	228.71
88344	26			55.48	55.48
88344	TC			173.23	173.23
88346				148.04	148.04
88346	26			52.09	52.09
88346	TC			95.95	95.95
88348				479.26	479.26
88348	26			109.39	109.39
88348	TC			369.88	369.88
88350				104.02	104.02
88350	26			41.17	41.17
88350	TC			62.85	62.85
88355				182.47	182.47
88355	26			118.18	118.18
88355	TC			64.29	64.29
88356				307.37	307.37
88356	26			181.07	181.07
88356	TC			126.30	126.30
88358				172.20	172.20
88358	26			71.60	71.60
88358	TC			100.61	100.61
88360				171.32	171.32
88360	26			60.94	60.94
88360	TC			110.38	110.38
88361				177.33	177.33
88361	26			65.55	65.55
88361	TC			111.78	111.78
88362				285.16	285.16
88362	26			159.37	159.37
88362	TC			125.79	125.79
88363			NRC	32.84	28.19
88364				177.20	177.20
88364	26			50.06	50.06
88364	TC			127.14	127.14
88365				236.16	236.16
88365	26			62.92	62.92
88365	TC			173.23	173.23
88366				351.78	351.78
88366	26			89.16	89.16
88366	TC			262.62	262.62
88367			NRC	146.56	146.56
88367	26		NRC	49.68	49.68

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
88367	TC		NRC	96.88	96.88
88368			NRC	170.98	170.98
88368	26		NRC	60.13	60.13
88368	TC		NRC	110.85	110.85
88369				149.23	149.23
88369	26			46.76	46.76
88369	TC			102.47	102.47
88371				30.88	30.88
88371	26			28.14	28.14
88372				32.78	32.78
88372	26			25.81	25.81
88373				100.72	100.72
88373	26			38.80	38.80
88373	TC			61.92	61.92
88374				431.39	431.39
88374	26			63.56	63.56
88374	TC			367.84	367.84
88375				70.17	70.17
88377				514.94	514.94
88377	26			92.58	92.58
88377	TC			422.35	422.35
88380			NRC	180.96	180.96
88380	26		NRC	78.92	78.92
88380	TC		NRC	102.05	102.05
88381				204.42	204.42
88381	26			36.26	36.26
88381	TC			168.16	168.16
88387				49.30	49.30
88387	26			40.41	40.41
88387	TC			8.89	8.89
88388				48.54	48.54
88388	26			34.06	34.06
88388	TC			14.48	14.48
88399			BR	0.00	0.00
88399	26		BR	0.00	0.00
88399	TC		BR	0.00	0.00
88720			NRC	6.96	6.96
88738				6.96	6.96
88740			NRC	11.71	11.71
88741			NRC	11.71	11.71
88749			NRC	0.00	0.00
89049			NRC	335.12	88.84
89050				6.56	6.56
89051				7.65	7.65
89055				5.94	5.94
89060				9.94	9.94
89060	26			25.81	25.81
89125				7.35	7.35
89160				6.06	6.06
89190				7.24	7.24
89220				21.46	21.46
89230				3.77	3.77
89240			NRC	0.00	0.00
89250			NRC	0.00	0.00
89251			NRC	0.00	0.00
89253			NRC	0.00	0.00
89254			NRC	0.00	0.00
89255			NRC	0.00	0.00
89257			NRC	0.00	0.00
89258			NRC	0.00	0.00
89259			NRC	0.00	0.00
89260			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
89261			NRC	0.00	0.00
89264			NRC	0.00	0.00
89268			NRC	0.00	0.00
89272			NRC	0.00	0.00
89280			NRC	0.00	0.00
89281			NRC	0.00	0.00
89290			NRC	0.00	0.00
89291			NRC	0.00	0.00
89300			NRC	12.40	12.40
89310			NRC	11.96	11.96
89320			NRC	16.74	16.74
89321			NRC	16.74	16.74
89322			NRC	21.53	21.53
89325			NRC	14.83	14.83
89329			NRC	27.20	27.20
89330			NRC	13.74	13.74
89331			NRC	27.20	27.20
89335			NRC	0.00	0.00
89337			NRC	0.00	0.00
89342			NRC	0.00	0.00
89343			NRC	0.00	0.00
89344			NRC	0.00	0.00
89346			NRC	0.00	0.00
89352			NRC	0.00	0.00
89353			NRC	0.00	0.00
89354			NRC	0.00	0.00
89356			NRC	0.00	0.00
89398			NRC	0.00	0.00
90281			NRC	0.00	0.00
90283			NRC	0.00	0.00
90284			BR	0.00	0.00
90287			NRC	0.00	0.00
90288			NRC	0.00	0.00
90291			NRC	0.00	0.00
90296			NRC	0.00	0.00
90371				150.44	150.44
90375				374.96	374.96
90376				335.08	335.08
90378			NRC	0.00	0.00
90384			NRC	115.59	115.59
90385			NRC	30.07	30.07
90386			NRC	0.00	0.00
90389			BR	0.00	0.00
90393			BR	0.00	0.00
90396			NRC	0.00	0.00
90399			BR	0.00	0.00
90460				22.64	22.64
90461				17.44	17.44
90471				22.64	22.64
90472				17.44	17.44
90473				22.64	22.64
90474				17.44	17.44
90476			NRC	0.00	0.00
90477			NRC	0.00	0.00
90581			BR	0.00	0.00
90585			NRC	170.38	170.38
90586			NRC	170.38	170.38
90619			NRC	TBD	TBD
90620				247.23	247.23
90621				177.70	177.70
90625			NRC	0.00	0.00
90630			NRC	24.41	24.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
90632			NRC	71.58	71.58
90633			NRC	0.00	0.00
90634			NRC	0.00	0.00
90636			BR	0.00	0.00
90644			BR	0.00	0.00
90647			NRC	0.00	0.00
90648			NRC	0.00	0.00
90649			NRC	0.00	0.00
90650			NRC	0.00	0.00
90651			NRC	0.00	0.00
90653			NRC	65.61	65.61
90654			NRC	22.70	22.70
90655			NRC	20.69	20.69
90656			NRC	23.73	23.73
90657			NRC	7.23	7.23
90658				14.27	14.27
90660			BR	0.00	0.00
90661			NRC	26.75	26.75
90662			NRC	64.05	64.05
90664			NRC	0.00	0.00
90666			NRC	0.00	0.00
90667			NRC	0.00	0.00
90668			NRC	0.00	0.00
90670			NRC	258.40	258.40
90672			NRC	32.25	32.25
90673			NRC	48.74	48.74
90674			NRC	28.86	28.86
90675				340.51	340.51
90676				9.09	9.09
90680			NRC	0.00	0.00
90681			NRC	0.00	0.00
90682			NRC	64.05	64.05
90685			NRC	26.18	26.18
90686			NRC	22.84	22.84
90687			NRC	11.28	11.28
90688			NRC	21.40	21.40
90689			NRC	0.00	0.00
90690			NRC	0.00	0.00
90691			NRC	111.66	111.66
90694			NRC	TBD	TBD
90696			NRC	0.00	0.00
90697			NRC	0.00	0.00
90698			NRC	0.00	0.00
90700			NRC	0.00	0.00
90702			NRC	0.00	0.00
90707			NRC	0.00	0.00
90710			NRC	0.00	0.00
90713			NRC	0.00	0.00
90714				27.77	27.77
90715				38.46	38.46
90716			NRC	0.00	0.00
90717			NRC	90.07	90.07
90723			NRC	0.00	0.00
90732			NRC	137.05	137.05
90733			NRC	127.79	127.79
90734			NRC	0.00	0.00
90736			NRC	0.00	0.00
90738			NRC	0.00	0.00
90739			NRC	157.32	157.32
90740			NRC	160.95	160.95
90743			NRC	31.36	31.36
90744			NRC	32.28	32.28

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
90746				80.47	80.47
90747			NRC	160.95	160.95
90748			NRC	0.00	0.00
90749			NRC	0.00	0.00
90756			NRC	27.35	27.35
90785				20.99	19.59
90791				194.24	177.94
90791	95			194.24	177.94
90792				217.86	201.10
90792	95			217.86	201.10
90832				95.00	88.48
90832	95			95.00	88.48
90833				98.35	92.30
90833	95			98.35	92.30
90834				126.53	118.15
90834	95			126.53	118.15
90836				124.29	116.84
90836	95			124.29	116.84
90837				190.05	177.48
90837	95			190.05	177.48
90838				164.20	154.42
90838	95			164.20	154.42
90839			NRC	198.04	185.47
90840			NRC	95.00	88.48
90845				134.91	126.53
90845	95			134.91	126.53
90846			NRC	152.98	143.20
90847			NRC	158.99	148.74
90849			NRC	57.05	43.08
90853				37.96	35.16
90863			NRC	36.61	34.75
90865			NRC	235.46	179.60
90867			NRC	266.68	161.47
90868			NRC	245.98	33.58
90869			NRC	240.12	134.89
90870				241.90	156.24
90875				89.17	85.91
90876				150.49	136.06
90880				148.32	129.70
90882			NRC	0.00	0.00
90885			NRC	70.00	70.00
90887			NRC	122.10	106.27
90889			NRC	0.00	0.00
90899			BR	0.00	0.00
90901				54.43	28.35
90912			BR	TBD	TBD
90913			BR	TBD	TBD
90935			NRC	103.01	103.01
90937			NRC	146.77	146.77
90940			NRC	0.00	0.00
90945			NRC	119.64	119.64
90947			NRC	174.70	174.70
90951			NRC	1322.85	1322.85
90952			NRC	653.56	653.56
90953			NRC	562.37	562.37
90954			NRC	1140.51	1140.51
90955			NRC	641.29	641.29
90956			NRC	445.64	445.64
90957			NRC	902.45	902.45
90958			NRC	611.79	611.79
90959			NRC	415.72	415.72
90960			NRC	396.55	396.55

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
90961			NRC	332.86	332.86
90962			NRC	256.64	256.64
90963			NRC	765.67	765.67
90964			NRC	668.04	668.04
90965			NRC	636.21	636.21
90966			NRC	331.88	331.88
90967			NRC	25.31	25.31
90968			NRC	22.30	22.30
90969			NRC	21.33	21.33
90970			NRC	10.88	10.88
90989			NRC	0.00	0.00
90993			NRC	0.00	0.00
90997			NRC	125.99	125.99
90999			NRC	0.00	0.00
91010				256.27	256.27
91010	26			94.67	94.67
91010	TC			161.59	161.59
91013				34.79	34.79
91013	26			13.37	13.37
91013	TC			21.42	21.42
91020				332.78	332.78
91020	26			105.50	105.50
91020	TC			227.28	227.28
91022				229.43	229.43
91022	26			105.50	105.50
91022	TC			123.93	123.93
91030				186.09	186.09
91030	26			66.86	66.86
91030	TC			119.23	119.23
91034				255.38	255.38
91034	26			71.91	71.91
91034	TC			183.48	183.48
91035				644.17	644.17
91035	26			118.04	118.04
91035	TC			526.13	526.13
91037				221.35	221.35
91037	26			71.86	71.86
91037	TC			149.49	149.49
91038				589.65	589.65
91038	26			80.75	80.75
91038	TC			508.90	508.90
91040				635.37	635.37
91040	26			72.00	72.00
91040	TC			563.37	563.37
91065			NRC	100.10	100.10
91065	26		NRC	14.39	14.39
91065	TC		NRC	85.71	85.71
91110				1174.00	1174.00
91110	26			182.31	182.31
91110	TC			991.69	991.69
91111				1069.69	1069.69
91111	26			73.81	73.81
91111	TC			995.88	995.88
91112				1676.47	NC
91112	26			153.58	153.58
91112	TC			1522.89	NC
91117			NRC	195.45	195.45
91120				606.84	606.84
91120	26			70.47	70.47
91120	TC			536.37	536.37
91122				326.99	326.99
91122	26			128.11	128.11

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
91122	TC			198.88	198.88
91132				318.91	318.91
91132	26		NRC	38.13	38.13
91132	TC			280.78	280.78
91133				349.34	349.34
91133	26		NRC	48.54	48.54
91133	TC			300.80	300.80
91200				52.44	52.44
91200	26			19.80	19.80
91200	TC			32.63	32.63
91299			BR	0.00	0.00
91299	26		BR	0.00	0.00
91299	TC		BR	0.00	0.00
92002				114.18	67.16
92004				206.31	138.80
92012				119.98	73.42
92014				172.46	111.00
92015				27.76	27.30
92018				203.30	203.30
92019				101.18	101.18
92020				37.92	29.54
92025				51.38	51.38
92025	26			28.06	28.06
92025	TC			23.32	23.32
92060				87.73	87.73
92060	26			53.23	53.23
92060	TC			34.50	34.50
92065				71.95	71.95
92065	26			25.35	25.35
92065	TC			46.60	46.60
92071				52.47	46.89
92072				181.80	140.83
92081				46.05	46.05
92081	26			22.72	22.72
92081	TC			23.32	23.32
92082				64.63	64.63
92082	26			30.13	30.13
92082	TC			34.50	34.50
92083				86.46	86.46
92083	26			38.93	38.93
92083	TC			47.53	47.53
92100				110.67	47.35
92132				42.79	42.79
92132	26			23.19	23.19
92132	TC			19.60	19.60
92133				50.66	50.66
92133	26			31.06	31.06
92133	TC			19.60	19.60
92134				55.99	55.99
92134	26			35.93	35.93
92134	TC			20.06	20.06
92136				94.55	94.55
92136	26			43.76	43.76
92136	TC			50.79	50.79
92145				23.62	23.62
92145	26			13.33	13.33
92145	TC			10.29	10.29
92201			BR	TBD	TBD
92202			BR	TBD	TBD
92227			NRC	18.67	18.67
92228			NRC	46.81	46.81
92228	26		NRC	29.07	29.07

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
92228	TC		NRC	17.74	17.74
92230				87.86	46.89
92235				123.83	123.83
92235	26			60.47	60.47
92235	TC			63.36	63.36
92240				275.06	275.06
92240	26			66.45	66.45
92240	TC			208.62	208.62
92242				307.17	307.17
92242	26			76.68	76.68
92242	TC			230.50	230.50
92250				68.35	68.35
92250	26			30.60	30.60
92250	TC			37.76	37.76
92260				26.49	15.32
92265				118.96	118.96
92265	26			65.38	65.38
92265	TC			53.58	53.58
92270				129.29	129.29
92270	26			59.41	59.41
92270	TC			69.88	69.88
92273				178.98	178.98
92273	26			52.30	52.30
92273	TC			126.68	126.68
92274				121.84	121.84
92274	26			46.38	46.38
92274	TC			75.47	75.47
92283			NRC	71.57	71.57
92283	26		NRC	12.87	12.87
92283	TC		NRC	58.71	58.71
92284			NRC	82.11	82.11
92284	26		NRC	17.82	17.82
92284	TC		NRC	64.29	64.29
92285			NRC	28.70	28.70
92285	26		NRC	4.45	4.45
92285	TC		NRC	24.25	24.25
92286				52.99	52.99
92286	26			31.06	31.06
92286	TC			21.93	21.93
92287				195.82	195.82
92287	26			65.38	65.38
92287	TC			130.45	130.45
92310				135.60	83.92
92311				141.60	77.82
92312				163.78	89.75
92313				133.44	65.00
92314				112.96	49.64
92315				103.94	30.85
92316				129.59	46.25
92317				108.60	30.85
92325				57.77	57.77
92326				48.93	48.93
92340				47.74	26.32
92341				55.19	33.77
92342				59.63	38.22
92352				56.12	26.32
92353				65.56	35.76
92354				17.74	17.74
92355				27.51	27.51
92358				14.94	14.94
92370				42.41	22.85
92371				15.41	15.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
92499			BR	0.00	0.00
92499	26		BR	0.00	0.00
92499	TC		BR	0.00	0.00
92502				133.95	133.95
92504				39.44	13.37
92507				109.52	109.52
92508				32.63	32.63
92511				149.40	53.03
92512				80.71	39.74
92516				92.26	32.21
92520				107.16	56.88
92521				157.09	157.09
92522				127.72	127.72
92523				271.05	271.05
92524				123.49	123.49
92526				119.47	119.47
92531				24.44	24.44
92532				28.18	28.18
92533				45.10	45.10
92534				20.19	20.19
92537				56.67	56.67
92537	26			44.52	44.52
92537	TC			12.15	12.15
92538				29.29	29.29
92538	26			22.26	22.26
92538	TC			7.03	7.03
92540				143.93	143.93
92540	26			111.30	111.30
92540	TC			32.63	32.63
92541				34.83	34.83
92541	26			29.66	29.66
92541	TC			5.17	5.17
92542				40.33	40.33
92542	26			35.63	35.63
92542	TC			4.70	4.70
92544				24.04	24.04
92544	26			20.27	20.27
92544	TC			3.77	3.77
92545				22.56	22.56
92545	26			18.79	18.79
92545	TC			3.77	3.77
92546				138.70	138.70
92546	26			21.29	21.29
92546	TC			117.41	117.41
92547				9.78	9.78
92548				128.87	128.87
92548	26			36.65	36.65
92548	TC			92.23	92.23
92549			BR	TBD	TBD
92549	TC		BR	TBD	TBD
92549	26		BR	TBD	TBD
92550				30.43	30.43
92551				15.41	15.41
92552				41.48	41.48
92553				50.33	50.33
92555				31.70	31.70
92556				49.86	49.86
92557				52.94	45.96
92558				13.80	12.40
92559			NRC	0.00	0.00
92560				26.84	26.84
92561				51.30	51.30

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
92562				59.64	59.64
92563				40.55	40.55
92564				33.10	33.10
92565				20.06	20.06
92567				20.91	15.32
92568				22.26	21.80
92570				45.28	42.02
92571				35.43	35.43
92572				56.42	56.42
92575				83.42	83.42
92576				48.00	48.00
92577				18.20	18.20
92579				64.07	53.83
92582			NRC	95.99	95.99
92583				62.90	62.90
92584				97.39	97.39
92585				179.66	179.66
92585	26			37.58	37.58
92585	TC			142.09	142.09
92586				121.60	121.60
92587				30.43	30.43
92587	26			25.73	25.73
92587	TC			4.70	4.70
92588				46.17	46.17
92588	26			40.54	40.54
92588	TC			5.63	5.63
92590				59.30	59.30
92591				80.94	80.94
92592				23.63	23.63
92593				35.67	35.67
92594				26.03	26.03
92595				39.00	39.00
92596				88.04	88.04
92597			NRC	101.48	101.48
92601			NRC	227.93	176.25
92602			NRC	141.60	99.70
92603			NRC	213.33	171.43
92604			NRC	126.54	95.81
92605			NRC	131.19	125.61
92606			NRC	115.66	100.30
92607			NRC	179.90	179.90
92608			NRC	71.48	71.48
92609			NRC	149.94	149.94
92610				119.81	101.65
92611				124.72	124.72
92612				258.00	95.98
92613				52.99	52.99
92614				193.33	94.17
92615				46.60	46.60
92616				280.77	140.63
92617				58.49	58.49
92618			NRC	47.61	46.68
92620				130.89	114.60
92621				31.32	26.66
92625				97.72	87.94
92626				124.84	106.68
92627				31.23	25.18
92630			NRC	0.00	0.00
92633			NRC	0.00	0.00
92640				158.99	134.78
92700			BR	0.00	0.00
92920				NC	772.71

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
92921			NRC	0.00	0.00
92924				NC	921.98
92925			NRC	0.00	0.00
92928				NC	860.07
92929			NRC	0.00	0.00
92933				NC	964.87
92934			NRC	0.00	0.00
92937				NC	859.61
92938			NRC	0.00	0.00
92941				NC	967.33
92943				NC	966.82
92944			NRC	0.00	0.00
92950				433.74	267.54
92953			NRC	1.48	1.48
92960			NRC	219.02	154.77
92961			NRC	359.27	359.27
92970				275.44	275.44
92971				144.68	144.68
92973				256.94	256.94
92974				235.51	235.51
92975				547.70	547.70
92977				73.07	73.07
92978			NRC	395.28	395.28
92978	26		NRC	139.08	139.08
92978	TC		NRC	255.44	255.44
92979			NRC	240.99	240.99
92979	26		NRC	110.67	110.67
92979	TC		NRC	129.07	129.07
92986			NRC	1905.33	1905.33
92987			NRC	1965.31	1965.31
92990			NRC	1568.35	1568.35
92992			NRC	0.00	0.00
92993			NRC	0.00	0.00
92997			NRC	951.93	951.93
92998			NRC	470.99	470.99
93000				23.15	23.15
93005				11.22	11.22
93010				11.93	11.93
93015				96.92	96.92
93016				31.32	31.32
93017				44.74	44.74
93018				20.86	20.86
93024				150.45	150.45
93024	26			80.53	80.53
93024	TC			69.92	69.92
93025				200.27	200.27
93025	26			52.18	52.18
93025	TC			148.09	148.09
93040				17.48	17.48
93041				7.49	7.49
93042				9.99	9.99
93050				22.22	22.22
93050	26			11.93	11.93
93050	TC			10.29	10.29
93224				119.23	119.23
93225				34.03	34.03
93226				48.00	48.00
93227				37.20	37.20
93228				36.78	36.78
93229			NRC	929.06	929.06
93260				93.61	93.61
93260	26			60.51	60.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93260	TC			33.10	33.10
93261				85.70	85.70
93261	26			52.60	52.60
93261	TC			33.10	33.10
93264				70.21	50.66
93268				267.74	267.74
93270				12.15	12.15
93271				219.79	219.79
93272				35.80	35.80
93278				41.65	41.65
93278	26			17.86	17.86
93278	TC			23.79	23.79
93279				75.50	75.50
93279	26			45.66	45.66
93279	TC			29.84	29.84
93280				88.62	88.62
93280	26			54.12	54.12
93280	TC			34.50	34.50
93281				95.48	95.48
93281	26			60.51	60.51
93281	TC			34.96	34.96
93282				92.22	92.22
93282	26			60.05	60.05
93282	TC			32.17	32.17
93283				116.34	116.34
93283	26			81.38	81.38
93283	TC			34.96	34.96
93284				126.12	126.12
93284	26			88.83	88.83
93284	TC			37.29	37.29
93285				66.11	66.11
93285	26			37.20	37.20
93285	TC			28.91	28.91
93286				47.44	47.44
93286	26			21.33	21.33
93286	TC			26.12	26.12
93287				58.83	58.83
93287	26			32.71	32.71
93287	TC			26.12	26.12
93288				60.14	60.14
93288	26			30.30	30.30
93288	TC			29.84	29.84
93289				82.48	82.48
93289	26			52.64	52.64
93289	TC			29.84	29.84
93290				57.35	57.35
93290	26			30.77	30.77
93290	TC			26.58	26.58
93291				51.46	51.46
93291	26			25.81	25.81
93291	TC			25.65	25.65
93292				55.02	55.02
93292	26			30.30	30.30
93292	TC			24.72	24.72
93293				70.30	70.30
93293	26			21.37	21.37
93293	TC			48.93	48.93
93294				43.21	43.21
93295				62.00	62.00
93296				33.57	33.57
93297				37.24	37.24
93298				37.24	37.24

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93303			NRC	315.39	315.39
93303	26		NRC	89.97	89.97
93303	TC		NRC	225.42	225.42
93304			NRC	214.24	214.24
93304	26		NRC	51.71	51.71
93304	TC		NRC	162.53	162.53
93306				278.52	278.52
93306	26			103.38	103.38
93306	TC			175.14	175.14
93307				188.88	188.88
93307	26			63.60	63.60
93307	TC			125.28	125.28
93308				131.79	131.79
93308	26			36.31	36.31
93308	TC			95.48	95.48
93312				334.68	334.68
93312	26			154.88	154.88
93312	TC			179.80	179.80
93313				16.55	16.55
93314				321.97	321.97
93314	26			130.07	130.07
93314	TC			191.90	191.90
93315			NRC	722.57	722.57
93315	26		NRC	182.18	182.18
93315	TC		NRC	540.40	540.40
93316			NRC	39.53	39.53
93317	26		NRC	131.33	131.33
93318				688.86	688.86
93318	26			148.47	148.47
93318	TC			540.40	540.40
93320				71.95	71.95
93320	26			25.86	25.86
93320	TC			46.09	46.09
93321				36.06	36.06
93321	26			10.45	10.45
93321	TC			25.61	25.61
93325				33.35	33.35
93325	26			4.49	4.49
93325	TC			28.86	28.86
93350				253.63	253.63
93350	26			100.42	100.42
93350	TC			153.21	153.21
93351				313.61	313.61
93351	26			120.31	120.31
93351	TC			193.30	193.30
93352				45.12	45.12
93355				326.90	326.90
93356			BR	TBD	TBD
93451				1043.35	1043.35
93451	26			188.96	188.96
93451	TC			854.39	854.39
93452				1168.17	1168.17
93452	26			344.46	344.46
93452	TC			823.71	823.71
93453				1516.85	1516.85
93453	26			462.64	462.64
93453	TC			1054.21	1054.21
93454				1180.21	1180.21
93454	26			349.51	349.51
93454	TC			830.69	830.69
93455				1360.53	1360.53
93455	26			407.39	407.39

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93455	TC			953.14	953.14
93456				1495.34	1495.34
93456	26			454.22	454.22
93456	TC			1041.13	1041.13
93457				1671.90	1671.90
93457	26			510.61	510.61
93457	TC			1161.29	1161.29
93458				1402.19	1402.19
93458	26			431.31	431.31
93458	TC			970.87	970.87
93459				1541.03	1541.03
93459	26			488.22	488.22
93459	TC			1052.81	1052.81
93460				1684.48	1684.48
93460	26			546.01	546.01
93460	TC			1138.48	1138.48
93461				1905.77	1905.77
93461	26			604.35	604.35
93461	TC			1301.42	1301.42
93462				303.97	303.97
93463				140.30	140.30
93464				335.70	335.70
93464	26			124.29	124.29
93464	TC			211.41	211.41
93503				127.91	127.91
93505				949.82	949.82
93505	26			318.89	318.89
93505	TC			630.92	630.92
93530			NRC	1256.79	1256.79
93530	26		NRC	297.31	297.31
93530	TC		NRC	959.48	959.48
93531			NRC	3361.02	3361.02
93531	26		NRC	617.29	617.29
93531	TC		NRC	2743.73	2743.73
93532	26		NRC	771.57	771.57
93533	26		NRC	515.19	515.19
93561				96.12	96.12
93561	26			65.13	65.13
93561	TC			30.99	30.99
93562				71.97	71.97
93562	26			52.73	52.73
93562	TC			19.24	19.24
93563			NRC	84.25	84.25
93564			NRC	89.30	89.30
93565				65.28	65.28
93566				208.39	67.32
93567				177.79	76.30
93568				189.38	68.80
93571				367.58	367.58
93571	26			111.31	111.31
93571	TC			256.28	256.28
93572				218.99	218.99
93572	26			89.37	89.37
93572	TC			129.62	129.62
93580			NRC	1417.98	1417.98
93581			NRC	1933.40	1933.40
93582				969.04	969.04
93583				1079.44	1079.44
93590			NRC	1550.78	1550.78
93591			NRC	1277.80	1277.80
93592			NRC	566.49	566.49
93600				282.90	282.90

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93600	26			171.47	171.47
93600	TC			111.43	111.43
93602				231.09	231.09
93602	26			168.17	168.17
93602	TC			62.91	62.91
93603				264.07	264.07
93603	26			168.64	168.64
93603	TC			95.43	95.43
93609				557.27	557.27
93609	26			402.69	402.69
93609	TC			154.58	154.58
93610				314.77	314.77
93610	26			237.43	237.43
93610	TC			77.34	77.34
93612				326.69	326.69
93612	26			234.97	234.97
93612	TC			91.71	91.71
93613				429.22	429.22
93615				72.09	72.09
93615	26			54.00	54.00
93615	TC			18.09	18.09
93616	26			85.01	85.01
93618				544.24	544.24
93618	26			319.83	319.83
93618	TC			224.41	224.41
93619				1001.94	1001.94
93619	26			565.39	565.39
93619	TC			436.56	436.56
93620				1403.48	1403.48
93620	26			908.98	908.98
93621	26			168.55	168.55
93622	26			249.59	249.59
93623				342.20	342.20
93623	26			229.18	229.18
93623	TC			113.02	113.02
93624				464.15	464.15
93624	26			351.13	351.13
93624	TC			113.02	113.02
93631	26			573.84	573.84
93640	26			258.73	258.73
93641	26			452.69	452.69
93642				479.12	479.12
93642	26			371.02	371.02
93642	TC			108.10	108.10
93644				276.39	276.39
93644	26			207.91	207.91
93644	TC			68.48	68.48
93650				854.50	854.50
93653				NC	1211.59
93654				NC	1621.42
93655				NC	616.67
93656				NC	1626.24
93657				615.74	615.74
93660				218.33	218.33
93660	26			132.58	132.58
93660	TC			85.75	85.75
93662	26			201.73	201.73
93668			NRC	23.41	23.41
93701				33.10	33.10
93702				166.29	166.29
93724			NRC	388.74	388.74
93724	26		NRC	344.93	344.93

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93724	TC		NRC	43.81	43.81
93740			NRC	11.43	11.43
93745			NRC	107.30	107.30
93745	26		NRC	66.82	66.82
93745	TC		NRC	40.45	40.45
93750				77.79	65.69
93770			NRC	11.43	11.43
93784			NRC	72.04	72.04
93786			NRC	38.69	38.69
93788			NRC	7.03	7.03
93790			NRC	26.32	26.32
93792				68.99	68.99
93793				16.63	16.63
93797			NRC	22.22	12.44
93798			NRC	34.79	19.89
93799			NRC	0.00	0.00
93799	26		NRC	0.00	0.00
93799	TC		NRC	0.00	0.00
93880				269.14	269.14
93880	26			56.76	56.76
93880	TC			212.39	212.39
93882				171.93	171.93
93882	26			35.47	35.47
93882	TC			136.45	136.45
93886				361.28	361.28
93886	26			66.49	66.49
93886	TC			294.79	294.79
93888				210.48	210.48
93888	26			36.78	36.78
93888	TC			173.70	173.70
93890				368.64	368.64
93890	26			72.45	72.45
93890	TC			296.19	296.19
93892				415.50	415.50
93892	26			84.86	84.86
93892	TC			330.64	330.64
93893				461.96	461.96
93893	26			84.77	84.77
93893	TC			377.19	377.19
93895			BR	0.00	0.00
93895	26		BR	0.00	0.00
93895	TC		BR	0.00	0.00
93922				114.83	114.83
93922	26			17.95	17.95
93922	TC			96.88	96.88
93923				178.19	178.19
93923	26			31.45	31.45
93923	TC			146.74	146.74
93924				219.84	219.84
93924	26			34.92	34.92
93924	TC			184.92	184.92
93925				341.35	341.35
93925	26			55.83	55.83
93925	TC			285.52	285.52
93926				200.75	200.75
93926	26			34.45	34.45
93926	TC			166.29	166.29
93930				274.77	274.77
93930	26			56.34	56.34
93930	TC			218.44	218.44
93931				171.37	171.37
93931	26			34.92	34.92

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
93931	TC			136.45	136.45
93970				260.30	260.30
93970	26			48.84	48.84
93970	TC			211.45	211.45
93971				161.34	161.34
93971	26			31.87	31.87
93971	TC			129.47	129.47
93975				372.29	372.29
93975	26			81.69	81.69
93975	TC			290.60	290.60
93976				219.66	219.66
93976	26			56.20	56.20
93976	TC			163.46	163.46
93978				252.47	252.47
93978	26			55.92	55.92
93978	TC			196.56	196.56
93979				160.71	160.71
93979	26			34.96	34.96
93979	TC			125.75	125.75
93980				169.88	169.88
93980	26			87.43	87.43
93980	TC			82.45	82.45
93981				102.13	102.13
93981	26			30.85	30.85
93981	TC			71.28	71.28
93985			BR	TBD	TBD
93985	TC		BR	TBD	TBD
93985	26		BR	TBD	TBD
93986			BR	TBD	TBD
93986	TC		BR	TBD	TBD
93986	26		BR	TBD	TBD
93990				208.33	208.33
93990	26			35.05	35.05
93990	TC			173.28	173.28
93998			BR	0.00	0.00
94002				132.01	132.01
94003				94.26	94.26
94004				69.75	69.75
94005				128.23	128.23
94010				47.36	47.36
94010	26			11.93	11.93
94010	TC			35.43	35.43
94011			NRC	123.37	123.37
94012			NRC	200.01	200.01
94013			NRC	27.47	27.47
94014				75.88	75.88
94015				40.08	40.08
94016				35.80	35.80
94060				79.44	79.44
94060	26			18.41	18.41
94060	TC			61.03	61.03
94070				81.39	81.39
94070	26			40.84	40.84
94070	TC			40.55	40.55
94150				33.90	33.90
94150	26			5.46	5.46
94150	TC			28.44	28.44
94200				36.87	36.87
94200	26			7.96	7.96
94200	TC			28.91	28.91
94250				36.87	36.87
94250	26			7.96	7.96

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
94250	TC			28.91	28.91
94375				53.54	53.54
94375	26			20.90	20.90
94375	TC			32.63	32.63
94400				76.77	76.77
94400	26			27.85	27.85
94400	TC			48.93	48.93
94450				97.77	97.77
94450	26			28.31	28.31
94450	TC			69.46	69.46
94452				73.56	73.56
94452	26			20.44	20.44
94452	TC			53.12	53.12
94453				101.45	101.45
94453	26			26.92	26.92
94453	TC			74.53	74.53
94610				79.31	79.31
94617			NRC	127.01	127.01
94617	26		NRC	47.31	47.31
94617	TC		NRC	79.70	79.70
94618				46.85	46.85
94618	26			32.37	32.37
94618	TC			14.48	14.48
94621				217.71	217.71
94621	26			97.50	97.50
94621	TC			120.20	120.20
94640				23.79	23.79
94642			NRC	18.09	18.09
94644				65.22	65.22
94645				21.93	21.93
94660				87.74	54.22
94662				51.42	51.42
94664				22.39	22.39
94667				33.14	33.14
94668				42.92	42.92
94669				42.03	42.03
94680				74.28	74.28
94680	26			17.90	17.90
94680	TC			56.38	56.38
94681				73.09	73.09
94681	26			14.39	14.39
94681	TC			58.71	58.71
94690				69.75	69.75
94690	26			5.46	5.46
94690	TC			64.29	64.29
94726				71.95	71.95
94726	26			17.43	17.43
94726	TC			54.52	54.52
94727				58.45	58.45
94727	26			17.43	17.43
94727	TC			41.01	41.01
94728				54.72	54.72
94728	26			17.90	17.90
94728	TC			36.82	36.82
94729				73.52	73.52
94729	26			12.95	12.95
94729	TC			60.57	60.57
94750				112.79	112.79
94750	26			15.45	15.45
94750	TC			97.35	97.35
94760				3.30	3.30
94761				5.63	5.63

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
94762				33.10	33.10
94770				10.45	10.45
94780				69.66	33.81
94781				27.30	11.93
94799			BR	0.00	0.00
94799	26		BR	0.00	0.00
94799	TC		BR	0.00	0.00
95004				5.67	5.67
95012				26.58	26.58
95017				11.05	5.46
95018				29.03	10.41
95024				10.79	1.48
95027				6.14	6.14
95028				17.27	17.27
95044				7.49	7.49
95052				8.89	8.89
95056				61.08	61.08
95060				46.14	46.14
95065				34.50	34.50
95070				41.99	41.99
95071				48.93	48.93
95076				166.28	106.68
95079				118.70	97.75
95115				12.15	12.15
95117				14.01	14.01
95120				14.72	14.72
95125			NRC	0.00	0.00
95130			NRC	0.00	0.00
95131			NRC	0.00	0.00
95132			NRC	0.00	0.00
95133			NRC	0.00	0.00
95134			NRC	0.00	0.00
95144				19.39	4.49
95145				38.01	4.49
95146				70.13	4.49
95147				72.46	4.49
95148				104.12	4.49
95149				138.57	4.49
95165				18.92	4.49
95170				14.26	4.49
95180				191.33	146.63
95199			BR	0.00	0.00
95249			NRC	72.76	72.76
95250			NRC	198.51	198.51
95251			NRC	50.15	50.15
95700			BR	TBD	TBD
95705			BR	TBD	TBD
95706			BR	TBD	TBD
95707			BR	TBD	TBD
95708			BR	TBD	TBD
95709			BR	TBD	TBD
95710			BR	TBD	TBD
95711			BR	TBD	TBD
95712			BR	TBD	TBD
95713			BR	TBD	TBD
95714			BR	TBD	TBD
95715			BR	TBD	TBD
95716			BR	TBD	TBD
95717			BR	TBD	TBD
95718			BR	TBD	TBD
95719			BR	TBD	TBD
95720			BR	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
95721			BR	TBD	TBD
95722			BR	TBD	TBD
95723			BR	TBD	TBD
95724			BR	TBD	TBD
95725			BR	TBD	TBD
95726			BR	TBD	TBD
95782			NC	0.00	0.00
95782	26		NC	0.00	0.00
95782	TC		NC	0.00	0.00
95783			NC	0.00	0.00
95783	26		NC	0.00	0.00
95783	TC		NC	0.00	0.00
95800			NRC	226.81	226.81
95800	26		NRC	59.63	59.63
95800	TC		NRC	167.18	167.18
95801			NRC	123.45	123.45
95801	26		NRC	59.16	59.16
95801	TC		NRC	64.29	64.29
95803			NRC	193.03	193.03
95803	26		NRC	62.17	62.17
95803	TC		NRC	130.87	130.87
95805				558.21	558.21
95805	26			83.49	83.49
95805	TC			474.72	474.72
95806				185.71	185.71
95806	26			69.74	69.74
95806	TC			115.97	115.97
95807				571.63	571.63
95807	26			87.60	87.60
95807	TC			484.03	484.03
95808				890.75	890.75
95808	26			124.08	124.08
95808	TC			766.67	766.67
95810				819.18	819.18
95810	26			171.64	171.64
95810	TC			647.53	647.53
95811				858.75	858.75
95811	26			178.12	178.12
95811	TC			680.63	680.63
95812				432.76	432.76
95812	26			81.64	81.64
95812	TC			351.12	351.12
95813				539.08	539.08
95813	26			122.73	122.73
95813	TC			416.35	416.35
95816				483.08	483.08
95816	26			81.64	81.64
95816	TC			401.45	401.45
95819				567.40	567.40
95819	26			81.64	81.64
95819	TC			485.76	485.76
95822				512.41	512.41
95822	26			82.10	82.10
95822	TC			430.31	430.31
95824	26			55.91	55.91
95829				2527.19	2527.19
95829	26			479.85	479.85
95829	TC			2047.34	2047.34
95830				518.51	130.70
95836				155.96	155.96
95851				28.19	10.96
95852				25.18	8.42

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
95857			NRC	74.11	41.98
95860				163.96	163.96
95860	26			72.66	72.66
95860	TC			91.29	91.29
95861				235.06	235.06
95861	26			116.76	116.76
95861	TC			118.30	118.30
95863				294.65	294.65
95863	26			140.97	140.97
95863	TC			153.68	153.68
95864				338.07	338.07
95864	26			150.87	150.87
95864	TC			187.20	187.20
95865				204.88	204.88
95865	26			117.78	117.78
95865	TC			87.10	87.10
95866				187.24	187.24
95866	26			95.94	95.94
95866	TC			91.29	91.29
95867				143.27	143.27
95867	26			59.89	59.89
95867	TC			83.38	83.38
95868				188.25	188.25
95868	26			89.51	89.51
95868	TC			98.74	98.74
95869				126.00	126.00
95869	26			28.19	28.19
95869	TC			97.81	97.81
95870				121.81	121.81
95870	26			28.19	28.19
95870	TC			93.62	93.62
95872				275.65	275.65
95872	26			218.34	218.34
95872	TC			57.31	57.31
95873				100.77	100.77
95873	26			28.14	28.14
95873	TC			72.63	72.63
95874				103.14	103.14
95874	26			28.19	28.19
95874	TC			74.96	74.96
95875				179.53	179.53
95875	26			83.58	83.58
95875	TC			95.95	95.95
95885				82.11	82.11
95885	26			26.70	26.70
95885	TC			55.40	55.40
95886				128.57	128.57
95886	26			65.26	65.26
95886	TC			63.32	63.32
95887				111.65	111.65
95887	26			53.45	53.45
95887	TC			58.20	58.20
95905				84.10	84.10
95905	26			3.98	3.98
95905	TC			80.12	80.12
95907				131.11	131.11
95907	26			75.67	75.67
95907	TC			55.45	55.45
95908				169.46	169.46
95908	26			95.39	95.39
95908	TC			74.07	74.07
95909				202.21	202.21

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
95909	26			113.71	113.71
95909	TC			88.50	88.50
95910				265.44	265.44
95910	26			151.80	151.80
95910	TC			113.64	113.64
95911				319.32	319.32
95911	26			189.38	189.38
95911	TC			129.94	129.94
95912				359.73	359.73
95912	26			225.61	225.61
95912	TC			134.13	134.13
95913				415.72	415.72
95913	26			267.16	267.16
95913	TC			148.56	148.56
95921				113.89	113.89
95921	26			64.03	64.03
95921	TC			49.86	49.86
95922				130.01	130.01
95922	26			68.05	68.05
95922	TC			61.96	61.96
95923				173.52	173.52
95923	26			65.00	65.00
95923	TC			108.52	108.52
95924				205.73	NC
95924	26			126.08	126.08
95924	TC			79.66	79.66
95925				176.15	176.15
95925	26			39.19	39.19
95925	TC			136.96	136.96
95926				170.57	170.57
95926	26			38.72	38.72
95926	TC			131.84	131.84
95927				176.66	176.66
95927	26			38.72	38.72
95927	TC			137.94	137.94
95928				295.33	295.33
95928	26			112.32	112.32
95928	TC			183.01	183.01
95929				302.31	302.31
95929	26			112.78	112.78
95929	TC			189.53	189.53
95930				91.88	91.88
95930	26			26.66	26.66
95930	TC			65.22	65.22
95933				109.74	109.74
95933	26			44.52	44.52
95933	TC			65.22	65.22
95937				118.38	118.38
95937	26			48.50	48.50
95937	TC			69.88	69.88
95938				459.77	459.77
95938	26			65.30	65.30
95938	TC			394.46	394.46
95939				687.59	687.59
95939	26			169.24	169.24
95939	TC			518.35	518.35
95940				NC	46.00
95941			NRC	184.20	184.20
95943				202.61	202.61
95954				538.10	538.10
95954	26			164.50	164.50
95954	TC			373.60	373.60

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
95955				281.58	281.58
95955	26			76.69	76.69
95955	TC			204.89	204.89
95957				363.68	363.68
95957	26			146.13	146.13
95957	TC			217.55	217.55
95958				780.38	780.38
95958	26			321.11	321.11
95958	TC			459.27	459.27
95961				418.34	418.34
95961	26			229.74	229.74
95961	TC			188.60	188.60
95962				361.86	361.86
95962	26			244.96	244.96
95962	TC			116.90	116.90
95965	26			597.48	597.48
95966	26			302.25	302.25
95967	26			264.16	264.16
95970				26.75	26.28
95971				70.64	58.07
95972				79.15	59.13
95976				57.39	56.46
95977				76.19	75.25
95980				65.58	65.58
95981				46.60	25.19
95982				75.30	51.56
95983				72.25	71.32
95984				62.85	62.39
95990				122.11	122.11
95991				157.19	56.63
95992			NRC	61.53	53.15
95999			BR	0.00	0.00
96000			NRC	134.84	134.84
96001			NRC	180.91	180.91
96002			NRC	31.19	31.19
96003			NRC	24.42	24.42
96004			NRC	162.06	162.06
96020	26			232.59	232.59
96040			NRC	60.66	60.66
96105				145.58	145.58
96110			NRC	13.08	13.08
96112				189.72	179.48
96113				84.81	82.02
96116				133.94	120.44
96116	95			133.94	120.44
96121				115.57	110.45
96125				152.73	152.73
96127				7.03	7.03
96130				164.87	155.56
96131				125.43	118.44
96132				183.91	152.72
96133				140.33	117.05
96136				64.37	35.04
96137				59.29	27.63
96138				50.33	50.33
96139				50.33	50.33
96146				2.84	2.84
96156			BR	TBD	TBD
96158			BR	TBD	TBD
96159			BR	TBD	TBD
96160				4.19	4.19
96161			NC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
96164			NRC	TBD	TBD
96165			NRC	TBD	TBD
96167			NRC	TBD	TBD
96168			NRC	TBD	TBD
96170			NRC	TBD	TBD
96171			NRC	TBD	TBD
96360				50.62	50.62
96361				18.12	18.12
96365				95.11	95.11
96366				29.20	29.20
96367				41.86	41.86
96368				28.23	28.23
96369				219.32	219.32
96370				21.29	21.29
96371				85.66	85.66
96372				22.64	22.64
96373				25.44	25.44
96374				52.06	52.06
96375				22.35	22.35
96376			NRC	0.00	0.00
96377				27.30	27.30
96379			BR	0.00	0.00
96401				105.39	105.39
96402				41.35	41.35
96405				109.87	41.43
96406				164.72	64.63
96409				143.32	143.32
96411				77.79	77.79
96413				186.36	186.36
96415				40.93	40.93
96416				186.49	186.49
96417				90.45	90.45
96420				138.41	138.41
96422				226.96	226.96
96423				105.23	105.23
96425				240.55	240.55
96440				1114.04	177.33
96446				271.68	39.37
96450				245.82	112.67
96521				193.52	193.52
96522				159.11	159.11
96523				36.11	36.11
96542				178.99	58.87
96549			BR	0.00	0.00
96567				162.99	162.99
96570				73.90	73.90
96571				41.14	41.14
96573				267.53	267.53
96574				342.01	342.01
96900			NRC	28.44	28.44
96902			NRC	30.68	29.29
96904			NRC	84.82	84.82
96910				150.93	150.93
96912				128.12	128.12
96913				182.12	182.12
96920				221.13	93.57
96921				242.76	105.42
96922				331.04	169.03
96931				227.48	227.48
96932				163.50	163.50
96933				65.00	65.00
96934				130.94	130.94

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
96935				58.71	58.71
96936				62.04	62.04
96999			BR	0.00	0.00
97010			NC	0.00	0.00
97012				20.65	20.65
97014				20.36	20.36
97016				17.56	17.56
97018				9.61	9.61
97022				24.50	24.50
97024				9.61	9.61
97026				8.68	8.68
97028				11.09	11.09
97032				20.65	20.65
97033				28.61	28.61
97034				20.95	20.95
97035				19.09	19.09
97036				47.32	47.32
97039			BR	0.00	0.00
97110				42.49	42.49
97112				48.29	48.29
97113				53.32	53.32
97116				42.02	42.02
97124				39.23	39.23
97129			BR	TBD	TBD
97130			BR	TBD	TBD
97139			BR	0.00	0.00
97140				38.64	38.64
97150				25.48	25.48
97151			NC	0.00	0.00
97152			NC	0.00	0.00
97153			NC	0.00	0.00
97154			NC	0.00	0.00
97155			NC	0.00	0.00
97156			NC	0.00	0.00
97157			NC	0.00	0.00
97158			NC	0.00	0.00
97161	GP			117.01	117.01
97162	GP			117.01	117.01
97163	GP			117.01	117.01
97164	GP			79.18	79.18
97165	GO			125.39	125.39
97166	GO			125.39	125.39
97167	GO			125.39	125.39
97168	GO			85.70	85.70
97169				96.09	96.09
97170				96.09	96.09
97171				96.09	96.09
97172				52.97	52.97
97530				54.55	54.55
97533				58.44	58.44
97535				47.15	47.15
97537				45.41	45.41
97542				45.87	45.87
97545			NC	0.00	0.00
97546			NC	0.00	0.00
97597				119.56	33.90
97598				37.84	15.95
97602				150.22	84.71
97605				60.14	36.86
97606				70.59	39.86
97607				60.83	39.57
97608				72.00	43.61

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
97610				299.06	23.91
97750				48.08	48.08
97755				52.98	52.98
97760				65.05	65.05
97761				56.20	56.20
97763	GP			68.69	68.69
97763	GO			68.69	68.69
97799			BR	0.00	0.00
97802				51.21	47.02
97803				44.35	40.16
97804			NRC	23.45	22.05
97810				50.66	43.21
97811				38.55	35.76
97813				55.53	46.68
97814				44.82	39.23
98925				43.51	33.73
98926				62.76	50.66
98927				82.48	67.12
98928				100.34	84.05
98929				120.06	101.91
98940				39.27	31.82
98941				57.09	48.71
98942				74.01	66.10
98943				37.92	33.27
98960			NRC	35.94	35.94
98961			NRC	17.74	17.74
98962			NRC	13.08	13.08
98966			NRC	19.26	17.86
98967			NRC	37.62	35.76
98968			NRC	55.48	53.62
98970			NRC	TBD	TBD
98971			NRC	TBD	TBD
98972			NRC	TBD	TBD
99000			NC	0.00	0.00
99001			NRC	0.00	0.00
99002			NRC	0.00	0.00
99024			NRC	0.00	0.00
99026			NRC	0.00	0.00
99027			NRC	0.00	0.00
99050			NRC	0.00	0.00
99051			NRC	0.00	0.00
99053			NRC	0.00	0.00
99056			NRC	0.00	0.00
99058				32.74	32.74
99060				109.21	109.21
99070			NC	0.00	0.00
99071			NRC	0.00	0.00
99075			NRC	0.00	0.00
99078			NRC	0.00	0.00
99080			NRC	0.00	0.00
99082			NRC	0.00	0.00
99091				80.37	80.37
99100			NRC	0.00	0.00
99116			NRC	0.00	0.00
99135			NRC	0.00	0.00
99140			NRC	0.00	0.00
99151			NRC	101.03	35.85
99152				68.18	17.44
99153				14.01	14.01
99155			NRC	127.06	127.06
99156				111.91	111.91
99157				90.45	90.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
99170			NRC	216.44	122.86
99172				10.25	10.25
99173				3.77	3.77
99174			NRC	7.49	7.49
99175			NRC	34.03	34.03
99177			NRC	6.10	6.10
99183				155.26	155.26
99184			NRC	315.00	315.00
99188			NRC	17.18	14.39
99190			NRC	0.00	0.00
99191			NRC	0.00	0.00
99192			NRC	0.00	0.00
99195				133.42	133.42
99199			BR	0.00	0.00
99201				62.30	37.63
99201	95			62.30	37.63
99202				104.37	70.85
99202	95			104.37	70.85
99203				148.61	106.70
99203	95			148.61	106.70
99204				226.73	180.64
99204	95			226.73	180.64
99205				285.52	235.71
99205	95			285.52	235.71
99211				30.60	12.91
99212				61.33	35.72
99212	95			61.33	35.72
99213				101.70	71.44
99213	95			101.70	71.44
99214				149.23	110.12
99214	95			149.23	110.12
99215				200.44	155.28
99215	95			200.44	155.28
99217				NC	101.70
99218				NC	139.63
99219				NC	190.11
99220				NC	259.61
99221				NC	142.09
99222				NC	191.64
99223				NC	282.89
99224				NC	55.61
99225				NC	102.21
99226				NC	146.35
99231				NC	55.15
99231	95			NC	55.15
99232				NC	101.74
99232	95			NC	101.74
99233				NC	145.46
99233	95			NC	145.46
99234				NC	186.27
99235				NC	236.75
99236				NC	304.34
99238				NC	101.70
99239				NC	149.14
99241				65.26	45.71
99241	95			65.26	45.71
99242				123.33	95.86
99242	95			123.33	95.86
99243				169.03	134.12
99243	95			169.03	134.12
99244				253.76	215.58
99244	95			253.76	215.58

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
99245				309.71	266.88
99245	95			309.71	266.88
99251				NC	68.73
99251	95			NC	68.73
99252				NC	104.96
99252	95			NC	104.96
99253				NC	161.50
99253	95			NC	161.50
99254				NC	234.50
99254	95			NC	234.50
99255				NC	282.37
99255	95			NC	282.37
99281				NC	30.01
99282				NC	58.54
99283				NC	87.66
99284				NC	166.38
99285				NC	245.24
99288				NC	141.74
99291				384.77	313.08
99292				171.46	157.03
99304				125.70	125.70
99305				181.48	181.48
99306				232.56	232.56
99307				61.16	61.16
99307	95			61.16	61.16
99308				95.56	95.56
99308	95			95.56	95.56
99309				127.14	127.14
99309	95			127.14	127.14
99310				188.46	188.46
99310	95			188.46	188.46
99315				102.17	102.17
99316				147.32	147.32
99318				133.40	133.40
99324				77.20	NC
99325				112.07	NC
99326				194.34	NC
99327				260.49	NC
99328				306.62	NC
99334				83.97	NC
99335				132.51	NC
99336				188.97	NC
99337				270.82	NC
99339				106.61	106.61
99340				150.07	150.07
99341				77.20	NC
99342				111.65	NC
99343				182.33	NC
99344				254.57	NC
99345				309.46	NC
99347				77.15	NC
99348				117.40	NC
99349				180.00	NC
99350				249.96	NC
99354				181.39	170.69
99354	95			181.39	170.69
99355				138.35	129.04
99355	95			138.35	129.04
99356				NC	128.74
99357				NC	129.21
99358				156.17	156.17
99359				75.29	75.29

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
99360				NC	85.91
99366				60.01	59.08
99367				79.44	79.44
99368				51.63	51.63
99371				19.72	19.72
99372				37.62	37.62
99373				55.48	55.48
99374				96.20	79.44
99375				144.61	124.13
99377				96.20	79.44
99378				144.61	124.13
99379				96.20	79.44
99380				144.61	124.13
99381			NC	0.00	0.00
99382			NC	0.00	0.00
99383			NC	0.00	0.00
99384			NC	0.00	0.00
99385			NC	0.00	0.00
99386			NC	0.00	0.00
99387			NC	0.00	0.00
99391			NC	0.00	0.00
99392			NC	0.00	0.00
99393			NC	0.00	0.00
99394			NC	0.00	0.00
99395			NC	0.00	0.00
99396			NC	0.00	0.00
99397			NC	0.00	0.00
99401				53.37	34.75
99402				88.66	70.51
99403				123.41	105.25
99404				158.20	139.58
99406			NRC	20.65	17.40
99407			NRC	39.53	36.27
99408				49.94	46.68
99409				96.62	93.36
99411			NRC	26.28	10.92
99412			NRC	33.22	17.86
99415			NRC	13.08	13.08
99416			NRC	5.59	5.59
99421			NRC	TBD	TBD
99422			NRC	TBD	TBD
99423			NRC	TBD	TBD
99429			NRC	0.00	0.00
99441			NC	0.00	0.00
99442			NC	0.00	0.00
99443			NC	0.00	0.00
99446				25.31	25.31
99447				50.15	50.15
99448				75.46	75.46
99449				100.30	100.30
99450			NC	0.00	0.00
99451				51.59	51.59
99452				51.59	51.59
99453				25.18	25.18
99454				82.91	82.91
99455			NC	0.00	0.00
99456			NC	0.00	0.00
99457				69.32	44.65
99458			BR	TBD	TBD
99460			NC	0.00	0.00
99461			NC	0.00	0.00
99462			NC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
99463			NC	0.00	0.00
99464			NC	0.00	0.00
99465			NC	0.00	0.00
99466			NC	0.00	0.00
99467			NC	0.00	0.00
99468			NC	0.00	0.00
99469			NC	0.00	0.00
99471			NC	0.00	0.00
99472			NC	0.00	0.00
99473			BR	TBD	TBD
99474			BR	TBD	TBD
99475			NC	0.00	0.00
99476			NC	0.00	0.00
99477			NC	0.00	0.00
99478			NC	0.00	0.00
99479			NC	0.00	0.00
99480			NC	0.00	0.00
99483			NRC	356.36	252.54
99484				65.60	45.12
99485			NC	0.00	0.00
99486			NC	0.00	0.00
99487				124.60	NC
99489				62.30	NC
99490				57.22	44.65
99491				114.99	114.99
99492				217.16	124.51
99493				174.03	112.58
99494				90.27	60.48
99495				224.56	154.26
99495	95			224.56	154.26
99496				317.29	223.71
99496	95			317.29	223.71
99497				118.50	110.59
99498				104.53	104.07
99499			BR	0.00	0.00
0001U			NRC	900.00	900.00
0002U				31.25	31.25
0003U				1187.50	1187.50
0005U				950.00	950.00
0006U			NRC	308.65	308.65
0007U			NRC	143.04	143.04
0008U			NRC	747.39	747.39
0009U				133.75	133.75
0010U			NRC	534.08	534.08
0011U			NRC	143.04	143.04
0012U			NRC	3144.50	3144.50
0013U				3144.50	3144.50
0014U				3144.50	3144.50
0016U				227.73	227.73
0017U				127.31	127.31
0018U			BR	0.00	0.00
0019U			BR	0.00	0.00
0021U			BR	0.00	0.00
0022U			BR	0.00	0.00
0023U			BR	0.00	0.00
0024U			NRC	43.83	43.83
0025U			NRC	119.13	119.13
0026U				4500.00	4500.00
0027U			NRC	188.15	188.15
0029U			BR	0.00	0.00
0030U			BR	0.00	0.00
0031U				218.51	218.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
0032U				218.51	218.51
0033U			NRC	437.03	437.03
0034U				582.71	582.71
0035U			NRC	0.00	0.00
0036U				5975.00	5975.00
0037U				4375.00	4375.00
0038U			NRC	41.11	41.11
0039U			NRC	19.09	19.09
0040U				569.31	569.31
0041U			NRC	0.00	0.00
0042U			NRC	0.00	0.00
0043U			NRC	0.00	0.00
0044U			NRC	0.00	0.00
0045U				4841.25	4841.25
0046U				206.89	206.89
0047U				4841.25	4841.25
0048U			BR	0.00	0.00
0049U				308.15	308.15
0050U			BR	0.00	0.00
0051U				257.04	257.04
0052U			NRC	42.33	42.33
0053U			BR	0.00	0.00
0054U				206.90	206.90
0055U			NRC	0.00	0.00
0056U			BR	0.00	0.00
0058U				448.56	448.56
0059U				448.56	448.56
0060U			NRC	948.81	948.81
0061U				34.81	34.81
0062U			NRC	TBD	TBD
0063U			NRC	TBD	TBD
0064U			NRC	TBD	TBD
0065U			NRC	TBD	TBD
0066U			NRC	TBD	TBD
0067U			BR	TBD	TBD
0068U			NRC	TBD	TBD
0069U			BR	TBD	TBD
0070U			NRC	TBD	TBD
0071U			NRC	TBD	TBD
0072U			NRC	TBD	TBD
0073U			NRC	TBD	TBD
0074U			NRC	TBD	TBD
0075U			NRC	TBD	TBD
0076U			NRC	TBD	TBD
0077U			BR	TBD	TBD
0078U			BR	TBD	TBD
0079U			NRC	TBD	TBD
0080U			BR	TBD	TBD
0083U			BR	TBD	TBD
0084U			BR	TBD	TBD
0086U			BR	TBD	TBD
0087U			NRC	TBD	TBD
0088U			NRC	TBD	TBD
0089U			BR	TBD	TBD
0090U			BR	TBD	TBD
0091U			BR	TBD	TBD
0092U			BR	TBD	TBD
0093U			NRC	TBD	TBD
0094U			NRC	TBD	TBD
0095U			NRC	TBD	TBD
0096U			NRC	TBD	TBD
0097U			NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
0098U			NRC	TBD	TBD
0099U			NRC	TBD	TBD
0100U			NRC	TBD	TBD
0101U			BR	TBD	TBD
0102U			BR	TBD	TBD
0103U			BR	TBD	TBD
0105U			NRC	TBD	TBD
0106U			NRC	TBD	TBD
0107U			NRC	TBD	TBD
0108U			BR	TBD	TBD
0109U			NRC	TBD	TBD
0110U			BR	TBD	TBD
0111U			BR	TBD	TBD
0112U			NRC	TBD	TBD
0113U			BR	TBD	TBD
0114U			BR	TBD	TBD
0115U			NRC	TBD	TBD
0116U			NRC	TBD	TBD
0117U			NRC	TBD	TBD
0118U			BR	TBD	TBD
0119U			NRC	TBD	TBD
0120U			BR	TBD	TBD
0121U			NRC	TBD	TBD
0122U			NRC	TBD	TBD
0123U			NRC	TBD	TBD
0124U			NRC	TBD	TBD
0125U			NRC	TBD	TBD
0126U			NRC	TBD	TBD
0127U			NRC	TBD	TBD
0128U			NRC	TBD	TBD
0129U			BR	TBD	TBD
0130U			BR	TBD	TBD
0131U			BR	TBD	TBD
0132U			BR	TBD	TBD
0133U			BR	TBD	TBD
0134U			BR	TBD	TBD
0135U			BR	TBD	TBD
0136U			NRC	TBD	TBD
0137U			BR	TBD	TBD
0138U			BR	TBD	TBD
0139U			BR	TBD	TBD
0140U			BR	TBD	TBD
0141U			BR	TBD	TBD
0142U			BR	TBD	TBD
0151U			BR	TBD	TBD
0152U			BR	TBD	TBD
0153U			BR	TBD	TBD
0154U			BR	TBD	TBD
0155U			BR	TBD	TBD
0156U			BR	TBD	TBD
0157U			BR	TBD	TBD
0158U			BR	TBD	TBD
0159U			BR	TBD	TBD
0160U			BR	TBD	TBD
0161U			BR	TBD	TBD
0162U			BR	TBD	TBD
A0021			NC	0.00	0.00
A0080			NC	0.00	0.00
A0090			NC	0.00	0.00
A0100			NRC	2.50	2.50
A0110			NRC	0.00	0.00
A0120			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A0130				36.00	36.00
A0140			BR	0.00	0.00
A0160			NRC	0.00	0.00
A0170			NRC	0.00	0.00
A0180			NRC	0.00	0.00
A0190			NRC	0.00	0.00
A0200			NRC	0.00	0.00
A0210			NRC	0.00	0.00
A0225			NRC	0.00	0.00
A0382			NRC	0.00	0.00
A0384			NRC	0.00	0.00
A0392			NRC	0.00	0.00
A0394			NRC	0.00	0.00
A0396			NRC	0.00	0.00
A0398			NRC	0.00	0.00
A0420				24.00	24.00
A0422			NRC	0.00	0.00
A0424				24.00	24.00
A0425				13.72	13.72
A0426				393.78	393.78
A0427				623.48	623.48
A0428				328.15	328.15
A0429				525.04	525.04
A0430				5382.64	5382.64
A0431				6258.13	6258.13
A0432			NRC	468.40	468.40
A0433				902.41	902.41
A0434				1066.49	1066.49
A0435				15.93	15.93
A0436				42.52	42.52
A0998				240.00	240.00
A0999			BR	0.00	0.00
A4206				0.32	0.32
A4207				0.38	0.38
A4208				0.46	0.46
A4209				3.76	3.76
A4210			NRC	0.00	0.00
A4211			NRC	0.00	0.00
A4212				10.80	10.80
A4213				0.82	0.82
A4215				0.32	0.32
A4216				0.52	0.52
A4217				4.33	4.33
A4218			NRC	0.00	0.00
A4220				25.00	25.00
A4221				27.80	27.80
A4222				54.12	54.12
A4223			NRC	0.00	0.00
A4224			NRC	27.80	27.80
A4225			NRC	3.43	3.43
A4226			NRC	TBD	TBD
A4230			NRC	0.00	0.00
A4231			NRC	0.00	0.00
A4232			NRC	0.00	0.00
A4233	NU			0.61	0.61
A4234	NU			2.83	2.83
A4235	NU			1.20	1.20
A4236	NU			1.39	1.39
A4244				2.50	2.50
A4245				3.88	3.88
A4246				5.00	5.00
A4247				4.36	4.36

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A4248			NRC	0.00	0.00
A4250			NRC	0.00	0.00
A4252			NRC	0.00	0.00
A4253	NU			9.98	9.98
A4255			NRC	5.40	5.40
A4256				4.06	4.06
A4257			NRC	17.63	17.63
A4258				2.54	2.54
A4259				1.70	1.70
A4261			NRC	0.00	0.00
A4262			NRC	0.00	0.00
A4263			NRC	82.99	82.99
A4265			NRC	4.70	4.70
A4270			NRC	0.00	0.00
A4280			NRC	7.36	7.36
A4290			NRC	0.00	0.00
A4300			NRC	0.00	0.00
A4301			NRC	0.00	0.00
A4305				36.99	36.99
A4306				47.99	47.99
A4310				10.67	10.67
A4311				20.47	20.47
A4312				24.92	24.92
A4313				25.60	25.60
A4314				34.93	34.93
A4315				36.44	36.44
A4316				39.24	39.24
A4320				6.58	6.58
A4321			NRC	0.00	0.00
A4322				4.02	4.02
A4326				14.33	14.33
A4327			NRC	58.39	58.39
A4328			NRC	13.09	13.09
A4330				8.41	8.41
A4331				4.39	4.39
A4332			NRC	0.16	0.16
A4333				3.06	3.06
A4334				6.80	6.80
A4335			BR	0.00	0.00
A4336				1.99	1.99
A4337			BR	0.00	0.00
A4338				16.94	16.94
A4340				37.30	37.30
A4344				22.12	22.12
A4346				27.06	27.06
A4349				2.78	2.78
A4351				2.35	2.35
A4352				7.55	7.55
A4353				9.66	9.66
A4354				16.31	16.31
A4355				12.32	12.32
A4356				63.04	63.04
A4357				13.42	13.42
A4358				9.16	9.16
A4360				0.67	0.67
A4361				25.38	25.38
A4362				4.69	4.69
A4363				3.28	3.28
A4364				3.46	3.46
A4366				1.79	1.79
A4367				10.16	10.16
A4368				0.35	0.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A4369				3.35	3.35
A4371				5.03	5.03
A4372				5.80	5.80
A4373				8.66	8.66
A4375				23.72	23.72
A4376				65.75	65.75
A4377				5.93	5.93
A4378				42.48	42.48
A4379				20.75	20.75
A4380				51.58	51.58
A4381				6.40	6.40
A4382				34.01	34.01
A4383				38.95	38.95
A4384				13.28	13.28
A4385				7.04	7.04
A4387				3.11	3.11
A4388				6.02	6.02
A4389				8.59	8.59
A4390				13.27	13.27
A4391				9.77	9.77
A4392				11.29	11.29
A4393				12.49	12.49
A4394				3.58	3.58
A4395				0.06	0.06
A4396				55.93	55.93
A4397				6.61	6.61
A4398				19.10	19.10
A4399				14.40	14.40
A4400				67.52	67.52
A4402				2.21	2.21
A4404				2.14	2.14
A4405				4.72	4.72
A4406				7.91	7.91
A4407				12.11	12.11
A4408				13.64	13.64
A4409				8.59	8.59
A4410				12.49	12.49
A4411				7.04	7.04
A4412				3.73	3.73
A4413				7.61	7.61
A4414				6.80	6.80
A4415				8.28	8.28
A4416				3.80	3.80
A4417				5.15	5.15
A4418				2.51	2.51
A4419				2.39	2.39
A4420				5.00	5.00
A4421			BR	0.00	0.00
A4422				0.16	0.16
A4423				2.57	2.57
A4424				6.58	6.58
A4425				4.94	4.94
A4426				3.77	3.77
A4427				3.84	3.84
A4428				9.00	9.00
A4429				11.39	11.39
A4430				11.76	11.76
A4431				8.59	8.59
A4432				4.96	4.96
A4433				4.63	4.63
A4434				5.20	5.20
A4435				7.97	7.97

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A4450				0.11	0.11
A4452				0.49	0.49
A4455				1.98	1.98
A4456				0.34	0.34
A4458				11.99	11.99
A4459			BR	0.00	0.00
A4461				4.56	4.56
A4463				18.38	18.38
A4465				5.00	5.00
A4467			BR	0.00	0.00
A4470			NRC	0.00	0.00
A4480			NRC	0.00	0.00
A4481				0.50	0.50
A4483			NRC	0.00	0.00
A4490				12.00	12.00
A4495				20.00	20.00
A4500				12.00	12.00
A4510				30.00	30.00
A4520				3.00	3.00
A4550				10.00	10.00
A4553				3.68	3.68
A4554				0.35	0.35
A4555			BR	0.00	0.00
A4556			NRC	16.78	16.78
A4557				21.17	21.17
A4558			NRC	7.54	7.54
A4559			NRC	0.13	0.13
A4561			NRC	28.32	28.32
A4562			NRC	70.36	70.36
A4563				153.28	153.28
A4565				10.63	10.63
A4566			NRC	0.00	0.00
A4570			NRC	0.00	0.00
A4575			NRC	0.00	0.00
A4580			NRC	0.00	0.00
A4590			NRC	0.00	0.00
A4595				13.24	13.24
A4600			BR	0.00	0.00
A4601			BR	0.00	0.00
A4602				5.15	5.15
A4604	NU			65.76	65.76
A4605	NU			22.66	22.66
A4606			BR	0.00	0.00
A4608				69.25	69.25
A4611	NU		NRC	255.24	255.24
A4611	RR		NRC	25.50	25.50
A4612	NU		NRC	88.28	88.28
A4612	RR		NRC	8.99	8.99
A4613	NU		NRC	187.37	187.37
A4613	RR		NRC	18.73	18.73
A4614				32.86	32.86
A4615				1.01	1.01
A4616				0.08	0.08
A4617				4.28	4.28
A4618	NU			10.44	10.44
A4618	RR			1.21	1.21
A4619	NU			2.48	2.48
A4620				0.88	0.88
A4623				7.69	7.69
A4624	NU			3.64	3.64
A4625				9.56	9.56
A4626				4.40	4.40

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A4627				27.49	27.49
A4628	NU		NRC	5.17	5.17
A4629				6.42	6.42
A4630	NU		NRC	7.33	7.33
A4633	NU		NRC	56.69	56.69
A4634			NRC	0.00	0.00
A4635	NU			6.07	6.07
A4635	RR			0.83	0.83
A4636	NU			4.00	4.00
A4636	RR			0.41	0.41
A4637	NU			2.30	2.30
A4637	RR			0.28	0.28
A4638	NU		NRC	0.00	0.00
A4638	RR		NRC	0.00	0.00
A4639	NU			396.80	396.80
A4639	RR			39.68	39.68
A4640	NU		NRC	71.39	71.39
A4640	RR			7.19	7.19
A4641			BR	0.00	0.00
A4642			BR	0.00	0.00
A4648			NRC	0.00	0.00
A4649			BR	0.00	0.00
A4650			NRC	0.00	0.00
A4651			NRC	0.00	0.00
A4652			NRC	0.00	0.00
A4653			NRC	0.00	0.00
A4657			NRC	0.00	0.00
A4660				34.00	34.00
A4663				14.99	14.99
A4670				84.98	84.98
A4671			NRC	0.00	0.00
A4672			NRC	0.00	0.00
A4673			NRC	0.00	0.00
A4674			NRC	0.00	0.00
A4680			NRC	0.00	0.00
A4690			NRC	0.00	0.00
A4706			NRC	0.00	0.00
A4707			NRC	0.00	0.00
A4708			NRC	0.00	0.00
A4709			NRC	0.00	0.00
A4714			NRC	0.00	0.00
A4719			NRC	0.00	0.00
A4720			NRC	0.00	0.00
A4721			NRC	0.00	0.00
A4722			NRC	0.00	0.00
A4723			NRC	0.00	0.00
A4724			NRC	0.00	0.00
A4725			NRC	0.00	0.00
A4726			NRC	0.00	0.00
A4728			NRC	0.00	0.00
A4730			NRC	0.00	0.00
A4736			NRC	0.00	0.00
A4737			NRC	0.00	0.00
A4740			NRC	0.00	0.00
A4750			NRC	0.00	0.00
A4755			NRC	0.00	0.00
A4760			NRC	0.00	0.00
A4765			NRC	0.00	0.00
A4766			NRC	0.00	0.00
A4770			NRC	0.00	0.00
A4771			NRC	0.00	0.00
A4772			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A4773			NRC	0.00	0.00
A4774			NRC	0.00	0.00
A4802			NRC	0.00	0.00
A4860			NRC	0.00	0.00
A4870			NRC	0.00	0.00
A4890			NRC	0.00	0.00
A4911			NRC	0.00	0.00
A4913			NRC	0.00	0.00
A4918			NRC	0.00	0.00
A4927				7.50	7.50
A4928				9.33	9.33
A4929			NRC	0.00	0.00
A4930				0.75	0.75
A4931				10.00	10.00
A4932				10.00	10.00
A5051				2.86	2.86
A5052				2.05	2.05
A5053				2.39	2.39
A5054				2.48	2.48
A5055				1.82	1.82
A5056				6.46	6.46
A5057				13.27	13.27
A5061				4.87	4.87
A5062				2.88	2.88
A5063				3.73	3.73
A5071				8.30	8.30
A5072				4.87	4.87
A5073				4.32	4.32
A5081				4.58	4.58
A5082				16.44	16.44
A5083				0.89	0.89
A5093				2.29	2.29
A5102				30.96	30.96
A5105				56.34	56.34
A5112				43.54	43.54
A5113				5.54	5.54
A5114				10.51	10.51
A5120				0.30	0.30
A5121				9.86	9.86
A5122				17.75	17.75
A5126				1.54	1.54
A5131				18.61	18.61
A5200				15.60	15.60
A5500			NRC	87.85	87.85
A5501			NRC	263.51	263.51
A5503			NRC	43.49	43.49
A5504			NRC	43.49	43.49
A5505			NRC	43.49	43.49
A5506			NRC	43.49	43.49
A5507			NRC	43.49	43.49
A5508			NRC	0.00	0.00
A5510			NRC	0.00	0.00
A5512			NRC	35.83	35.83
A5513			NRC	53.47	53.47
A5514			NRC	53.47	53.47
A6000			NRC	0.00	0.00
A6010				42.79	42.79
A6011				3.16	3.16
A6021				29.04	29.04
A6022				29.04	29.04
A6023				262.94	262.94
A6024				8.56	8.56

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A6025				69.50	69.50
A6154				19.26	19.26
A6196				10.16	10.16
A6197				22.72	22.72
A6198				5.51	5.51
A6199				7.31	7.31
A6203				4.66	4.66
A6204				8.60	8.60
A6205				14.96	14.96
A6206				3.69	3.69
A6207				10.14	10.14
A6208				17.62	17.62
A6209				10.32	10.32
A6210				27.53	27.53
A6211				40.58	40.58
A6212				13.42	13.42
A6213				16.32	16.32
A6214				14.22	14.22
A6215				2.61	2.61
A6216				0.06	0.06
A6217				0.76	0.76
A6218				1.00	1.00
A6219				1.32	1.32
A6220				3.58	3.58
A6221				5.17	5.17
A6222				2.95	2.95
A6223				3.35	3.35
A6224				4.98	4.98
A6228				4.08	4.08
A6229				4.98	4.98
A6230				2.20	2.20
A6231				6.46	6.46
A6232				9.48	9.48
A6233				26.50	26.50
A6234				9.04	9.04
A6235				23.24	23.24
A6236				37.66	37.66
A6237				10.93	10.93
A6238				31.50	31.50
A6239				13.69	13.69
A6240				16.92	16.92
A6241				3.55	3.55
A6242				8.38	8.38
A6243				17.03	17.03
A6244				54.28	54.28
A6245				10.04	10.04
A6246				13.73	13.73
A6247				32.86	32.86
A6248				22.45	22.45
A6250				12.00	12.00
A6251				2.75	2.75
A6252				4.50	4.50
A6253				8.75	8.75
A6254				1.66	1.66
A6255				4.20	4.20
A6256				9.85	9.85
A6257				2.12	2.12
A6258				5.95	5.95
A6259				15.11	15.11
A6260				20.00	20.00
A6261			NRC	0.00	0.00
A6262			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A6266				2.65	2.65
A6402				0.16	0.16
A6403				0.59	0.59
A6404				2.36	2.36
A6407				2.59	2.59
A6410				0.53	0.53
A6411			NRC	0.00	0.00
A6412				10.00	10.00
A6413			NRC	0.00	0.00
A6441				0.95	0.95
A6442				0.22	0.22
A6443				0.38	0.38
A6444				0.77	0.77
A6445				0.44	0.44
A6446				0.55	0.55
A6447				0.95	0.95
A6448				1.60	1.60
A6449				2.42	2.42
A6450				2.42	2.42
A6451				2.42	2.42
A6452				8.16	8.16
A6453				0.86	0.86
A6454				1.08	1.08
A6455				1.93	1.93
A6456				1.75	1.75
A6457				1.57	1.57
A6460			BR	0.00	0.00
A6461			BR	0.00	0.00
A6501				500.00	500.00
A6502				100.00	100.00
A6503				250.00	250.00
A6504				100.00	100.00
A6505				200.00	200.00
A6506				300.00	300.00
A6507				200.00	200.00
A6508				300.00	300.00
A6509				400.00	400.00
A6510				400.00	400.00
A6511				400.00	400.00
A6512				100.00	100.00
A6513				300.00	300.00
A6530				45.00	45.00
A6531				59.77	59.77
A6532				84.23	84.23
A6533				30.99	30.99
A6534				32.99	32.99
A6535				101.19	101.19
A6536				68.00	68.00
A6537				68.00	68.00
A6538				81.90	81.90
A6539				56.99	56.99
A6540				56.99	56.99
A6541				81.90	81.90
A6544			NRC	0.00	0.00
A6545				117.70	117.70
A6549			NRC	0.00	0.00
A6550				32.59	32.59
A7000	NU			10.73	10.73
A7001	NU			45.71	45.71
A7002	NU			5.29	5.29
A7003	NU			2.59	2.59
A7004	NU			2.06	2.06

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A7005	NU			28.94	28.94
A7006	NU			11.24	11.24
A7007	NU			5.24	5.24
A7008	NU			15.19	15.19
A7009	NU			58.09	58.09
A7010	NU			26.21	26.21
A7012	NU			4.03	4.03
A7013	NU			0.94	0.94
A7014	NU			5.20	5.20
A7015	NU			1.94	1.94
A7016	NU			10.02	10.02
A7017	NU			167.53	167.53
A7017	RR			16.76	16.76
A7018				0.47	0.47
A7020	NU			20.00	20.00
A7020	RR		BR	0.00	0.00
A7025	NU		NRC	601.10	601.10
A7025	RR			60.11	60.11
A7026	NU		NRC	39.71	39.71
A7027	NU		NRC	206.81	206.81
A7028	NU		NRC	56.10	56.10
A7029	NU		NRC	24.00	24.00
A7030	NU			170.44	170.44
A7031	NU			63.64	63.64
A7032	NU			36.48	36.48
A7033	NU			27.04	27.04
A7034	NU			106.39	106.39
A7035	NU			35.69	35.69
A7036	NU			16.09	16.09
A7037	NU			32.14	32.14
A7038	NU			4.10	4.10
A7039	NU			12.29	12.29
A7040				55.88	55.88
A7041				105.02	105.02
A7044	NU			126.05	126.05
A7045	NU			19.45	19.45
A7045	RR			1.94	1.94
A7046	NU			20.29	20.29
A7047	NU		NRC	167.05	167.05
A7048				58.49	58.49
A7501				145.10	145.10
A7502				68.98	68.98
A7503				15.67	15.67
A7504				0.95	0.95
A7505				6.48	6.48
A7506				0.46	0.46
A7507				3.43	3.43
A7508				3.96	3.96
A7509				1.96	1.96
A7520				65.60	65.60
A7521				64.99	64.99
A7522				62.40	62.40
A7523				13.00	13.00
A7524				106.96	106.96
A7525				2.86	2.86
A7526				4.68	4.68
A7527				4.94	4.94
A8000	NU			211.90	211.90
A8000	RR			21.19	21.19
A8001	NU			211.90	211.90
A8001	RR			21.19	21.19
A8002	NU		NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A8002	RR		NRC	0.00	0.00
A8003	NU		NRC	0.00	0.00
A8003	RR		NRC	0.00	0.00
A8004	NU		NRC	0.00	0.00
A8004	RR		NRC	0.00	0.00
A9150			NRC	0.00	0.00
A9152			NRC	0.00	0.00
A9153			NRC	0.00	0.00
A9155			NRC	0.00	0.00
A9180				22.00	22.00
A9270			NRC	0.00	0.00
A9272			BR	0.00	0.00
A9273				60.00	60.00
A9274			NRC	0.00	0.00
A9275			NRC	0.00	0.00
A9276			NRC	0.00	0.00
A9277			NRC	0.00	0.00
A9278			NRC	0.00	0.00
A9279			NRC	0.00	0.00
A9280			NRC	0.00	0.00
A9281				28.99	28.99
A9282				300.00	300.00
A9283			NRC	0.00	0.00
A9284	NU			23.60	23.60
A9285				80.40	80.40
A9286			BR	0.00	0.00
A9300				22.00	22.00
A9500				150.01	150.01
A9501			NRC	0.00	0.00
A9502				142.12	142.12
A9503				23.31	23.31
A9504				585.51	585.51
A9505				41.56	41.56
A9507				4398.99	4398.99
A9508				1038.62	1038.62
A9509			NRC	0.00	0.00
A9510				49.18	49.18
A9512				1.24	1.24
A9513			BR	0.00	0.00
A9515			NRC	0.00	0.00
A9516				109.17	109.17
A9517				248.84	248.84
A9520			BR	0.00	0.00
A9521				808.53	808.53
A9524			NRC	0.00	0.00
A9526			NRC	0.00	0.00
A9527			NRC	0.00	0.00
A9528			NRC	0.00	0.00
A9529			NRC	0.00	0.00
A9530			NRC	0.00	0.00
A9531			NRC	0.00	0.00
A9532			NRC	0.00	0.00
A9536			NRC	0.00	0.00
A9537				77.74	77.74
A9538				28.09	28.09
A9539				16.86	16.86
A9540				25.28	25.28
A9541				70.27	70.27
A9542			NRC	0.00	0.00
A9543			NRC	0.00	0.00
A9546			NRC	0.00	0.00
A9547				345.57	345.57

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
A9548				394.92	394.92
A9550				500.00	500.00
A9551			NRC	0.00	0.00
A9552			NRC	0.00	0.00
A9553				403.22	403.22
A9554				21.35	21.35
A9555			NRC	0.00	0.00
A9556				39.49	39.49
A9557			NRC	0.00	0.00
A9558				48.02	48.02
A9559			NRC	0.00	0.00
A9560				131.25	131.25
A9561				61.82	61.82
A9562			NRC	0.00	0.00
A9563			NRC	0.00	0.00
A9564			NRC	0.00	0.00
A9566			NRC	0.00	0.00
A9567				100.00	100.00
A9568			NRC	0.00	0.00
A9569			NRC	0.00	0.00
A9570			NRC	0.00	0.00
A9571			NRC	0.00	0.00
A9572			NRC	0.00	0.00
A9575			NRC	0.25	0.25
A9576				1.73	1.73
A9577				2.38	2.38
A9578				2.35	2.35
A9579				1.95	1.95
A9580			BR	0.00	0.00
A9581			NRC	17.75	17.75
A9582			NRC	0.00	0.00
A9583				22.27	22.27
A9584			BR	0.00	0.00
A9585			NRC	0.46	0.46
A9586			BR	0.00	0.00
A9587			BR	0.00	0.00
A9588			NRC	0.00	0.00
A9589				1367.40	1367.40
A9590			BR	TBD	TBD
A9597			NRC	0.00	0.00
A9598			BR	0.00	0.00
A9600			NRC	0.00	0.00
A9604			BR	0.00	0.00
A9606			NRC	160.48	160.48
A9698			NRC	0.00	0.00
A9699			BR	0.00	0.00
A9700			NRC	0.00	0.00
A9900			NRC	0.00	0.00
A9901			NRC	0.00	0.00
A9999			BR	0.00	0.00
B4034				5.90	5.90
B4035				10.91	10.91
B4036				7.85	7.85
B4081				23.88	23.88
B4082				17.47	17.47
B4083				2.65	2.65
B4087				40.39	40.39
B4088				43.39	43.39
B4100			NRC	0.00	0.00
B4102			NRC	0.00	0.00
B4103			NRC	0.00	0.00
B4104			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
B4105			BR	0.00	0.00
B4149			NRC	1.67	1.67
B4150				0.68	0.68
B4152				0.56	0.56
B4153				2.00	2.00
B4154				1.21	1.21
B4155				1.08	1.08
B4157			NRC	0.00	0.00
B4158			NRC	0.00	0.00
B4159			NRC	0.00	0.00
B4160			NRC	0.82	0.82
B4161			NRC	0.00	0.00
B4162			NRC	0.00	0.00
B4164			NRC	24.38	24.38
B4168			NRC	35.56	35.56
B4172			NRC	0.00	0.00
B4176			NRC	68.78	68.78
B4178			NRC	82.55	82.55
B4180			NRC	35.00	35.00
B4185			NRC	16.12	16.12
B4187			NRC	TBD	TBD
B4189			NRC	255.04	255.04
B4193			NRC	329.53	329.53
B4197			NRC	401.21	401.21
B4199			NRC	458.44	458.44
B4216			NRC	11.08	11.08
B4220			NRC	11.48	11.48
B4222			NRC	14.17	14.17
B4224			NRC	35.87	35.87
B5000			NRC	17.06	17.06
B5100			NRC	6.66	6.66
B5200			NRC	0.00	0.00
B9002	NU			1188.55	1188.55
B9002	RR			116.39	116.39
B9004	NU		NRC	3620.10	3620.10
B9004	RR			573.07	573.07
B9006	NU		NRC	3620.10	3620.10
B9006	RR		NRC	573.07	573.07
B9998			NRC	0.00	0.00
B9999			NRC	0.00	0.00
D0120				43.81	43.81
D0140				61.33	61.33
D0145			NRC	49.29	49.29
D0150				67.35	67.35
D0160				79.95	79.95
D0170				47.10	47.10
D0171				47.10	47.10
D0180				71.74	71.74
D0190				37.00	37.00
D0191				35.00	35.00
D0210				119.38	119.38
D0220				25.00	25.00
D0230				20.00	20.00
D0240				29.41	29.41
D0250				27.06	27.06
D0251				27.06	27.06
D0270				18.82	18.82
D0272				39.43	39.43
D0273				47.09	47.09
D0274				55.31	55.31
D0277				84.88	84.88
D0310			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D0320				188.23	188.23
D0321			BR	0.00	0.00
D0322				63.53	63.53
D0330				105.14	105.14
D0340				80.00	80.00
D0350				28.48	28.48
D0351			BR	0.00	0.00
D0364				167.00	167.00
D0365				218.00	218.00
D0366				225.00	225.00
D0367				258.00	258.00
D0368			BR	0.00	0.00
D0369			BR	0.00	0.00
D0370			BR	0.00	0.00
D0371			BR	0.00	0.00
D0380			BR	0.00	0.00
D0381			BR	0.00	0.00
D0382			BR	0.00	0.00
D0383			BR	0.00	0.00
D0384			BR	0.00	0.00
D0385			BR	0.00	0.00
D0386			BR	0.00	0.00
D0391			BR	0.00	0.00
D0393			BR	0.00	0.00
D0394			BR	0.00	0.00
D0395			BR	0.00	0.00
D0411			NRC	4.01	4.01
D0412			BR	0.00	0.00
D0414			NRC	0.00	0.00
D0415			NRC	0.00	0.00
D0416			NRC	0.00	0.00
D0417			NRC	60.00	60.00
D0418			NRC	75.00	75.00
D0419			NRC	TBD	TBD
D0422			NRC	0.00	0.00
D0423			NRC	0.00	0.00
D0425			NRC	0.00	0.00
D0431			NRC	40.00	40.00
D0460				35.75	35.75
D0470				84.88	84.88
D0472			NRC	0.00	0.00
D0473			NRC	0.00	0.00
D0474			NRC	0.00	0.00
D0475			NRC	0.00	0.00
D0476			NRC	0.00	0.00
D0477			NRC	0.00	0.00
D0478			NRC	0.00	0.00
D0479			NRC	0.00	0.00
D0480			NRC	0.00	0.00
D0481			NRC	0.00	0.00
D0482			NRC	0.00	0.00
D0483			NRC	0.00	0.00
D0484			NRC	0.00	0.00
D0485			NRC	0.00	0.00
D0486			NRC	0.00	0.00
D0502			NRC	0.00	0.00
D0600			NRC	0.00	0.00
D0601				15.00	15.00
D0602				15.00	15.00
D0603				15.00	15.00
D0999			NRC	0.00	0.00
D1110			NRC	79.95	79.95

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D1120			NRC	58.05	58.05
D1206			NRC	35.05	35.05
D1208				30.00	30.00
D1310			NC	0.00	0.00
D1320			NC	0.00	0.00
D1330			NRC	20.80	20.80
D1351			NRC	45.45	45.45
D1352			NRC	75.00	75.00
D1353			NRC	0.00	0.00
D1354			NRC	0.00	0.00
D1510				272.00	272.00
D1516			BR	0.00	0.00
D1517			BR	0.00	0.00
D1520				294.11	294.11
D1526			BR	0.00	0.00
D1527			BR	0.00	0.00
D1551			BR	TBD	TBD
D1552			BR	TBD	TBD
D1553			BR	TBD	TBD
D1556			BR	TBD	TBD
D1557			BR	TBD	TBD
D1558			BR	TBD	TBD
D1575				119.93	119.93
D1999			BR	0.00	0.00
D2140				114.45	114.45
D2150				144.02	144.02
D2160				174.14	174.14
D2161				205.36	205.36
D2330				134.71	134.71
D2331				165.93	165.93
D2332				200.97	200.97
D2335				251.36	251.36
D2390				326.38	326.38
D2391				148.40	148.40
D2392				191.67	191.67
D2393				234.92	234.92
D2394				274.35	274.35
D2410			NRC	0.00	0.00
D2420			NRC	0.00	0.00
D2430			NRC	0.00	0.00
D2510			NRC	0.00	0.00
D2520			NRC	768.85	768.85
D2530			NRC	0.00	0.00
D2542			NRC	0.00	0.00
D2543			NRC	912.32	912.32
D2544			NRC	0.00	0.00
D2610			NRC	0.00	0.00
D2620			NRC	825.25	825.25
D2630			NRC	0.00	0.00
D2642			NRC	913.42	913.42
D2643			NRC	950.00	950.00
D2644			NRC	975.00	975.00
D2650			NRC	0.00	0.00
D2651			NRC	677.39	677.39
D2652			NRC	0.00	0.00
D2662			NRC	796.00	796.00
D2663			NRC	825.00	825.00
D2664			NRC	863.00	863.00
D2710				723.94	723.94
D2712				716.10	716.10
D2720			NRC	0.00	0.00
D2721				654.11	654.11

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D2722			NRC	512.01	512.01
D2740			NRC	1010.34	1010.34
D2750			NRC	993.91	993.91
D2751				946.82	946.82
D2752			NRC	963.80	963.80
D2753			BR	TBD	TBD
D2780			NRC	970.00	970.00
D2781			NRC	0.00	0.00
D2782			NRC	0.00	0.00
D2783			NRC	975.85	975.85
D2790			NRC	1003.77	1003.77
D2791				542.34	542.34
D2792			NRC	747.05	747.05
D2794			NRC	950.00	950.00
D2799				262.86	262.86
D2910				71.76	71.76
D2915				71.76	71.76
D2920				90.91	90.91
D2921			BR	0.00	0.00
D2929				239.00	239.00
D2930			NRC	245.33	245.33
D2931				286.40	286.40
D2932				190.58	190.58
D2933				117.65	117.65
D2934			NRC	0.00	0.00
D2940				99.66	99.66
D2941			BR	0.00	0.00
D2949				107.00	107.00
D2950				249.71	249.71
D2951				43.48	43.48
D2952				362.52	362.52
D2953				204.60	204.60
D2954				303.92	303.92
D2955				102.30	102.30
D2957				118.67	118.67
D2960			NRC	0.00	0.00
D2961			NRC	792.39	792.39
D2962				972.01	972.01
D2971			BR	0.00	0.00
D2975				127.88	127.88
D2980			NRC	171.00	171.00
D2981				158.00	158.00
D2982				170.00	170.00
D2983				163.00	163.00
D2990				75.00	75.00
D2999			NRC	0.00	0.00
D3110				62.97	62.97
D3120				59.14	59.14
D3220				165.38	165.38
D3221			NRC	173.04	173.04
D3222				153.00	153.00
D3230			NRC	210.00	210.00
D3240			NRC	225.00	225.00
D3310				650.00	650.00
D3320				772.13	772.13
D3330				932.04	932.04
D3331				409.20	409.20
D3332				302.28	302.28
D3333				160.23	160.23
D3346				756.00	756.00
D3347				866.00	866.00
D3348				1010.35	1010.35

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D3351			NRC	303.38	303.38
D3352			NRC	175.00	175.00
D3353			NRC	423.31	423.31
D3355				206.00	206.00
D3356				175.00	175.00
D3357			BR	0.00	0.00
D3410				584.30	584.30
D3421			NRC	675.75	675.75
D3425			NRC	768.30	768.30
D3426			NRC	265.00	265.00
D3427			BR	0.00	0.00
D3428			BR	0.00	0.00
D3429			BR	0.00	0.00
D3430			NRC	0.00	0.00
D3431			BR	0.00	0.00
D3432			BR	0.00	0.00
D3450				214.83	214.83
D3460				705.87	705.87
D3470				211.76	211.76
D3910			NRC	0.00	0.00
D3920				214.83	214.83
D3950				102.30	102.30
D3999				409.20	409.20
D4210			NRC	499.97	499.97
D4211			NRC	210.83	210.83
D4212				80.00	80.00
D4230			NRC	0.00	0.00
D4231			NRC	0.00	0.00
D4240			NRC	594.16	594.16
D4241			NRC	401.40	401.40
D4245			NRC	0.00	0.00
D4249			NRC	570.07	570.07
D4260			NRC	847.15	847.15
D4261			NRC	679.59	679.59
D4263			NRC	461.00	461.00
D4264			NRC	304.00	304.00
D4265			NRC	0.00	0.00
D4266			NRC	375.00	375.00
D4267			NRC	468.00	468.00
D4268			NRC	0.00	0.00
D4270			NRC	0.00	0.00
D4273			NRC	849.00	849.00
D4274			NRC	0.00	0.00
D4275			NRC	789.00	789.00
D4276			NRC	0.00	0.00
D4277				733.00	733.00
D4278				350.00	350.00
D4283				592.00	592.00
D4285				515.00	515.00
D4320			NRC	0.00	0.00
D4321			NRC	294.61	294.61
D4341			NRC	224.52	224.52
D4342			NRC	141.83	141.83
D4346			NRC	72.00	72.00
D4355			NRC	152.24	152.24
D4381			NRC	53.67	53.67
D4910			NRC	122.12	122.12
D4920			NRC	0.00	0.00
D4921			BR	0.00	0.00
D4999			NRC	0.00	0.00
D5110				1396.40	1396.40
D5120				1396.40	1396.40

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D5130				1496.63	1496.63
D5140				1499.91	1499.91
D5211				1033.34	1033.34
D5212				1039.37	1039.37
D5213				1479.65	1479.65
D5214				1475.82	1475.82
D5221				1033.34	1033.34
D5222				1039.37	1039.37
D5223				1479.65	1479.65
D5224				1475.82	1475.82
D5225				1248.01	1248.01
D5226				1255.12	1255.12
D5282			BR	0.00	0.00
D5283			BR	0.00	0.00
D5284			BR	TBD	TBD
D5286			BR	TBD	TBD
D5410				76.73	76.73
D5411				76.73	76.73
D5421				49.41	49.41
D5422				49.41	49.41
D5511			BR	0.00	0.00
D5512			BR	0.00	0.00
D5520				138.54	138.54
D5611			BR	0.00	0.00
D5612			BR	0.00	0.00
D5621			BR	0.00	0.00
D5622			BR	0.00	0.00
D5630				153.45	153.45
D5640				145.12	145.12
D5650				182.35	182.35
D5660				218.50	218.50
D5670				767.25	767.25
D5671				767.25	767.25
D5710				470.95	470.95
D5711				434.78	434.78
D5720				511.50	511.50
D5721				511.50	511.50
D5730				301.19	301.19
D5731				298.45	298.45
D5740				88.23	88.23
D5741				88.23	88.23
D5750				401.95	401.95
D5751				401.95	401.95
D5760				255.75	255.75
D5761				255.75	255.75
D5810				409.20	409.20
D5811				409.20	409.20
D5820				408.52	408.52
D5821				409.20	409.20
D5850				69.56	69.56
D5851				80.00	80.00
D5862				335.29	335.29
D5863			BR	0.00	0.00
D5864			BR	0.00	0.00
D5865			BR	0.00	0.00
D5866			BR	0.00	0.00
D5867				282.73	282.73
D5875				485.93	485.93
D5876			BR	0.00	0.00
D5899			BR	0.00	0.00
D5911			NRC	0.00	0.00
D5912			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D5913			NRC	0.00	0.00
D5914			NRC	0.00	0.00
D5915			NRC	0.00	0.00
D5916			NRC	0.00	0.00
D5919			NRC	0.00	0.00
D5922			NRC	0.00	0.00
D5923			NRC	0.00	0.00
D5924			NRC	0.00	0.00
D5925			NRC	0.00	0.00
D5926			NRC	0.00	0.00
D5927			NRC	0.00	0.00
D5928			NRC	0.00	0.00
D5929			NRC	0.00	0.00
D5931			NRC	0.00	0.00
D5932			NRC	0.00	0.00
D5933			NRC	0.00	0.00
D5934			NRC	0.00	0.00
D5935			NRC	0.00	0.00
D5936			NRC	0.00	0.00
D5937			NRC	0.00	0.00
D5951			NRC	0.00	0.00
D5952			NRC	0.00	0.00
D5953			NRC	0.00	0.00
D5954			NRC	0.00	0.00
D5955			NRC	0.00	0.00
D5958			NRC	0.00	0.00
D5959			NRC	0.00	0.00
D5960			NRC	0.00	0.00
D5982			NRC	0.00	0.00
D5983			NRC	0.00	0.00
D5984			NRC	0.00	0.00
D5985			NRC	0.00	0.00
D5986			NRC	100.00	100.00
D5987			NRC	0.00	0.00
D5988			NRC	0.00	0.00
D5991			NRC	142.00	142.00
D5992			NRC	0.00	0.00
D5993			NRC	0.00	0.00
D5994				156.00	156.00
D5999			BR	0.00	0.00
D6010				1735.92	1735.92
D6011				216.00	216.00
D6012			NRC	905.09	905.09
D6013			BR	0.00	0.00
D6040			NRC	0.00	0.00
D6050			NRC	0.00	0.00
D6051				300.00	300.00
D6052			BR	0.00	0.00
D6055				2154.00	2154.00
D6056				584.30	584.30
D6057				733.80	733.80
D6058				1023.00	1023.00
D6059			NRC	1189.41	1189.41
D6060			NRC	920.70	920.70
D6061			NRC	1176.45	1176.45
D6062			NRC	0.00	0.00
D6063				1023.00	1023.00
D6064			NRC	1176.45	1176.45
D6065				1174.10	1174.10
D6066			NRC	1223.91	1223.91
D6067			NRC	0.00	0.00
D6068				1176.45	1176.45

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D6069			NRC	1206.39	1206.39
D6070				1176.45	1176.45
D6071				1176.45	1176.45
D6072			NRC	0.00	0.00
D6073				1176.45	1176.45
D6074				1176.45	1176.45
D6075				1176.45	1176.45
D6076			NRC	1287.98	1287.98
D6077			NRC	0.00	0.00
D6080				135.26	135.26
D6081			NRC	141.83	141.83
D6082			BR	TBD	TBD
D6083			NRC	TBD	TBD
D6084			BR	TBD	TBD
D6085				262.86	262.86
D6086			BR	TBD	TBD
D6087			NRC	TBD	TBD
D6088			BR	TBD	TBD
D6090				88.23	88.23
D6091				588.23	588.23
D6092				51.15	51.15
D6093				67.33	67.33
D6094			NRC	0.00	0.00
D6095				204.60	204.60
D6096			BR	0.00	0.00
D6097			BR	TBD	TBD
D6098			BR	TBD	TBD
D6099			BR	TBD	TBD
D6100				204.60	204.60
D6101			BR	0.00	0.00
D6102			BR	0.00	0.00
D6103			BR	0.00	0.00
D6104				395.00	395.00
D6110				1863.52	1863.52
D6111				1863.52	1863.52
D6112				2313.71	2313.71
D6113				2313.71	2313.71
D6114				2557.50	2557.50
D6115				2557.50	2557.50
D6116				2046.00	2046.00
D6117				2046.00	2046.00
D6118			BR	0.00	0.00
D6119			BR	0.00	0.00
D6120			BR	TBD	TBD
D6121			BR	TBD	TBD
D6122			NRC	TBD	TBD
D6123			BR	TBD	TBD
D6190				869.55	869.55
D6194			NRC	0.00	0.00
D6195			BR	TBD	TBD
D6199			BR	0.00	0.00
D6205				848.80	848.80
D6210			NRC	973.10	973.10
D6211				411.76	411.76
D6212			NRC	582.34	582.34
D6214			NRC	0.00	0.00
D6240			NRC	986.25	986.25
D6241				919.99	919.99
D6242			NRC	801.01	801.01
D6243			BR	TBD	TBD
D6245			NRC	995.01	995.01
D6250			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D6251				705.87	705.87
D6252			NRC	671.75	671.75
D6253				511.50	511.50
D6545				526.25	526.25
D6548				869.55	869.55
D6549				526.25	526.25
D6600			NRC	0.00	0.00
D6601			NRC	0.00	0.00
D6602			NRC	0.00	0.00
D6603			NRC	0.00	0.00
D6604			NRC	0.00	0.00
D6605			NRC	0.00	0.00
D6606			NRC	0.00	0.00
D6607			NRC	0.00	0.00
D6608			NRC	0.00	0.00
D6609			NRC	0.00	0.00
D6610			NRC	0.00	0.00
D6611			NRC	0.00	0.00
D6612			NRC	0.00	0.00
D6613			NRC	0.00	0.00
D6614			NRC	0.00	0.00
D6615			NRC	0.00	0.00
D6624			NRC	0.00	0.00
D6634			NRC	0.00	0.00
D6710				953.94	953.94
D6720			NRC	0.00	0.00
D6721				411.76	411.76
D6722			NRC	488.23	488.23
D6740			NRC	869.55	869.55
D6750			NRC	984.06	984.06
D6751				934.23	934.23
D6752			NRC	788.22	788.22
D6753			BR	TBD	TBD
D6780			NRC	0.00	0.00
D6781				869.55	869.55
D6782			NRC	869.55	869.55
D6783			NRC	869.55	869.55
D6784			BR	TBD	TBD
D6790			NRC	975.84	975.84
D6791				736.21	736.21
D6792			NRC	769.73	769.73
D6793				434.78	434.78
D6794			NRC	0.00	0.00
D6920				204.60	204.60
D6930				128.00	128.00
D6940				188.23	188.23
D6950				329.41	329.41
D6980				371.35	371.35
D6985			NRC	0.00	0.00
D6999			BR	0.00	0.00
D7111			NRC	95.00	95.00
D7140				141.00	141.00
D7210				225.00	225.00
D7220				268.00	268.00
D7230			NRC	325.00	325.00
D7240			NRC	383.00	383.00
D7241			NRC	0.00	0.00
D7250				230.18	230.18
D7251			NRC	290.00	290.00
D7260			NRC	0.00	0.00
D7261				588.23	588.23
D7270				255.75	255.75

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D7272				294.11	294.11
D7280			NRC	0.00	0.00
D7282			NRC	0.00	0.00
D7283			NRC	0.00	0.00
D7285			NRC	0.00	0.00
D7286			NRC	225.46	225.46
D7287			NRC	129.29	129.29
D7288			NRC	180.00	180.00
D7290				511.50	511.50
D7291			NRC	0.00	0.00
D7292				1023.00	1023.00
D7293				1023.00	1023.00
D7294				588.23	588.23
D7295				338.00	338.00
D7296			BR	0.00	0.00
D7297			BR	0.00	0.00
D7310				221.00	221.00
D7311				254.48	254.48
D7320				335.65	335.65
D7321				335.65	335.65
D7340				1205.09	1205.09
D7350				2912.99	2912.99
D7410			NRC	300.00	300.00
D7411			NRC	0.00	0.00
D7412			NRC	0.00	0.00
D7413			BR	0.00	0.00
D7414			BR	0.00	0.00
D7415			BR	0.00	0.00
D7440				744.28	744.28
D7441			BR	0.00	0.00
D7450			NRC	607.59	607.59
D7451			NRC	0.00	0.00
D7460			NRC	0.00	0.00
D7461			NRC	0.00	0.00
D7465			BR	0.00	0.00
D7471			NRC	0.00	0.00
D7472			NRC	0.00	0.00
D7473			NRC	0.00	0.00
D7485			NRC	0.00	0.00
D7490			NRC	0.00	0.00
D7510			NRC	0.00	0.00
D7511			NRC	0.00	0.00
D7520			NRC	0.00	0.00
D7521			NRC	0.00	0.00
D7530				190.58	190.58
D7540				235.29	235.29
D7550				431.32	431.32
D7560				657.64	657.64
D7610				1432.20	1432.20
D7620				1039.98	1039.98
D7630				2557.50	2557.50
D7640				2257.76	2257.76
D7650				877.63	877.63
D7660				830.68	830.68
D7670				736.56	736.56
D7671				767.25	767.25
D7680				2977.59	2977.59
D7710				1838.79	1838.79
D7720				1474.09	1474.09
D7730				3197.90	3197.90
D7740				2908.18	2908.18
D7750				1281.15	1281.15

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D7760				1023.00	1023.00
D7770				1690.56	1690.56
D7771				1023.00	1023.00
D7780				2829.36	2829.36
D7810				1624.68	1624.68
D7820				231.20	231.20
D7830				511.50	511.50
D7840			NRC	0.00	0.00
D7850			NRC	0.00	0.00
D7852			NRC	0.00	0.00
D7854			NRC	0.00	0.00
D7856			NRC	0.00	0.00
D7858			NRC	0.00	0.00
D7860			NRC	0.00	0.00
D7865			NRC	0.00	0.00
D7870			NRC	0.00	0.00
D7871			NRC	0.00	0.00
D7872			NRC	0.00	0.00
D7873			NRC	0.00	0.00
D7874			NRC	0.00	0.00
D7875			NRC	0.00	0.00
D7876			NRC	0.00	0.00
D7877			NRC	0.00	0.00
D7880				645.65	645.65
D7881				645.65	645.65
D7899			BR	0.00	0.00
D7910				168.69	168.69
D7911				321.17	321.17
D7912				423.01	423.01
D7920				1398.80	1398.80
D7921				200.00	200.00
D7922			BR	TBD	TBD
D7940			NRC	0.00	0.00
D7941			NRC	0.00	0.00
D7943			NRC	0.00	0.00
D7944			NRC	0.00	0.00
D7945			NRC	0.00	0.00
D7946			NRC	0.00	0.00
D7947			NRC	0.00	0.00
D7948			NRC	0.00	0.00
D7949			NRC	0.00	0.00
D7950			NRC	0.00	0.00
D7951			NRC	0.00	0.00
D7952			BR	0.00	0.00
D7953				2042.60	2042.60
D7955			NRC	0.00	0.00
D7960			NRC	350.00	350.00
D7963			NRC	0.00	0.00
D7970			NRC	357.24	357.24
D7971			NRC	0.00	0.00
D7972			NRC	0.00	0.00
D7979			NRC	0.00	0.00
D7980			NRC	0.00	0.00
D7981			NRC	0.00	0.00
D7982			NRC	0.00	0.00
D7983			NRC	0.00	0.00
D7990				745.77	745.77
D7991				1381.15	1381.15
D7995				2046.00	2046.00
D7996				2130.91	2130.91
D7997				252.51	252.51
D7998			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D7999			BR	0.00	0.00
D8010			NRC	0.00	0.00
D8020			NRC	1769.45	1769.45
D8030			NRC	1938.11	1938.11
D8040				2325.00	2325.00
D8050			NRC	1911.00	1911.00
D8060			NRC	1438.00	1438.00
D8070			NRC	4600.00	4600.00
D8080			NRC	4762.00	4762.00
D8090				5192.65	5192.65
D8210			NRC	0.00	0.00
D8220			NRC	0.00	0.00
D8660			NRC	94.00	94.00
D8670			NRC	147.82	147.82
D8680			NRC	0.00	0.00
D8681			NRC	50.00	50.00
D8690			NRC	181.10	181.10
D8695			NRC	0.00	0.00
D8696			NRC	TBD	TBD
D8697			NRC	TBD	TBD
D8698			BR	TBD	TBD
D8699			BR	TBD	TBD
D8701			BR	TBD	TBD
D8702			BR	TBD	TBD
D8703			BR	TBD	TBD
D8704			BR	TBD	TBD
D8999			BR	0.00	0.00
D9110				86.00	86.00
D9120				260.87	260.87
D9130			BR	0.00	0.00
D9210				38.12	38.12
D9211			NRC	0.00	0.00
D9212			NRC	0.00	0.00
D9215			NRC	17.43	17.43
D9219			NRC	0.00	0.00
D9222			BR	0.00	0.00
D9223				107.42	107.42
D9230				42.00	42.00
D9239			BR	0.00	0.00
D9243				118.98	118.98
D9248				100.25	100.25
D9310				106.22	106.22
D9311				106.22	106.22
D9410				103.00	103.00
D9420				127.88	127.88
D9430				42.89	42.89
D9440				102.30	102.30
D9450			NRC	82.00	82.00
D9610				51.15	51.15
D9612				102.30	102.30
D9613			BR	0.00	0.00
D9630				13.00	13.00
D9910			NRC	41.00	41.00
D9911			NRC	48.03	48.03
D9920			NRC	62.00	62.00
D9930				102.30	102.30
D9932			NRC	0.00	0.00
D9933			NRC	0.00	0.00
D9934			NRC	0.00	0.00
D9935			NRC	0.00	0.00
D9941			NRC	150.45	150.45
D9942			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
D9943				448.96	448.96
D9944			BR	0.00	0.00
D9945			BR	0.00	0.00
D9946			BR	0.00	0.00
D9950				306.90	306.90
D9951				110.59	110.59
D9952				414.32	414.32
D9970			NRC	0.00	0.00
D9971			NRC	0.00	0.00
D9972			NRC	225.58	225.58
D9973			NRC	0.00	0.00
D9974			NRC	186.35	186.35
D9975				175.00	175.00
D9985			BR	0.00	0.00
D9991			NRC	33.10	33.10
D9992				33.10	33.10
D9993			NRC	33.10	33.10
D9994			NRC	33.10	33.10
D9997			NRC	TBD	TBD
D9999			BR	0.00	0.00
E0100	NU			24.76	24.76
E0100	RR			8.20	8.20
E0105	NU			64.06	64.06
E0105	RR			12.25	12.25
E0110	NU			91.13	91.13
E0110	RR			22.08	22.08
E0111	NU			68.09	68.09
E0111	RR			11.64	11.64
E0112	NU			46.07	46.07
E0112	RR			13.74	13.74
E0113	NU			24.83	24.83
E0113	RR			7.10	7.10
E0114	NU			55.43	55.43
E0114	RR			11.83	11.83
E0116	NU			32.59	32.59
E0116	RR			7.48	7.48
E0117	NU			266.20	266.20
E0117	RR			26.62	26.62
E0118				180.00	180.00
E0130	NU			67.40	67.40
E0130	RR			12.91	12.91
E0135	NU			74.77	74.77
E0135	RR			13.19	13.19
E0140	NU			394.20	394.20
E0140	RR			39.42	39.42
E0141	NU			88.73	88.73
E0141	RR			14.36	14.36
E0143	NU			91.22	91.22
E0143	RR			15.28	15.28
E0144	NU			350.60	350.60
E0144	RR			35.06	35.06
E0147	NU			603.28	603.28
E0147	RR			60.34	60.34
E0148	NU			128.57	128.57
E0148	RR			12.86	12.86
E0149	NU			208.00	208.00
E0149	RR			20.80	20.80
E0153	NU			81.50	81.50
E0153	RR			9.22	9.22
E0154	NU			67.02	67.02
E0154	RR			7.46	7.46
E0155	NU			29.33	29.33

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0155	RR			3.29	3.29
E0156	NU			23.45	23.45
E0156	RR			2.71	2.71
E0157	NU			77.34	77.34
E0157	RR			8.15	8.15
E0158	NU			30.11	30.11
E0158	RR			3.18	3.18
E0159	NU			20.03	20.03
E0159	RR			2.04	2.04
E0160	NU		NRC	37.88	37.88
E0160	RR		NRC	4.85	4.85
E0161	NU		NRC	33.94	33.94
E0161	RR		NRC	4.06	4.06
E0162	NU			193.28	193.28
E0162	RR			21.12	21.12
E0163	NU			104.89	104.89
E0163	RR			20.24	20.24
E0165				93.70	93.70
E0167	NU			15.23	15.23
E0167	RR			1.54	1.54
E0168	NU			179.17	179.17
E0168	RR			17.90	17.90
E0170	RR		NRC	215.52	215.52
E0171	RR		NRC	39.59	39.59
E0172				100.00	100.00
E0175	NU			83.99	83.99
E0175	RR			8.39	8.39
E0181				99.55	99.55
E0182	RR			29.48	29.48
E0184	NU			217.31	217.31
E0184	RR			27.28	27.28
E0185	NU			296.29	296.29
E0185	RR			41.33	41.33
E0186	RR			25.99	25.99
E0187	RR			29.65	29.65
E0188	NU			34.03	34.03
E0188	RR			3.72	3.72
E0189	NU			61.03	61.03
E0189	RR			7.07	7.07
E0190			NRC	0.00	0.00
E0191	NU			13.74	13.74
E0191	RR			1.43	1.43
E0193	RR			982.28	982.28
E0194	RR			4112.88	4112.88
E0196	RR			42.72	42.72
E0197	NU			327.40	327.40
E0197	RR			32.74	32.74
E0198	NU			306.10	306.10
E0198	RR			30.61	30.61
E0199	NU			37.66	37.66
E0199	RR			3.74	3.74
E0200	NU		NRC	109.54	109.54
E0200	RR		NRC	14.87	14.87
E0202	RR		NRC	86.51	86.51
E0203			NRC	0.00	0.00
E0205	NU		NRC	268.13	268.13
E0205	RR		NRC	29.50	29.50
E0210	NU			45.11	45.11
E0210	RR			4.25	4.25
E0215	NU			97.88	97.88
E0215	RR			10.24	10.24
E0217	NU		NRC	583.07	583.07

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0217	RR		NRC	64.91	64.91
E0218	RR			75.00	75.00
E0221			NRC	0.00	0.00
E0225	NU		NRC	456.43	456.43
E0225	RR		NRC	44.99	44.99
E0231			NRC	0.00	0.00
E0232			NRC	0.00	0.00
E0235			NRC	0.00	0.00
E0235	RR		NRC	20.26	20.26
E0236	RR			51.96	51.96
E0239	NU		NRC	528.28	528.28
E0239	RR		NRC	52.84	52.84
E0240				200.00	200.00
E0241				30.00	30.00
E0242				50.00	50.00
E0243				38.00	38.00
E0244				45.00	45.00
E0245				100.00	100.00
E0246				51.89	51.89
E0247				100.00	100.00
E0248				200.00	200.00
E0249	NU			116.99	116.99
E0249	RR			12.85	12.85
E0250	RR			97.13	97.13
E0251	RR			79.37	79.37
E0255	RR			109.16	109.16
E0256	RR			80.36	80.36
E0260	RR			122.88	122.88
E0261	RR			120.74	120.74
E0265	RR			205.24	205.24
E0266	RR			178.09	178.09
E0270			NRC	0.00	0.00
E0271	NU			191.53	191.53
E0271	RR			19.60	19.60
E0272	NU			203.29	203.29
E0272	RR			21.56	21.56
E0273	RR		NRC	0.00	0.00
E0274			NRC	0.00	0.00
E0275	NU			19.51	19.51
E0275	RR			2.00	2.00
E0276	NU			15.84	15.84
E0276	RR			1.86	1.86
E0277	RR			542.10	542.10
E0280	NU			38.68	38.68
E0280	RR			4.09	4.09
E0290	RR			74.33	74.33
E0291	RR			54.97	54.97
E0292	RR			81.05	81.05
E0293	RR			72.18	72.18
E0294	RR			116.18	116.18
E0295	RR			115.02	115.02
E0296	RR			150.37	150.37
E0297	RR			130.55	130.55
E0300	NU		NRC	3189.00	3189.00
E0300	RR		NRC	318.90	318.90
E0301	RR			264.20	264.20
E0302	RR		NRC	727.18	727.18
E0303	RR			285.42	285.42
E0304	RR			768.35	768.35
E0305	RR			16.96	16.96
E0310	NU			171.14	171.14
E0310	RR			20.71	20.71

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0315			NRC	0.00	0.00
E0316	RR		NRC	236.36	236.36
E0325	NU			11.78	11.78
E0325	RR			1.48	1.48
E0326	NU			13.50	13.50
E0326	RR			1.36	1.36
E0328			NRC	0.00	0.00
E0329			NRC	0.00	0.00
E0350			BR	0.00	0.00
E0352			BR	0.00	0.00
E0370				38.95	38.95
E0371	RR			387.76	387.76
E0372	RR			444.37	444.37
E0373	RR			489.11	489.11
E0424	RR			161.65	161.65
E0425			NRC	0.00	0.00
E0430			NRC	0.00	0.00
E0431	RR			28.80	28.80
E0433	RR			53.18	53.18
E0434	RR			53.18	53.18
E0435			NRC	0.00	0.00
E0439	RR			161.65	161.65
E0440			NRC	0.00	0.00
E0441				77.04	77.04
E0442				77.04	77.04
E0443				74.03	74.03
E0444				74.03	74.03
E0445				400.00	400.00
E0446			NRC	0.00	0.00
E0447				111.05	111.05
E0455			NRC	0.00	0.00
E0457	NU		NRC	798.41	798.41
E0457	RR		NRC	79.85	79.85
E0459	RR		NRC	66.12	66.12
E0462	NU		NRC	3980.40	3980.40
E0462	RR		NRC	398.04	398.04
E0465	RR			1318.82	1318.82
E0466	RR			1318.82	1318.82
E0467	RR			1568.75	1568.75
E0470	NU		NRC	2226.20	2226.20
E0470	RR			222.62	222.62
E0471	NU		NRC	5560.70	5560.70
E0471	RR		NRC	556.07	556.07
E0472	NU		NRC	6422.50	6422.50
E0472	RR		NRC	642.25	642.25
E0480	RR			60.72	60.72
E0481			NRC	0.00	0.00
E0482	RR		NRC	594.16	594.16
E0483	RR			1468.88	1468.88
E0484	NU		NRC	51.04	51.04
E0484	RR		NRC	5.10	5.10
E0485	NU		NRC	0.00	0.00
E0485	RR		NRC	0.00	0.00
E0486	NU		NRC	0.00	0.00
E0486	RR		NRC	0.00	0.00
E0487			BR	0.00	0.00
E0500	RR		NRC	151.64	151.64
E0550	RR			58.87	58.87
E0555			NRC	0.00	0.00
E0560	NU		NRC	204.24	204.24
E0560	RR		NRC	23.93	23.93
E0561	NU		NRC	110.46	110.46

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0561	RR		NRC	11.04	11.04
E0562	NU			268.68	268.68
E0562	RR			26.86	26.86
E0565	RR			65.39	65.39
E0570	RR			14.83	14.83
E0572	RR			44.80	44.80
E0574	RR			55.62	55.62
E0575	RR			142.01	142.01
E0580	NU			158.05	158.05
E0580	RR			15.82	15.82
E0585	RR			42.46	42.46
E0600	RR			63.26	63.26
E0601	RR		NRC	93.16	93.16
E0602	NU		NRC	40.78	40.78
E0602	RR		NRC	4.10	4.10
E0603			NRC	0.00	0.00
E0604			NRC	0.00	0.00
E0605	NU			34.58	34.58
E0605	RR			4.25	4.25
E0606	RR			31.72	31.72
E0607	NU			92.32	92.32
E0607	RR			9.22	9.22
E0610	NU		NRC	328.63	328.63
E0610	RR		NRC	34.66	34.66
E0615	NU		NRC	613.49	613.49
E0615	RR		NRC	80.82	80.82
E0617	RR		NRC	420.07	420.07
E0618	RR		NRC	387.37	387.37
E0619	RR		NRC	0.00	0.00
E0620	NU		NRC	1207.90	1207.90
E0620	RR		NRC	120.79	120.79
E0621	NU			119.87	119.87
E0621	RR			11.74	11.74
E0625			NRC	0.00	0.00
E0627	NU			396.56	396.56
E0627	RR			39.66	39.66
E0629	NU			394.67	394.67
E0629	RR			39.47	39.47
E0630	RR			108.02	108.02
E0635	RR			143.70	143.70
E0636	RR		NRC	1360.92	1360.92
E0637			NRC	0.00	0.00
E0638			NRC	0.00	0.00
E0639	RR		NRC	137.32	137.32
E0640	RR		NRC	137.32	137.32
E0641			NRC	0.00	0.00
E0642			NRC	0.00	0.00
E0650	NU			911.47	911.47
E0650	RR			120.76	120.76
E0651	NU			1078.58	1078.58
E0651	RR			110.20	110.20
E0652	NU			7239.35	7239.35
E0652	RR			723.89	723.89
E0655	NU			126.76	126.76
E0655	RR			14.90	14.90
E0656	NU			798.50	798.50
E0656	RR			79.85	79.85
E0657	NU			750.00	750.00
E0657	RR			75.00	75.00
E0660	NU			187.62	187.62
E0660	RR			19.52	19.52
E0665	NU			160.90	160.90

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0665	RR			16.51	16.51
E0666	NU			162.18	162.18
E0666	RR			16.70	16.70
E0667	NU			447.32	447.32
E0667	RR			44.76	44.76
E0668	NU			518.94	518.94
E0668	RR			51.22	51.22
E0669	NU			240.48	240.48
E0669	RR			24.05	24.05
E0670	NU			1736.81	1736.81
E0670	RR			173.68	173.68
E0671	NU			573.88	573.88
E0671	RR			57.42	57.42
E0672	NU			445.88	445.88
E0672	RR			44.62	44.62
E0673	NU			370.51	370.51
E0673	RR			37.06	37.06
E0675	RR			531.31	531.31
E0676			NRC	0.00	0.00
E0691	NU		NRC	1241.53	1241.53
E0691	RR		NRC	124.15	124.15
E0692	NU		NRC	1559.04	1559.04
E0692	RR		NRC	155.88	155.88
E0693	NU		NRC	1921.85	1921.85
E0693	RR		NRC	192.19	192.19
E0694	NU		NRC	6117.06	6117.06
E0694	RR		NRC	611.70	611.70
E0700				25.00	25.00
E0705	NU			61.97	61.97
E0705	RR			6.25	6.25
E0710			NRC	0.00	0.00
E0720	NU			296.60	296.60
E0720	RR			29.66	29.66
E0730	NU			296.68	296.68
E0730	RR			29.67	29.67
E0731	NU			263.09	263.09
E0740	NU		NRC	722.50	722.50
E0740	RR		NRC	72.25	72.25
E0744	RR		NRC	108.10	108.10
E0745	RR		NRC	123.68	123.68
E0746			NRC	0.00	0.00
E0747	NU			5410.66	5410.66
E0747	RR			537.66	537.66
E0748	NU			5375.62	5375.62
E0748	RR			537.53	537.53
E0749	NU			3339.60	3339.60
E0749	RR			333.96	333.96
E0755			NRC	0.00	0.00
E0760	NU			4467.04	4467.04
E0760	RR			446.71	446.71
E0761			NRC	0.00	0.00
E0762	NU		NRC	1291.30	1291.30
E0762	RR		NRC	129.13	129.13
E0764	RR			1529.03	1529.03
E0765	NU			116.24	116.24
E0765	RR			11.64	11.64
E0766	RR			510.66	510.66
E0769			NRC	0.00	0.00
E0770			BR	0.00	0.00
E0776	NU			185.28	185.28
E0776	RR			21.52	21.52
E0779	RR		NRC	22.76	22.76

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0780	NU		NRC	14.29	14.29
E0781	RR			328.42	328.42
E0782	NU			5597.28	5597.28
E0782	RR			559.72	559.72
E0783	NU			11311.46	11311.46
E0783	RR			1131.18	1131.18
E0784	RR		NRC	550.64	550.64
E0785			NRC	652.85	652.85
E0786	NU			11033.64	11033.64
E0786	RR			1103.34	1103.34
E0787			NRC	TBD	TBD
E0791	RR		NRC	358.45	358.45
E0830			NRC	0.00	0.00
E0840	NU			101.06	101.06
E0840	RR			22.56	22.56
E0849	NU			712.10	712.10
E0849	RR			71.21	71.21
E0850	NU			145.14	145.14
E0850	RR			19.93	19.93
E0855	NU			683.00	683.00
E0855	RR			68.30	68.30
E0856	NU			212.60	212.60
E0856	RR			21.26	21.26
E0860	NU			53.24	53.24
E0860	RR			9.00	9.00
E0870	NU			160.70	160.70
E0870	RR			17.87	17.87
E0880	NU			173.46	173.46
E0880	RR			27.23	27.23
E0890	NU			141.40	141.40
E0890	RR			45.36	45.36
E0900	NU			158.57	158.57
E0900	RR			32.45	32.45
E0910	RR			18.61	18.61
E0911	RR			56.62	56.62
E0912	RR			120.44	120.44
E0920	RR			63.77	63.77
E0930	RR			63.11	63.11
E0935	RR			31.43	31.43
E0936	RR			27.28	27.28
E0940	RR			34.16	34.16
E0941	RR			52.87	52.87
E0942	NU			23.29	23.29
E0942	RR			2.76	2.76
E0944	NU			53.87	53.87
E0944	RR			5.42	5.42
E0945	NU			61.24	61.24
E0945	RR			6.12	6.12
E0946	RR			69.48	69.48
E0947	NU			712.24	712.24
E0947	RR			73.85	73.85
E0948	NU			688.88	688.88
E0948	RR			68.86	68.86
E0950	NU			100.61	100.61
E0950	RR			10.07	10.07
E0951	NU			17.88	17.88
E0951	RR			1.81	1.81
E0952	NU			19.07	19.07
E0952	RR			1.96	1.96
E0953	RR			10.69	10.69
E0953	NU			106.88	106.88
E0954	RR			6.28	6.28

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E0954	NU			62.39	62.39
E0955	NU			211.90	211.90
E0955	RR			21.19	21.19
E0956	NU			106.88	106.88
E0956	RR			10.69	10.69
E0957	NU			157.94	157.94
E0957	RR			15.79	15.79
E0958	RR			56.32	56.32
E0959	NU			51.92	51.92
E0959	RR			5.23	5.23
E0960	NU			99.86	99.86
E0960	RR			10.00	10.00
E0961	NU			30.37	30.37
E0961	RR			3.12	3.12
E0966	NU			89.44	89.44
E0966	RR			8.95	8.95
E0967	NU			90.74	90.74
E0967	RR			9.08	9.08
E0968	RR		NRC	24.76	24.76
E0969	NU			183.95	183.95
E0969	RR			18.20	18.20
E0970			NRC	0.00	0.00
E0971	NU			49.02	49.02
E0971	RR			4.91	4.91
E0973	NU			91.85	91.85
E0973	RR			8.90	8.90
E0974	NU			100.44	100.44
E0974	RR			10.37	10.37
E0978	NU			40.42	40.42
E0978	RR			4.04	4.04
E0980	NU			44.16	44.16
E0980	RR			4.39	4.39
E0981	NU			47.72	47.72
E0981	RR			4.86	4.86
E0982	NU			52.15	52.15
E0982	RR			5.22	5.22
E0983	RR			345.32	345.32
E0984	NU			2243.60	2243.60
E0984	RR			224.36	224.36
E0985	NU			276.00	276.00
E0985	RR			27.60	27.60
E0986	NU		NRC	6720.80	6720.80
E0986	RR		NRC	672.08	672.08
E0988	RR			413.60	413.60
E0990	NU			103.69	103.69
E0990	RR			11.11	11.11
E0992	NU			116.16	116.16
E0992	RR			11.42	11.42
E0994	NU			24.36	24.36
E0994	RR			2.46	2.46
E0995	NU			30.77	30.77
E0995	RR			3.08	3.08
E1002	NU			4584.70	4584.70
E1002	RR			458.47	458.47
E1003	NU			5156.30	5156.30
E1003	RR			515.63	515.63
E1004	NU			5692.60	5692.60
E1004	RR			569.26	569.26
E1005	NU			6194.00	6194.00
E1005	RR			619.40	619.40
E1006	NU			7611.60	7611.60
E1006	RR			761.16	761.16

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E1007	NU			9881.90	9881.90
E1007	RR			988.19	988.19
E1008	NU			10002.60	10002.60
E1008	RR			1000.26	1000.26
E1009	NU		NRC	0.00	0.00
E1009	RR		NRC	0.00	0.00
E1010	NU			1333.10	1333.10
E1010	RR			133.31	133.31
E1011	NU		NRC	0.00	0.00
E1011	RR		NRC	0.00	0.00
E1012	RR			133.31	133.31
E1014	NU			504.70	504.70
E1014	RR			50.47	50.47
E1015	NU			154.30	154.30
E1015	RR			15.42	15.42
E1016	NU			148.64	148.64
E1016	RR			14.88	14.88
E1017	NU		NRC	0.00	0.00
E1017	RR		NRC	0.00	0.00
E1018	NU		NRC	0.00	0.00
E1018	RR		NRC	0.00	0.00
E1020	NU			258.00	258.00
E1020	RR			25.80	25.80
E1028	NU			207.70	207.70
E1028	RR			20.77	20.77
E1029	NU			439.60	439.60
E1029	RR			43.96	43.96
E1030	NU			1379.90	1379.90
E1030	RR			137.99	137.99
E1031	RR			61.88	61.88
E1035	RR		NRC	795.60	795.60
E1036	RR		NRC	1135.07	1135.07
E1037	RR			142.56	142.56
E1038	RR			21.71	21.71
E1039	RR		NRC	44.41	44.41
E1050	RR			140.71	140.71
E1060	RR			174.17	174.17
E1070	RR			128.64	128.64
E1083	RR			108.79	108.79
E1084	RR			135.54	135.54
E1085			NRC	0.00	0.00
E1086			NRC	0.00	0.00
E1087	RR			170.02	170.02
E1088	RR			186.20	186.20
E1089			NRC	0.00	0.00
E1092	RR			154.58	154.58
E1093	RR			137.57	137.57
E1100	RR			121.90	121.90
E1110	RR			123.83	123.83
E1130			NRC	0.00	0.00
E1140			NRC	0.00	0.00
E1150	RR			112.70	112.70
E1160	RR			86.36	86.36
E1161	NU		NRC	3269.00	3269.00
E1161	RR		NRC	326.90	326.90
E1170	RR			104.89	104.89
E1171	RR			94.13	94.13
E1172	RR			115.06	115.06
E1180	RR			123.59	123.59
E1190	RR			142.13	142.13
E1195	RR			147.53	147.53
E1200	RR		NRC	102.18	102.18

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E1220			NRC	0.00	0.00
E1221	RR		NRC	65.65	65.65
E1222	RR		NRC	87.92	87.92
E1223	RR		NRC	102.26	102.26
E1224	RR		NRC	112.12	112.12
E1225	RR			55.01	55.01
E1226	NU			559.15	559.15
E1226	RR			56.84	56.84
E1227	NU		NRC	325.90	325.90
E1227	RR		NRC	32.60	32.60
E1228	RR		NRC	38.72	38.72
E1230	NU		NRC	3060.53	3060.53
E1230	RR			307.34	307.34
E1231	NU		NRC	0.00	0.00
E1231	RR		NRC	0.00	0.00
E1232	NU		NRC	2954.80	2954.80
E1232	RR		NRC	295.48	295.48
E1233	NU		NRC	3061.30	3061.30
E1233	RR		NRC	306.13	306.13
E1234	NU		NRC	2665.20	2665.20
E1234	RR		NRC	266.52	266.52
E1235	NU		NRC	2566.60	2566.60
E1235	RR		NRC	256.66	256.66
E1236	NU		NRC	2264.20	2264.20
E1236	RR		NRC	226.42	226.42
E1237	NU		NRC	2284.00	2284.00
E1237	RR		NRC	228.40	228.40
E1238	NU		NRC	2264.20	2264.20
E1238	RR		NRC	226.42	226.42
E1240	RR			142.34	142.34
E1250			NRC	0.00	0.00
E1260			NRC	0.00	0.00
E1270	RR			109.07	109.07
E1280	RR			165.95	165.95
E1285			NRC	0.00	0.00
E1290			NRC	0.00	0.00
E1295	RR		NRC	155.23	155.23
E1296	NU		NRC	577.40	577.40
E1296	RR		NRC	58.66	58.66
E1297	NU		NRC	122.86	122.86
E1297	RR		NRC	13.64	13.64
E1298	NU			497.56	497.56
E1298	RR			50.90	50.90
E1300	NU		NC	0.00	0.00
E1310	NU		NC	0.00	0.00
E1310	RR		NC	0.00	0.00
E1352			BR	0.00	0.00
E1353				43.61	43.61
E1354			BR	0.00	0.00
E1355				32.83	32.83
E1356			BR	0.00	0.00
E1357			BR	0.00	0.00
E1358			BR	0.00	0.00
E1372	NU			174.91	174.91
E1372	RR			21.84	21.84
E1390	RR			161.65	161.65
E1391	RR			161.65	161.65
E1392	RR			53.18	53.18
E1399			BR	0.00	0.00
E1405	RR			246.66	246.66
E1406	RR			191.66	191.66
E1700	NU			405.00	405.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E1700	RR			40.50	40.50
E1701				14.64	14.64
E1702				31.18	31.18
E1800	RR			169.26	169.26
E1801	RR			178.25	178.25
E1802	RR			451.54	451.54
E1805	RR			174.58	174.58
E1806	RR			146.35	146.35
E1810	RR			172.14	172.14
E1811	RR			185.30	185.30
E1812	RR			118.81	118.81
E1815	RR			174.58	174.58
E1816	RR			188.24	188.24
E1818	RR			192.17	192.17
E1820	NU			106.54	106.54
E1820	RR			10.67	10.67
E1821	NU			145.40	145.40
E1821	RR			14.51	14.51
E1825	RR			174.58	174.58
E1830	RR			174.58	174.58
E1831	RR			91.30	91.30
E1840	RR			528.78	528.78
E1841	RR			625.88	625.88
E1902			NRC	0.00	0.00
E2000			NRC	0.00	0.00
E2000	RR		NRC	71.60	71.60
E2100	NU		NRC	888.66	888.66
E2100	RR		NRC	88.88	88.88
E2101	NU		NRC	260.52	260.52
E2101	RR		NRC	26.05	26.05
E2120	RR		NRC	391.73	391.73
E2201	NU			450.82	450.82
E2201	RR			45.08	45.08
E2202	NU			608.70	608.70
E2202	RR			60.88	60.88
E2203	NU			594.05	594.05
E2203	RR			59.40	59.40
E2204	NU			1022.36	1022.36
E2204	RR			102.24	102.24
E2205	NU			44.34	44.34
E2205	RR			4.43	4.43
E2206	NU			51.97	51.97
E2206	RR			5.18	5.18
E2207	NU			58.50	58.50
E2207	RR			5.87	5.87
E2208	NU			118.68	118.68
E2208	RR			11.87	11.87
E2209	NU			116.12	116.12
E2209	RR			11.63	11.63
E2210	NU			7.24	7.24
E2210	RR			0.73	0.73
E2211	NU			45.31	45.31
E2211	RR			4.48	4.48
E2212	NU			7.96	7.96
E2212	RR			0.82	0.82
E2213	NU			39.61	39.61
E2213	RR			3.97	3.97
E2214	NU			41.62	41.62
E2214	RR			4.37	4.37
E2215	NU			13.06	13.06
E2215	RR			1.31	1.31
E2216	NU		NRC	58.80	58.80

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E2216	RR		NRC	6.01	6.01
E2217	NU		NRC	52.03	52.03
E2217	RR		NRC	5.32	5.32
E2218	NU		NRC	58.80	58.80
E2218	RR		NRC	6.01	6.01
E2219	NU			52.03	52.03
E2219	RR			5.32	5.32
E2220	NU			33.50	33.50
E2220	RR			3.35	3.35
E2221	NU			34.28	34.28
E2221	RR			3.46	3.46
E2222	NU			28.45	28.45
E2222	RR			2.83	2.83
E2224	NU			115.15	115.15
E2224	RR			11.95	11.95
E2225	NU			23.75	23.75
E2225	RR			2.38	2.38
E2226	NU			50.78	50.78
E2226	RR			5.08	5.08
E2227	NU		NRC	2584.80	2584.80
E2227	RR		NRC	258.48	258.48
E2228	NU		NRC	1241.80	1241.80
E2228	RR		NRC	124.18	124.18
E2230			BR	0.00	0.00
E2231	NU			193.09	193.09
E2231	RR			19.31	19.31
E2291			NRC	0.00	0.00
E2292			NRC	0.00	0.00
E2293			NRC	0.00	0.00
E2294			NRC	0.00	0.00
E2295			NRC	0.00	0.00
E2300			NRC	0.00	0.00
E2301			NRC	0.00	0.00
E2310	NU			1332.50	1332.50
E2310	RR			133.25	133.25
E2311	NU			2693.80	2693.80
E2311	RR			269.38	269.38
E2312	NU			2786.30	2786.30
E2312	RR			278.63	278.63
E2313	NU			442.80	442.80
E2313	RR			44.28	44.28
E2321	NU			1810.20	1810.20
E2321	RR			181.02	181.02
E2322	NU			1655.90	1655.90
E2322	RR			165.59	165.59
E2323	NU			80.96	80.96
E2323	RR			8.09	8.09
E2324	NU			52.18	52.18
E2324	RR			5.20	5.20
E2325	NU			1582.10	1582.10
E2325	RR			158.21	158.21
E2326	NU			411.40	411.40
E2326	RR			41.14	41.14
E2327	NU			3081.40	3081.40
E2327	RR			308.14	308.14
E2328	NU			5830.60	5830.60
E2328	RR			583.06	583.06
E2329	NU			2091.70	2091.70
E2329	RR			209.17	209.17
E2330	NU			4034.40	4034.40
E2330	RR			403.44	403.44
E2331			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E2340	NU			495.13	495.13
E2340	RR			49.54	49.54
E2341	NU			742.75	742.75
E2341	RR			74.27	74.27
E2342	NU			618.97	618.97
E2342	RR			61.90	61.90
E2343	NU			990.36	990.36
E2343	RR			99.02	99.02
E2351	NU		NRC	829.81	829.81
E2351	RR		NRC	82.98	82.98
E2358	NU		BR	0.00	0.00
E2358	RR		BR	0.00	0.00
E2359	NU			225.02	225.02
E2359	RR			22.51	22.51
E2360	NU			141.16	141.16
E2360	RR			14.11	14.11
E2361	NU			155.27	155.27
E2361	RR			15.53	15.53
E2362	NU			127.09	127.09
E2362	RR			12.71	12.71
E2363	NU			202.06	202.06
E2363	RR			20.21	20.21
E2364	NU			139.82	139.82
E2364	RR			13.98	13.98
E2365	NU			114.92	114.92
E2365	RR			11.48	11.48
E2366	NU			231.62	231.62
E2366	RR			23.20	23.20
E2367	NU			454.87	454.87
E2367	RR			45.49	45.49
E2368	NU			564.00	564.00
E2368	RR			56.40	56.40
E2369	NU			510.80	510.80
E2369	RR			51.08	51.08
E2370	NU			810.60	810.60
E2370	RR			81.06	81.06
E2371	NU			177.40	177.40
E2371	RR			17.75	17.75
E2372	NU		NRC	0.00	0.00
E2372	RR		NRC	0.00	0.00
E2373	NU			948.70	948.70
E2373	RR			94.87	94.87
E2374	NU			611.00	611.00
E2374	RR			61.10	61.10
E2375	NU			933.60	933.60
E2375	RR			93.36	93.36
E2376	NU			1527.10	1527.10
E2376	RR			152.71	152.71
E2377	NU			558.80	558.80
E2377	RR			55.88	55.88
E2378	NU			704.20	704.20
E2378	RR			70.42	70.42
E2381	NU			83.54	83.54
E2381	RR			8.36	8.36
E2382	NU			23.04	23.04
E2382	RR			2.30	2.30
E2383	NU			170.56	170.56
E2383	RR			17.05	17.05
E2384	NU			86.69	86.69
E2384	RR			8.68	8.68
E2385	NU			55.10	55.10
E2385	RR			5.53	5.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E2386	NU			153.86	153.86
E2386	RR			15.38	15.38
E2387	NU			69.49	69.49
E2387	RR			6.96	6.96
E2388	NU			57.88	57.88
E2388	RR			5.80	5.80
E2389	NU			31.88	31.88
E2389	RR			3.19	3.19
E2390	NU			49.61	49.61
E2390	RR			4.96	4.96
E2391	NU			23.27	23.27
E2391	RR			2.33	2.33
E2392	NU			58.54	58.54
E2392	RR			5.87	5.87
E2394	NU			82.20	82.20
E2394	RR			8.23	8.23
E2395	NU			59.80	59.80
E2395	RR			5.99	5.99
E2396	NU			66.52	66.52
E2396	RR			6.89	6.89
E2397	NU			565.09	565.09
E2397	RR			56.51	56.51
E2398			NRC	TBD	TBD
E2402	RR			1443.92	1443.92
E2500	NU		NRC	540.29	540.29
E2500	RR		NRC	54.04	54.04
E2502	NU		NRC	1652.16	1652.16
E2502	RR		NRC	165.23	165.23
E2504	NU		NRC	2179.44	2179.44
E2504	RR		NRC	217.97	217.97
E2506	NU		NRC	3195.71	3195.71
E2506	RR		NRC	319.55	319.55
E2508	NU		NRC	4941.64	4941.64
E2508	RR		NRC	494.16	494.16
E2510	NU			9351.38	9351.38
E2510	RR			935.15	935.15
E2511	NU		NRC	0.00	0.00
E2511	RR		NRC	0.00	0.00
E2512	NU		NRC	762.07	762.07
E2512	RR		NRC	76.20	76.20
E2599			NRC	0.00	0.00
E2601	NU			60.84	60.84
E2601	RR			6.10	6.10
E2602	NU			123.77	123.77
E2602	RR			12.38	12.38
E2603	NU			154.82	154.82
E2603	RR			15.49	15.49
E2604	NU			203.62	203.62
E2604	RR			20.36	20.36
E2605	NU			292.03	292.03
E2605	RR			29.21	29.21
E2606	NU			461.30	461.30
E2606	RR			46.14	46.14
E2607	NU			300.14	300.14
E2607	RR			30.01	30.01
E2608	NU			367.97	367.97
E2608	RR			36.79	36.79
E2609			NRC	0.00	0.00
E2610			NRC	0.00	0.00
E2611	NU			284.16	284.16
E2611	RR			28.40	28.40
E2612	NU			443.21	443.21

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
E2612	RR			44.32	44.32
E2613	NU			427.93	427.93
E2613	RR			42.80	42.80
E2614	NU			609.98	609.98
E2614	RR			61.00	61.00
E2615	NU			490.51	490.51
E2615	RR			49.06	49.06
E2616	NU			660.28	660.28
E2616	RR			66.02	66.02
E2617			NRC	0.00	0.00
E2619	NU			59.27	59.27
E2619	RR			5.93	5.93
E2620	NU			563.20	563.20
E2620	RR			56.33	56.33
E2621	NU			623.05	623.05
E2621	RR			62.30	62.30
E2622	NU			379.51	379.51
E2622	RR			37.96	37.96
E2623	NU			481.48	481.48
E2623	RR			48.16	48.16
E2624	NU			384.07	384.07
E2624	RR			38.41	38.41
E2625	NU			480.97	480.97
E2625	RR			48.10	48.10
E2626	NU			827.83	827.83
E2626	RR			82.79	82.79
E2627	NU			1163.98	1163.98
E2627	RR			116.42	116.42
E2628	NU			876.86	876.86
E2628	RR			87.68	87.68
E2629	NU			1262.21	1262.21
E2629	RR			126.22	126.22
E2630	NU			775.98	775.98
E2630	RR			77.60	77.60
E2631	NU			310.40	310.40
E2631	RR			31.04	31.04
E2632	NU			197.38	197.38
E2632	RR			19.73	19.73
E2633	NU			167.41	167.41
E2633	RR			16.75	16.75
E8000			NRC	0.00	0.00
E8001			NRC	0.00	0.00
E8002			NRC	0.00	0.00
G0027				9.04	9.04
G0068			NC	0.00	0.00
G0069			NC	0.00	0.00
G0070			NC	0.00	0.00
G0071				18.66	15.87
G0101				53.33	38.43
G0102				30.09	12.40
G0103				25.55	25.55
G0104				231.27	79.96
G0105				442.67	267.15
G0106				306.99	306.99
G0106	26			74.17	74.17
G0106	TC			232.83	232.83
G0108				76.60	76.60
G0109				21.12	21.12
G0117				75.59	75.59
G0118				55.74	55.74
G0120				305.46	305.46
G0120	26			72.64	72.64

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
G0120	TC			232.83	232.83
G0121				443.18	267.66
G0122				385.64	385.64
G0122	TC			316.16	316.16
G0122	26			69.48	69.48
G0123				28.14	28.14
G0143				33.81	33.81
G0144				54.96	54.96
G0145				36.80	36.80
G0147				18.74	18.74
G0148				39.93	39.93
G0186			BR	0.00	0.00
G0219			BR	0.00	0.00
G0219	TC		BR	0.00	0.00
G0219	26		BR	0.00	0.00
G0235			BR	0.00	0.00
G0235	TC		BR	0.00	0.00
G0235	26		BR	0.00	0.00
G0252			BR	0.00	0.00
G0252	TC		BR	0.00	0.00
G0252	26		BR	0.00	0.00
G0279				74.82	74.82
G0279	TC			32.59	32.59
G0279	26			42.24	42.24
G0295			BR	0.00	0.00
G0296				40.04	37.24
G0297				316.07	316.07
G0297	26			72.54	72.54
G0297	TC			243.53	243.53
G0306				10.79	10.79
G0307				8.98	8.98
G0328				22.56	22.56
G0329				14.73	14.73
G0339			BR	0.00	0.00
G0340			BR	0.00	0.00
G0416				797.51	797.51
G0416	TC			401.98	401.98
G0416	26			395.53	395.53
G0432				24.46	24.46
G0433				22.86	22.86
G0435				16.65	16.65
G0458			BR	0.00	0.00
G0475				33.44	33.44
G0476			NRC	48.74	48.74
G0480				143.04	143.04
G0481				195.74	195.74
G0482			NRC	248.43	248.43
G0483			NRC	308.65	308.65
G0498				220.43	220.43
G0506			NRC	85.87	63.99
G0508			NRC	293.01	293.01
G0509			NRC	276.97	276.97
G0516				505.48	235.71
G0517				546.40	269.41
G0518				953.69	435.79
G2010				17.10	12.91
G2012				20.23	18.37
G6001				111.05	111.05
G6001	26			43.97	43.97
G6001	TC			67.09	67.09
G6002				101.87	101.87
G6002	26			29.20	29.20

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
G6002	TC			72.67	72.67
G6003				257.50	257.50
G6004				188.60	188.60
G6005				188.60	188.60
G6006				188.13	188.13
G6007				356.66	356.66
G6008				260.29	260.29
G6009				258.90	258.90
G6010				258.90	258.90
G6011				352.01	352.01
G6012				345.03	345.03
G6013				345.49	345.49
G6014				345.49	345.49
G6015				468.53	468.53
G6016				467.00	467.00
G6017			BR	0.00	0.00
G9143				167.66	167.66
G9473			BR	0.00	0.00
G9474			BR	0.00	0.00
G9475			BR	0.00	0.00
G9476			BR	0.00	0.00
G9477			BR	0.00	0.00
G9478			BR	0.00	0.00
G9479			BR	0.00	0.00
G9480			NC	0.00	0.00
G9481			NC	0.00	0.00
G9482			NC	0.00	0.00
G9483			NC	0.00	0.00
G9484			NC	0.00	0.00
G9485			NC	0.00	0.00
G9486			NC	0.00	0.00
G9487			NC	0.00	0.00
G9488			NC	0.00	0.00
G9489			NC	0.00	0.00
J0120				12.50	12.50
J0121			BR	TBD	TBD
J0122			BR	TBD	TBD
J0129			NRC	62.99	62.99
J0130				1714.88	1714.88
J0131			BR	0.00	0.00
J0132			NRC	1.37	1.37
J0133				0.06	0.06
J0135			NRC	1091.06	1091.06
J0153				0.97	0.97
J0171				0.92	0.92
J0178				1152.24	1152.24
J0179			NRC	TBD	TBD
J0180			NRC	213.84	213.84
J0185				2.68	2.68
J0190			NRC	0.00	0.00
J0200			NRC	0.00	0.00
J0202			NRC	2247.79	2247.79
J0205			NRC	50.43	50.43
J0207				1188.47	1188.47
J0210				50.88	50.88
J0215			NRC	49.97	49.97
J0220			NRC	248.04	248.04
J0221				199.45	199.45
J0222			NRC	TBD	TBD
J0256			NRC	5.48	5.48
J0257				5.66	5.66
J0270			NRC	0.81	0.81

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J0275			NRC	30.87	30.87
J0278				1.46	1.46
J0280				8.80	8.80
J0282			NRC	0.32	0.32
J0285				45.01	45.01
J0287				7.40	7.40
J0288				16.80	16.80
J0289				28.70	28.70
J0290				1.17	1.17
J0291			NRC	TBD	TBD
J0295				3.38	3.38
J0300			NRC	0.00	0.00
J0330				0.18	0.18
J0348				0.65	0.65
J0350			BR	0.00	0.00
J0360				3.09	3.09
J0364			NRC	39.23	39.23
J0365			NRC	3.18	3.18
J0380			NRC	1.70	1.70
J0390			NRC	4.90	4.90
J0395			NRC	0.00	0.00
J0400			NRC	0.91	0.91
J0401			NRC	6.54	6.54
J0456				3.09	3.09
J0461				0.08	0.08
J0470				64.98	64.98
J0475				209.03	209.03
J0476				59.98	59.98
J0480			NRC	4424.60	4424.60
J0485				4.53	4.53
J0490				52.99	52.99
J0500			NRC	98.79	98.79
J0515				22.50	22.50
J0517				200.26	200.26
J0520				5.34	5.34
J0558				13.22	13.22
J0561				16.64	16.64
J0565			NRC	48.00	48.00
J0567			NRC	0.00	0.00
J0570			NRC	1515.83	1515.83
J0571				0.67	0.67
J0572				5.13	5.13
J0573				9.19	9.19
J0574				13.86	13.86
J0575				18.39	18.39
J0583			NRC	0.84	0.84
J0584			NRC	0.00	0.00
J0585				7.34	7.34
J0586				10.09	10.09
J0587				14.37	14.37
J0588				6.10	6.10
J0592				5.06	5.06
J0593			NRC	TBD	TBD
J0594			NRC	8.19	8.19
J0595				3.01	3.01
J0596			NRC	32.81	32.81
J0597			NRC	58.73	58.73
J0598			NRC	65.96	65.96
J0599			NRC	0.00	0.00
J0600			NRC	6713.31	6713.31
J0604			NRC	1.09	1.09
J0606			NRC	4.16	4.16

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J0610				3.86	3.86
J0620				12.32	12.32
J0630			NRC	3189.05	3189.05
J0636			NRC	0.63	0.63
J0637				12.53	12.53
J0638			NRC	133.22	133.22
J0640				3.98	3.98
J0641				0.27	0.27
J0642			BR	TBD	TBD
J0670			NRC	2.11	2.11
J0690				1.09	1.09
J0692				2.20	2.20
J0694				5.40	5.40
J0695				6.49	6.49
J0696				0.75	0.75
J0697				2.57	2.57
J0698				0.94	0.94
J0702				8.17	8.17
J0706			NRC	0.66	0.66
J0710			NRC	0.00	0.00
J0712				3.50	3.50
J0713				2.35	2.35
J0714				93.91	93.91
J0715				5.34	5.34
J0716			BR	0.00	0.00
J0717			NRC	9.45	9.45
J0720				47.45	47.45
J0725			NRC	26.65	26.65
J0735				18.53	18.53
J0740				695.89	695.89
J0743				7.55	7.55
J0744				1.63	1.63
J0745				1.62	1.62
J0770				16.16	16.16
J0775			NRC	56.35	56.35
J0780				11.88	11.88
J0795			NRC	10.87	10.87
J0800			NRC	4773.14	4773.14
J0834			NRC	49.40	49.40
J0840				3986.48	3986.48
J0841			NRC	0.00	0.00
J0850				1354.98	1354.98
J0875				17.40	17.40
J0878				0.44	0.44
J0881				4.76	4.76
J0882				4.76	4.76
J0883				2.23	2.23
J0884				2.23	2.23
J0885				14.08	14.08
J0887			NRC	2.12	2.12
J0888			NRC	2.12	2.12
J0890				9.84	9.84
J0894				10.50	10.50
J0895			NRC	9.81	9.81
J0897				22.43	22.43
J0945				1.00	1.00
J1000			NRC	26.35	26.35
J1020				4.67	4.67
J1030				7.75	7.75
J1040				14.99	14.99
J1050				0.67	0.67
J1071				0.04	0.04

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J1094				0.28	0.28
J1096			NRC	TBD	TBD
J1097			NRC	TBD	TBD
J1100				0.12	0.12
J1110				70.31	70.31
J1120				16.51	16.51
J1130				0.25	0.25
J1160				6.90	6.90
J1162			NRC	4535.99	4535.99
J1165				0.78	0.78
J1170				3.87	3.87
J1180				8.54	8.54
J1190				253.79	253.79
J1200				0.79	0.79
J1205			NRC	77.35	77.35
J1212			NRC	660.64	660.64
J1230				22.48	22.48
J1240				9.33	9.33
J1245				2.63	2.63
J1250				10.64	10.64
J1260				8.40	8.40
J1265				1.06	1.06
J1267				1.06	1.06
J1270			NRC	0.36	0.36
J1290			NRC	576.24	576.24
J1300			NRC	276.57	276.57
J1301				23.43	23.43
J1303			NRC	TBD	TBD
J1320				2.40	2.40
J1322			NRC	284.20	284.20
J1324			NRC	0.00	0.00
J1325				19.37	19.37
J1327			NRC	33.09	33.09
J1330			NRC	0.00	0.00
J1335				58.18	58.18
J1364				94.64	94.64
J1380			NRC	14.64	14.64
J1410			NRC	371.05	371.05
J1430			NRC	532.92	532.92
J1435			NRC	0.00	0.00
J1436			NRC	0.00	0.00
J1438			NRC	454.97	454.97
J1439				1.29	1.29
J1442				1.20	1.20
J1443			NRC	0.00	0.00
J1444			NRC	TBD	TBD
J1447				0.68	0.68
J1450				4.99	4.99
J1451			NRC	8.04	8.04
J1452			NRC	0.00	0.00
J1453				2.46	2.46
J1454				634.44	634.44
J1455			NRC	15.98	15.98
J1457			NRC	2.49	2.49
J1458			NRC	468.37	468.37
J1459			NRC	48.86	48.86
J1460				47.05	47.05
J1555			NRC	15.80	15.80
J1556			NRC	84.62	84.62
J1557				53.04	53.04
J1559			NRC	12.23	12.23
J1560				470.47	470.47

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J1561				46.50	46.50
J1562				8.70	8.70
J1566			NRC	71.77	71.77
J1568				38.96	38.96
J1569				50.58	50.58
J1570				60.59	60.59
J1571				77.53	77.53
J1572				43.71	43.71
J1573				61.55	61.55
J1575			NRC	16.93	16.93
J1580				2.08	2.08
J1595			NRC	0.00	0.00
J1599			NRC	0.00	0.00
J1600			NRC	36.18	36.18
J1602			NRC	26.81	26.81
J1610			NRC	248.55	248.55
J1620			NRC	0.00	0.00
J1626				0.42	0.42
J1627				3.36	3.36
J1628			NRC	0.00	0.00
J1630				1.25	1.25
J1631				19.89	19.89
J1640			NRC	27.63	27.63
J1642				0.19	0.19
J1644				0.23	0.23
J1645				16.09	16.09
J1650				1.04	1.04
J1652				2.57	2.57
J1655				5.39	5.39
J1670				490.12	490.12
J1675			NRC	0.00	0.00
J1700				1.25	1.25
J1710				2.49	2.49
J1720				15.65	15.65
J1730			NRC	0.00	0.00
J1740			NRC	53.34	53.34
J1741			BR	0.00	0.00
J1742			NRC	157.85	157.85
J1743			NRC	651.58	651.58
J1744			BR	0.00	0.00
J1745			NRC	86.19	86.19
J1746			NRC	0.00	0.00
J1750				16.37	16.37
J1756				0.28	0.28
J1786			NRC	50.52	50.52
J1790				2.57	2.57
J1800				4.22	4.22
J1810			NRC	0.00	0.00
J1815			NRC	1.10	1.10
J1817			NRC	13.30	13.30
J1826			BR	0.00	0.00
J1830			NRC	0.00	0.00
J1833				0.84	0.84
J1835				50.74	50.74
J1840				9.22	9.22
J1850				1.38	1.38
J1885				0.55	0.55
J1890				7.70	7.70
J1930				70.48	70.48
J1931			NRC	37.47	37.47
J1940				0.96	0.96
J1943			NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J1944			NRC	TBD	TBD
J1945			NRC	684.65	684.65
J1950				1428.24	1428.24
J1953			NRC	0.14	0.14
J1955			NRC	23.99	23.99
J1956				1.46	1.46
J1960			NRC	3.76	3.76
J1980				36.40	36.40
J1990				25.26	25.26
J2001			NRC	0.03	0.03
J2010				14.80	14.80
J2020				10.86	10.86
J2060				0.88	0.88
J2062			NRC	0.00	0.00
J2150				4.19	4.19
J2170			NRC	0.00	0.00
J2175				5.74	5.74
J2180				4.61	4.61
J2182			NRC	35.30	35.30
J2185				1.26	1.26
J2210			NRC	20.28	20.28
J2212			BR	0.00	0.00
J2248				1.26	1.26
J2250				0.15	0.15
J2260				1.73	1.73
J2265			BR	0.00	0.00
J2270				3.09	3.09
J2274				9.11	9.11
J2278				9.26	9.26
J2280				11.03	11.03
J2300				3.30	3.30
J2310				17.56	17.56
J2315			NRC	3.88	3.88
J2320			NRC	0.00	0.00
J2323			NRC	23.63	23.63
J2325			NRC	72.29	72.29
J2350			NRC	68.89	68.89
J2353				237.49	237.49
J2354				1.05	1.05
J2355			NRC	512.30	512.30
J2357				44.42	44.42
J2358			NRC	3.50	3.50
J2360				6.40	6.40
J2370				4.77	4.77
J2400			NRC	33.12	33.12
J2405				0.14	0.14
J2407				28.69	28.69
J2410				3.50	3.50
J2425				24.26	24.26
J2426			NRC	13.04	13.04
J2430				19.41	19.41
J2440				1.53	1.53
J2460				1.16	1.16
J2469				14.07	14.07
J2501			NRC	0.90	0.90
J2502			BR	0.00	0.00
J2503			NRC	856.20	856.20
J2504			NRC	441.55	441.55
J2505				5586.57	5586.57
J2507				2883.96	2883.96
J2510				35.75	35.75
J2513				13.74	13.74

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J2515				53.28	53.28
J2540				1.24	1.24
J2543				2.35	2.35
J2545			NRC	111.27	111.27
J2547			NRC	0.00	0.00
J2550				2.53	2.53
J2560				47.30	47.30
J2562			NRC	396.63	396.63
J2590			NRC	0.63	0.63
J2597			NRC	14.82	14.82
J2650				0.21	0.21
J2670			NRC	0.00	0.00
J2675			NRC	2.14	2.14
J2680				14.92	14.92
J2690			NRC	98.66	98.66
J2700				1.92	1.92
J2704				0.13	0.13
J2710			NRC	0.11	0.11
J2720				1.35	1.35
J2724			NRC	18.15	18.15
J2725			NRC	0.00	0.00
J2730				110.28	110.28
J2760			NRC	190.80	190.80
J2765				1.49	1.49
J2770				500.40	500.40
J2778			NRC	436.98	436.98
J2780				5.74	5.74
J2783				334.99	334.99
J2785				69.27	69.27
J2786			NRC	11.36	11.36
J2788			NRC	30.98	30.98
J2790			NRC	93.87	93.87
J2791			NRC	5.76	5.76
J2792			NRC	34.33	34.33
J2793			NRC	0.00	0.00
J2794				11.27	11.27
J2795				0.10	0.10
J2796			NRC	86.10	86.10
J2797			BR	0.00	0.00
J2798			NRC	TBD	TBD
J2800				18.78	18.78
J2805			NRC	124.76	124.76
J2810				0.45	0.45
J2820				47.61	47.61
J2840			NRC	636.00	636.00
J2850			NRC	41.74	41.74
J2860			NRC	114.75	114.75
J2910			NRC	0.00	0.00
J2916			NRC	2.28	2.28
J2920				5.36	5.36
J2930				7.63	7.63
J2940			NRC	0.00	0.00
J2941			NRC	0.00	0.00
J2950				0.46	0.46
J2993				2762.29	2762.29
J2995				89.06	89.06
J2997				105.22	105.22
J3000				36.82	36.82
J3010				0.92	0.92
J3030			NRC	74.87	74.87
J3031			NRC	TBD	TBD
J3060			NRC	48.44	48.44

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J3070			NRC	130.06	130.06
J3090				1.71	1.71
J3095			NRC	7.18	7.18
J3101				146.13	146.13
J3105				3.82	3.82
J3110			NRC	0.00	0.00
J3111			NRC	TBD	TBD
J3121				0.06	0.06
J3145			NRC	1.70	1.70
J3230				35.03	35.03
J3240				1982.54	1982.54
J3243				2.13	2.13
J3245			NRC	163.04	163.04
J3246				11.17	11.17
J3250				40.30	40.30
J3260				4.44	4.44
J3262			NRC	5.91	5.91
J3265			NRC	0.00	0.00
J3280				13.36	13.36
J3285			NRC	79.34	79.34
J3300				4.62	4.62
J3301				1.92	1.92
J3302				0.34	0.34
J3303				2.18	2.18
J3304			NRC	22.66	22.66
J3305				158.90	158.90
J3310			NRC	0.00	0.00
J3315				288.82	288.82
J3316			BR	0.00	0.00
J3320			NRC	0.00	0.00
J3350			NRC	0.00	0.00
J3355			NRC	76.11	76.11
J3357			NRC	216.38	216.38
J3358			NRC	14.43	14.43
J3360				8.22	8.22
J3364				10.99	10.99
J3365				549.28	549.28
J3370				5.72	5.72
J3380			NRC	23.69	23.69
J3385			NRC	414.61	414.61
J3396			NRC	13.15	13.15
J3397			NRC	0.00	0.00
J3398			NRC	0.00	0.00
J3400			NRC	0.00	0.00
J3410				8.76	8.76
J3411				3.31	3.31
J3415				11.58	11.58
J3420				2.19	2.19
J3430				5.04	5.04
J3465				2.20	2.20
J3470				25.44	25.44
J3471				0.49	0.49
J3472				165.36	165.36
J3473				0.43	0.43
J3475				0.76	0.76
J3480				0.22	0.22
J3485			NRC	1.82	1.82
J3486			NRC	21.47	21.47
J3489				12.66	12.66
J3490			BR	0.00	0.00
J3520			NRC	0.00	0.00
J3530			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J3535			NRC	0.00	0.00
J3570			NRC	0.00	0.00
J3590			BR	0.00	0.00
J3591			NRC	0.00	0.00
J7030				3.00	3.00
J7040				1.50	1.50
J7042				1.14	1.14
J7050				0.75	0.75
J7060				2.60	2.60
J7070				5.07	5.07
J7100				27.73	27.73
J7110				17.43	17.43
J7120				2.91	2.91
J7121			NRC	0.00	0.00
J7131			BR	0.00	0.00
J7170			NRC	57.70	57.70
J7175				8.61	8.61
J7177			NRC	0.00	0.00
J7178				1.44	1.44
J7179			NRC	2.31	2.31
J7180				10.17	10.17
J7181			NRC	16.71	16.71
J7182				1.56	1.56
J7183				1.18	1.18
J7185				1.49	1.49
J7186				1.24	1.24
J7187				1.39	1.39
J7188				1.52	1.52
J7189				2.49	2.49
J7190				1.24	1.24
J7191			NRC	2.04	2.04
J7192				1.54	1.54
J7193				1.37	1.37
J7194				1.72	1.72
J7195				1.80	1.80
J7196			BR	0.00	0.00
J7197				4.08	4.08
J7198				2.31	2.31
J7199			NRC	0.00	0.00
J7200				1.60	1.60
J7201				3.60	3.60
J7202				5.16	5.16
J7203			NRC	0.00	0.00
J7205				2.42	2.42
J7207			NRC	1.95	1.95
J7208			NRC	TBD	TBD
J7209			NRC	1.49	1.49
J7210			NRC	1.72	1.72
J7211			NRC	0.00	0.00
J7308			NRC	475.29	475.29
J7309			NRC	100.42	100.42
J7310			NRC	20352.00	20352.00
J7311			NRC	24157.38	24157.38
J7312				240.18	240.18
J7313			NRC	588.98	588.98
J7314			NRC	TBD	TBD
J7315			BR	0.00	0.00
J7316			NRC	1250.74	1250.74
J7318			BR	0.00	0.00
J7320				7.50	7.50
J7321				100.37	100.37
J7322				19.39	19.39

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J7323				174.35	174.35
J7324				168.41	168.41
J7325				13.59	13.59
J7326			NRC	611.22	611.22
J7327				955.87	955.87
J7328			BR	0.00	0.00
J7329			BR	0.00	0.00
J7330			BR	38286.65	38286.65
J7331			BR	TBD	TBD
J7332			BR	TBD	TBD
J7336				3.77	3.77
J7340				254.61	254.61
J7342			NRC	35.95	35.95
J7345			NRC	1.73	1.73
J7401			NRC	TBD	TBD
J7500			NRC	1.12	1.12
J7501			NRC	260.76	260.76
J7502			NRC	2.81	2.81
J7503				1.55	1.55
J7504			NRC	2486.16	2486.16
J7505				1387.29	1387.29
J7507				0.57	0.57
J7508				0.56	0.56
J7509				0.96	0.96
J7510				0.08	0.08
J7511			NRC	887.70	887.70
J7512				0.02	0.02
J7513				631.61	631.61
J7515			NRC	0.81	0.81
J7516			NRC	68.03	68.03
J7517			NRC	0.86	0.86
J7518			NRC	3.76	3.76
J7520			NRC	8.49	8.49
J7525			NRC	247.20	247.20
J7527				10.35	10.35
J7599			NRC	0.00	0.00
J7604			NRC	0.00	0.00
J7605				11.85	11.85
J7606				14.22	14.22
J7607			NRC	0.00	0.00
J7608				7.58	7.58
J7609			NRC	0.00	0.00
J7610			NRC	0.00	0.00
J7611				0.18	0.18
J7612				0.22	0.22
J7613				0.06	0.06
J7614				0.08	0.08
J7615			NRC	0.00	0.00
J7620			NRC	0.17	0.17
J7622			NRC	0.00	0.00
J7624			NRC	0.00	0.00
J7626			NRC	2.82	2.82
J7627			NRC	0.00	0.00
J7628			NRC	0.00	0.00
J7629			NRC	0.00	0.00
J7631			NRC	6.90	6.90
J7632			NRC	0.00	0.00
J7633				0.06	0.06
J7634				0.06	0.06
J7635			NRC	0.00	0.00
J7636			NRC	0.00	0.00
J7637			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J7638			NRC	0.00	0.00
J7639			NRC	57.35	57.35
J7640			NRC	0.00	0.00
J7641			NRC	0.00	0.00
J7642			NRC	0.00	0.00
J7643			NRC	0.00	0.00
J7644			NRC	0.24	0.24
J7645			NRC	0.00	0.00
J7647			NRC	0.00	0.00
J7648			NRC	0.00	0.00
J7649			NRC	0.00	0.00
J7650			NRC	0.00	0.00
J7657			NRC	0.00	0.00
J7658			NRC	0.00	0.00
J7659			NRC	0.00	0.00
J7660			NRC	0.00	0.00
J7665			NRC	0.80	0.80
J7667			NRC	0.00	0.00
J7668			NRC	0.00	0.00
J7669			NRC	0.52	0.52
J7670				0.06	0.06
J7674			NRC	0.81	0.81
J7676			NRC	0.00	0.00
J7677			NRC	TBD	TBD
J7680			NRC	0.00	0.00
J7681			NRC	0.00	0.00
J7682				42.01	42.01
J7683			NRC	0.00	0.00
J7684			NRC	0.00	0.00
J7685			NRC	0.00	0.00
J7686				701.19	701.19
J7699			NRC	0.00	0.00
J7799			BR	0.00	0.00
J7999			NRC	0.00	0.00
J8498			NRC	0.00	0.00
J8499			NRC	0.00	0.00
J8501				6.06	6.06
J8510				29.01	29.01
J8515				4.55	4.55
J8520				1.71	1.71
J8521				4.44	4.44
J8530				4.69	4.69
J8540				0.07	0.07
J8560				91.03	91.03
J8562				98.13	98.13
J8565			BR	0.00	0.00
J8597			BR	0.00	0.00
J8600				14.40	14.40
J8610				0.32	0.32
J8650			BR	0.00	0.00
J8655				311.78	311.78
J8670				2.10	2.10
J8700				0.90	0.90
J8705				124.47	124.47
J8999			BR	0.00	0.00
J9000				3.72	3.72
J9015				2200.73	2200.73
J9017				75.61	75.61
J9019				497.79	497.79
J9020				77.48	77.48
J9022				92.95	92.95
J9023				98.09	98.09

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J9025				1.62	1.62
J9027				79.42	79.42
J9030			BR	TBD	TBD
J9031				170.38	170.38
J9032				46.66	46.66
J9033				35.94	35.94
J9034				28.78	28.78
J9035				97.46	97.46
J9036			BR	TBD	TBD
J9039				132.37	132.37
J9040				29.62	29.62
J9041				53.35	53.35
J9042				187.65	187.65
J9043				202.59	202.59
J9044				37.27	37.27
J9045				3.71	3.71
J9047				43.63	43.63
J9050				4659.87	4659.87
J9055				72.88	72.88
J9057			BR	0.00	0.00
J9060				2.35	2.35
J9065				26.60	26.60
J9070				44.94	44.94
J9098				754.04	754.04
J9100				0.75	0.75
J9119			BR	TBD	TBD
J9120				1504.63	1504.63
J9130				5.89	5.89
J9145				62.74	62.74
J9150				56.68	56.68
J9151				69.20	69.20
J9153				230.77	230.77
J9155				4.59	4.59
J9160				1975.42	1975.42
J9165			BR	0.00	0.00
J9171				1.39	1.39
J9173				88.53	88.53
J9175				4.99	4.99
J9176				7.68	7.68
J9178				1.28	1.28
J9179				137.81	137.81
J9181				0.89	0.89
J9185				83.28	83.28
J9190				1.92	1.92
J9199			BR	TBD	TBD
J9200				90.46	90.46
J9201				6.22	6.22
J9202				585.93	585.93
J9203				231.79	231.79
J9204			BR	TBD	TBD
J9205				54.89	54.89
J9206				3.40	3.40
J9207				101.09	101.09
J9208				32.52	32.52
J9209				2.20	2.20
J9210			NRC	TBD	TBD
J9211				43.12	43.12
J9212				5.76	5.76
J9213			BR	0.00	0.00
J9214				40.30	40.30
J9215			BR	0.00	0.00
J9216				517.12	517.12

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
J9217				269.15	269.15
J9218				16.90	16.90
J9219				5783.78	5783.78
J9225				4641.78	4641.78
J9226			NRC	41964.28	41964.28
J9228				181.12	181.12
J9229			BR	0.00	0.00
J9230				386.07	386.07
J9245				836.89	836.89
J9250				0.32	0.32
J9260				3.17	3.17
J9261				182.60	182.60
J9262			BR	0.00	0.00
J9263				0.20	0.20
J9264				14.22	14.22
J9266				18842.31	18842.31
J9267				0.18	0.18
J9268				2381.71	2381.71
J9269			BR	TBD	TBD
J9270			BR	0.00	0.00
J9271				59.04	59.04
J9280				139.10	139.10
J9285				61.30	61.30
J9293				39.35	39.35
J9295				6.76	6.76
J9299				32.96	32.96
J9301				76.69	76.69
J9302				70.10	70.10
J9303				138.04	138.04
J9305				82.01	82.01
J9306				14.64	14.64
J9307				337.75	337.75
J9308				69.22	69.22
J9309			BR	TBD	TBD
J9311				54.34	54.34
J9312				114.24	114.24
J9313			BR	TBD	TBD
J9315				376.44	376.44
J9320				413.82	413.82
J9325				59.88	59.88
J9328				12.48	12.48
J9330				74.56	74.56
J9340				756.84	756.84
J9351				1.08	1.08
J9352				360.78	360.78
J9354				37.45	37.45
J9355				128.43	128.43
J9356			BR	TBD	TBD
J9357				1656.07	1656.07
J9360				4.29	4.29
J9370				6.00	6.00
J9371				3636.45	3636.45
J9390				11.34	11.34
J9395				117.05	117.05
J9400				9.87	9.87
J9600				3696.92	3696.92
J9999			BR	0.00	0.00
K0001	RR			51.49	51.49
K0002	RR			81.89	81.89
K0003	RR			83.94	83.94
K0004	RR			105.62	105.62
K0005	NU			2554.37	2554.37

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
K0005	RR			255.41	255.41
K0006	RR			117.34	117.34
K0007	RR			179.90	179.90
K0008			NC	0.00	0.00
K0009	RR			102.73	102.73
K0010	NU			6629.76	6629.76
K0010	RR			552.48	552.48
K0011	NU			8493.36	8493.36
K0011	RR			707.78	707.78
K0012	RR			448.93	448.93
K0013			NC	0.00	0.00
K0014			BR	0.00	0.00
K0015	NU			236.28	236.28
K0015	RR			19.69	19.69
K0017	NU			58.07	58.07
K0017	RR			5.81	5.81
K0018	NU			32.62	32.62
K0018	RR			3.25	3.25
K0019	NU			18.10	18.10
K0019	RR			1.81	1.81
K0020	NU			54.74	54.74
K0020	RR			5.47	5.47
K0037	NU			48.74	48.74
K0037	RR			4.34	4.34
K0038	NU			28.27	28.27
K0038	RR			2.83	2.83
K0039	NU			61.74	61.74
K0039	RR			6.19	6.19
K0040	NU			77.41	77.41
K0040	RR			7.73	7.73
K0041	NU			59.86	59.86
K0041	RR			6.01	6.01
K0042	NU			38.83	38.83
K0042	RR			3.90	3.90
K0043	NU			22.86	22.86
K0043	RR			2.28	2.28
K0044	NU			19.69	19.69
K0044	RR			1.98	1.98
K0045	NU			65.88	65.88
K0045	RR			6.59	6.59
K0046	NU			22.93	22.93
K0046	RR			2.29	2.29
K0047	NU			85.51	85.51
K0047	RR			8.57	8.57
K0050	NU			37.90	37.90
K0050	RR			3.78	3.78
K0051	NU			60.66	60.66
K0051	RR			6.08	6.08
K0052	NU			99.65	99.65
K0052	RR			9.96	9.96
K0053	NU			113.83	113.83
K0053	RR			11.38	11.38
K0056	NU			124.88	124.88
K0056	RR			12.49	12.49
K0065	NU			60.16	60.16
K0065	RR			6.02	6.02
K0069	NU			128.52	128.52
K0069	RR			13.14	13.14
K0070	NU			271.56	271.56
K0070	RR			22.63	22.63
K0071	NU			144.07	144.07
K0071	RR			14.41	14.41

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
K0072	NU			88.07	88.07
K0072	RR			8.81	8.81
K0073	NU			45.43	45.43
K0073	RR			4.57	4.57
K0077	NU			74.39	74.39
K0077	RR			7.43	7.43
K0098	NU			30.84	30.84
K0098	RR			3.10	3.10
K0105	NU			131.27	131.27
K0105	RR			13.13	13.13
K0108			BR	0.00	0.00
K0195	RR			19.42	19.42
K0455	RR			365.95	365.95
K0462			BR	0.00	0.00
K0552				3.43	3.43
K0553			NRC	308.27	308.27
K0554	RR		NRC	32.44	32.44
K0554	NU		NRC	324.29	324.29
K0601	NU			1.50	1.50
K0602	NU			8.56	8.56
K0603	NU			0.77	0.77
K0604	NU			8.22	8.22
K0605	NU			19.70	19.70
K0606	RR			3479.40	3479.40
K0607	NU		NRC	268.40	268.40
K0607	RR		NRC	26.84	26.84
K0608	NU		NRC	167.46	167.46
K0608	RR		NRC	16.78	16.78
K0609			NRC	1113.73	1113.73
K0669			NRC	0.00	0.00
K0672				101.05	101.05
K0730	NU			2381.90	2381.90
K0730	RR			238.19	238.19
K0733	NU			35.92	35.92
K0733	RR			3.60	3.60
K0738	RR			53.18	53.18
K0739				17.46	17.46
K0740			BR	0.00	0.00
K0743			NC	0.00	0.00
K0744			NC	0.00	0.00
K0745			NC	0.00	0.00
K0746			NC	0.00	0.00
K0800	NU			1299.47	1299.47
K0800	RR			129.96	129.96
K0801	NU			2209.72	2209.72
K0801	RR			220.96	220.96
K0802	NU			2695.33	2695.33
K0802	RR			269.53	269.53
K0806	NU			1750.60	1750.60
K0806	RR			175.06	175.06
K0807	NU			2682.85	2682.85
K0807	RR			268.28	268.28
K0808	NU			4149.18	4149.18
K0808	RR			414.92	414.92
K0812			NRC	0.00	0.00
K0813	RR			382.13	382.13
K0814	RR			448.20	448.20
K0815	RR			504.25	504.25
K0816	RR			477.14	477.14
K0820	RR			401.36	401.36
K0821	RR			472.12	472.12
K0822	RR			547.06	547.06

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
K0823	RR			536.21	536.21
K0824	RR			705.05	705.05
K0825	RR			648.48	648.48
K0826	RR			1021.38	1021.38
K0827	RR			879.29	879.29
K0828	RR			1188.86	1188.86
K0829	RR			1122.48	1122.48
K0830			NRC	0.00	0.00
K0831			NRC	0.00	0.00
K0835	NU			6875.16	6875.16
K0835	RR			572.93	572.93
K0836	NU			7130.16	7130.16
K0836	RR			594.18	594.18
K0837	NU			8430.60	8430.60
K0837	RR			702.55	702.55
K0838	NU			7515.24	7515.24
K0838	RR			626.27	626.27
K0839	NU			11023.92	11023.92
K0839	RR			918.66	918.66
K0840	NU			16788.48	16788.48
K0840	RR			1399.04	1399.04
K0841	NU			7475.76	7475.76
K0841	RR			622.98	622.98
K0842	NU			7471.68	7471.68
K0842	RR			622.64	622.64
K0843	NU			8947.68	8947.68
K0843	RR			745.64	745.64
K0848	NU			11327.52	11327.52
K0848	RR			943.96	943.96
K0849	NU			10890.48	10890.48
K0849	RR			907.54	907.54
K0850	NU			13139.16	13139.16
K0850	RR			1094.93	1094.93
K0851	NU			12633.36	12633.36
K0851	RR			1052.78	1052.78
K0852	NU			15181.44	15181.44
K0852	RR			1265.12	1265.12
K0853	NU			15595.32	15595.32
K0853	RR			1299.61	1299.61
K0854	NU			20660.40	20660.40
K0854	RR			1721.70	1721.70
K0855	NU			19516.80	19516.80
K0855	RR			1626.40	1626.40
K0856	NU			12158.52	12158.52
K0856	RR			1013.21	1013.21
K0857	NU			12402.24	12402.24
K0857	RR			1033.52	1033.52
K0858	NU			15085.32	15085.32
K0858	RR			1257.11	1257.11
K0859	NU			14386.80	14386.80
K0859	RR			1198.90	1198.90
K0860	NU			21551.28	21551.28
K0860	RR			1795.94	1795.94
K0861	NU			12177.96	12177.96
K0861	RR			1014.83	1014.83
K0862	NU			15085.32	15085.32
K0862	RR			1257.11	1257.11
K0863	NU			21551.28	21551.28
K0863	RR			1795.94	1795.94
K0864	NU			25646.16	25646.16
K0864	RR			2137.18	2137.18
K0868			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
K0869			NRC	0.00	0.00
K0870			NRC	0.00	0.00
K0871			NRC	0.00	0.00
K0877			NRC	0.00	0.00
K0878			NRC	0.00	0.00
K0879			NRC	0.00	0.00
K0880			NRC	0.00	0.00
K0884			NRC	0.00	0.00
K0885			NRC	0.00	0.00
K0886			NRC	0.00	0.00
K0890			NRC	0.00	0.00
K0891			NRC	0.00	0.00
K0898			BR	0.00	0.00
K0899			NC	0.00	0.00
K0900			NRC	0.00	0.00
K1001			NRC	TBD	TBD
K1002			NRC	TBD	TBD
K1004			BR	TBD	TBD
L0112				1667.58	1667.58
L0113				339.78	339.78
L0120				31.51	31.51
L0130				181.87	181.87
L0140				71.32	71.32
L0150				127.54	127.54
L0160				186.22	186.22
L0170				957.97	957.97
L0172				168.74	168.74
L0174				331.80	331.80
L0180				537.54	537.54
L0190				633.96	633.96
L0200				735.34	735.34
L0220				153.92	153.92
L0450				193.62	193.62
L0452			NRC	0.00	0.00
L0454				413.22	413.22
L0455				413.22	413.22
L0456				1185.00	1185.00
L0457				1185.00	1185.00
L0458				1062.61	1062.61
L0460				1196.04	1196.04
L0462				1487.65	1487.65
L0464				1771.04	1771.04
L0466				452.05	452.05
L0467				452.05	452.05
L0468				566.51	566.51
L0469				566.51	566.51
L0470				783.92	783.92
L0472				482.38	482.38
L0480				1799.64	1799.64
L0482				2010.22	2010.22
L0484				2170.96	2170.96
L0486				2438.06	2438.06
L0488				1196.04	1196.04
L0490				337.03	337.03
L0491				915.04	915.04
L0492				595.85	595.85
L0621				102.73	102.73
L0622				318.46	318.46
L0623			NRC	210.86	210.86
L0624			NRC	0.00	0.00
L0625				65.64	65.64
L0626				92.87	92.87

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L0627				489.72	489.72
L0628				99.94	99.94
L0629			NRC	0.00	0.00
L0630				192.98	192.98
L0631				1223.11	1223.11
L0632			NRC	0.00	0.00
L0633				341.66	341.66
L0634			NRC	0.00	0.00
L0635				1190.54	1190.54
L0636				1615.37	1615.37
L0637				1543.55	1543.55
L0638				1571.45	1571.45
L0639				1543.55	1543.55
L0640				1246.73	1246.73
L0641				92.87	92.87
L0642				489.72	489.72
L0643				192.98	192.98
L0648				1223.11	1223.11
L0649				341.66	341.66
L0650				1543.55	1543.55
L0651				1543.55	1543.55
L0700				2371.91	2371.91
L0710				2607.37	2607.37
L0810				3184.67	3184.67
L0820				2505.18	2505.18
L0830				3833.28	3833.28
L0859				1357.19	1357.19
L0861				256.81	256.81
L0970				127.33	127.33
L0972				115.90	115.90
L0974				208.21	208.21
L0976				178.14	178.14
L0978			NRC	224.21	224.21
L0980				20.36	20.36
L0982				18.64	18.64
L0984				80.63	80.63
L0999			BR	0.00	0.00
L1000			NRC	2416.02	2416.02
L1005			NRC	3813.44	3813.44
L1010			NRC	99.70	99.70
L1020			NRC	128.39	128.39
L1025			NRC	185.23	185.23
L1030			NRC	93.29	93.29
L1040			NRC	105.64	105.64
L1050			NRC	119.54	119.54
L1060			NRC	129.04	129.04
L1070			NRC	133.67	133.67
L1080			NRC	62.34	62.34
L1085			NRC	208.69	208.69
L1090			NRC	119.89	119.89
L1100			NRC	226.27	226.27
L1110			NRC	379.38	379.38
L1120			NRC	45.31	45.31
L1200				2132.15	2132.15
L1210				291.50	291.50
L1220				283.73	283.73
L1230				794.84	794.84
L1240				108.36	108.36
L1250				94.22	94.22
L1260				112.37	112.37
L1270			NRC	98.75	98.75
L1280			NRC	104.10	104.10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L1290			NRC	92.58	92.58
L1300			NRC	2053.45	2053.45
L1310			NRC	2138.83	2138.83
L1499			BR	0.00	0.00
L1600			NRC	153.53	153.53
L1610			NRC	65.21	65.21
L1620			NRC	187.22	187.22
L1630			NRC	251.70	251.70
L1640			NRC	564.02	564.02
L1650			NRC	293.83	293.83
L1652				424.72	424.72
L1660				215.32	215.32
L1680				1357.39	1357.39
L1685				1325.16	1325.16
L1686				1116.42	1116.42
L1690				2304.00	2304.00
L1700			NRC	1853.71	1853.71
L1710			NRC	2360.50	2360.50
L1720			NRC	1757.62	1757.62
L1730			NRC	1483.81	1483.81
L1755			NRC	2133.31	2133.31
L1810				122.65	122.65
L1812				122.65	122.65
L1820				169.33	169.33
L1830				99.12	99.12
L1831				350.66	350.66
L1832				820.68	820.68
L1833				820.68	820.68
L1834				864.80	864.80
L1836				158.96	158.96
L1840				1120.46	1120.46
L1843				1069.06	1069.06
L1844				1814.40	1814.40
L1845				998.05	998.05
L1846				1394.05	1394.05
L1847				685.30	685.30
L1848				685.30	685.30
L1850				339.43	339.43
L1851				1069.06	1069.06
L1852				998.05	998.05
L1860				1485.73	1485.73
L1900				339.92	339.92
L1902				88.93	88.93
L1904				537.79	537.79
L1906				133.98	133.98
L1907				670.44	670.44
L1910				334.13	334.13
L1920				489.46	489.46
L1930				300.17	300.17
L1932				1063.19	1063.19
L1940				580.21	580.21
L1945				1337.39	1337.39
L1950				916.31	916.31
L1951				1000.61	1000.61
L1960				738.56	738.56
L1970				824.65	824.65
L1971				558.50	558.50
L1980				481.07	481.07
L1990				556.78	556.78
L2000				1332.85	1332.85
L2005				4882.27	4882.27
L2006			NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L2010				1039.61	1039.61
L2020				1312.99	1312.99
L2030				1290.58	1290.58
L2034				2420.42	2420.42
L2035			NRC	206.41	206.41
L2036				2208.91	2208.91
L2037				1975.84	1975.84
L2038				1592.81	1592.81
L2040			NRC	241.03	241.03
L2050			NRC	580.61	580.61
L2060			NRC	726.23	726.23
L2070			NRC	184.92	184.92
L2080			NRC	444.64	444.64
L2090			NRC	592.42	592.42
L2106				939.13	939.13
L2108				1369.75	1369.75
L2112				601.09	601.09
L2114				752.89	752.89
L2116				918.31	918.31
L2126				1521.36	1521.36
L2128				1910.32	1910.32
L2132				1159.52	1159.52
L2134				1373.03	1373.03
L2136				1502.58	1502.58
L2180				157.96	157.96
L2182				136.15	136.15
L2184				138.00	138.00
L2186				183.53	183.53
L2188				333.65	333.65
L2190				101.63	101.63
L2192				397.22	397.22
L2200				59.87	59.87
L2210				74.89	74.89
L2220				96.41	96.41
L2230				113.98	113.98
L2232				115.74	115.74
L2240				113.45	113.45
L2250				397.98	397.98
L2260				223.32	223.32
L2265				160.16	160.16
L2270				73.44	73.44
L2275				155.32	155.32
L2280				672.61	672.61
L2300				299.95	299.95
L2310				137.05	137.05
L2320				229.84	229.84
L2330				437.45	437.45
L2335				334.93	334.93
L2340				497.92	497.92
L2350				992.69	992.69
L2360				61.44	61.44
L2370				381.31	381.31
L2375				146.60	146.60
L2380				153.76	153.76
L2385				175.08	175.08
L2387				227.45	227.45
L2390				121.96	121.96
L2395				174.31	174.31
L2397				145.43	145.43
L2405				103.88	103.88
L2415				144.74	144.74
L2425				170.80	170.80

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L2430				170.80	170.80
L2492				139.74	139.74
L2500				372.84	372.84
L2510				960.92	960.92
L2520				640.42	640.42
L2525				1358.03	1358.03
L2526				763.07	763.07
L2530				285.74	285.74
L2540				540.68	540.68
L2550				405.40	405.40
L2570				530.64	530.64
L2580				517.04	517.04
L2600				254.11	254.11
L2610				280.80	280.80
L2620				297.88	297.88
L2622				379.13	379.13
L2624				464.89	464.89
L2627				2546.44	2546.44
L2628				1866.48	1866.48
L2630				275.87	275.87
L2640				374.39	374.39
L2650				164.87	164.87
L2660				213.48	213.48
L2670				190.03	190.03
L2680				174.34	174.34
L2750				93.12	93.12
L2755				155.68	155.68
L2760				67.69	67.69
L2768				155.23	155.23
L2780				75.40	75.40
L2785				35.30	35.30
L2795				97.72	97.72
L2800				119.99	119.99
L2810				97.31	97.31
L2820				96.74	96.74
L2830				104.66	104.66
L2840				51.38	51.38
L2850				72.07	72.07
L2861			BR	0.00	0.00
L2999			BR	0.00	0.00
L3000				374.28	374.28
L3001				157.60	157.60
L3002				192.43	192.43
L3003				207.58	207.58
L3010				207.58	207.58
L3020				236.39	236.39
L3030				90.91	90.91
L3031				145.92	145.92
L3040				56.09	56.09
L3050				56.09	56.09
L3060				87.88	87.88
L3070				37.88	37.88
L3080				37.88	37.88
L3090				48.50	48.50
L3100			NRC	51.54	51.54
L3140			NRC	106.07	106.07
L3150			NRC	97.00	97.00
L3160			NRC	0.00	0.00
L3170				60.61	60.61
L3201			NRC	0.00	0.00
L3202			NRC	0.00	0.00
L3203			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L3204			NRC	0.00	0.00
L3206			NRC	0.00	0.00
L3207			NRC	0.00	0.00
L3211			NRC	0.00	0.00
L3214			NRC	0.00	0.00
L3215				120.00	120.00
L3216				115.00	115.00
L3217				130.00	130.00
L3219				130.00	130.00
L3221				125.00	125.00
L3222				140.00	140.00
L3224				80.51	80.51
L3225				87.94	87.94
L3230				249.96	249.96
L3250				300.00	300.00
L3251				300.00	300.00
L3252				100.00	100.00
L3253				50.00	50.00
L3254				100.00	100.00
L3255				100.00	100.00
L3257				50.00	50.00
L3260				32.99	32.99
L3265				40.00	40.00
L3300				62.14	62.14
L3310				97.00	97.00
L3320				69.10	69.10
L3330				674.29	674.29
L3332				87.88	87.88
L3334				45.43	45.43
L3340				101.56	101.56
L3350				27.25	27.25
L3360				42.42	42.42
L3370				59.10	59.10
L3380				59.10	59.10
L3390				59.10	59.10
L3400				48.50	48.50
L3410				110.60	110.60
L3420				65.16	65.16
L3430				190.93	190.93
L3440				90.91	90.91
L3450				125.74	125.74
L3455				48.50	48.50
L3460				40.93	40.93
L3465				69.74	69.74
L3470				74.23	74.23
L3480				74.23	74.23
L3485				64.48	64.48
L3500				34.84	34.84
L3510				34.84	34.84
L3520				37.88	37.88
L3530				37.88	37.88
L3540				60.61	60.61
L3550				10.64	10.64
L3560				27.25	27.25
L3570				101.56	101.56
L3580				77.28	77.28
L3590				63.65	63.65
L3595				49.98	49.98
L3600				90.91	90.91
L3610				119.71	119.71
L3620				90.91	90.91
L3630				119.71	119.71

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L3640				51.54	51.54
L3649			BR	0.00	0.00
L3650				78.13	78.13
L3660				112.04	112.04
L3670				123.28	123.28
L3671				977.04	977.04
L3674				1281.72	1281.72
L3675				190.32	190.32
L3677				300.00	300.00
L3678			BR	0.00	0.00
L3702				313.12	313.12
L3710				154.84	154.84
L3720				740.89	740.89
L3730				982.73	982.73
L3740				1165.10	1165.10
L3760				542.29	542.29
L3761				542.29	542.29
L3762				116.58	116.58
L3763				811.45	811.45
L3764				849.20	849.20
L3765				1390.39	1390.39
L3766				1472.34	1472.34
L3806				492.54	492.54
L3807				271.13	271.13
L3808				386.26	386.26
L3809				271.13	271.13
L3891			NRC	0.00	0.00
L3900				1756.57	1756.57
L3901				2302.07	2302.07
L3904				3660.05	3660.05
L3905				1075.32	1075.32
L3906				549.52	549.52
L3908				79.50	79.50
L3912				114.24	114.24
L3913				293.66	293.66
L3915				576.41	576.41
L3916				576.41	576.41
L3917				114.50	114.50
L3918				114.50	114.50
L3919				293.66	293.66
L3921				348.31	348.31
L3923				104.74	104.74
L3924				104.74	104.74
L3925				71.23	71.23
L3927				37.97	37.97
L3929				99.04	99.04
L3930				99.04	99.04
L3931				226.08	226.08
L3933				231.36	231.36
L3935				239.54	239.54
L3956				37.99	37.99
L3960				864.84	864.84
L3961				1821.84	1821.84
L3962				782.18	782.18
L3967				2150.94	2150.94
L3971				2041.75	2041.75
L3973				2150.94	2150.94
L3975				1821.84	1821.84
L3976				1821.84	1821.84
L3977				2041.75	2041.75
L3978				2150.94	2150.94
L3980				419.48	419.48

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L3981				1091.45	1091.45
L3982				425.95	425.95
L3984				375.23	375.23
L3995				44.53	44.53
L3999			BR	0.00	0.00
L4000				1574.41	1574.41
L4002			BR	0.00	0.00
L4010				956.95	956.95
L4020				1149.56	1149.56
L4030				730.51	730.51
L4040				494.71	494.71
L4045				365.45	365.45
L4050				489.97	489.97
L4055				297.83	297.83
L4060				387.14	387.14
L4070				313.52	313.52
L4080				118.36	118.36
L4090				100.69	100.69
L4100				121.00	121.00
L4110				94.48	94.48
L4130				571.08	571.08
L4205				25.99	25.99
L4210				99.98	99.98
L4350				115.30	115.30
L4360				308.47	308.47
L4361				308.47	308.47
L4370				280.43	280.43
L4386				188.90	188.90
L4387				188.90	188.90
L4392				28.03	28.03
L4394				20.46	20.46
L4396				199.94	199.94
L4397				199.94	199.94
L4398				92.04	92.04
L4631				1756.40	1756.40
L5000				684.17	684.17
L5010				1911.66	1911.66
L5020				2994.95	2994.95
L5050				3271.06	3271.06
L5060				4032.26	4032.26
L5100				3257.05	3257.05
L5105				4596.42	4596.42
L5150				5110.12	5110.12
L5160				5610.66	5610.66
L5200				4339.43	4339.43
L5210				3445.51	3445.51
L5220				3795.47	3795.47
L5230				5692.62	5692.62
L5250				6674.75	6674.75
L5270				7436.96	7436.96
L5280				7229.00	7229.00
L5301				3198.35	3198.35
L5312				5039.23	5039.23
L5321				4264.90	4264.90
L5331				6246.54	6246.54
L5341				6639.97	6639.97
L5400				1904.63	1904.63
L5410				526.19	526.19
L5420				2405.46	2405.46
L5430				652.94	652.94
L5450				564.59	564.59
L5460				740.51	740.51

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L5500				1760.44	1760.44
L5505				2476.45	2476.45
L5510				2102.24	2102.24
L5520				1884.42	1884.42
L5530				2477.18	2477.18
L5535				2309.27	2309.27
L5540				2445.85	2445.85
L5560				2786.90	2786.90
L5570				2704.79	2704.79
L5580				3357.04	3357.04
L5585				3931.37	3931.37
L5590				3500.05	3500.05
L5595				5469.68	5469.68
L5600				6225.30	6225.30
L5610				3002.42	3002.42
L5611				1912.28	1912.28
L5613				2908.72	2908.72
L5614				2014.48	2014.48
L5616				1753.87	1753.87
L5617				667.93	667.93
L5618				398.88	398.88
L5620				353.89	353.89
L5622				476.78	476.78
L5624				476.60	476.60
L5626				754.52	754.52
L5628				764.06	764.06
L5629				377.20	377.20
L5630				655.38	655.38
L5631				521.50	521.50
L5632				321.43	321.43
L5634				401.96	401.96
L5636				307.25	307.25
L5637				457.18	457.18
L5638				770.16	770.16
L5639				1330.72	1330.72
L5640				874.69	874.69
L5642				810.80	810.80
L5643				2391.46	2391.46
L5644				701.03	701.03
L5645				1162.97	1162.97
L5646				736.99	736.99
L5647				944.12	944.12
L5648				870.83	870.83
L5649				2926.04	2926.04
L5650				579.42	579.42
L5651				1697.65	1697.65
L5652				517.46	517.46
L5653				807.38	807.38
L5654				468.04	468.04
L5655				337.93	337.93
L5656				513.38	513.38
L5658				541.90	541.90
L5661				777.48	777.48
L5665				691.22	691.22
L5666				91.52	91.52
L5668				136.33	136.33
L5670				322.06	322.06
L5671				590.38	590.38
L5672				426.18	426.18
L5673				938.28	938.28
L5676				430.09	430.09
L5677				658.70	658.70

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L5678				47.12	47.12
L5679				781.90	781.90
L5680				361.26	361.26
L5681				1570.32	1570.32
L5682				742.27	742.27
L5683				1570.32	1570.32
L5684				57.12	57.12
L5685				152.93	152.93
L5686				68.70	68.70
L5688				72.97	72.97
L5690				148.96	148.96
L5692				157.72	157.72
L5694				215.32	215.32
L5695				193.56	193.56
L5696				233.82	233.82
L5697				111.04	111.04
L5698				142.44	142.44
L5699				243.44	243.44
L5700				3661.74	3661.74
L5701				4542.73	4542.73
L5702				5725.42	5725.42
L5703				3011.74	3011.74
L5704				746.60	746.60
L5705				1368.82	1368.82
L5706				1335.11	1335.11
L5707				1793.76	1793.76
L5710				426.88	426.88
L5711				716.44	716.44
L5712				511.43	511.43
L5714				520.38	520.38
L5716				1028.98	1028.98
L5718				1100.29	1100.29
L5722				1338.04	1338.04
L5724				2062.36	2062.36
L5726				2455.33	2455.33
L5728				2877.37	2877.37
L5780				1584.22	1584.22
L5781				4776.58	4776.58
L5782				5035.57	5035.57
L5785				616.66	616.66
L5790				889.99	889.99
L5795				1274.35	1274.35
L5810				678.97	678.97
L5811				936.97	936.97
L5812				705.11	705.11
L5814				4433.59	4433.59
L5816				1009.39	1009.39
L5818				1139.80	1139.80
L5822				2090.94	2090.94
L5824				1976.56	1976.56
L5826				3728.09	3728.09
L5828				3517.78	3517.78
L5830				2371.91	2371.91
L5840				4655.44	4655.44
L5845				2139.70	2139.70
L5848				1283.71	1283.71
L5850				151.84	151.84
L5855				366.55	366.55
L5856				28657.87	28657.87
L5857				10168.88	10168.88
L5858				22186.79	22186.79
L5859				17321.00	17321.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L5910				429.86	429.86
L5920				629.76	629.76
L5925				398.81	398.81
L5930				4018.19	4018.19
L5940				595.36	595.36
L5950				923.41	923.41
L5960				1380.73	1380.73
L5961				5698.27	5698.27
L5962				697.64	697.64
L5964				1338.22	1338.22
L5966				1723.86	1723.86
L5968				4338.08	4338.08
L5969				16730.64	16730.64
L5970				259.31	259.31
L5971				259.31	259.31
L5972				472.37	472.37
L5973				21076.21	21076.21
L5974				276.59	276.59
L5975				553.44	553.44
L5976				701.56	701.56
L5978				371.74	371.74
L5979				2976.43	2976.43
L5980				4534.86	4534.86
L5981				4073.41	4073.41
L5982				765.22	765.22
L5984				767.59	767.59
L5985				337.10	337.10
L5986				925.93	925.93
L5987				8587.84	8587.84
L5988				2384.82	2384.82
L5990				2165.71	2165.71
L5999			BR	0.00	0.00
L6000				2102.69	2102.69
L6010				2339.94	2339.94
L6020				2181.62	2181.62
L6026				5192.82	5192.82
L6050				2967.44	2967.44
L6055				3785.14	3785.14
L6100				3002.96	3002.96
L6110				3176.93	3176.93
L6120				3593.12	3593.12
L6130				3790.82	3790.82
L6200				3904.98	3904.98
L6205				5386.85	5386.85
L6250				3841.82	3841.82
L6300				5298.94	5298.94
L6310				4802.33	4802.33
L6320				2502.83	2502.83
L6350				5806.00	5806.00
L6360				5040.62	5040.62
L6370				2923.21	2923.21
L6380				1690.70	1690.70
L6382				2012.71	2012.71
L6384				2546.18	2546.18
L6386				558.13	558.13
L6388				614.65	614.65
L6400				3248.45	3248.45
L6450				4245.55	4245.55
L6500				4169.04	4169.04
L6550				5399.77	5399.77
L6570				6028.13	6028.13
L6580				2410.19	2410.19

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L6582				2024.23	2024.23
L6584				2997.34	2997.34
L6586				2670.82	2670.82
L6588				4253.62	4253.62
L6590				3707.20	3707.20
L6600				270.77	270.77
L6605				278.70	278.70
L6610				263.47	263.47
L6611				491.50	491.50
L6615				255.76	255.76
L6616				76.99	76.99
L6620				447.11	447.11
L6621				2730.56	2730.56
L6623				851.72	851.72
L6624				4495.90	4495.90
L6625				631.25	631.25
L6628				679.48	679.48
L6629				231.53	231.53
L6630				341.06	341.06
L6632				77.11	77.11
L6635				246.50	246.50
L6637				482.60	482.60
L6638				2985.35	2985.35
L6640				401.93	401.93
L6641				234.04	234.04
L6642				344.11	344.11
L6645				434.66	434.66
L6646				3765.20	3765.20
L6647				619.88	619.88
L6648				3883.27	3883.27
L6650				471.44	471.44
L6655				91.45	91.45
L6660				122.38	122.38
L6665				54.66	54.66
L6670				56.92	56.92
L6672				261.22	261.22
L6675				142.54	142.54
L6676				149.12	149.12
L6677				354.11	354.11
L6680				367.15	367.15
L6682				405.95	405.95
L6684				551.62	551.62
L6686				818.53	818.53
L6687				684.61	684.61
L6688				757.69	757.69
L6689				903.02	903.02
L6690				1063.18	1063.18
L6691				419.66	419.66
L6692				763.49	763.49
L6693				3389.17	3389.17
L6694				938.28	938.28
L6695				781.90	781.90
L6696				1570.32	1570.32
L6697				1570.32	1570.32
L6698				590.38	590.38
L6703				417.55	417.55
L6704				805.99	805.99
L6706				500.17	500.17
L6707				1769.34	1769.34
L6708				1169.60	1169.60
L6709				1659.97	1659.97
L6711				802.58	802.58

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L6712				1477.78	1477.78
L6713				1865.04	1865.04
L6714				1579.68	1579.68
L6715				3768.97	3768.97
L6721				2807.77	2807.77
L6722				2420.47	2420.47
L6805				457.86	457.86
L6810				243.40	243.40
L6880				28522.55	28522.55
L6881				4880.52	4880.52
L6882				3702.10	3702.10
L6883				2371.42	2371.42
L6884				3244.66	3244.66
L6885				5040.62	5040.62
L6890				238.43	238.43
L6895				797.23	797.23
L6900				2315.12	2315.12
L6905				2291.33	2291.33
L6910				2252.52	2252.52
L6915				967.81	967.81
L6920				10000.28	10000.28
L6925				10683.62	10683.62
L6930				9631.66	9631.66
L6935				10633.43	10633.43
L6940				12437.64	12437.64
L6945				13875.80	13875.80
L6950				12414.58	12414.58
L6955				14397.01	14397.01
L6960				15145.09	15145.09
L6965				17941.72	17941.72
L6970				19204.61	19204.61
L6975				21168.01	21168.01
L7007				4360.32	4360.32
L7008			NRC	6761.56	6761.56
L7009				4461.13	4461.13
L7040				3631.07	3631.07
L7045			NRC	1918.40	1918.40
L7170				7180.87	7180.87
L7180				46457.88	46457.88
L7181			NRC	47832.78	47832.78
L7185			NRC	7549.43	7549.43
L7186			NRC	12691.67	12691.67
L7190			NRC	10017.38	10017.38
L7191			NRC	13349.63	13349.63
L7259				4892.42	4892.42
L7360				315.82	315.82
L7362				345.01	345.01
L7364				610.46	610.46
L7366				839.56	839.56
L7367				464.78	464.78
L7368				602.50	602.50
L7400				365.87	365.87
L7401				409.56	409.56
L7402				442.34	442.34
L7403				439.64	439.64
L7404				663.55	663.55
L7405				867.76	867.76
L7499			BR	0.00	0.00
L7510				250.00	250.00
L7520				35.32	35.32
L7600				65.10	65.10
L7700				178.61	178.61

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L7900			NRC	595.72	595.72
L7902			NRC	21.30	21.30
L8000				50.54	50.54
L8001				149.77	149.77
L8002				196.96	196.96
L8015				71.56	71.56
L8020				269.92	269.92
L8030				417.26	417.26
L8031				417.26	417.26
L8032				46.75	46.75
L8033			NRC	TBD	TBD
L8035				4373.57	4373.57
L8039			NRC	0.00	0.00
L8040				2959.58	2959.58
L8041				3566.94	3566.94
L8042				4007.78	4007.78
L8043				4488.74	4488.74
L8044				4969.67	4969.67
L8045				3891.59	3891.59
L8046				3206.27	3206.27
L8047				1643.21	1643.21
L8048			BR	0.00	0.00
L8049				50.00	50.00
L8300				100.12	100.12
L8310				177.37	177.37
L8320				73.60	73.60
L8330				58.60	58.60
L8400				18.68	18.68
L8410				24.59	24.59
L8415				25.44	25.44
L8417				89.78	89.78
L8420				24.90	24.90
L8430				28.20	28.20
L8435				26.80	26.80
L8440				55.64	55.64
L8460				79.10	79.10
L8465				73.12	73.12
L8470				7.92	7.92
L8480				10.92	10.92
L8485				14.71	14.71
L8499			BR	0.00	0.00
L8500				785.59	785.59
L8501				143.38	143.38
L8505				28.97	28.97
L8507				49.99	49.99
L8509				130.38	130.38
L8510				301.68	301.68
L8511				86.81	86.81
L8512				2.60	2.60
L8513				6.19	6.19
L8514				112.58	112.58
L8515				75.35	75.35
L8600			NRC	988.20	988.20
L8603			NRC	519.73	519.73
L8604			NRC	0.00	0.00
L8605				855.02	855.02
L8606			NRC	245.16	245.16
L8607			NRC	51.20	51.20
L8608			BR	0.00	0.00
L8609			NRC	7778.05	7778.05
L8610			NRC	811.49	811.49
L8612			NRC	944.83	944.83

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
L8613			NRC	405.70	405.70
L8614			NRC	23374.18	23374.18
L8615			NRC	538.40	538.40
L8616			NRC	125.39	125.39
L8617			NRC	109.52	109.52
L8618			NRC	31.32	31.32
L8619			NRC	10034.27	10034.27
L8621			NRC	0.73	0.73
L8622			NRC	0.38	0.38
L8623			NRC	77.22	77.22
L8624			NRC	192.53	192.53
L8625				225.48	225.48
L8627			NRC	8516.87	8516.87
L8628			NRC	1517.39	1517.39
L8629			NRC	213.76	213.76
L8630			NRC	533.16	533.16
L8631			NRC	2626.08	2626.08
L8641			NRC	415.46	415.46
L8642			NRC	371.50	371.50
L8658			NRC	362.24	362.24
L8659			NRC	2303.64	2303.64
L8670			NRC	660.70	660.70
L8679				10229.11	10229.11
L8680			NRC	0.00	0.00
L8681				1361.53	1361.53
L8682				7308.49	7308.49
L8683				6433.15	6433.15
L8684				1009.45	1009.45
L8689				2059.22	2059.22
L8690			NRC	5679.01	5679.01
L8691			NRC	2055.86	2055.86
L8692			NRC	0.00	0.00
L8693				1810.16	1810.16
L8694				1127.39	1127.39
L8695				19.91	19.91
L8696				258.72	258.72
L8698			NRC	0.00	0.00
L8699			NRC	0.00	0.00
L8701			BR	0.00	0.00
L8702			BR	0.00	0.00
L9900			BR	0.00	0.00
Q0081			BR	0.00	0.00
Q0083			BR	0.00	0.00
Q0084			BR	0.00	0.00
Q0085			BR	0.00	0.00
Q0111				18.74	18.74
Q0112				7.29	7.29
Q0113				5.94	5.94
Q0114				12.18	12.18
Q0115				31.25	31.25
Q0138				1.16	1.16
Q0139			NRC	1.16	1.16
Q0144			NRC	0.00	0.00
Q0162				0.03	0.03
Q0163				0.33	0.33
Q0164				0.36	0.36
Q0166				4.36	4.36
Q0167				1.05	1.05
Q0169				0.04	0.04
Q0173				0.99	0.99
Q0174			NRC	0.00	0.00
Q0175				0.53	0.53

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
Q0177				0.05	0.05
Q0180				116.29	116.29
Q0181			NRC	0.00	0.00
Q0477				926.20	926.20
Q0478			NRC	219.36	219.36
Q0479			NRC	14329.92	14329.92
Q0480			NRC	107517.98	107517.98
Q0481				17346.82	17346.82
Q0482				5433.34	5433.34
Q0483				22382.90	22382.90
Q0484				4346.68	4346.68
Q0485				419.69	419.69
Q0486				349.28	349.28
Q0487				407.47	407.47
Q0489				19404.76	19404.76
Q0490				839.35	839.35
Q0491				1319.56	1319.56
Q0492				106.32	106.32
Q0493				302.69	302.69
Q0494				256.13	256.13
Q0495				4986.53	4986.53
Q0496				1789.76	1789.76
Q0497				558.85	558.85
Q0498				613.18	613.18
Q0499				199.24	199.24
Q0500				36.43	36.43
Q0501				609.64	609.64
Q0502				776.21	776.21
Q0503				1552.34	1552.34
Q0504				819.17	819.17
Q0506				1019.62	1019.62
Q0515				2.16	2.16
Q2009				1.70	1.70
Q2017				416.34	416.34
Q2035			NRC	21.88	21.88
Q2036			NRC	10.29	10.29
Q2037			NRC	21.22	21.22
Q2038			NRC	14.45	14.45
Q2039			NRC	0.00	0.00
Q2041			NRC	0.00	0.00
Q2042			NRC	0.00	0.00
Q2043			NRC	54033.06	54033.06
Q2049				3.20	3.20
Q2050				433.63	433.63
Q3014				30.91	30.91
Q3027				64.08	64.08
Q4001				60.47	60.47
Q4002				228.46	228.46
Q4003				43.40	43.40
Q4004				150.30	150.30
Q4005				16.01	16.01
Q4006				36.07	36.07
Q4007			NRC	8.00	8.00
Q4008			NRC	18.02	18.02
Q4009				10.69	10.69
Q4010				24.05	24.05
Q4011			NRC	5.33	5.33
Q4012			NRC	12.05	12.05
Q4013				19.45	19.45
Q4014				32.80	32.80
Q4015			NRC	9.74	9.74
Q4016			NRC	16.40	16.40

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
Q4017				11.24	11.24
Q4018				17.93	17.93
Q4019			NRC	5.64	5.64
Q4020			NRC	8.99	8.99
Q4021				8.33	8.33
Q4022				15.01	15.01
Q4023			NRC	4.19	4.19
Q4024			NRC	7.52	7.52
Q4025				46.66	46.66
Q4026				145.73	145.73
Q4027			NRC	23.35	23.35
Q4028			NRC	72.91	72.91
Q4029				35.70	35.70
Q4030				93.96	93.96
Q4031			NRC	17.83	17.83
Q4032			NRC	46.98	46.98
Q4033				33.30	33.30
Q4034				82.79	82.79
Q4035			NRC	16.64	16.64
Q4036			NRC	41.42	41.42
Q4037				20.29	20.29
Q4038				50.87	50.87
Q4039			NRC	10.18	10.18
Q4040			NRC	25.44	25.44
Q4041				24.70	24.70
Q4042				42.16	42.16
Q4043			NRC	12.36	12.36
Q4044			NRC	21.10	21.10
Q4045				14.34	14.34
Q4046				23.05	23.05
Q4047			NRC	7.14	7.14
Q4048			NRC	11.53	11.53
Q4049				2.60	2.60
Q4050			BR	0.00	0.00
Q4051			BR	0.00	0.00
Q4074				170.20	170.20
Q4081				1.41	1.41
Q4100			NRC	0.00	0.00
Q4101				37.08	37.08
Q4102				13.15	13.15
Q4103				11.63	11.63
Q4104				41.23	41.23
Q4105				30.53	30.53
Q4106				39.39	39.39
Q4107				108.14	108.14
Q4108				38.18	38.18
Q4110				44.85	44.85
Q4111				9.37	9.37
Q4112				973.40	973.40
Q4113				973.40	973.40
Q4114				1814.61	1814.61
Q4115				16.63	16.63
Q4116				37.72	37.72
Q4117			BR	0.00	0.00
Q4118			BR	0.00	0.00
Q4121			NRC	54.91	54.91
Q4122			BR	0.00	0.00
Q4123			NRC	37.94	37.94
Q4124			BR	0.00	0.00
Q4125			BR	0.00	0.00
Q4126			BR	0.00	0.00
Q4127			BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
Q4128			BR	0.00	0.00
Q4130			BR	0.00	0.00
Q4132				166.61	166.61
Q4133				160.93	160.93
Q4134			BR	0.00	0.00
Q4135			BR	0.00	0.00
Q4136			BR	0.00	0.00
Q4150			BR	0.00	0.00
Q4151			BR	0.00	0.00
Q4152			BR	0.00	0.00
Q4153			BR	0.00	0.00
Q4154			BR	0.00	0.00
Q4155			BR	0.00	0.00
Q4156			BR	0.00	0.00
Q4157			BR	0.00	0.00
Q4158			BR	0.00	0.00
Q4159				211.28	211.28
Q4160			BR	0.00	0.00
Q4161			BR	0.00	0.00
Q4162			BR	0.00	0.00
Q4163			BR	0.00	0.00
Q4164			BR	0.00	0.00
Q4165			BR	0.00	0.00
Q4166				39.48	39.48
Q4167				17.69	17.69
Q4168			BR	0.00	0.00
Q4169			BR	0.00	0.00
Q4170			BR	0.00	0.00
Q4171			BR	0.00	0.00
Q4173			BR	0.00	0.00
Q4174			BR	0.00	0.00
Q4175				30.53	30.53
Q4176			BR	0.00	0.00
Q4177			BR	0.00	0.00
Q4178			BR	0.00	0.00
Q4179			BR	0.00	0.00
Q4180			BR	0.00	0.00
Q4181			BR	0.00	0.00
Q4182			BR	0.00	0.00
Q4183			BR	0.00	0.00
Q4184			BR	0.00	0.00
Q4185			BR	0.00	0.00
Q4186				192.70	192.70
Q4187			BR	0.00	0.00
Q4188			BR	0.00	0.00
Q4189			BR	0.00	0.00
Q4190			BR	0.00	0.00
Q4191			BR	0.00	0.00
Q4192			BR	0.00	0.00
Q4193			BR	0.00	0.00
Q4194			BR	0.00	0.00
Q4195				63.76	63.76
Q4196				98.39	98.39
Q4197			BR	0.00	0.00
Q4198			BR	0.00	0.00
Q4200			BR	0.00	0.00
Q4201			BR	0.00	0.00
Q4202			BR	0.00	0.00
Q4203			BR	0.00	0.00
Q4204			BR	0.00	0.00
Q4206			BR	TBD	TBD
Q4208			BR	TBD	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
Q4209			BR	TBD	TBD
Q4210			BR	TBD	TBD
Q4211			BR	TBD	TBD
Q4212			BR	TBD	TBD
Q4213			BR	TBD	TBD
Q4214			BR	TBD	TBD
Q4215			BR	TBD	TBD
Q4216			BR	TBD	TBD
Q4217			BR	TBD	TBD
Q4218			BR	TBD	TBD
Q4219			BR	TBD	TBD
Q4220			BR	TBD	TBD
Q4221			BR	TBD	TBD
Q4222			BR	TBD	TBD
Q4226			BR	TBD	TBD
Q5101				0.76	0.76
Q5103			NRC	65.21	65.21
Q5104			NRC	71.12	71.12
Q5105			NRC	1.36	1.36
Q5106				13.63	13.63
Q5107			BR	0.00	0.00
Q5108				420.15	420.15
Q5109			NRC	0.00	0.00
Q5110				0.88	0.88
Q5111				430.03	430.03
Q5112			BR	TBD	TBD
Q5113			BR	TBD	TBD
Q5114			BR	TBD	TBD
Q5115			BR	TBD	TBD
Q5116			BR	TBD	TBD
Q5117			BR	TBD	TBD
Q5118			BR	TBD	TBD
Q9950				23.97	23.97
Q9951				0.35	0.35
Q9953				37.23	37.23
Q9954				13.99	13.99
Q9955			NRC	0.00	0.00
Q9956			NRC	38.62	38.62
Q9957			NRC	57.93	57.93
Q9958				0.09	0.09
Q9959				0.12	0.12
Q9960				0.26	0.26
Q9961				0.31	0.31
Q9962				0.22	0.22
Q9963				0.24	0.24
Q9964				0.35	0.35
Q9965				1.22	1.22
Q9966				0.39	0.39
Q9967				0.14	0.14
Q9968			NRC	0.00	0.00
Q9969			BR	0.00	0.00
Q9991				2009.76	2009.76
Q9992				2009.76	2009.76
S0209				8.33	8.33
S0630				25.37	12.13
S1034			BR	0.00	0.00
S1035			BR	0.00	0.00
S1036			BR	0.00	0.00
S1037			BR	0.00	0.00
S8301				3.19	3.19
S8420			BR	0.00	0.00
S8421				73.90	73.90

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
S8422			BR	0.00	0.00
S8423			BR	0.00	0.00
S8424				60.00	60.00
S8425			BR	0.00	0.00
S8426			BR	0.00	0.00
S8427				66.22	66.22
S8428				38.42	38.42
S8429			BR	0.00	0.00
S8430				21.00	21.00
S8431				22.50	22.50
S8450				6.73	6.73
S8451				51.49	51.49
S8452				103.36	103.36
V2020				89.28	89.28
V2025			NRC	0.00	0.00
V2100				55.19	55.19
V2101				53.02	53.02
V2102				91.68	91.68
V2103				46.44	46.44
V2104				47.88	47.88
V2105				56.94	56.94
V2106				63.08	63.08
V2107				56.18	56.18
V2108				56.34	56.34
V2109				78.46	78.46
V2110				63.36	63.36
V2111				76.79	76.79
V2112				86.75	86.75
V2113				87.72	87.72
V2114				103.94	103.94
V2115				104.76	104.76
V2118				114.00	114.00
V2121				102.80	102.80
V2199			BR	0.00	0.00
V2200				62.14	62.14
V2201				66.58	66.58
V2202				82.52	82.52
V2203				64.00	64.00
V2204				65.86	65.86
V2205				73.01	73.01
V2206				85.72	85.72
V2207				72.44	72.44
V2208				71.17	71.17
V2209				83.56	83.56
V2210				90.04	90.04
V2211				87.65	87.65
V2212				91.75	91.75
V2213				96.48	96.48
V2214				100.82	100.82
V2215				125.89	125.89
V2218				128.29	128.29
V2219				59.18	59.18
V2220				52.56	52.56
V2221				104.84	104.84
V2299			BR	0.00	0.00
V2300				84.95	84.95
V2301				104.17	104.17
V2302				97.33	97.33
V2303				81.77	81.77
V2304				82.73	82.73
V2305				92.41	92.41
V2306				95.15	95.15

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
V2307				90.60	90.60
V2308				98.82	98.82
V2309				103.42	103.42
V2310				108.02	108.02
V2311				124.72	124.72
V2312				114.32	114.32
V2313				124.80	124.80
V2314				127.57	127.57
V2315				141.62	141.62
V2318				174.11	174.11
V2319				78.59	78.59
V2320				82.91	82.91
V2321				139.60	139.60
V2399			BR	0.00	0.00
V2410				122.04	122.04
V2430				129.18	129.18
V2499			BR	0.00	0.00
V2500				109.21	109.21
V2501				154.97	154.97
V2502				209.99	209.99
V2503				202.81	202.81
V2510				145.62	145.62
V2511				215.83	215.83
V2512				248.44	248.44
V2513				250.28	250.28
V2520				145.10	145.10
V2521				287.34	287.34
V2522				210.28	210.28
V2523				220.76	220.76
V2530				352.96	352.96
V2531				646.37	646.37
V2599			BR	0.00	0.00
V2600				33.60	33.60
V2610				80.00	80.00
V2615			NRC	0.00	0.00
V2623				1119.20	1119.20
V2624				72.25	72.25
V2625				572.24	572.24
V2626				236.80	236.80
V2627				1697.64	1697.64
V2628				361.10	361.10
V2629			BR	0.00	0.00
V2630				141.28	141.28
V2631				141.28	141.28
V2632				141.28	141.28
V2700				53.22	53.22
V2702			NRC	0.00	0.00
V2710			NRC	87.25	87.25
V2715			NRC	17.10	17.10
V2718			NRC	36.94	36.94
V2730			NRC	30.94	30.94
V2744			NRC	21.16	21.16
V2745				12.19	12.19
V2750			NRC	23.76	23.76
V2755				19.90	19.90
V2756			NRC	0.00	0.00
V2760				19.61	19.61
V2761			NRC	0.00	0.00
V2762				71.16	71.16
V2770				23.16	23.16
V2780				14.88	14.88
V2781				204.97	204.97

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
V2782				76.85	76.85
V2783				86.66	86.66
V2784				56.36	56.36
V2785			BR	0.00	0.00
V2786				100.00	100.00
V2787			NRC	0.00	0.00
V2788			NRC	0.00	0.00
V2790			NRC	0.00	0.00
V2797			BR	0.00	0.00
V2799			BR	0.00	0.00
V5008				34.50	34.50
V5010				132.00	132.00
V5011				50.00	50.00
V5014				259.96	259.96
V5020			NRC	0.00	0.00
V5030				577.50	577.50
V5040				577.50	577.50
V5050				1073.84	1073.84
V5060				1399.80	1399.80
V5070			NRC	0.00	0.00
V5080			NRC	0.00	0.00
V5090			NRC	0.00	0.00
V5095			NRC	0.00	0.00
V5100				770.00	770.00
V5110			NRC	0.00	0.00
V5120				770.00	770.00
V5130				1899.72	1899.72
V5140				2794.59	2794.59
V5150			NRC	0.00	0.00
V5160			NRC	0.00	0.00
V5171			BR	0.00	0.00
V5172			BR	0.00	0.00
V5181			BR	0.00	0.00
V5190			NRC	0.00	0.00
V5200			NRC	0.00	0.00
V5211			BR	0.00	0.00
V5212			BR	0.00	0.00
V5213			BR	0.00	0.00
V5214			BR	0.00	0.00
V5215			BR	0.00	0.00
V5221			BR	0.00	0.00
V5230			NRC	0.00	0.00
V5240			NRC	0.00	0.00
V5241			NRC	0.00	0.00
V5242				2500.00	2500.00
V5243				2500.00	2500.00
V5244				2500.00	2500.00
V5245				2500.00	2500.00
V5246				2500.00	2500.00
V5247				2500.00	2500.00
V5248				5000.00	5000.00
V5249				5000.00	5000.00
V5250				5000.00	5000.00
V5251				5000.00	5000.00
V5252				5000.00	5000.00
V5253				5000.00	5000.00
V5254				3000.00	3000.00
V5255				3000.00	3000.00
V5256				3000.00	3000.00
V5257				3000.00	3000.00
V5258				6000.00	6000.00
V5259				6000.00	6000.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
V5260				6000.00	6000.00
V5261				6000.00	6000.00
V5262			NRC	0.00	0.00
V5263			NRC	0.00	0.00
V5264				169.24	169.24
V5265			NRC	0.00	0.00
V5266				0.85	0.85
V5267				10.00	10.00
V5268				150.00	150.00
V5269				300.00	300.00
V5270				200.00	200.00
V5271			NRC	0.00	0.00
V5272				500.00	500.00
V5273			NRC	0.00	0.00
V5274			NRC	0.00	0.00
V5275				20.00	20.00
V5281			BR	0.00	0.00
V5282			BR	0.00	0.00
V5283			BR	0.00	0.00
V5284			BR	0.00	0.00
V5285			BR	0.00	0.00
V5286			BR	0.00	0.00
V5287			BR	0.00	0.00
V5288			BR	0.00	0.00
V5289			BR	0.00	0.00
V5290			BR	0.00	0.00
V5298			BR	0.00	0.00
V5299			BR	0.00	0.00
V5336				100.00	100.00
V5362				66.00	66.00
V5363				66.00	66.00
V5364				66.00	66.00
W0100		Home health agency registered nurse, per 15 minutes		18.75	18.75
W0101		Nursing outcome assemt.information set/documentation		30.00	30.00
W0105		Home health agency skilled nursing visit		108.00	108.00
W0110		Home health agency lpn, per 15 minutes		15.00	15.00
W0120		Home health agency nurses' aide, per hr		28.20	28.20
W0168		Intermediate care facil. loa		126.00	126.00
W0169		Skilled nursing facility loa		165.00	165.00
W0170		Skilled nursing care/ Nursing care facility, all inclusive per diem		295.00	295.00
W0171		Post acute, short term skilled nursing stay, up to 30 days, per diem, negotiated up to fee schedule amount		negotiated up to 450.00	negotiated up to 450.00
W0176		Special skilled nursing facility all inclusive daily rate		negotiated	negotiated
W0177		Post-acute brain injury freestanding facility residential all inclusive daily rate		760.00	760.00
W0178		Neurobehavioral brain injury freestanding facility residential all inclusive daily rate		1050.00	1050.00
W0179		Post-acute brain injury facility outpatient (full day/6 hr minimum) all inclusive daily rate		569.00	569.00
W0180		Intermediate nursing care facility, daily Intermediate nursing care facility, daily rate		150.00	150.00
W0181		Post-acute brain injury facility outpatient (half day/3 hr minimum) all inclusive daily rate		406.00	406.00
W0182		Lifelong living placement post acute facility, all inclusive daily rate		250.00	250.00
W0183		Tbi in house pharmacy services		500.00	500.00
W0184		Tbi therapeutic leave of absence, 25% of daily rate		See daily rate	See daily rate
W0185		Trans. living placement post acute fac		300.00	300.00
W0270		Specialty bed maint.mo. post purch price		100.00	100.00
W0271		Lat. rotation bed therapy, daily rental		120.00	120.00
W0500		Driving evaluation, pt, ot, instructor	BR	0.00	0.00
W0549		Driving instruction modified vehicle, non facility	BR	0.00	0.00
W0675		Home modification (rehabilitation)	BR	0.00	0.00
W0676		Portable ramp for home	BR	0.00	0.00
W0677		Home/vehicle modifications (repair of)	BR	0.00	0.00
W0678		Pt/ot home evaluation for home/vehicle modification	BR	0.00	0.00
W0679		Van/auto modifications (rehabilitation)	BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	MOD	Description	Coverage Flag	Non-Fac Fee	Facility Fee
W0750		Weight reduction program per hour max 9 hrs.		60.00	60.00
W0751		Weight control program with fda approved drugs		2000.00	2000.00
W1000		Carf accredited/bwc certified chronic pain program/day		500.00	500.00
W1001		Chronic pain program preadmission evaluation, per day		600.00	600.00
W1002		CARF accredited/BWC certified chronic pain program 1/2 day		250.00	250.00
W1930		Translator/interpreter-bwc/ic, per 15 mins		20.00	20.00
W1931		Interpreter wait time, per 6 minutes		3.50	3.50
W1932		Interpreter travel time, per 6 minutes		3.50	3.50
W1933		Interpreter mileage, per mile		0.45	0.45
W2703		Social worker home health visit		110.00	110.00
W2704		Mileage hh worker begin 51st mile, per mi		0.45	0.45
W2705		Travel time hh prof worker each 6 min		4.00	4.00
W2706		Travel time hh non-prof worker ea 6 min		2.30	2.30
W4000		wheelchair/scooter carrier/trailer, non motorized		2070.00	2070.00
W4001		wheelchair/scooter carrier/trailer, motorized lift		3163.00	3163.00
W4215		Travel per mile orthotist prosthetist		0.45	0.45
W5000		Smoking cessation program with fda drugs		1150.00	1150.00
W5001		Smoking cessation program w/o fda drugs		575.00	575.00
W9006	NU	Sharps container needle disposal each		6.90	6.90
W9010		Parenteral nutrition therapy, all-inclusive per diem rate		negotiated	negotiated
W9020		Enteral nutrition therapy, all-inclusive per diem rate		negotiated	negotiated
W9030		Antibiotic home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9040		Pain management home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9050		Fluid replacement home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9060		Chemotherapy home infusion therapy, all-inclusive per diem rate		negotiated	negotiated
W9070		Multiple home infusion therapies, all-inclusive per diem rate		negotiated	negotiated
W9075		Home infusion therapy, includes nursing services and medical supplies, only		negotiated	negotiated
Z0100		Mileage, taxi, per mile (bill with a0100)	NRC	2.00	2.00
Z0180		Residential care/assisted living facility, per diem		115.00	115.00
Z0430		detox program assessment		192.48	192.48
Z0450		Partial hospitalization detox all inclusive per diem; ASAM 2.5; 4-8 hrs/day, 5-7 days/week		427.40	427.40
Z0460		Intensive outpt detox all inclusive per diem; ASAM 2.1; 3-4 hrs per day, min 3 days/week		273.80	273.80
Z0470		Case Management coordination for detox service plan; ASAM level 1 only		13.50	13.50
Z0500		Hospice in home care per diem		250.00	250.00
Z0550		Hospice respite care per diem		150.00	150.00
Z0560		Hospice acute hospital care pain mgmt		557.00	557.00
Z1000		Catastrophic claim life care planning, per hr		100.00	100.00
Z5601		Personal Emergency response system installation and/or activation		250.00	250.00
Z5602		Personal Emergency response system monthly service fee		34.95	34.95

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
90901	54.43	28.35	38.13	25.10
90912	TBD	TBD	TBD	TBD
90913	TBD	TBD	TBD	TBD
92507	109.52	109.52	89.04	89.04
92508	32.63	32.63	24.95	24.95
92520	107.16	56.88	73.64	48.50
92521	157.09	157.09	124.50	124.50
92522	127.72	127.72	103.98	103.98
92523	271.05	271.05	214.49	214.49
92524	123.49	123.49	101.61	101.61
92526	119.47	119.47	95.02	95.02
92597	101.48	101.48	84.26	84.26
92605	131.19	125.61	112.57	109.78
92606	115.66	100.30	95.41	87.73
92607	179.90	179.90	138.70	138.70
92608	71.48	71.48	54.02	54.02
92609	149.94	149.94	114.32	114.32
92610	119.81	101.65	94.44	85.36
92611	124.72	124.72	98.42	98.42
92612	258.00	95.98	163.02	82.02
92614	193.33	94.17	130.94	81.36
92616	280.77	140.63	190.91	120.85
92618	47.61	46.68	41.33	40.86
95851	28.19	10.96	18.41	9.80
95852	25.18	8.42	15.64	7.26
95992	61.53	53.15	50.83	46.64
96105	145.58	145.58	119.51	119.51
96125	152.73	152.73	121.31	121.31
97010	0.00	0.00	0.00	0.00
97012	20.65	20.65	16.93	16.93
97014	20.36	20.36	15.00	15.00
97016	17.56	17.56	13.61	13.61
97018	9.61	9.61	6.58	6.58
97022	24.50	24.50	16.82	16.82
97024	9.61	9.61	6.58	6.58
97026	8.68	8.68	6.12	6.12
97028	11.09	11.09	7.83	7.83
97032	20.65	20.65	16.93	16.93
97033	28.61	28.61	21.16	21.16
97034	20.95	20.95	16.06	16.06
97035	19.09	19.09	15.13	15.13
97036	47.32	47.32	31.02	31.02
97039	0.00	0.00	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
97110	42.49	42.49	33.18	33.18
97112	48.29	48.29	37.35	37.35
97113	53.32	53.32	39.36	39.36
97116	42.02	42.02	32.95	32.95
97124	39.23	39.23	28.75	28.75
97129	TBD	TBD	TBD	TBD
97130	TBD	TBD	TBD	TBD
97139	0.00	0.00	0.00	0.00
97140	38.64	38.64	30.49	30.49
97150	25.48	25.48	20.35	20.35
97161	117.01	117.01	90.24	90.24
97162	117.01	117.01	90.24	90.24
97163	117.01	117.01	90.24	90.24
97164	79.18	79.18	59.39	59.39
97165	125.39	125.39	94.43	94.43
97166	125.39	125.39	94.43	94.43
97167	125.39	125.39	94.43	94.43
97168	85.70	85.70	62.65	62.65
97530	54.55	54.55	38.96	38.96
97533	58.44	58.44	41.92	41.92
97535	47.15	47.15	35.51	35.51
97537	45.41	45.41	35.40	35.40
97542	45.87	45.87	35.63	35.63
97597	119.56	33.90	73.24	30.40
97598	37.84	15.95	25.27	14.32
97602	150.22	84.71	113.31	76.92
97605	60.14	36.86	44.54	32.90
97606	70.59	39.86	51.04	35.67
97607	60.83	39.57	45.01	35.22
97608	72.00	43.61	51.84	38.81
97610	299.06	23.91	158.92	21.35
97750	48.08	48.08	35.97	35.97
97755	52.98	52.98	42.74	42.74
97760	65.05	65.05	45.73	45.73
97761	56.20	56.20	41.30	41.30
97763	68.69	68.69	47.04	47.04
97799	0.00	0.00	0.00	0.00

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
00100	5
00102	6
00103	5
00104	4
00120	5
00124	4
00126	4
00140	5
00142	4
00144	6
00145	6
00147	4
00148	4
00160	5
00162	7
00164	4
00170	5
00172	6
00174	6
00176	7
00190	5
00192	7
00210	11
00211	10
00212	5
00214	9
00215	9
00216	15
00218	13
00220	10
00222	6
00300	5
00320	6
00322	3
00326	7
00350	10
00352	5
00400	3
00402	5
00404	5
00406	13
00410	4
00450	5
00454	3
00470	6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	7
00539	18
00540	12
00541	15
00542	15
00546	15
00548	17
00550	10
00560	15
00561	25
00562	20
00563	25
00566	25
00567	18
00580	20
00600	10
00604	13
00620	10
00625	13
00626	15
00630	8
00632	7
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00731	5
00732	6
00750	4
00752	6
00754	7
00756	7

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
00770	15
00790	7
00792	13
00794	8
00796	30
00797	11
00800	4
00802	5
00811	4
00812	3
00813	5
00820	5
00830	4
00832	6
00834	5
00836	6
00840	6
00842	4
00844	7
00846	8
00848	8
00851	6
00860	6
00862	7
00864	8
00865	7
00866	10
00868	10
00870	5
00872	7
00873	5
00880	15
00882	10
00902	5
00904	7
00906	4
00908	6
00910	3
00912	5
00914	5
00916	5
00918	5
00920	3
00921	3
00922	6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
00924	4
00926	4
00928	6
00930	4
00932	4
00934	6
00936	8
00938	4
00940	3
00942	4
00944	6
00948	4
00950	5
00952	4
01112	5
01120	6
01130	3
01140	15
01150	10
01160	4
01170	8
01173	12
01200	4
01202	4
01210	6
01212	10
01214	8
01215	10
01220	4
01230	6
01232	5
01234	8
01250	4
01260	3
01270	8
01272	4
01274	6
01320	4
01340	4
01360	5
01380	3
01382	3
01390	3
01392	4
01400	4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
01402	7
01404	5
01420	3
01430	3
01432	6
01440	8
01442	8
01444	8
01462	3
01464	3
01470	3
01472	5
01474	5
01480	3
01482	4
01484	4
01486	7
01490	3
01500	8
01502	6
01520	3
01522	5
01610	5
01620	4
01622	4
01630	5
01634	9
01636	15
01638	10
01650	6
01652	10
01654	8
01656	10
01670	4
01680	3
01710	3
01712	5
01714	5
01716	5
01730	3
01732	3
01740	4
01742	5
01744	5
01756	6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3
01820	3
01829	3
01830	3
01832	6
01840	6
01842	6
01844	6
01850	3
01852	4
01860	3
01916	5
01920	7
01922	7
01924	5
01925	7
01926	8
01930	5
01931	7
01932	6
01933	7
01935	5
01936	5
01951	3
01952	5
01953	1
01958	5
01960	5
01961	7
01962	8
01963	8
01965	4
01966	4
01967	5
01968	2
01969	5
01990	7
01991	3
01992	5

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
01996	3
01999	0

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
10004		3
10005		1
10006		3
10007		1
10008		3
10009		1
10010		3
10011		1
10012		3
10021		1
10030		2
10035		1
10036		2
10040		1
10060		1
10061		1
10080		1
10081		1
10120		10
10121		10
10140		2
10160		3
10180		2
11000		1
11001		1
11004		1
11005		1
11006		1
11008		1
11010		2
11011		2
11012		2
11042		1
11043		1
11044		1
11045		12
11046		10
11047		10
11055		1
11056		1
11057		1
11102		1
11103		6
11104		1
11105		3
11106		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
11107		2
11200		1
11201		1
11300		5
11301		6
11302		4
11303		3
11305		4
11306		4
11307		3
11308		4
11310		4
11311		4
11312		3
11313		3
11400		3
11401		3
11402		3
11403		2
11404		2
11406		2
11420		3
11421		3
11422		3
11423		2
11424		2
11426		2
11440		4
11441		3
11442		3
11443		2
11444		2
11446		2
11450		1
11451		1
11462		1
11463		1
11470		3
11471		2
11600		2
11601		2
11602		3
11603		2
11604		2
11606		2
11620		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
11621		2
11622		2
11623		2
11624		2
11626		2
11640		2
11641		2
11642		3
11643		2
11644		2
11646		2
11719		1
11720		1
11721		1
11730		1
11732		9
11740		3
11750		6
11755		4
11760		4
11762		2
11765		4
11770		1
11771		1
11772		1
11900		1
11901		1
11920		1
11921		1
11922		1
11950		1
11951		1
11952		1
11954		1
11960		3
11970		2
11971		2
11976		1
11980		1
11981		1
11982		1
11983		1
12001		1
12002		1
12004		1
12005		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
12006		1
12007		1
12011		1
12013		1
12014		1
12015		1
12016		1
12017		1
12018		1
12020		2
12021		3
12031		1
12032		1
12034		1
12035		1
12036		1
12037		1
12041		1
12042		1
12044		1
12045		1
12046		1
12047		1
12051		1
12052		1
12053		1
12054		1
12055		1
12056		1
12057		1
13100		1
13101		1
13102		9
13120		1
13121		1
13122		9
13131		1
13132		1
13133		7
13151		1
13152		1
13153		2
13160		2
14000		2
14001		2
14020		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
14021		3
14040		4
14041		3
14060		4
14061		2
14301		2
14302		8
14350		2
15002		1
15003		60
15004		1
15005		19
15040		1
15050		1
15100		1
15101		40
15110		1
15111		5
15115		1
15116		2
15120		1
15121		8
15130		1
15131		2
15135		1
15136		1
15150		1
15151		1
15152		5
15155		1
15156		1
15157		1
15200		1
15201		9
15220		1
15221		9
15240		1
15241		9
15260		1
15261		6
15271		1
15272		3
15273		1
15274		60
15275		1
15276		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
15277		1
15278		15
15570		2
15572		2
15574		2
15576		2
15600		2
15610		2
15620		2
15630		2
15650		1
15730		1
15731		1
15733		3
15734		4
15736		2
15738		4
15740		3
15750		2
15756		2
15757		2
15758		2
15760		2
15769		TBD
15770		2
15771		TBD
15772		TBD
15773		TBD
15774		TBD
15775		1
15776		1
15777		1
15780		1
15781		1
15782		1
15783		1
15786		1
15787		2
15788		1
15789		1
15792		1
15793		1
15819		1
15820		1
15821		1
15822		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
15823		1
15830		1
15832		1
15833		1
15834		1
15835		1
15836		1
15837		2
15838		1
15839		2
15840		1
15841		2
15842		2
15845		2
15847		1
15850		1
15851		1
15852		1
15860		1
15920		1
15922		1
15931		1
15933		1
15934		1
15935		1
15936		1
15937		1
15940		2
15941		2
15944		2
15945		2
15946		2
15950		2
15951		2
15952		2
15953		2
15956		2
15958		2
15999		1
16000		1
16020		1
16025		1
16030		1
16035		1
16036		10
17000		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
17003		13
17004		1
17106		1
17107		1
17108		1
17110		1
17111		1
17250		4
17260		7
17261		7
17262		6
17263		5
17264		3
17266		2
17270		6
17271		4
17272		5
17273		4
17274		4
17276		3
17280		6
17281		6
17282		5
17283		4
17284		3
17286		3
17311		4
17312		6
17313		3
17314		4
17315		15
17340		1
17360		1
17999		1
19000		2
19001		5
19020		2
19030		1
19081		1
19082		2
19083		1
19084		2
19085		1
19086		2
19100		4
19101		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
19105		2
19110		1
19112		2
19120		1
19125		1
19126		3
19281		1
19282		2
19283		1
19284		2
19285		1
19286		2
19287		1
19288		2
19294		2
19296		1
19297		2
19298		1
19300		1
19301		1
19302		1
19303		1
19305		1
19306		1
19307		1
19316		1
19318		1
19324		1
19325		1
19328		1
19330		1
19340		1
19342		1
19350		1
19355		1
19357		1
19361		1
19364		1
19366		1
19367		1
19368		1
19369		1
19370		1
19371		1
19380		1
19396		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
19499		1
20100		2
20101		2
20102		3
20103		4
20150		2
20200		2
20205		4
20206		3
20220		4
20225		4
20240		4
20245		4
20250		3
20251		3
20500		2
20501		2
20520		4
20525		4
20526		1
20527		2
20550		5
20551		5
20552		1
20553		1
20555		1
20560		TBD
20561		TBD
20600		6
20604		4
20605		4
20606		4
20610		4
20611		4
20612		2
20615		1
20650		4
20660		1
20661		1
20662		1
20663		1
20664		1
20665		1
20670		3
20680		3
20690		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
20692		2
20693		2
20694		2
20696		2
20697		4
20700		TBD
20701		TBD
20702		TBD
20703		TBD
20704		TBD
20705		TBD
20802		1
20805		1
20808		1
20816		3
20822		3
20824		1
20827		1
20838		1
20900		2
20902		2
20910		1
20912		1
20920		1
20922		1
20924		2
20930		1
20931		1
20932		1
20933		1
20934		1
20936		1
20937		1
20938		1
20939		1
20950		2
20955		1
20956		1
20957		1
20962		1
20969		2
20970		1
20972		2
20973		1
20974		1
20975		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
20979		1
20982		1
20983		1
20985		2
20999		1
21010		1
21011		4
21012		3
21013		4
21014		3
21015		1
21016		2
21025		2
21026		2
21029		1
21030		1
21031		2
21032		1
21034		1
21040		2
21044		1
21045		1
21046		2
21047		2
21048		2
21049		1
21050		1
21060		1
21070		1
21073		1
21076		1
21077		1
21079		1
21080		1
21081		1
21082		1
21083		1
21084		1
21085		1
21086		1
21087		1
21088		1
21089		1
21100		1
21110		2
21116		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
21120		1
21121		1
21122		1
21123		1
21125		2
21127		2
21137		1
21138		1
21139		1
21141		1
21142		1
21143		1
21145		1
21146		1
21147		1
21150		1
21151		1
21154		1
21155		1
21159		1
21160		1
21172		1
21175		1
21179		1
21180		1
21181		1
21182		1
21183		1
21184		1
21188		1
21193		1
21194		1
21195		1
21196		1
21198		1
21199		1
21206		1
21208		1
21209		1
21210		2
21215		2
21230		2
21235		2
21240		1
21242		1
21243		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
21244		1
21245		2
21246		2
21247		1
21248		2
21249		2
21255		1
21256		1
21260		1
21261		1
21263		1
21267		1
21268		1
21270		1
21275		1
21280		1
21282		1
21295		1
21296		1
21299		1
21310		1
21315		1
21320		1
21325		1
21330		1
21335		1
21336		1
21337		1
21338		1
21339		1
21340		1
21343		1
21344		1
21345		1
21346		1
21347		1
21348		1
21355		1
21356		1
21360		1
21365		1
21366		1
21385		1
21386		1
21387		1
21390		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
21395		1
21400		1
21401		1
21406		1
21407		1
21408		1
21421		1
21422		1
21423		1
21431		1
21432		1
21433		1
21435		1
21436		1
21440		2
21445		2
21450		1
21451		1
21452		1
21453		1
21454		1
21461		1
21462		1
21465		1
21470		1
21480		1
21485		1
21490		1
21497		1
21499		1
21501		3
21502		1
21510		1
21550		3
21552		4
21554		2
21555		4
21556		3
21557		1
21558		1
21600		5
21601		TBD
21602		TBD
21603		TBD
21610		1
21615		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
21616		1
21620		1
21627		1
21630		1
21632		1
21685		1
21700		1
21705		1
21720		1
21725		1
21740		1
21742		1
21743		1
21750		1
21811		1
21812		1
21813		1
21820		1
21825		1
21899		1
21920		3
21925		3
21930		5
21931		3
21932		4
21933		3
21935		1
21936		1
22010		2
22015		2
22100		1
22101		1
22102		1
22103		3
22110		1
22112		1
22114		1
22116		3
22206		1
22207		1
22208		6
22210		1
22212		1
22214		1
22216		6
22220		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
22222		1
22224		1
22226		4
22310		1
22315		1
22318		1
22319		1
22325		1
22326		1
22327		1
22328		6
22505		1
22510		1
22511		1
22512		5
22513		1
22514		1
22515		5
22526		1
22527		1
22532		1
22533		1
22534		3
22548		1
22551		1
22552		5
22554		1
22556		1
22558		1
22585		7
22586		1
22590		1
22595		1
22600		1
22610		1
22612		1
22614		13
22630		1
22632		4
22633		1
22634		4
22800		1
22802		1
22804		1
22808		1
22810		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
22812		1
22818		1
22819		1
22830		1
22840		1
22841		1
22842		1
22843		1
22844		1
22845		1
22846		1
22847		1
22848		1
22849		1
22850		1
22852		1
22853		5
22854		5
22855		1
22856		1
22857		1
22858		1
22859		5
22861		1
22862		1
22864		1
22865		1
22867		1
22868		1
22869		1
22870		1
22899		1
22900		3
22901		2
22902		4
22903		3
22904		1
22905		1
22999		1
23000		1
23020		1
23030		2
23031		1
23035		1
23040		1
23044		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
23065		2
23066		2
23071		2
23073		2
23075		3
23076		2
23077		1
23078		1
23100		1
23101		2
23105		1
23106		1
23107		1
23120		1
23125		1
23130		1
23140		1
23145		1
23146		1
23150		1
23155		1
23156		1
23170		1
23172		1
23174		1
23180		1
23182		1
23184		1
23190		1
23195		1
23200		1
23210		1
23220		1
23330		2
23333		1
23334		1
23335		1
23350		1
23395		1
23397		1
23400		1
23405		2
23406		1
23410		1
23412		1
23415		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
23420		1
23430		1
23440		1
23450		1
23455		1
23460		1
23462		1
23465		1
23466		1
23470		1
23472		1
23473		1
23474		1
23480		1
23485		1
23490		1
23491		1
23500		1
23505		1
23515		1
23520		1
23525		1
23530		1
23532		1
23540		1
23545		1
23550		1
23552		1
23570		1
23575		1
23585		1
23600		1
23605		1
23615		1
23616		1
23620		1
23625		1
23630		1
23650		1
23655		1
23660		1
23665		1
23670		1
23675		1
23680		1
23700		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
23800		1
23802		1
23900		1
23920		1
23921		1
23929		1
23930		2
23931		2
23935		2
24000		1
24006		1
24065		2
24066		2
24071		3
24073		3
24075		5
24076		4
24077		1
24079		1
24100		1
24101		1
24102		1
24105		1
24110		1
24115		1
24116		1
24120		1
24125		1
24126		1
24130		1
24134		1
24136		1
24138		1
24140		1
24145		1
24147		1
24149		1
24150		1
24152		1
24155		1
24160		1
24164		1
24200		3
24201		3
24220		1
24300		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
24301		2
24305		4
24310		3
24320		2
24330		1
24331		1
24332		1
24340		1
24341		2
24342		2
24343		1
24344		1
24345		1
24346		1
24357		2
24358		2
24359		2
24360		1
24361		1
24362		1
24363		1
24365		1
24366		1
24370		1
24371		1
24400		1
24410		1
24420		1
24430		1
24435		1
24470		1
24495		1
24498		1
24500		1
24505		1
24515		1
24516		1
24530		1
24535		1
24538		1
24545		1
24546		1
24560		1
24565		1
24566		1
24575		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
24576		1
24577		1
24579		1
24582		1
24586		1
24587		1
24600		1
24605		1
24615		1
24620		1
24635		1
24640		1
24650		1
24655		1
24665		1
24666		1
24670		1
24675		1
24685		1
24800		1
24802		1
24900		1
24920		1
24925		1
24930		1
24931		1
24935		1
24940		1
24999		1
25000		2
25001		1
25020		1
25023		1
25024		1
25025		1
25028		4
25031		2
25035		2
25040		1
25065		3
25066		2
25071		3
25073		3
25075		6
25076		5
25077		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
25078		1
25085		1
25100		1
25101		1
25105		1
25107		1
25109		4
25110		3
25111		1
25112		1
25115		1
25116		1
25118		5
25119		1
25120		1
25125		1
25126		1
25130		1
25135		1
25136		1
25145		1
25150		1
25151		1
25170		1
25210		2
25215		1
25230		1
25240		1
25246		1
25248		3
25250		1
25251		1
25259		1
25260		9
25263		4
25265		4
25270		8
25272		4
25274		4
25275		2
25280		9
25290		12
25295		9
25300		1
25301		1
25310		5

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
25312		5
25315		1
25316		1
25320		1
25332		1
25335		1
25337		1
25350		1
25355		1
25360		1
25365		1
25370		1
25375		1
25390		1
25391		1
25392		1
25393		1
25394		1
25400		1
25405		1
25415		1
25420		1
25425		1
25426		1
25430		1
25431		1
25440		1
25441		1
25442		1
25443		1
25444		1
25445		1
25446		1
25447		4
25449		1
25450		1
25455		1
25490		1
25491		1
25492		1
25500		1
25505		1
25515		1
25520		1
25525		1
25526		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
25530		1
25535		1
25545		1
25560		1
25565		1
25574		1
25575		1
25600		1
25605		1
25606		1
25607		1
25608		1
25609		1
25622		1
25624		1
25628		1
25630		1
25635		1
25645		1
25650		1
25651		1
25652		1
25660		1
25670		1
25671		1
25675		1
25676		1
25680		1
25685		1
25690		1
25695		1
25800		1
25805		1
25810		1
25820		1
25825		1
25830		1
25900		1
25905		1
25907		1
25909		1
25915		1
25920		1
25922		1
25924		1
25927		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
25929		1
25931		1
25999		1
26010		2
26011		3
26020		4
26025		1
26030		1
26034		2
26035		1
26037		1
26040		1
26045		1
26055		5
26060		5
26070		2
26075		4
26080		4
26100		1
26105		2
26110		3
26111		4
26113		4
26115		4
26116		2
26117		2
26118		1
26121		1
26123		1
26125		4
26130		1
26135		4
26140		3
26145		6
26160		5
26170		5
26180		4
26185		1
26200		2
26205		1
26210		2
26215		2
26230		2
26235		2
26236		2
26250		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
26260		1
26262		1
26320		4
26340		4
26341		2
26350		6
26352		2
26356		4
26357		2
26358		2
26370		3
26372		1
26373		2
26390		2
26392		2
26410		4
26412		3
26415		2
26416		2
26418		4
26420		4
26426		4
26428		2
26432		2
26433		2
26434		2
26437		4
26440		6
26442		5
26445		5
26449		5
26450		6
26455		6
26460		4
26471		4
26474		4
26476		4
26477		4
26478		6
26479		4
26480		4
26483		4
26485		4
26489		3
26490		3
26492		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
26494		1
26496		1
26497		2
26498		1
26499		2
26500		4
26502		3
26508		1
26510		4
26516		1
26517		1
26518		1
26520		4
26525		4
26530		4
26531		4
26535		4
26536		4
26540		4
26541		4
26542		4
26545		4
26546		2
26548		3
26550		1
26551		1
26553		1
26554		1
26555		2
26556		2
26560		2
26561		2
26562		2
26565		3
26567		3
26568		2
26580		1
26587		2
26590		2
26591		4
26593		9
26596		1
26600		2
26605		3
26607		2
26608		5

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
26615		4
26641		1
26645		1
26650		1
26665		1
26670		2
26675		4
26676		3
26685		3
26686		3
26700		3
26705		3
26706		4
26715		4
26720		4
26725		4
26727		4
26735		4
26740		3
26742		3
26746		3
26750		3
26755		3
26756		3
26765		5
26770		3
26775		4
26776		4
26785		3
26820		1
26841		1
26842		1
26843		2
26844		2
26850		5
26852		2
26860		1
26861		4
26862		1
26863		3
26910		4
26951		8
26952		5
26989		1
26990		2
26991		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
26992		2
27000		1
27001		1
27003		1
27005		1
27006		1
27025		1
27027		1
27030		1
27033		1
27035		1
27036		1
27040		2
27041		3
27043		3
27045		3
27047		4
27048		2
27049		1
27050		1
27052		1
27054		1
27057		1
27059		1
27060		1
27062		1
27065		1
27066		1
27067		1
27070		1
27071		1
27075		1
27076		1
27077		1
27078		1
27080		1
27086		1
27087		1
27090		1
27091		1
27093		1
27095		1
27096		1
27097		1
27098		1
27100		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27105		1
27110		1
27111		1
27120		1
27122		1
27125		1
27130		1
27132		1
27134		1
27137		1
27138		1
27140		1
27146		1
27147		1
27151		1
27156		1
27158		1
27161		1
27165		1
27170		1
27175		1
27176		1
27177		1
27178		1
27179		1
27181		1
27185		1
27187		1
27197		1
27198		1
27200		1
27202		1
27215		1
27216		1
27217		1
27218		1
27220		1
27222		1
27226		1
27227		1
27228		1
27230		1
27232		1
27235		1
27236		1
27238		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27240		1
27244		1
27245		1
27246		1
27248		1
27250		1
27252		1
27253		1
27254		1
27256		1
27257		1
27258		1
27259		1
27265		1
27266		1
27267		1
27268		1
27269		1
27275		2
27279		1
27280		1
27282		1
27284		1
27286		1
27290		1
27295		1
27299		1
27301		3
27303		2
27305		1
27306		1
27307		1
27310		1
27323		2
27324		3
27325		1
27326		1
27327		5
27328		4
27329		1
27330		1
27331		1
27332		1
27333		1
27334		1
27335		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27337		4
27339		4
27340		1
27345		1
27347		1
27350		1
27355		1
27356		1
27357		1
27358		1
27360		2
27364		1
27365		1
27369		2
27372		2
27380		2
27381		2
27385		2
27386		2
27390		1
27391		1
27392		1
27393		1
27394		1
27395		1
27396		1
27397		1
27400		1
27403		1
27405		2
27407		2
27409		1
27412		1
27415		1
27416		1
27418		1
27420		1
27422		1
27424		1
27425		1
27427		1
27428		1
27429		1
27430		1
27435		1
27437		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27438		1
27440		1
27441		1
27442		1
27443		1
27445		1
27446		1
27447		1
27448		1
27450		1
27454		1
27455		1
27457		1
27465		1
27466		1
27468		1
27470		1
27472		1
27475		1
27477		1
27479		1
27485		1
27486		1
27487		1
27488		1
27495		1
27496		1
27497		1
27498		1
27499		1
27500		1
27501		1
27502		1
27503		1
27506		1
27507		1
27508		1
27509		1
27510		1
27511		1
27513		1
27514		1
27516		1
27517		1
27519		1
27520		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27524		1
27530		1
27532		1
27535		1
27536		1
27538		1
27540		1
27550		1
27552		1
27556		1
27557		1
27558		1
27560		1
27562		1
27566		1
27570		1
27580		1
27590		1
27591		1
27592		1
27594		1
27596		1
27598		1
27599		1
27600		1
27601		1
27602		1
27603		2
27604		2
27605		1
27606		1
27607		2
27610		1
27612		1
27613		4
27614		3
27615		1
27616		1
27618		4
27619		4
27620		1
27625		1
27626		1
27630		2
27632		4
27634		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27635		1
27637		1
27638		1
27640		1
27641		1
27645		1
27646		1
27647		1
27648		1
27650		1
27652		1
27654		1
27656		1
27658		2
27659		2
27664		2
27665		2
27675		1
27676		1
27680		3
27681		1
27685		2
27686		3
27687		1
27690		2
27691		2
27692		4
27695		1
27696		1
27698		2
27700		1
27702		1
27703		1
27704		1
27705		1
27707		1
27709		1
27712		1
27715		1
27720		1
27722		1
27724		1
27725		1
27726		1
27727		1
27730		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27732		1
27734		1
27740		1
27742		1
27745		1
27750		1
27752		1
27756		1
27758		1
27759		1
27760		1
27762		1
27766		1
27767		1
27768		1
27769		1
27780		1
27781		1
27784		1
27786		1
27788		1
27792		1
27808		1
27810		1
27814		1
27816		1
27818		1
27822		1
27823		1
27824		1
27825		1
27826		1
27827		1
27828		1
27829		1
27830		1
27831		1
27832		1
27840		1
27842		1
27846		1
27848		1
27860		1
27870		1
27871		1
27880		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
27881		1
27882		1
27884		1
27886		1
27888		1
27889		1
27892		1
27893		1
27894		1
27899		1
28001		2
28002		3
28003		2
28005		3
28008		2
28010		4
28011		4
28020		2
28022		4
28024		4
28035		1
28039		3
28041		3
28043		4
28045		4
28046		1
28047		1
28050		2
28052		2
28054		2
28055		1
28060		1
28062		1
28070		2
28072		4
28080		4
28086		2
28088		2
28090		2
28092		2
28100		1
28102		1
28103		1
28104		2
28106		1
28107		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
28108		2
28110		1
28111		1
28112		4
28113		1
28114		1
28116		1
28118		1
28119		1
28120		2
28122		4
28124		4
28126		4
28130		1
28140		4
28150		4
28153		6
28160		5
28171		1
28173		2
28175		2
28190		3
28192		2
28193		2
28200		4
28202		2
28208		4
28210		2
28220		1
28222		1
28225		1
28226		1
28230		1
28232		6
28234		6
28238		1
28240		1
28250		1
28260		1
28261		1
28262		1
28264		1
28270		6
28272		6
28280		1
28285		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
28286		1
28288		5
28289		1
28291		1
28292		1
28295		1
28296		1
28297		1
28298		1
28299		1
28300		1
28302		1
28304		1
28305		1
28306		1
28307		1
28308		4
28309		1
28310		1
28312		4
28313		4
28315		1
28320		1
28322		2
28340		2
28341		2
28344		1
28345		2
28360		1
28400		1
28405		1
28406		1
28415		1
28420		1
28430		1
28435		1
28436		1
28445		1
28446		1
28450		2
28455		3
28456		2
28465		3
28470		2
28475		5
28476		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
28485		5
28490		1
28495		1
28496		1
28505		1
28510		4
28515		4
28525		4
28530		1
28531		1
28540		1
28545		1
28546		1
28555		1
28570		1
28575		1
28576		1
28585		1
28600		2
28605		2
28606		3
28615		5
28630		2
28635		2
28636		4
28645		4
28660		4
28665		4
28666		4
28675		4
28705		1
28715		1
28725		1
28730		1
28735		1
28737		1
28740		5
28750		1
28755		1
28760		1
28800		1
28805		1
28810		6
28820		6
28825		10
28890		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
28899		1
29000		1
29010		1
29015		1
29035		1
29040		1
29044		1
29046		1
29049		1
29055		1
29058		1
29065		1
29075		1
29085		1
29086		2
29105		1
29125		1
29126		1
29130		3
29131		2
29200		1
29240		1
29260		1
29280		2
29305		1
29325		1
29345		1
29355		1
29358		1
29365		1
29405		1
29425		1
29435		1
29440		1
29445		1
29450		1
29505		1
29515		1
29520		1
29530		1
29540		1
29550		1
29580		1
29581		1
29584		1
29700		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
29705		1
29710		1
29720		1
29730		1
29740		1
29750		1
29799		1
29800		1
29804		1
29805		1
29806		1
29807		1
29819		1
29820		1
29821		1
29822		1
29823		1
29824		1
29825		1
29826		1
29827		1
29828		1
29830		1
29834		1
29835		1
29836		1
29837		1
29838		1
29840		1
29843		1
29844		1
29845		1
29846		1
29847		1
29848		1
29850		1
29851		1
29855		1
29856		1
29860		1
29861		1
29862		1
29863		1
29866		1
29867		1
29868		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
29870		1
29871		1
29873		1
29874		1
29875		1
29876		1
29877		1
29879		1
29880		1
29881		1
29882		1
29883		1
29884		1
29885		1
29886		1
29887		1
29888		1
29889		1
29891		1
29892		1
29893		1
29894		1
29895		1
29897		1
29898		1
29899		1
29900		2
29901		2
29902		2
29904		1
29905		1
29906		1
29907		1
29914		1
29915		1
29916		1
29999		1
30000		1
30020		1
30100		2
30110		1
30115		1
30117		2
30118		1
30120		1
30124		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
30125		1
30130		1
30140		1
30150		1
30160		1
30200		1
30210		1
30220		1
30300		1
30310		1
30320		1
30400		1
30410		1
30420		1
30430		1
30435		1
30450		1
30460		1
30462		1
30465		1
30520		1
30540		1
30545		1
30560		1
30580		2
30600		1
30620		1
30630		1
30801		1
30802		1
30901		1
30903		1
30905		1
30906		1
30915		1
30920		1
30930		1
30999		1
31000		1
31002		1
31020		1
31030		1
31032		1
31040		1
31050		1
31051		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
31070		1
31075		1
31080		1
31081		1
31084		1
31085		1
31086		1
31087		1
31090		1
31200		1
31201		1
31205		1
31225		1
31230		1
31231		1
31233		1
31235		1
31237		1
31238		1
31239		1
31240		1
31241		1
31253		1
31254		1
31255		1
31256		1
31257		1
31259		1
31267		1
31276		1
31287		1
31288		1
31290		1
31291		1
31292		1
31293		1
31294		1
31295		1
31296		1
31297		1
31298		1
31299		1
31300		1
31360		1
31365		1
31367		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
31368		1
31370		1
31375		1
31380		1
31382		1
31390		1
31395		1
31400		1
31420		1
31500		2
31502		1
31505		1
31510		1
31511		1
31512		1
31513		1
31515		1
31520		1
31525		1
31526		1
31527		1
31528		1
31529		1
31530		1
31531		1
31535		1
31536		1
31540		1
31541		1
31545		1
31546		1
31551		1
31552		1
31553		1
31554		1
31560		1
31561		1
31570		1
31571		1
31572		1
31573		1
31574		1
31575		1
31576		1
31577		1
31578		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
31579		1
31580		1
31584		1
31587		1
31590		1
31591		1
31592		1
31599		1
31600		1
31601		1
31603		1
31605		1
31610		1
31611		1
31612		1
31613		1
31614		1
31615		1
31622		1
31623		1
31624		1
31625		1
31626		1
31627		1
31628		1
31629		1
31630		1
31631		1
31632		2
31633		2
31634		1
31635		1
31636		1
31637		2
31638		1
31640		1
31641		1
31643		1
31645		1
31646		2
31647		1
31648		1
31649		2
31651		3
31652		1
31653		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
31654		1
31660		1
31661		1
31717		1
31720		1
31725		1
31730		1
31750		1
31755		1
31760		1
31766		1
31770		2
31775		1
31780		1
31781		1
31785		1
31786		1
31800		1
31805		1
31820		1
31825		1
31830		1
31899		1
32035		1
32036		1
32096		1
32097		1
32098		1
32100		1
32110		1
32120		1
32124		1
32140		1
32141		1
32150		1
32151		1
32160		1
32200		2
32215		1
32220		1
32225		1
32310		1
32320		1
32400		2
32405		2
32440		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
32442		1
32445		1
32480		1
32482		1
32484		2
32486		1
32488		1
32491		1
32501		1
32503		1
32504		1
32505		1
32506		3
32507		2
32540		1
32550		2
32551		2
32552		2
32553		1
32554		2
32555		2
32556		2
32557		2
32560		1
32561		1
32562		1
32601		1
32604		1
32606		1
32607		1
32608		1
32609		1
32650		1
32651		1
32652		1
32653		1
32654		1
32655		1
32656		1
32658		1
32659		1
32661		1
32662		1
32663		1
32664		1
32665		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
32666		1
32667		3
32668		2
32669		2
32670		1
32671		1
32672		1
32673		1
32674		1
32701		1
32800		1
32810		1
32815		1
32820		1
32850		1
32851		1
32852		1
32853		1
32854		1
32855		1
32856		1
32900		1
32905		1
32906		1
32940		1
32960		1
32994		1
32997		1
32998		1
32999		1
33016		TBD
33017		TBD
33018		TBD
33019		TBD
33020		1
33025		1
33030		1
33031		1
33050		1
33120		1
33130		1
33140		1
33141		1
33202		1
33203		1
33206		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33207		1
33208		1
33210		1
33211		1
33212		1
33213		1
33214		1
33215		2
33216		1
33217		1
33218		1
33220		1
33221		1
33222		1
33223		1
33224		1
33225		1
33226		1
33227		1
33228		1
33229		1
33230		1
33231		1
33233		1
33234		1
33235		1
33236		1
33237		1
33238		1
33240		1
33241		1
33243		1
33244		1
33249		1
33250		1
33251		1
33254		1
33255		1
33256		1
33257		1
33258		1
33259		1
33261		1
33262		1
33263		1
33264		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33265		1
33266		1
33270		1
33271		1
33272		1
33273		1
33274		1
33275		1
33285		1
33286		1
33289		1
33300		1
33305		1
33310		1
33315		1
33320		1
33321		1
33322		1
33330		1
33335		1
33340		1
33361		1
33362		1
33363		1
33364		1
33365		1
33366		1
33367		1
33368		1
33369		1
33390		1
33391		1
33404		1
33405		1
33406		1
33410		1
33411		1
33412		1
33413		1
33414		1
33415		1
33416		1
33417		1
33418		1
33419		1
33420		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33422		1
33425		1
33426		1
33427		1
33430		1
33440		1
33460		1
33463		1
33464		1
33465		1
33468		1
33470		1
33471		1
33474		1
33475		1
33476		1
33477		1
33478		1
33496		1
33500		1
33501		1
33502		1
33503		1
33504		1
33505		1
33506		1
33507		1
33508		1
33510		1
33511		1
33512		1
33513		1
33514		1
33516		1
33517		1
33518		1
33519		1
33521		1
33522		1
33523		1
33530		1
33533		1
33534		1
33535		1
33536		1
33542		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33545		1
33548		1
33572		3
33600		1
33602		1
33606		1
33608		1
33610		1
33611		1
33612		1
33615		1
33617		1
33619		1
33620		1
33621		1
33622		1
33641		1
33645		1
33647		1
33660		1
33665		1
33670		1
33675		1
33676		1
33677		1
33681		1
33684		1
33688		1
33690		1
33692		1
33694		1
33697		1
33702		1
33710		1
33720		1
33722		1
33724		1
33726		1
33730		1
33732		1
33735		1
33736		1
33737		1
33750		1
33755		1
33762		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33764		1
33766		1
33767		1
33768		1
33770		1
33771		1
33774		1
33775		1
33776		1
33777		1
33778		1
33779		1
33780		1
33781		1
33782		1
33783		1
33786		1
33788		1
33800		1
33802		1
33803		1
33813		1
33814		1
33820		1
33822		1
33824		1
33840		1
33845		1
33851		1
33852		1
33853		1
33858		TBD
33859		TBD
33863		1
33864		1
33866		1
33871		TBD
33875		1
33877		1
33880		1
33881		1
33883		1
33884		2
33886		1
33889		1
33891		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33910		1
33915		1
33916		1
33917		1
33920		1
33922		1
33924		1
33925		1
33926		1
33927		1
33928		1
33929		1
33930		1
33933		1
33935		1
33940		1
33944		1
33945		1
33946		1
33947		1
33948		1
33949		1
33951		1
33952		1
33953		1
33954		1
33955		1
33956		1
33957		1
33958		1
33959		1
33962		1
33963		1
33964		1
33965		1
33966		1
33967		1
33968		1
33969		1
33970		1
33971		1
33973		1
33974		1
33975		1
33976		1
33977		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
33978		1
33979		1
33980		1
33981		1
33982		1
33983		1
33984		1
33985		1
33986		1
33987		1
33988		1
33989		1
33990		1
33991		1
33992		1
33993		1
33999		1
34001		1
34051		1
34101		1
34111		2
34151		2
34201		1
34203		1
34401		1
34421		1
34451		1
34471		1
34490		1
34501		1
34502		1
34510		2
34520		1
34530		1
34701		1
34702		1
34703		1
34704		1
34705		1
34706		1
34707		1
34708		1
34709		3
34710		1
34711		2
34712		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
34713		2
34714		2
34715		2
34716		2
34717		TBD
34718		TBD
34808		1
34812		1
34813		1
34820		1
34830		1
34831		1
34832		1
34833		1
34834		1
34839		1
34841		1
34842		1
34843		1
34844		1
34845		1
34846		1
34847		1
34848		1
35001		1
35002		1
35005		1
35011		1
35013		1
35021		1
35022		1
35045		2
35081		1
35082		1
35091		1
35092		1
35102		1
35103		1
35111		1
35112		1
35121		1
35122		1
35131		1
35132		1
35141		1
35142		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
35151		1
35152		1
35180		2
35182		2
35184		2
35188		2
35189		1
35190		2
35201		2
35206		2
35207		3
35211		3
35216		2
35221		3
35226		3
35231		2
35236		2
35241		2
35246		2
35251		2
35256		2
35261		1
35266		2
35271		2
35276		2
35281		2
35286		2
35301		2
35302		1
35303		1
35304		1
35305		1
35306		2
35311		1
35321		1
35331		1
35341		3
35351		1
35355		1
35361		1
35363		1
35371		1
35372		1
35390		1
35400		1
35500		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
35501		1
35506		1
35508		1
35509		1
35510		1
35511		1
35512		1
35515		1
35516		1
35518		1
35521		1
35522		1
35523		1
35525		1
35526		1
35531		2
35533		1
35535		1
35536		1
35537		1
35538		1
35539		1
35540		1
35556		1
35558		1
35560		1
35563		1
35565		1
35566		1
35570		1
35571		2
35572		2
35583		1
35585		2
35587		2
35600		2
35601		1
35606		1
35612		1
35616		1
35621		1
35623		1
35626		3
35631		4
35632		1
35633		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
35634		1
35636		1
35637		1
35638		1
35642		1
35645		1
35646		1
35647		1
35650		1
35654		1
35656		1
35661		1
35663		1
35665		1
35666		2
35671		2
35681		1
35682		1
35683		1
35685		2
35686		1
35691		1
35693		1
35694		1
35695		1
35697		2
35700		2
35701		1
35702		TBD
35703		TBD
35800		2
35820		2
35840		2
35860		2
35870		1
35875		2
35876		2
35879		2
35881		2
35883		1
35884		1
35901		1
35903		2
35905		1
35907		1
36000		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
36002		2
36005		2
36010		2
36011		4
36012		4
36013		2
36014		2
36015		4
36100		2
36140		3
36160		2
36200		2
36215		6
36216		4
36217		2
36218		6
36221		1
36222		1
36223		1
36224		1
36225		1
36226		1
36227		1
36228		4
36245		6
36246		4
36247		3
36248		6
36251		1
36252		1
36253		1
36254		1
36260		1
36261		1
36262		1
36299		1
36400		1
36405		1
36406		1
36410		3
36415		2
36416		5
36420		2
36425		2
36430		1
36440		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
36450		1
36455		1
36456		1
36460		2
36465		1
36466		1
36468		2
36470		1
36471		1
36473		1
36474		2
36475		1
36476		2
36478		1
36479		2
36481		1
36482		1
36483		2
36500		4
36510		1
36511		1
36512		1
36513		1
36514		1
36516		1
36522		1
36555		2
36556		2
36557		2
36558		2
36560		2
36561		2
36563		1
36565		1
36566		1
36568		2
36569		2
36570		2
36571		2
36573		1
36575		2
36576		2
36578		2
36580		2
36581		2
36582		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
36583		2
36584		2
36585		2
36589		2
36590		2
36591		2
36592		1
36593		2
36595		2
36596		2
36597		2
36598		2
36600		4
36620		3
36625		2
36640		1
36660		1
36680		1
36800		1
36810		1
36815		1
36818		1
36819		1
36820		1
36821		2
36823		1
36825		1
36830		2
36831		1
36832		2
36833		1
36835		1
36838		1
36860		2
36861		2
36901		1
36902		1
36903		1
36904		1
36905		1
36906		1
36907		1
36908		1
36909		1
37140		1
37145		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
37160		1
37180		1
37181		1
37182		1
37183		1
37184		1
37185		2
37186		2
37187		1
37188		1
37191		1
37192		1
37193		1
37195		1
37197		2
37200		2
37211		1
37212		1
37213		1
37214		1
37215		1
37216		1
37217		1
37218		1
37220		2
37221		2
37222		2
37223		2
37224		2
37225		2
37226		2
37227		2
37228		2
37229		2
37230		2
37231		2
37232		2
37233		2
37234		2
37235		2
37236		1
37237		2
37238		1
37239		2
37241		2
37242		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
37243		1
37244		2
37246		1
37247		2
37248		1
37249		3
37252		1
37253		5
37500		1
37501		1
37565		1
37600		1
37605		1
37606		1
37607		1
37609		1
37615		2
37616		1
37617		3
37618		2
37619		1
37650		1
37660		1
37700		1
37718		1
37722		1
37735		1
37760		1
37761		1
37765		1
37766		1
37780		1
37785		1
37788		1
37790		1
37799		1
38100		1
38101		1
38102		1
38115		1
38120		1
38129		1
38200		1
38204		1
38205		1
38206		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
38207		1
38208		1
38209		1
38210		1
38211		1
38212		1
38213		1
38214		1
38215		1
38220		1
38221		1
38222		1
38230		1
38232		1
38240		1
38241		1
38242		1
38243		1
38300		1
38305		1
38308		1
38380		1
38381		1
38382		1
38500		2
38505		3
38510		1
38520		1
38525		1
38530		1
38531		1
38542		1
38550		1
38555		1
38562		1
38564		1
38570		1
38571		1
38572		1
38573		1
38589		1
38700		1
38720		1
38724		1
38740		1
38745		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
38746		1
38747		1
38760		1
38765		1
38770		1
38780		1
38790		1
38792		1
38794		1
38900		1
38999		1
39000		1
39010		1
39200		1
39220		1
39401		1
39402		1
39499		1
39501		1
39503		1
39540		1
39541		1
39545		1
39560		1
39561		1
39599		1
40490		3
40500		2
40510		2
40520		2
40525		2
40527		2
40530		2
40650		2
40652		2
40654		2
40700		1
40701		1
40702		1
40720		1
40761		1
40799		1
40800		2
40801		2
40804		2
40805		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
40806		2
40808		4
40810		4
40812		4
40814		4
40816		2
40818		2
40819		2
40820		5
40830		2
40831		2
40840		1
40842		1
40843		1
40844		1
40845		1
40899		1
41000		2
41005		2
41006		2
41007		2
41008		2
41009		2
41010		1
41015		2
41016		2
41017		2
41018		2
41019		1
41100		3
41105		3
41108		2
41110		2
41112		2
41113		2
41114		2
41115		1
41116		2
41120		1
41130		1
41135		1
41140		1
41145		1
41150		1
41153		1
41155		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
41250		2
41251		2
41252		2
41510		1
41512		1
41520		1
41530		1
41599		1
41800		2
41805		3
41806		3
41820		4
41821		2
41822		1
41823		1
41825		2
41826		2
41827		2
41828		4
41830		2
41850		2
41870		2
41872		4
41874		4
41899		1
42000		1
42100		3
42104		3
42106		2
42107		2
42120		1
42140		1
42145		1
42160		2
42180		1
42182		1
42200		1
42205		1
42210		1
42215		1
42220		1
42225		1
42226		1
42227		1
42235		1
42260		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
42280		1
42281		1
42299		1
42300		2
42305		2
42310		2
42320		2
42330		2
42335		2
42340		1
42400		2
42405		2
42408		1
42409		1
42410		1
42415		1
42420		1
42425		1
42426		1
42440		1
42450		2
42500		2
42505		2
42507		1
42509		1
42510		1
42550		2
42600		2
42650		2
42660		2
42665		2
42699		1
42700		2
42720		1
42725		1
42800		3
42804		3
42806		1
42808		2
42809		1
42810		1
42815		1
42820		1
42821		1
42825		1
42826		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
42830		1
42831		1
42835		1
42836		1
42842		1
42844		1
42845		1
42860		1
42870		1
42890		1
42892		1
42894		1
42900		1
42950		1
42953		1
42955		1
42960		1
42961		1
42962		1
42970		1
42971		1
42972		1
42999		1
43020		1
43030		1
43045		1
43100		1
43101		1
43107		1
43108		1
43112		1
43113		1
43116		1
43117		1
43118		1
43121		1
43122		1
43123		1
43124		1
43130		1
43135		1
43180		1
43191		1
43192		1
43193		1
43194		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
43195		1
43196		1
43197		1
43198		1
43200		1
43201		1
43202		1
43204		1
43205		1
43206		1
43210		1
43211		1
43212		1
43213		1
43214		1
43215		1
43216		1
43217		1
43220		1
43226		1
43227		1
43229		1
43231		1
43232		1
43233		1
43235		1
43236		1
43237		1
43238		1
43239		1
43240		1
43241		1
43242		1
43243		1
43244		1
43245		1
43246		1
43247		1
43248		1
43249		1
43250		1
43251		1
43252		1
43253		1
43254		1
43255		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
43257		1
43259		1
43260		1
43261		1
43262		2
43263		1
43264		1
43265		1
43266		1
43270		1
43273		1
43274		2
43275		1
43276		2
43277		3
43278		1
43279		1
43280		1
43281		1
43282		1
43283		1
43284		1
43285		1
43286		1
43287		1
43288		1
43289		1
43300		1
43305		1
43310		1
43312		1
43313		1
43314		1
43320		1
43325		1
43327		1
43328		1
43330		1
43331		1
43332		1
43333		1
43334		1
43335		1
43336		1
43337		1
43338		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
43340		1
43341		1
43351		1
43352		1
43360		1
43361		1
43400		1
43405		1
43410		1
43415		1
43420		1
43425		1
43450		1
43453		1
43460		1
43496		1
43499		1
43500		1
43501		1
43502		1
43510		1
43520		1
43605		1
43610		2
43611		2
43620		1
43621		1
43622		1
43631		1
43632		1
43633		1
43634		1
43635		1
43640		1
43641		1
43644		1
43645		1
43647		1
43648		1
43651		1
43652		1
43653		1
43659		1
43752		2
43753		1
43754		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
43755		1
43756		1
43757		1
43761		2
43762		2
43763		2
43770		1
43771		1
43772		1
43773		1
43774		1
43775		1
43800		1
43810		1
43820		1
43825		1
43830		1
43831		1
43832		1
43840		2
43842		1
43843		1
43845		1
43846		1
43847		1
43848		1
43850		1
43855		1
43860		1
43865		1
43870		1
43880		1
43881		1
43882		1
43886		1
43887		1
43888		1
43999		1
44005		1
44010		1
44015		1
44020		2
44021		1
44025		1
44050		1
44055		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
44100		1
44110		1
44111		1
44120		1
44121		4
44125		1
44126		1
44127		1
44128		2
44130		3
44132		1
44133		1
44135		1
44136		1
44137		1
44139		1
44140		2
44141		1
44143		1
44144		1
44145		1
44146		1
44147		1
44150		1
44151		1
44155		1
44156		1
44157		1
44158		1
44160		1
44180		1
44186		1
44187		1
44188		1
44202		1
44203		2
44204		2
44205		1
44206		1
44207		1
44208		1
44210		1
44211		1
44212		1
44213		1
44227		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
44238		1
44300		1
44310		2
44312		1
44314		1
44316		1
44320		1
44322		1
44340		1
44345		1
44346		1
44360		1
44361		1
44363		1
44364		1
44365		1
44366		1
44369		1
44370		1
44372		1
44373		1
44376		1
44377		1
44378		1
44379		1
44380		1
44381		1
44382		1
44384		1
44385		1
44386		1
44388		1
44389		1
44390		1
44391		1
44392		1
44394		1
44401		1
44402		1
44403		1
44404		1
44405		1
44406		1
44407		1
44408		1
44500		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
44602		1
44603		1
44604		1
44605		1
44615		4
44620		2
44625		1
44626		1
44640		2
44650		2
44660		1
44661		1
44680		1
44700		1
44701		1
44705		1
44715		1
44720		2
44721		2
44799		1
44800		1
44820		1
44850		1
44899		1
44900		1
44950		1
44955		1
44960		1
44970		1
44979		1
45000		1
45005		1
45020		1
45100		2
45108		1
45110		1
45111		1
45112		1
45113		1
45114		1
45116		1
45119		1
45120		1
45121		1
45123		1
45126		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
45130		1
45135		1
45136		1
45150		1
45160		1
45171		2
45172		2
45190		1
45300		1
45303		1
45305		1
45307		1
45308		1
45309		1
45315		1
45317		1
45320		1
45321		1
45327		1
45330		1
45331		1
45332		1
45333		1
45334		1
45335		1
45337		1
45338		1
45340		1
45341		1
45342		1
45346		1
45347		1
45349		1
45350		1
45378		1
45379		1
45380		1
45381		1
45382		1
45384		1
45385		1
45386		1
45388		1
45389		1
45390		1
45391		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
45392		1
45393		1
45395		1
45397		1
45398		1
45399		1
45400		1
45402		1
45499		1
45500		1
45505		1
45520		1
45540		1
45541		1
45550		1
45560		1
45562		1
45563		1
45800		1
45805		1
45820		1
45825		1
45900		1
45905		1
45910		1
45915		1
45990		1
45999		1
46020		2
46030		1
46040		2
46045		2
46050		2
46060		2
46070		1
46080		1
46083		2
46200		1
46220		1
46221		1
46230		1
46250		1
46255		1
46257		1
46258		1
46260		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
46261		1
46262		1
46270		1
46275		1
46280		1
46285		1
46288		1
46320		2
46500		1
46505		1
46600		1
46601		1
46604		1
46606		1
46607		1
46608		1
46610		1
46611		1
46612		1
46614		1
46615		1
46700		1
46705		1
46706		1
46707		1
46710		1
46712		1
46715		1
46716		1
46730		1
46735		1
46740		1
46742		1
46744		1
46746		1
46748		1
46750		1
46751		1
46753		1
46754		1
46760		1
46761		1
46900		1
46910		1
46916		1
46917		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
46922		1
46924		1
46930		1
46940		1
46942		1
46945		1
46946		1
46947		1
46948		TBD
46999		1
47000		3
47001		3
47010		3
47015		1
47100		3
47120		2
47122		1
47125		1
47130		1
47133		1
47135		1
47140		1
47141		1
47142		1
47143		1
47144		1
47145		1
47146		3
47147		2
47300		2
47350		1
47360		1
47361		1
47362		1
47370		1
47371		1
47379		1
47380		1
47381		1
47382		1
47383		1
47399		1
47400		1
47420		1
47425		1
47460		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
47480		1
47490		1
47531		2
47532		1
47533		1
47534		2
47535		1
47536		2
47537		1
47538		2
47539		2
47540		2
47541		1
47542		2
47543		1
47544		1
47550		1
47552		1
47553		1
47554		1
47555		1
47556		1
47562		1
47563		1
47564		1
47570		1
47579		1
47600		1
47605		1
47610		1
47612		1
47620		1
47700		1
47701		1
47711		1
47712		1
47715		1
47720		1
47721		1
47740		1
47741		1
47760		1
47765		1
47780		1
47785		1
47800		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
47801		1
47802		1
47900		1
47999		1
48000		1
48001		1
48020		1
48100		1
48102		1
48105		1
48120		1
48140		1
48145		1
48146		1
48148		1
48150		1
48152		1
48153		1
48154		1
48155		1
48160		1
48400		1
48500		1
48510		1
48520		1
48540		1
48545		1
48547		1
48548		1
48550		1
48551		1
48552		2
48554		1
48556		1
48999		1
49000		1
49002		1
49010		1
49013		TBD
49014		TBD
49020		2
49040		2
49060		2
49062		1
49082		1
49083		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
49084		1
49180		2
49185		2
49203		1
49204		1
49205		1
49215		1
49220		1
49250		1
49255		1
49320		1
49321		1
49322		1
49323		1
49324		1
49325		1
49326		1
49327		1
49329		1
49400		1
49402		1
49405		2
49406		2
49407		1
49411		1
49412		1
49418		1
49419		1
49421		1
49422		1
49423		2
49424		3
49425		1
49426		1
49427		1
49428		1
49429		1
49435		1
49436		1
49440		1
49441		1
49442		1
49446		1
49450		1
49451		1
49452		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
49460		1
49465		1
49491		1
49492		1
49495		1
49496		1
49500		1
49501		1
49505		1
49507		1
49520		1
49521		1
49525		1
49540		1
49550		1
49553		1
49555		1
49557		1
49560		2
49561		2
49565		2
49566		2
49568		2
49570		1
49572		1
49580		1
49582		1
49585		1
49587		1
49590		1
49600		1
49605		1
49606		1
49610		1
49611		1
49650		1
49651		1
49652		2
49653		2
49654		2
49655		2
49656		2
49657		2
49659		1
49900		1
49904		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
49905		1
49906		1
49999		1
50010		1
50020		1
50040		1
50045		1
50060		1
50065		1
50070		1
50075		1
50080		1
50081		1
50100		1
50120		1
50125		1
50130		1
50135		1
50200		1
50205		1
50220		1
50225		1
50230		1
50234		1
50236		1
50240		1
50250		1
50280		1
50290		1
50300		1
50320		1
50323		1
50325		1
50327		2
50328		1
50329		1
50340		1
50360		1
50365		1
50370		1
50380		1
50382		1
50384		1
50385		1
50386		1
50387		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
50389		1
50390		2
50391		1
50396		1
50400		1
50405		1
50430		2
50431		2
50432		2
50433		2
50434		2
50435		2
50436		1
50437		1
50500		1
50520		1
50525		1
50526		1
50540		1
50541		1
50542		1
50543		1
50544		1
50545		1
50546		1
50547		1
50548		1
50549		1
50551		1
50553		1
50555		1
50557		1
50561		1
50562		1
50570		1
50572		1
50574		1
50575		1
50576		1
50580		1
50590		1
50592		1
50593		1
50600		1
50605		1
50606		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
50610		1
50620		1
50630		1
50650		1
50660		1
50684		1
50686		2
50688		2
50690		2
50693		2
50694		2
50695		2
50700		1
50705		2
50706		2
50715		1
50722		1
50725		1
50727		1
50728		1
50740		1
50750		1
50760		1
50770		1
50780		1
50782		1
50783		1
50785		1
50800		1
50810		1
50815		1
50820		1
50825		1
50830		1
50840		1
50845		1
50860		1
50900		1
50920		2
50930		2
50940		1
50945		1
50947		1
50948		1
50949		1
50951		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
50953		1
50955		1
50957		1
50961		1
50970		1
50972		1
50974		1
50976		1
50980		1
51020		1
51030		1
51040		1
51045		2
51050		1
51060		1
51065		1
51080		1
51100		1
51101		1
51102		1
51500		1
51520		1
51525		1
51530		1
51535		1
51550		1
51555		1
51565		1
51570		1
51575		1
51580		1
51585		1
51590		1
51595		1
51596		1
51597		1
51600		1
51605		1
51610		1
51700		1
51701		2
51702		2
51703		2
51705		1
51710		1
51715		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
51720		1
51725		1
51725	26	1
51725	TC	1
51726		1
51726	26	1
51726	TC	1
51727		1
51727	26	1
51727	TC	1
51728		1
51728	26	1
51728	TC	1
51729		1
51729	26	1
51729	TC	1
51736		1
51736	26	1
51736	TC	1
51741		1
51741	26	1
51741	TC	1
51784		1
51784	26	1
51784	TC	1
51785		1
51785	26	1
51785	TC	1
51792		1
51792	26	1
51792	TC	1
51797		1
51797	26	1
51797	TC	1
51798		1
51800		1
51820		1
51840		1
51841		1
51845		1
51860		1
51865		1
51880		1
51900		1
51920		1
51925		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
51940		1
51960		1
51980		1
51990		1
51992		1
51999		1
52000		1
52001		1
52005		2
52007		1
52010		1
52204		1
52214		1
52224		1
52234		1
52235		1
52240		1
52250		1
52260		1
52265		1
52270		1
52275		1
52276		1
52277		1
52281		1
52282		1
52283		1
52285		1
52287		1
52290		1
52300		1
52301		1
52305		1
52310		1
52315		2
52317		1
52318		1
52320		1
52325		1
52327		1
52330		1
52332		1
52334		1
52341		1
52342		1
52343		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
52344		1
52345		1
52346		1
52351		1
52352		1
52353		1
52354		1
52355		1
52356		1
52400		1
52402		1
52441		1
52442		6
52450		1
52500		1
52601		1
52630		1
52640		1
52647		1
52648		1
52649		1
52700		1
53000		1
53010		1
53020		1
53025		1
53040		1
53060		1
53080		1
53085		1
53200		1
53210		1
53215		1
53220		1
53230		1
53235		1
53240		1
53250		1
53260		1
53265		1
53270		1
53275		1
53400		1
53405		1
53410		1
53415		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
53420		1
53425		1
53430		1
53431		1
53440		1
53442		1
53444		1
53445		1
53446		1
53447		1
53448		1
53449		1
53450		1
53460		1
53500		1
53502		1
53505		1
53510		1
53515		1
53520		1
53600		1
53601		1
53605		1
53620		1
53621		1
53660		1
53661		1
53665		1
53850		1
53852		1
53854		1
53855		1
53860		1
53899		1
54000		1
54001		1
54015		1
54050		1
54055		1
54056		1
54057		1
54060		1
54065		1
54100		2
54105		2
54110		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
54111		1
54112		1
54115		1
54120		1
54125		1
54130		1
54135		1
54150		1
54160		1
54161		1
54162		1
54163		1
54164		1
54200		1
54205		1
54220		1
54230		1
54231		1
54235		1
54240		1
54240	26	1
54240	TC	1
54250		1
54250	26	1
54250	TC	1
54300		1
54304		1
54308		1
54312		1
54316		1
54318		1
54322		1
54324		1
54326		1
54328		1
54332		1
54336		1
54340		1
54344		1
54348		1
54352		1
54360		1
54380		1
54385		1
54390		1
54400		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
54401		1
54405		1
54406		1
54408		1
54410		1
54411		1
54415		1
54416		1
54417		1
54420		1
54430		1
54435		1
54437		1
54438		1
54440		1
54450		1
54500		1
54505		1
54512		1
54520		1
54522		1
54530		1
54535		1
54550		1
54560		1
54600		1
54620		1
54640		1
54650		1
54660		1
54670		1
54680		1
54690		1
54692		1
54699		1
54700		1
54800		1
54830		1
54840		1
54860		1
54861		1
54865		1
54900		1
54901		1
55000		1
55040		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
55041		1
55060		1
55100		2
55110		1
55120		1
55150		1
55175		1
55180		1
55200		1
55250		1
55300		1
55400		1
55500		1
55520		1
55530		1
55535		1
55540		1
55550		1
55559		1
55600		1
55605		1
55650		1
55680		1
55700		1
55705		1
55706		1
55720		1
55725		1
55801		1
55810		1
55812		1
55815		1
55821		1
55831		1
55840		1
55842		1
55845		1
55860		1
55862		1
55865		1
55866		1
55870		1
55873		1
55874		1
55875		1
55876		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
55899		1
55920		1
56405		2
56420		1
56440		1
56441		1
56442		1
56501		1
56515		1
56605		1
56606		6
56620		1
56625		1
56630		1
56631		1
56632		1
56633		1
56634		1
56637		1
56640		1
56700		1
56740		1
56800		1
56805		1
56810		1
56820		1
56821		1
57000		1
57010		1
57020		1
57022		1
57023		1
57061		1
57065		1
57100		3
57105		2
57106		1
57107		1
57109		1
57110		1
57111		1
57112		1
57120		1
57130		1
57135		2
57150		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
57155		1
57156		1
57160		1
57170		1
57180		1
57200		1
57210		1
57220		1
57230		1
57240		1
57250		1
57260		1
57265		1
57267		2
57268		1
57270		1
57280		1
57282		1
57283		1
57284		1
57285		1
57287		1
57288		1
57289		1
57291		1
57292		1
57295		1
57296		1
57300		1
57305		1
57307		1
57308		1
57310		1
57311		1
57320		1
57330		1
57335		1
57400		1
57410		1
57415		1
57420		1
57421		1
57423		1
57425		1
57426		1
57452		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
57454		1
57455		1
57456		1
57460		1
57461		1
57500		1
57505		1
57510		1
57511		1
57513		1
57520		1
57522		1
57530		1
57531		1
57540		1
57545		1
57550		1
57555		1
57556		1
57558		1
57700		1
57720		1
57800		1
58100		1
58110		1
58120		1
58140		1
58145		1
58146		1
58150		1
58152		1
58180		1
58200		1
58210		1
58240		1
58260		1
58262		1
58263		1
58267		1
58270		1
58275		1
58280		1
58285		1
58290		1
58291		1
58292		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
58293		1
58294		1
58300		1
58301		1
58321		1
58322		1
58323		1
58340		1
58345		1
58346		1
58350		1
58353		1
58356		1
58400		1
58410		1
58520		1
58540		1
58541		1
58542		1
58543		1
58544		1
58545		1
58546		1
58548		1
58550		1
58552		1
58553		1
58554		1
58555		1
58558		1
58559		1
58560		1
58561		1
58562		1
58563		1
58565		1
58570		1
58571		1
58572		1
58573		1
58575		1
58578		1
58579		1
58600		1
58605		1
58611		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
58615		1
58660		1
58661		1
58662		1
58670		1
58671		1
58672		1
58673		1
58674		1
58679		1
58700		1
58720		1
58740		1
58750		1
58752		1
58760		1
58770		1
58800		1
58805		1
58820		1
58822		1
58825		1
58900		1
58920		1
58925		1
58940		1
58943		1
58950		1
58951		1
58952		1
58953		1
58954		1
58956		1
58957		1
58958		1
58960		1
58970		1
58976		2
58999		1
59000		2
59001		2
59012		2
59015		2
59020		2
59020	26	2
59020	TC	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
59025		3
59025	26	3
59025	TC	3
59030		2
59050		2
59051		2
59070		2
59072		2
59074		2
59076		2
59100		1
59120		1
59121		1
59130		1
59135		1
59136		1
59140		1
59150		1
59151		1
59160		1
59200		1
59300		1
59320		1
59325		1
59350		1
59400		1
59409		2
59410		1
59412		1
59414		1
59425		1
59426		1
59430		1
59510		1
59514		1
59515		1
59525		1
59610		1
59612		2
59614		1
59618		1
59620		1
59622		1
59812		1
59820		1
59821		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
59830		1
59840		1
59841		1
59850		1
59851		1
59852		1
59855		1
59856		1
59857		1
59866		1
59870		1
59871		1
59897		1
59898		1
59899		1
60000		1
60100		3
60200		2
60210		1
60212		1
60220		1
60225		1
60240		1
60252		1
60254		1
60260		1
60270		1
60271		1
60280		1
60281		1
60300		2
60500		1
60502		1
60505		1
60512		1
60520		1
60521		1
60522		1
60540		1
60545		1
60600		1
60605		1
60650		1
60659		1
60699		1
61000		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
61001		1
61020		2
61026		2
61050		1
61055		1
61070		2
61105		1
61107		1
61108		1
61120		1
61140		1
61150		1
61151		1
61154		1
61156		1
61210		1
61215		1
61250		1
61253		1
61304		1
61305		1
61312		2
61313		2
61314		2
61315		1
61316		1
61320		2
61321		1
61322		1
61323		1
61330		1
61333		1
61340		1
61343		1
61345		1
61450		1
61458		1
61460		1
61500		1
61501		1
61510		1
61512		1
61514		2
61516		1
61517		1
61518		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
61519		1
61520		1
61521		1
61522		1
61524		2
61526		1
61530		1
61531		1
61533		2
61534		1
61535		2
61536		1
61537		1
61538		1
61539		1
61540		1
61541		1
61543		1
61544		1
61545		1
61546		1
61548		1
61550		1
61552		1
61556		1
61557		1
61558		1
61559		1
61563		2
61564		1
61566		1
61567		1
61570		1
61571		1
61575		1
61576		1
61580		1
61581		1
61582		1
61583		1
61584		1
61585		1
61586		1
61590		1
61591		1
61592		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
61595		1
61596		1
61597		1
61598		1
61600		1
61601		1
61605		1
61606		1
61607		1
61608		1
61611		1
61613		1
61615		1
61616		1
61618		2
61619		2
61623		2
61624		2
61626		2
61630		1
61635		2
61640		1
61641		1
61642		1
61645		3
61650		1
61651		2
61680		1
61682		1
61684		1
61686		1
61690		1
61692		1
61697		2
61698		1
61700		2
61702		1
61703		1
61705		1
61708		1
61710		1
61711		1
61720		1
61735		1
61750		2
61751		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
61760		1
61770		1
61781		1
61782		1
61783		1
61790		1
61791		1
61796		1
61797		4
61798		1
61799		4
61800		1
61850		1
61860		1
61863		1
61864		1
61867		1
61868		2
61870		1
61880		1
61885		1
61886		1
61888		1
62000		1
62005		1
62010		1
62100		1
62115		1
62117		1
62120		1
62121		1
62140		1
62141		1
62142		2
62143		2
62145		2
62146		2
62147		1
62148		1
62160		1
62161		1
62162		1
62163		1
62164		1
62165		1
62180		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
62190		1
62192		1
62194		1
62200		1
62201		1
62220		1
62223		1
62225		2
62230		2
62252		2
62252	26	2
62252	TC	2
62256		1
62258		1
62263		1
62264		1
62267		2
62268		1
62269		2
62270		2
62272		1
62273		2
62280		1
62281		1
62282		1
62284		1
62287		1
62290		5
62291		4
62292		1
62294		1
62302		1
62303		1
62304		1
62305		1
62320		1
62321		1
62322		1
62323		1
62324		1
62325		1
62326		1
62327		1
62328		TBD
62329		TBD
62350		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
62351		1
62355		1
62360		1
62361		1
62362		1
62365		1
62367		1
62368		1
62369		1
62370		1
62380		2
63001		1
63003		1
63005		1
63011		1
63012		1
63015		1
63016		1
63017		1
63020		1
63030		1
63035		4
63040		1
63042		1
63043		4
63044		4
63045		1
63046		1
63047		1
63048		5
63050		1
63051		1
63055		1
63056		1
63057		3
63064		1
63066		1
63075		1
63076		3
63077		1
63078		3
63081		1
63082		6
63085		1
63086		2
63087		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
63088		4
63090		1
63091		3
63101		1
63102		1
63103		3
63170		1
63172		1
63173		1
63180		1
63182		1
63185		1
63190		1
63191		1
63194		1
63195		1
63196		1
63197		1
63198		1
63199		1
63200		1
63250		1
63251		1
63252		1
63265		1
63266		1
63267		1
63268		1
63270		1
63271		1
63272		1
63273		1
63275		1
63276		1
63277		1
63278		1
63280		1
63281		1
63282		1
63283		1
63285		1
63286		1
63287		1
63290		1
63295		1
63300		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
63301		1
63302		1
63303		1
63304		1
63305		1
63306		1
63307		1
63308		3
63600		2
63610		1
63620		1
63621		2
63650		2
63655		1
63661		1
63662		1
63663		1
63664		1
63685		1
63688		1
63700		1
63702		1
63704		1
63706		1
63707		1
63709		1
63710		1
63740		1
63741		1
63744		1
63746		1
64400		4
64405		1
64408		1
64415		1
64416		1
64417		1
64418		1
64420		3
64421		3
64425		1
64430		1
64435		1
64445		1
64446		1
64447		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
64448		1
64449		1
64450		10
64451		TBD
64454		TBD
64455		1
64461		1
64462		1
64463		1
64479		1
64480		4
64483		1
64484		4
64486		1
64487		1
64488		1
64489		1
64490		1
64491		1
64492		1
64493		1
64494		1
64495		1
64505		1
64510		1
64517		1
64520		1
64530		1
64553		1
64555		2
64561		1
64566		1
64568		1
64569		1
64570		1
64575		2
64580		2
64581		2
64585		2
64590		1
64595		1
64600		2
64605		1
64610		1
64611		1
64612		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
64615		1
64616		1
64617		1
64620		5
64624		TBD
64625		TBD
64630		1
64632		1
64633		1
64634		4
64635		1
64636		4
64640		5
64642		1
64643		3
64644		1
64645		3
64646		1
64647		1
64650		1
64653		1
64680		1
64681		1
64702		2
64704		4
64708		3
64712		1
64713		1
64714		1
64716		2
64718		1
64719		1
64721		1
64722		4
64726		2
64727		2
64732		1
64734		1
64736		1
64738		1
64740		1
64742		1
64744		1
64746		1
64755		1
64760		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
64763		1
64766		1
64771		2
64772		2
64774		2
64776		1
64778		1
64782		2
64783		2
64784		3
64786		1
64787		4
64788		5
64790		1
64792		2
64795		2
64802		1
64804		1
64809		1
64818		1
64820		4
64821		1
64822		1
64823		1
64831		1
64832		3
64834		1
64835		1
64836		1
64837		2
64840		1
64856		2
64857		2
64858		1
64859		2
64861		1
64862		1
64864		2
64865		1
64866		1
64868		1
64872		1
64874		1
64876		1
64885		1
64886		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
64890		2
64891		2
64892		2
64893		2
64895		2
64896		2
64897		2
64898		2
64901		2
64902		1
64905		1
64907		1
64910		3
64911		2
64912		3
64913		3
64999		1
65091		1
65093		1
65101		1
65103		1
65105		1
65110		1
65112		1
65114		1
65125		1
65130		1
65135		1
65140		1
65150		1
65155		1
65175		1
65205		1
65210		1
65220		1
65222		1
65235		1
65260		1
65265		1
65270		1
65272		1
65273		1
65275		1
65280		1
65285		1
65286		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
65290		1
65400		1
65410		1
65420		1
65426		1
65430		1
65435		1
65436		1
65450		1
65600		1
65710		1
65730		1
65750		1
65755		1
65756		1
65757		1
65760		1
65765		1
65767		1
65770		1
65771		1
65772		1
65775		1
65778		1
65779		1
65780		1
65781		1
65782		1
65785		1
65800		1
65810		1
65815		1
65820		1
65850		1
65855		1
65860		1
65865		1
65870		1
65875		1
65880		1
65900		1
65920		1
65930		1
66020		1
66030		1
66130		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
66150		1
66155		1
66160		1
66170		1
66172		1
66174		1
66175		1
66179		1
66180		1
66183		1
66184		1
66185		1
66225		1
66250		1
66500		1
66505		1
66600		1
66605		1
66625		1
66630		1
66635		1
66680		1
66682		1
66700		1
66710		1
66711		1
66720		1
66740		1
66761		1
66762		1
66770		1
66820		1
66821		1
66825		1
66830		1
66840		1
66850		1
66852		1
66920		1
66930		1
66940		1
66982		1
66983		1
66984		1
66985		1
66986		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
66987		TBD
66988		TBD
66990		1
66999		1
67005		1
67010		1
67015		1
67025		1
67027		1
67028		1
67030		1
67031		1
67036		1
67039		1
67040		1
67041		1
67042		1
67043		1
67101		1
67105		1
67107		1
67108		1
67110		1
67113		1
67115		1
67120		1
67121		1
67141		1
67145		1
67208		1
67210		1
67218		1
67220		1
67221		1
67225		1
67227		1
67228		1
67229		1
67250		1
67255		1
67299		1
67311		1
67312		1
67314		1
67316		1
67318		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
67320		2
67331		1
67332		1
67334		1
67335		1
67340		2
67343		1
67345		1
67346		1
67399		1
67400		1
67405		1
67412		1
67413		1
67414		1
67415		1
67420		1
67430		1
67440		1
67445		1
67450		1
67500		1
67505		1
67515		1
67550		1
67560		1
67570		1
67599		1
67700		2
67710		1
67715		1
67800		1
67801		1
67805		1
67808		1
67810		2
67820		1
67825		1
67830		1
67835		1
67840		4
67850		3
67875		1
67880		1
67882		1
67900		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
67901		1
67902		1
67903		1
67904		1
67906		1
67908		1
67909		1
67911		4
67912		1
67914		2
67915		2
67916		2
67917		2
67921		2
67922		2
67923		2
67924		2
67930		2
67935		2
67938		2
67950		2
67961		4
67966		4
67971		1
67973		1
67974		1
67975		1
67999		1
68020		1
68040		1
68100		1
68110		1
68115		1
68130		1
68135		1
68200		1
68320		1
68325		1
68326		2
68328		2
68330		1
68335		1
68340		1
68360		1
68362		1
68371		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
68399		1
68400		1
68420		1
68440		2
68500		1
68505		1
68510		1
68520		1
68525		1
68530		1
68540		1
68550		1
68700		1
68705		2
68720		1
68745		1
68750		1
68760		4
68761		4
68770		1
68801		4
68810		1
68811		1
68815		1
68816		1
68840		1
68850		1
68899		1
69000		1
69005		1
69020		1
69100		3
69105		1
69110		1
69120		1
69140		1
69145		1
69150		1
69155		1
69200		1
69205		1
69209		1
69210		1
69220		1
69222		1
69300		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
69310		1
69320		1
69399		1
69420		1
69421		1
69424		1
69433		1
69436		1
69440		1
69450		1
69501		1
69502		1
69505		1
69511		1
69530		1
69535		1
69540		1
69550		1
69552		1
69554		1
69601		1
69602		1
69603		1
69604		1
69605		1
69610		1
69620		1
69631		1
69632		1
69633		1
69635		1
69636		1
69637		1
69641		1
69642		1
69643		1
69644		1
69645		1
69646		1
69650		1
69660		1
69661		1
69662		1
69666		1
69667		1
69670		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
69676		1
69700		1
69710		1
69711		1
69714		1
69715		1
69717		1
69718		1
69720		1
69725		1
69740		1
69745		1
69799		1
69801		1
69805		1
69806		1
69905		1
69910		1
69915		1
69930		1
69949		1
69950		1
69955		1
69960		1
69970		1
69979		1
69990		1
70010		1
70015		1
70015	26	1
70015	TC	1
70030		2
70030	26	2
70030	TC	2
70100		2
70100	26	2
70100	TC	2
70110		2
70110	26	2
70110	TC	2
70120		2
70120	26	2
70120	TC	2
70130		2
70130	26	2
70130	TC	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
70134		1
70134	26	1
70134	TC	1
70140		2
70140	26	2
70140	TC	2
70150		1
70150	26	1
70150	TC	1
70160		1
70160	26	1
70160	TC	1
70170		2
70170	26	2
70170	TC	2
70190		1
70190	26	1
70190	TC	1
70200		2
70200	26	2
70200	TC	2
70210		1
70210	26	1
70210	TC	1
70220		1
70220	26	1
70220	TC	1
70240		1
70240	26	1
70240	TC	1
70250		2
70250	26	2
70250	TC	2
70260		1
70260	26	1
70260	TC	1
70300		1
70300	26	1
70300	TC	1
70310		1
70310	26	1
70310	TC	1
70320		1
70320	26	1
70320	TC	1
70328		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
70328	26	1
70328	TC	1
70330		1
70330	26	1
70330	TC	1
70332		2
70332	26	2
70332	TC	2
70336		1
70336	26	1
70336	TC	1
70350		1
70350	26	1
70350	TC	1
70355		1
70355	26	1
70355	TC	1
70360		2
70360	26	2
70360	TC	2
70370		1
70370	26	1
70370	TC	1
70371		1
70371	26	1
70371	TC	1
70380		2
70380	26	2
70380	TC	2
70390		2
70390	26	2
70390	TC	2
70450		3
70450	26	3
70450	TC	3
70460		1
70460	26	1
70460	TC	1
70470		2
70470	26	2
70470	TC	2
70480		1
70480	26	1
70480	TC	1
70481		1
70481	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
70481	TC	1
70482		1
70482	26	1
70482	TC	1
70486		1
70486	26	1
70486	TC	1
70487		1
70487	26	1
70487	TC	1
70488		1
70488	26	1
70488	TC	1
70490		1
70490	26	1
70490	TC	1
70491		1
70491	26	1
70491	TC	1
70492		1
70492	26	1
70492	TC	1
70496		2
70496	26	2
70496	TC	2
70498		2
70498	26	2
70498	TC	2
70540		1
70540	26	1
70540	TC	1
70542		1
70542	26	1
70542	TC	1
70543		1
70543	26	1
70543	TC	1
70544		2
70544	26	2
70544	TC	2
70545		1
70545	26	1
70545	TC	1
70546		1
70546	26	1
70546	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
70547		1
70547	26	1
70547	TC	1
70548		1
70548	26	1
70548	TC	1
70549		1
70549	26	1
70549	TC	1
70551		2
70551	26	2
70551	TC	2
70552		2
70552	26	2
70552	TC	2
70553		2
70553	26	2
70553	TC	2
70554		1
70554	26	1
70554	TC	1
70555		1
70555	26	1
70555	TC	1
70557	26	1
70558	26	1
70559	26	1
71045		6
71045	26	6
71045	TC	6
71046		4
71046	26	4
71046	TC	4
71047		4
71047	26	4
71047	TC	4
71048		1
71048	26	1
71048	TC	1
71100		2
71100	26	2
71100	TC	2
71101		2
71101	26	2
71101	TC	2
71110		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
71110	26	1
71110	TC	1
71111		1
71111	26	1
71111	TC	1
71120		1
71120	26	1
71120	TC	1
71130		1
71130	26	1
71130	TC	1
71250		2
71250	26	2
71250	TC	2
71260		2
71260	26	2
71260	TC	2
71270		1
71270	26	1
71270	TC	1
71275		1
71275	26	1
71275	TC	1
71550		1
71550	26	1
71550	TC	1
71551		1
71551	26	1
71551	TC	1
71552		1
71552	26	1
71552	TC	1
71555		1
71555	26	1
71555	TC	1
72020		4
72020	26	4
72020	TC	4
72040		3
72040	26	3
72040	TC	3
72050		1
72050	26	1
72050	TC	1
72052		1
72052	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
72052	TC	1
72070		1
72070	26	1
72070	TC	1
72072		1
72072	26	1
72072	TC	1
72074		1
72074	26	1
72074	TC	1
72080		1
72080	26	1
72080	TC	1
72081		1
72081	26	1
72081	TC	1
72082		1
72082	26	1
72082	TC	1
72083		1
72083	26	1
72083	TC	1
72084		1
72084	26	1
72084	TC	1
72100		2
72100	26	2
72100	TC	2
72110		1
72110	26	1
72110	TC	1
72114		1
72114	26	1
72114	TC	1
72120		1
72120	26	1
72120	TC	1
72125		1
72125	26	1
72125	TC	1
72126		1
72126	26	1
72126	TC	1
72127		1
72127	26	1
72127	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
72128		1
72128	26	1
72128	TC	1
72129		1
72129	26	1
72129	TC	1
72130		1
72130	26	1
72130	TC	1
72131		1
72131	26	1
72131	TC	1
72132		1
72132	26	1
72132	TC	1
72133		1
72133	26	1
72133	TC	1
72141		1
72141	26	1
72141	TC	1
72142		1
72142	26	1
72142	TC	1
72146		1
72146	26	1
72146	TC	1
72147		1
72147	26	1
72147	TC	1
72148		1
72148	26	1
72148	TC	1
72149		1
72149	26	1
72149	TC	1
72156		1
72156	26	1
72156	TC	1
72157		1
72157	26	1
72157	TC	1
72158		1
72158	26	1
72158	TC	1
72159		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
72159	26	1
72159	TC	1
72170		2
72170	26	2
72170	TC	2
72190		1
72190	26	1
72190	TC	1
72191		1
72191	26	1
72191	TC	1
72192		1
72192	26	1
72192	TC	1
72193		1
72193	26	1
72193	TC	1
72194		1
72194	26	1
72194	TC	1
72195		1
72195	26	1
72195	TC	1
72196		1
72196	26	1
72196	TC	1
72197		1
72197	26	1
72197	TC	1
72198		1
72198	26	1
72198	TC	1
72200		2
72200	26	2
72200	TC	2
72202		1
72202	26	1
72202	TC	1
72220		1
72220	26	1
72220	TC	1
72240		1
72240	26	1
72240	TC	1
72255		1
72255	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
72255	TC	1
72265		1
72265	26	1
72265	TC	1
72270		1
72270	26	1
72270	TC	1
72275		3
72275	26	3
72275	TC	3
72285		4
72285	26	4
72285	TC	4
72295		5
72295	26	5
72295	TC	5
73000		2
73000	26	2
73000	TC	2
73010		2
73010	26	2
73010	TC	2
73020		2
73020	26	2
73020	TC	2
73030		4
73030	26	4
73030	TC	4
73040		2
73040	26	2
73040	TC	2
73050		1
73050	26	1
73050	TC	1
73060		2
73060	26	2
73060	TC	2
73070		2
73070	26	2
73070	TC	2
73080		2
73080	26	2
73080	TC	2
73085		2
73085	26	2
73085	TC	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
73090		2
73090	26	2
73090	TC	2
73092		2
73092	26	2
73092	TC	2
73100		2
73100	26	2
73100	TC	2
73110		3
73110	26	3
73110	TC	3
73115		2
73115	26	2
73115	TC	2
73120		3
73120	26	3
73120	TC	3
73130		3
73130	26	3
73130	TC	3
73140		3
73140	26	3
73140	TC	3
73200		2
73200	26	2
73200	TC	2
73201		2
73201	26	2
73201	TC	2
73202		2
73202	26	2
73202	TC	2
73206		2
73206	26	2
73206	TC	2
73218		2
73218	26	2
73218	TC	2
73219		2
73219	26	2
73219	TC	2
73220		2
73220	26	2
73220	TC	2
73221		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
73221	26	2
73221	TC	2
73222		2
73222	26	2
73222	TC	2
73223		2
73223	26	2
73223	TC	2
73225		2
73225	26	2
73225	TC	2
73501		2
73501	26	2
73501	TC	2
73502		2
73502	26	2
73502	TC	2
73503		2
73503	26	2
73503	TC	2
73521		2
73521	26	2
73521	TC	2
73522		2
73522	26	2
73522	TC	2
73523		2
73523	26	2
73523	TC	2
73525		2
73525	26	2
73525	TC	2
73551		2
73551	26	2
73551	TC	2
73552		2
73552	26	2
73552	TC	2
73560		4
73560	26	4
73560	TC	4
73562		4
73562	26	4
73562	TC	4
73564		4
73564	26	4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
73564	TC	4
73565		1
73565	26	1
73565	TC	1
73580		2
73580	26	2
73580	TC	2
73590		3
73590	26	3
73590	TC	3
73592		2
73592	26	2
73592	TC	2
73600		3
73600	26	3
73600	TC	3
73610		3
73610	26	3
73610	TC	3
73615		2
73615	26	2
73615	TC	2
73620		3
73620	26	3
73620	TC	3
73630		3
73630	26	3
73630	TC	3
73650		2
73650	26	2
73650	TC	2
73660		2
73660	26	2
73660	TC	2
73700		2
73700	26	2
73700	TC	2
73701		2
73701	26	2
73701	TC	2
73702		2
73702	26	2
73702	TC	2
73706		2
73706	26	2
73706	TC	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
73718		2
73718	26	2
73718	TC	2
73719		2
73719	26	2
73719	TC	2
73720		2
73720	26	2
73720	TC	2
73721		3
73721	26	3
73721	TC	3
73722		2
73722	26	2
73722	TC	2
73723		2
73723	26	2
73723	TC	2
73725		2
73725	26	2
73725	TC	2
74018		4
74018	26	4
74018	TC	4
74019		2
74019	26	2
74019	TC	2
74021		2
74021	26	2
74021	TC	2
74022		2
74022	26	2
74022	TC	2
74150		1
74150	26	1
74150	TC	1
74160		1
74160	26	1
74160	TC	1
74170		1
74170	26	1
74170	TC	1
74174		1
74174	26	1
74174	TC	1
74175		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
74175	26	1
74175	TC	1
74176		2
74176	26	2
74176	TC	2
74177		2
74177	26	2
74177	TC	2
74178		1
74178	26	1
74178	TC	1
74181		1
74181	26	1
74181	TC	1
74182		1
74182	26	1
74182	TC	1
74183		1
74183	26	1
74183	TC	1
74185		1
74185	26	1
74185	TC	1
74190		1
74190	26	1
74190	TC	1
74210		1
74210	26	1
74210	TC	1
74220		1
74220	26	1
74220	TC	1
74221		TBD
74221	TC	TBD
74221	26	TBD
74230		1
74230	26	1
74230	TC	1
74235		1
74235	26	1
74235	TC	1
74240		2
74240	26	2
74240	TC	2
74246		1
74246	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
74246	TC	1
74248		TBD
74250		1
74250	26	1
74250	TC	1
74251		1
74251	26	1
74251	TC	1
74261		1
74261	26	1
74261	TC	1
74262		1
74262	26	1
74262	TC	1
74263		1
74263	26	1
74263	TC	1
74270		1
74270	26	1
74270	TC	1
74280		1
74280	26	1
74280	TC	1
74283		1
74283	26	1
74283	TC	1
74290		1
74290	26	1
74290	TC	1
74300		1
74300	26	1
74300	TC	1
74301		1
74301	26	1
74301	TC	1
74328	26	1
74329	26	1
74330	26	1
74340		1
74340	26	1
74340	TC	1
74355		1
74355	26	1
74355	TC	1
74360		1
74360	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
74360	TC	1
74363		2
74363	26	2
74363	TC	2
74400		1
74400	26	1
74400	TC	1
74410		1
74410	26	1
74410	TC	1
74415		1
74415	26	1
74415	TC	1
74420		2
74420	26	2
74420	TC	2
74425		2
74425	26	2
74425	TC	2
74430		1
74430	26	1
74430	TC	1
74440		1
74440	26	1
74440	TC	1
74445		1
74445	26	1
74445	TC	1
74450		1
74450	26	1
74450	TC	1
74455		1
74455	26	1
74455	TC	1
74470		2
74470	26	2
74470	TC	2
74485		2
74485	26	2
74485	TC	2
74710		1
74710	26	1
74710	TC	1
74712		1
74712	26	1
74712	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
74713		2
74713	26	2
74713	TC	2
74740		1
74740	26	1
74740	TC	1
74742		2
74742	26	2
74742	TC	2
74775		1
74775	26	1
74775	TC	1
75557		1
75557	26	1
75557	TC	1
75559		1
75559	26	1
75559	TC	1
75561		1
75561	26	1
75561	TC	1
75563		1
75563	26	1
75563	TC	1
75565		1
75565	26	1
75565	TC	1
75571		1
75571	26	1
75571	TC	1
75572		1
75572	26	1
75572	TC	1
75573		1
75573	26	1
75573	TC	1
75574		1
75574	26	1
75574	TC	1
75600		1
75600	26	1
75600	TC	1
75605		1
75605	26	1
75605	TC	1
75625		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
75625	26	1
75625	TC	1
75630		1
75630	26	1
75630	TC	1
75635		1
75635	26	1
75635	TC	1
75705		20
75705	26	20
75705	TC	20
75710		2
75710	26	2
75710	TC	2
75716		1
75716	26	1
75716	TC	1
75726		3
75726	26	3
75726	TC	3
75731		1
75731	26	1
75731	TC	1
75733		1
75733	26	1
75733	TC	1
75736		2
75736	26	2
75736	TC	2
75741		1
75741	26	1
75741	TC	1
75743		1
75743	26	1
75743	TC	1
75746		1
75746	26	1
75746	TC	1
75756		2
75756	26	2
75756	TC	2
75774		7
75774	26	7
75774	TC	7
75801		1
75801	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
75801	TC	1
75803		1
75803	26	1
75803	TC	1
75805		1
75805	26	1
75805	TC	1
75807		1
75807	26	1
75807	TC	1
75809		1
75809	26	1
75809	TC	1
75810		1
75810	26	1
75810	TC	1
75820		2
75820	26	2
75820	TC	2
75822		1
75822	26	1
75822	TC	1
75825		1
75825	26	1
75825	TC	1
75827		1
75827	26	1
75827	TC	1
75831		1
75831	26	1
75831	TC	1
75833		1
75833	26	1
75833	TC	1
75840		1
75840	26	1
75840	TC	1
75842		1
75842	26	1
75842	TC	1
75860		2
75860	26	2
75860	TC	2
75870		1
75870	26	1
75870	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
75872		1
75872	26	1
75872	TC	1
75880		1
75880	26	1
75880	TC	1
75885		1
75885	26	1
75885	TC	1
75887		1
75887	26	1
75887	TC	1
75889		1
75889	26	1
75889	TC	1
75891		1
75891	26	1
75891	TC	1
75893		2
75893	26	2
75893	TC	2
75894		2
75894	26	2
75894	TC	2
75898		2
75898	26	2
75898	TC	2
75901		1
75901	26	1
75901	TC	1
75902		2
75902	26	2
75902	TC	2
75956	26	1
75957	26	1
75958	26	2
75959	26	1
75970		1
75970	26	1
75970	TC	1
75984		2
75984	26	2
75984	TC	2
75989		2
75989	26	2
75989	TC	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76000		3
76000	26	3
76000	TC	3
76010		2
76010	26	2
76010	TC	2
76080		3
76080	26	3
76080	TC	3
76098		3
76098	26	3
76098	TC	3
76100		2
76100	26	2
76100	TC	2
76101		1
76101	26	1
76101	TC	1
76102		1
76102	26	1
76102	TC	1
76120		1
76120	26	1
76120	TC	1
76125		1
76125	26	1
76125	TC	1
76140		1
76376		2
76376	26	2
76376	TC	2
76377		2
76377	26	2
76377	TC	2
76380		2
76380	26	2
76380	TC	2
76390		1
76390	26	1
76390	TC	1
76391		1
76391	26	1
76391	TC	1
76496		1
76496	26	1
76496	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76497		1
76497	26	1
76497	TC	1
76498		1
76498	26	1
76498	TC	1
76499		1
76499	26	1
76499	TC	1
76506		1
76506	26	1
76506	TC	1
76510		2
76510	26	2
76510	TC	2
76511		2
76511	26	2
76511	TC	2
76512		2
76512	26	2
76512	TC	2
76513		2
76513	26	2
76513	TC	2
76514		1
76514	26	1
76514	TC	1
76516		1
76516	26	1
76516	TC	1
76519		2
76519	26	2
76519	TC	2
76529		2
76529	26	2
76529	TC	2
76536		1
76536	26	1
76536	TC	1
76604		1
76604	26	1
76604	TC	1
76641		2
76641	26	2
76641	TC	2
76642		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76642	26	2
76642	TC	2
76700		1
76700	26	1
76700	TC	1
76705		2
76705	26	2
76705	TC	2
76706		1
76706	26	1
76706	TC	1
76770		1
76770	26	1
76770	TC	1
76775		2
76775	26	2
76775	TC	2
76776		2
76776	26	2
76776	TC	2
76800		1
76800	26	1
76800	TC	1
76801		1
76801	26	1
76801	TC	1
76802		2
76802	26	2
76802	TC	2
76805		1
76805	26	1
76805	TC	1
76810		2
76810	26	2
76810	TC	2
76811		1
76811	26	1
76811	TC	1
76812		2
76812	26	2
76812	TC	2
76813		1
76813	26	1
76813	TC	1
76814		2
76814	26	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76814	TC	2
76815		1
76815	26	1
76815	TC	1
76816		3
76816	26	3
76816	TC	3
76817		1
76817	26	1
76817	TC	1
76818		3
76818	26	3
76818	TC	3
76819		3
76819	26	3
76819	TC	3
76820		3
76820	26	3
76820	TC	3
76821		3
76821	26	3
76821	TC	3
76825		3
76825	26	3
76825	TC	3
76826		3
76826	26	3
76826	TC	3
76827		3
76827	26	3
76827	TC	3
76828		3
76828	26	3
76828	TC	3
76830		1
76830	26	1
76830	TC	1
76831		1
76831	26	1
76831	TC	1
76856		1
76856	26	1
76856	TC	1
76857		1
76857	26	1
76857	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76870		1
76870	26	1
76870	TC	1
76872		1
76872	26	1
76872	TC	1
76873		1
76873	26	1
76873	TC	1
76881		2
76881	26	2
76881	TC	2
76882		2
76882	26	2
76882	TC	2
76885		1
76885	26	1
76885	TC	1
76886		1
76886	26	1
76886	TC	1
76932		1
76932	26	1
76932	TC	1
76936		1
76936	26	1
76936	TC	1
76937		2
76937	26	2
76937	TC	2
76940		1
76940	26	1
76940	TC	1
76941		3
76941	26	3
76941	TC	3
76942		1
76942	26	1
76942	TC	1
76945		1
76945	26	1
76945	TC	1
76946		1
76946	26	1
76946	TC	1
76948		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
76948	26	1
76948	TC	1
76965		2
76965	26	2
76965	TC	2
76970		2
76970	26	2
76970	TC	2
76975		1
76975	26	1
76975	TC	1
76977		1
76977	26	1
76977	TC	1
76978		1
76978	26	1
76978	TC	1
76979		3
76979	26	3
76979	TC	3
76981		1
76981	26	1
76981	TC	1
76982		1
76982	26	1
76982	TC	1
76983		3
76983	26	3
76983	TC	3
76998		1
76998	26	1
76998	TC	1
76999		1
76999	26	1
76999	TC	1
77001		2
77001	26	2
77001	TC	2
77002		1
77002	26	1
77002	TC	1
77003		1
77003	26	1
77003	TC	1
77011		1
77011	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77011	TC	1
77012		1
77012	26	1
77012	TC	1
77013		1
77013	26	1
77013	TC	1
77014		2
77014	26	2
77014	TC	2
77021		1
77021	26	1
77021	TC	1
77022		1
77022	26	1
77022	TC	1
77046		1
77046	26	1
77046	TC	1
77047		1
77047	26	1
77047	TC	1
77048		1
77048	26	1
77048	TC	1
77049		1
77049	26	1
77049	TC	1
77053		2
77053	26	2
77053	TC	2
77054		2
77054	26	2
77054	TC	2
77061		1
77061	26	1
77061	TC	1
77062		1
77062	26	1
77062	TC	1
77063		1
77063	26	1
77063	TC	1
77065		1
77065	26	1
77065	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77066		1
77066	26	1
77066	TC	1
77067		1
77067	26	1
77067	TC	1
77071		1
77072		1
77072	26	1
77072	TC	1
77073		1
77073	26	1
77073	TC	1
77074		1
77074	26	1
77074	TC	1
77075		1
77075	26	1
77075	TC	1
77076		1
77076	26	1
77076	TC	1
77077		1
77077	26	1
77077	TC	1
77078		1
77078	26	1
77078	TC	1
77080		1
77080	26	1
77080	TC	1
77081		1
77081	26	1
77081	TC	1
77084		1
77084	26	1
77084	TC	1
77085		1
77085	26	1
77085	TC	1
77086		1
77086	26	1
77086	TC	1
77261		1
77262		1
77263		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77280		2
77280	26	2
77280	TC	2
77285		1
77285	26	1
77285	TC	1
77290		1
77290	26	1
77290	TC	1
77293		1
77293	26	1
77293	TC	1
77295		1
77295	26	1
77295	TC	1
77299		1
77299	26	1
77299	TC	1
77300		10
77300	26	10
77300	TC	10
77301		1
77301	26	1
77301	TC	1
77306		1
77306	26	1
77306	TC	1
77307		1
77307	26	1
77307	TC	1
77316		1
77316	26	1
77316	TC	1
77317		1
77317	26	1
77317	TC	1
77318		1
77318	26	1
77318	TC	1
77321		1
77321	26	1
77321	TC	1
77331		3
77331	26	3
77331	TC	3
77332		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77332	26	4
77332	TC	4
77333		2
77333	26	2
77333	TC	2
77334		10
77334	26	10
77334	TC	10
77336		1
77338		1
77338	26	1
77338	TC	1
77370		1
77371		1
77372		1
77373		1
77385		1
77386		1
77387		1
77399		1
77399	26	1
77399	TC	1
77401		1
77402		2
77407		2
77412		2
77417		1
77423		1
77424		1
77425		1
77427		1
77431		1
77432		1
77435		1
77469		1
77470		1
77470	26	1
77470	TC	1
77499		1
77499	26	1
77499	TC	1
77520		1
77522		1
77523		1
77525		1
77600		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77600	26	1
77600	TC	1
77605		1
77605	26	1
77605	TC	1
77610		1
77610	26	1
77610	TC	1
77615		1
77615	26	1
77615	TC	1
77620		1
77620	26	1
77620	TC	1
77750		1
77750	26	1
77750	TC	1
77761		1
77761	26	1
77761	TC	1
77762		1
77762	26	1
77762	TC	1
77763		1
77763	26	1
77763	TC	1
77767		2
77767	26	2
77767	TC	2
77768		2
77768	26	2
77768	TC	2
77770		2
77770	26	2
77770	TC	2
77771		2
77771	26	2
77771	TC	2
77772		2
77772	26	2
77772	TC	2
77778		1
77778	26	1
77778	TC	1
77789		2
77789	26	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
77789	TC	2
77790		1
77799		1
77799	26	1
77799	TC	1
78012		1
78012	26	1
78012	TC	1
78013		1
78013	26	1
78013	TC	1
78014		1
78014	26	1
78014	TC	1
78015		1
78015	26	1
78015	TC	1
78016		1
78016	26	1
78016	TC	1
78018		1
78018	26	1
78018	TC	1
78020		1
78020	26	1
78020	TC	1
78070		1
78070	26	1
78070	TC	1
78071		1
78071	26	1
78071	TC	1
78072		1
78072	26	1
78072	TC	1
78075		1
78075	26	1
78075	TC	1
78099		1
78099	26	1
78099	TC	1
78102		1
78102	26	1
78102	TC	1
78103		1
78103	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78103	TC	1
78104		1
78104	26	1
78104	TC	1
78110		1
78110	26	1
78110	TC	1
78111		1
78111	26	1
78111	TC	1
78120		1
78120	26	1
78120	TC	1
78121		1
78121	26	1
78121	TC	1
78122		1
78122	26	1
78122	TC	1
78130		1
78130	26	1
78130	TC	1
78135		1
78135	26	1
78135	TC	1
78140		1
78140	26	1
78140	TC	1
78185		1
78185	26	1
78185	TC	1
78191		1
78191	26	1
78191	TC	1
78195		1
78195	26	1
78195	TC	1
78199		1
78199	26	1
78199	TC	1
78201		1
78201	26	1
78201	TC	1
78202		1
78202	26	1
78202	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78215		1
78215	26	1
78215	TC	1
78216		1
78216	26	1
78216	TC	1
78226		1
78226	26	1
78226	TC	1
78227		1
78227	26	1
78227	TC	1
78230		1
78230	26	1
78230	TC	1
78231		1
78231	26	1
78231	TC	1
78232		1
78232	26	1
78232	TC	1
78258		1
78258	26	1
78258	TC	1
78261		1
78261	26	1
78261	TC	1
78262		1
78262	26	1
78262	TC	1
78264		1
78264	26	1
78264	TC	1
78265		1
78265	26	1
78265	TC	1
78266		1
78266	26	1
78266	TC	1
78267		1
78268		1
78278		2
78278	26	2
78278	TC	2
78282		1
78282	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78282	TC	1
78290		1
78290	26	1
78290	TC	1
78291		1
78291	26	1
78291	TC	1
78299		1
78299	26	1
78299	TC	1
78300		1
78300	26	1
78300	TC	1
78305		1
78305	26	1
78305	TC	1
78306		1
78306	26	1
78306	TC	1
78315		1
78315	26	1
78315	TC	1
78350		1
78350	26	1
78350	TC	1
78351		1
78399		1
78399	26	1
78399	TC	1
78414		1
78414	26	1
78414	TC	1
78428		1
78428	26	1
78428	TC	1
78429		TBD
78429	TC	TBD
78429	26	TBD
78430		TBD
78430	TC	TBD
78430	26	TBD
78431		TBD
78431	TC	TBD
78431	26	TBD
78432		TBD
78432	TC	TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78432	26	TBD
78433		TBD
78433	TC	TBD
78433	26	TBD
78434		TBD
78445		1
78445	26	1
78445	TC	1
78451		1
78451	26	1
78451	TC	1
78452		1
78452	26	1
78452	TC	1
78453		1
78453	26	1
78453	TC	1
78454		1
78454	26	1
78454	TC	1
78456		1
78456	26	1
78456	TC	1
78457		1
78457	26	1
78457	TC	1
78458		1
78458	26	1
78458	TC	1
78459		1
78459	26	1
78459	TC	1
78466		1
78466	26	1
78466	TC	1
78468		1
78468	26	1
78468	TC	1
78469		1
78469	26	1
78469	TC	1
78472		1
78472	26	1
78472	TC	1
78473		1
78473	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78473	TC	1
78481		1
78481	26	1
78481	TC	1
78483		1
78483	26	1
78483	TC	1
78491		1
78491	26	1
78491	TC	1
78492		1
78492	26	1
78492	TC	1
78494		1
78494	26	1
78494	TC	1
78496		1
78496	26	1
78496	TC	1
78499		1
78499	26	1
78499	TC	1
78579		1
78579	26	1
78579	TC	1
78580		1
78580	26	1
78580	TC	1
78582		1
78582	26	1
78582	TC	1
78597		1
78597	26	1
78597	TC	1
78598		1
78598	26	1
78598	TC	1
78599		1
78599	26	1
78599	TC	1
78600		1
78600	26	1
78600	TC	1
78601		1
78601	26	1
78601	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78605		1
78605	26	1
78605	TC	1
78606		1
78606	26	1
78606	TC	1
78608		1
78608	26	1
78608	TC	1
78609		1
78609	26	1
78609	TC	1
78610		1
78610	26	1
78610	TC	1
78630		1
78630	26	1
78630	TC	1
78635		1
78635	26	1
78635	TC	1
78645		1
78645	26	1
78645	TC	1
78650		1
78650	26	1
78650	TC	1
78660		1
78660	26	1
78660	TC	1
78699		1
78699	26	1
78699	TC	1
78700		1
78700	26	1
78700	TC	1
78701		1
78701	26	1
78701	TC	1
78707		1
78707	26	1
78707	TC	1
78708		1
78708	26	1
78708	TC	1
78709		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78709	26	1
78709	TC	1
78725		1
78725	26	1
78725	TC	1
78730		1
78730	26	1
78730	TC	1
78740		1
78740	26	1
78740	TC	1
78761		1
78761	26	1
78761	TC	1
78799		1
78799	26	1
78799	TC	1
78800		1
78800	26	1
78800	TC	1
78801		1
78801	26	1
78801	TC	1
78802		1
78802	26	1
78802	TC	1
78803		1
78803	26	1
78803	TC	1
78804		1
78804	26	1
78804	TC	1
78808		1
78811		1
78811	26	1
78811	TC	1
78812		1
78812	26	1
78812	TC	1
78813		1
78813	26	1
78813	TC	1
78814		1
78814	26	1
78814	TC	1
78815		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
78815	26	1
78815	TC	1
78816		1
78816	26	1
78816	TC	1
78830		TBD
78830	TC	TBD
78830	26	TBD
78831		TBD
78831	TC	TBD
78831	26	TBD
78832		TBD
78832	TC	TBD
78832	26	TBD
78835		TBD
78999		1
78999	26	1
78999	TC	1
79005		1
79005	26	1
79005	TC	1
79101		1
79101	26	1
79101	TC	1
79200		1
79200	26	1
79200	TC	1
79300	26	1
79403		1
79403	26	1
79403	TC	1
79440		1
79440	26	1
79440	TC	1
79445	26	1
79999		1
79999	26	1
79999	TC	1
80047		2
80048		2
80050		1
80051		2
80053		1
80055		1
80061		1
80069		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
80074		1
80076		1
80081		1
80145		TBD
80150		2
80155		1
80156		2
80157		2
80158		2
80159		2
80162		2
80163		2
80164		2
80165		2
80168		2
80169		1
80170		2
80171		1
80173		2
80175		1
80176		1
80177		1
80178		2
80180		1
80183		1
80184		2
80185		2
80186		2
80187		TBD
80188		2
80190		2
80192		2
80194		2
80195		2
80197		2
80198		2
80199		1
80200		2
80201		2
80202		2
80203		1
80230		TBD
80235		TBD
80280		TBD
80285		TBD
80299		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
80305		1
80306		1
80307		1
80320		1
80321		1
80322		1
80323		1
80324		1
80325		1
80326		1
80327		1
80328		1
80329		1
80330		1
80331		1
80332		1
80333		1
80334		1
80335		1
80336		1
80337		1
80338		1
80339		1
80340		1
80341		1
80342		1
80343		1
80344		1
80345		1
80346		1
80347		1
80348		1
80349		1
80350		1
80351		1
80352		1
80353		1
80354		1
80355		1
80356		1
80357		1
80358		1
80359		1
80360		1
80361		1
80362		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
80363		1
80364		1
80365		1
80366		1
80367		1
80368		1
80369		1
80370		1
80371		1
80372		1
80373		1
80374		1
80375		1
80376		1
80377		1
80400		1
80402		1
80406		1
80408		1
80410		1
80412		1
80414		1
80415		1
80416		1
80417		1
80418		1
80420		1
80422		1
80424		1
80426		1
80428		1
80430		1
80432		1
80434		1
80435		1
80436		1
80438		1
80439		1
80500		1
80502		1
81000		2
81001		2
81002		2
81003		2
81005		2
81007		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81015		2
81020		1
81025		1
81050		2
81099		1
81120		1
81121		1
81161		1
81162		1
81163		1
81164		1
81165		1
81166		1
81167		1
81170		1
81171		1
81172		1
81173		1
81174		1
81175		1
81176		1
81177		1
81178		1
81179		1
81180		1
81181		1
81182		1
81183		1
81184		1
81185		1
81186		1
81187		1
81188		1
81189		1
81190		1
81201		1
81202		1
81203		1
81204		1
81206		1
81207		1
81208		1
81210		1
81212		1
81215		1
81216		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81217		1
81218		1
81219		1
81225		1
81226		1
81227		1
81230		1
81231		1
81232		1
81233		1
81234		1
81235		1
81236		1
81237		1
81238		1
81239		1
81240		1
81241		1
81242		1
81245		1
81246		1
81247		1
81248		1
81249		1
81252		1
81253		1
81254		1
81256		1
81258		1
81259		1
81261		1
81262		1
81263		1
81264		1
81265		1
81266		2
81267		1
81268		4
81269		1
81270		1
81271		1
81272		1
81273		1
81274		1
81275		1
81276		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81277		TBD
81283		1
81284		1
81285		1
81286		1
81287		1
81288		1
81289		1
81291		1
81292		1
81293		1
81294		1
81295		1
81296		1
81297		1
81298		1
81299		1
81300		1
81301		1
81305		1
81306		1
81307		TBD
81308		TBD
81309		TBD
81310		1
81311		1
81312		1
81313		1
81314		1
81315		1
81316		1
81317		1
81318		1
81319		1
81320		1
81321		1
81322		1
81323		1
81324		1
81325		1
81326		1
81327		1
81328		1
81329		1
81332		1
81333		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81334		1
81335		1
81336		1
81337		1
81340		1
81341		1
81342		1
81343		1
81344		1
81345		1
81346		1
81350		1
81355		1
81361		1
81362		1
81363		1
81364		1
81370		1
81371		1
81372		1
81373		2
81374		1
81375		1
81376		5
81377		2
81378		1
81379		1
81380		2
81381		3
81382		6
81383		2
81410		1
81411		1
81412		1
81413		1
81414		1
81415		1
81416		2
81417		1
81420		1
81422		1
81425		1
81426		2
81427		1
81430		1
81431		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81432		1
81433		1
81434		1
81435		1
81436		1
81437		1
81438		1
81439		1
81440		1
81442		1
81443		1
81445		1
81448		1
81450		1
81455		1
81460		1
81465		1
81470		1
81471		1
81479		3
81490		1
81493		1
81500		1
81503		1
81504		1
81506		1
81507		1
81508		1
81509		1
81510		1
81511		1
81512		1
81518		1
81519		1
81520		2
81521		2
81522		TBD
81525		1
81528		1
81535		1
81536		11
81538		1
81539		1
81540		1
81541		1
81542		TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
81545		1
81551		1
81552		TBD
81595		1
81596		1
81599		1
82009		1
82010		1
82013		1
82016		1
82017		1
82024		4
82030		1
82040		1
82042		2
82043		1
82044		1
82045		1
82075		2
82085		1
82088		2
82103		1
82104		1
82105		1
82106		2
82107		1
82108		1
82120		1
82127		1
82128		2
82131		2
82135		1
82136		2
82139		2
82140		2
82143		2
82150		2
82154		1
82157		1
82160		1
82163		1
82164		1
82172		3
82175		2
82180		1
82190		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
82232		2
82239		1
82240		1
82247		2
82248		2
82252		1
82261		1
82270		1
82271		1
82272		1
82274		1
82286		1
82300		1
82306		1
82308		1
82310		2
82330		2
82331		1
82340		1
82355		2
82360		2
82365		2
82370		2
82373		1
82374		2
82375		1
82376		1
82378		1
82379		1
82380		1
82382		1
82383		1
82384		2
82387		1
82390		1
82397		3
82415		1
82435		1
82436		1
82438		1
82441		1
82465		1
82480		2
82482		1
82485		1
82495		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
82507		1
82523		1
82525		2
82528		1
82530		4
82533		5
82540		1
82542		6
82550		3
82552		3
82553		3
82554		1
82565		2
82570		3
82575		1
82585		1
82595		1
82600		1
82607		1
82608		1
82610		1
82615		1
82626		1
82627		1
82633		1
82634		1
82638		1
82642		1
82652		1
82656		1
82657		3
82658		2
82664		2
82668		1
82670		2
82671		1
82672		1
82677		1
82679		1
82693		2
82696		1
82705		1
82710		1
82715		3
82725		1
82726		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
82728		1
82731		1
82735		1
82746		1
82747		1
82757		1
82759		1
82760		1
82775		1
82776		1
82777		1
82784		6
82785		1
82787		4
82800		1
82803		2
82805		2
82810		2
82820		1
82930		1
82938		1
82941		1
82943		1
82945		4
82946		1
82947		5
82948		2
82950		3
82951		1
82952		3
82955		1
82960		1
82962		2
82963		1
82965		1
82977		1
82978		1
82979		1
82985		1
83001		1
83002		1
83003		5
83006		1
83009		1
83010		1
83012		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
83013		1
83014		1
83015		1
83018		4
83020		2
83020	26	2
83021		2
83026		1
83030		1
83033		1
83036		1
83037		1
83045		1
83050		1
83051		1
83060		1
83065		1
83068		1
83069		1
83070		1
83080		2
83088		1
83090		2
83150		1
83491		1
83497		1
83498		2
83500		1
83505		1
83516		4
83518		1
83519		5
83520		8
83525		4
83527		1
83528		1
83540		2
83550		1
83570		1
83582		1
83586		1
83593		1
83605		1
83615		2
83625		1
83630		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
83631		1
83632		1
83633		1
83655		2
83661		3
83662		4
83663		3
83664		3
83670		1
83690		2
83695		1
83698		1
83700		1
83701		1
83704		1
83718		1
83719		1
83721		1
83722		1
83727		1
83735		4
83775		1
83785		1
83789		4
83825		2
83835		2
83857		1
83861		2
83864		1
83872		2
83873		1
83874		2
83876		1
83880		1
83883		6
83885		2
83915		1
83916		2
83918		2
83919		1
83921		2
83930		2
83935		2
83937		1
83945		2
83950		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
83951		1
83970		2
83986		2
83987		1
83992		2
83993		1
84030		1
84035		1
84060		1
84066		1
84075		2
84078		1
84080		1
84081		1
84085		1
84087		1
84100		2
84105		1
84106		1
84110		1
84112		1
84119		1
84120		1
84126		1
84132		2
84133		2
84134		1
84135		1
84138		1
84140		1
84143		2
84144		1
84145		1
84146		3
84150		2
84152		1
84153		1
84154		1
84155		1
84156		1
84157		2
84160		2
84163		1
84165		1
84165	26	1
84166		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
84166	26	2
84181		3
84181	26	3
84182		6
84182	26	6
84202		1
84203		1
84206		1
84207		1
84210		1
84220		1
84228		1
84233		1
84234		1
84235		1
84238		3
84244		2
84252		1
84255		2
84260		1
84270		1
84275		1
84285		1
84295		1
84300		2
84302		1
84305		1
84307		1
84311		2
84315		1
84375		1
84376		1
84377		1
84378		2
84379		1
84392		1
84402		1
84403		2
84410		1
84425		1
84430		1
84431		1
84432		1
84436		1
84437		1
84439		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
84442		1
84443		4
84445		1
84446		1
84449		1
84450		1
84460		1
84466		1
84478		1
84479		1
84480		1
84481		1
84482		1
84484		2
84485		1
84488		1
84490		1
84510		1
84512		1
84520		1
84525		1
84540		2
84545		1
84550		1
84560		2
84577		1
84578		1
84580		1
84583		1
84585		1
84586		1
84588		1
84590		1
84591		1
84597		1
84600		2
84620		1
84630		2
84681		1
84702		2
84703		1
84704		1
84830		1
84999		1
85002		1
85004		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
85007		1
85008		1
85009		1
85013		1
85014		2
85018		2
85025		2
85027		2
85032		1
85041		1
85044		1
85045		1
85046		1
85048		2
85049		2
85055		1
85060		1
85097		2
85130		1
85170		1
85175		1
85210		2
85220		2
85230		2
85240		2
85244		1
85245		2
85246		2
85247		2
85250		2
85260		2
85270		2
85280		2
85290		2
85291		1
85292		1
85293		1
85300		2
85301		1
85302		1
85303		2
85305		2
85306		2
85307		2
85335		2
85337		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
85345		1
85347		5
85348		1
85360		1
85362		2
85366		1
85370		1
85378		1
85379		2
85380		1
85384		2
85385		1
85390		3
85390	26	3
85396		1
85397		3
85400		1
85410		1
85415		2
85420		2
85421		1
85441		1
85445		1
85460		1
85461		1
85475		1
85520		1
85525		2
85530		1
85536		1
85540		1
85547		1
85549		1
85555		1
85557		1
85576		7
85576	26	7
85597		1
85598		1
85610		4
85611		2
85612		1
85613		3
85635		1
85651		1
85652		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
85660		2
85670		2
85675		1
85705		1
85730		4
85732		4
85810		2
85999		1
86000		6
86001		20
86003		10
86005		2
86008		20
86021		1
86022		1
86023		3
86038		1
86039		1
86060		1
86063		1
86077		1
86078		1
86079		1
86140		1
86141		1
86146		3
86147		4
86148		3
86152		1
86153	26	1
86155		1
86156		1
86157		1
86160		4
86161		2
86162		1
86171		2
86200		1
86215		1
86225		1
86226		1
86235		10
86255		5
86255	26	5
86256		9
86256	26	9

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
86277		1
86280		1
86294		1
86300		2
86301		1
86304		1
86305		1
86308		1
86309		1
86310		1
86316		2
86317		6
86318		2
86320		1
86320	26	1
86325		2
86325	26	2
86327		1
86327	26	1
86329		3
86331		12
86332		1
86334		2
86334	26	2
86335		2
86335	26	2
86336		1
86337		1
86340		1
86341		1
86343		1
86344		1
86352		1
86353		7
86355		1
86356		7
86357		1
86359		1
86360		1
86361		1
86367		1
86376		2
86382		3
86384		1
86386		1
86403		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
86406		2
86430		2
86431		2
86480		1
86481		1
86485		1
86486		2
86490		1
86510		1
86580		1
86590		1
86592		2
86593		2
86602		3
86603		2
86606		1
86609		14
86611		4
86612		2
86615		6
86617		2
86618		2
86619		2
86622		2
86625		1
86628		3
86631		6
86632		3
86635		4
86638		6
86641		2
86644		2
86645		1
86648		2
86651		2
86652		2
86653		2
86654		2
86658		12
86663		2
86664		2
86665		2
86666		4
86668		2
86671		3
86674		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
86677		3
86682		2
86684		2
86687		1
86688		1
86689		2
86692		2
86694		2
86695		2
86696		2
86698		3
86701		1
86702		2
86703		1
86704		1
86705		1
86706		2
86707		1
86708		1
86709		1
86710		4
86711		2
86713		3
86717		8
86720		2
86723		2
86727		2
86732		2
86735		2
86738		2
86741		2
86744		2
86747		2
86750		4
86753		3
86756		2
86757		6
86759		2
86762		2
86765		2
86768		5
86771		2
86774		2
86777		2
86778		2
86780		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
86784		1
86787		2
86788		2
86789		2
86790		4
86793		2
86794		1
86800		1
86803		1
86804		1
86805		2
86806		2
86807		2
86808		1
86812		1
86813		1
86816		1
86817		1
86821		1
86825		1
86826		2
86828		2
86829		1
86830		2
86831		2
86832		2
86833		1
86834		1
86835		1
86849		1
86850		3
86860		2
86870		2
86880		4
86885		2
86886		3
86890		1
86891		1
86900		1
86901		1
86902		6
86904		2
86905		8
86906		1
86910		1
86911		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
86920		9
86921		2
86922		5
86923		10
86927		2
86930		2
86931		1
86932		1
86940		1
86941		1
86945		2
86950		1
86960		1
86965		1
86970		1
86971		1
86972		1
86975		1
86976		1
86977		1
86978		1
86985		1
86999		1
87003		1
87015		4
87040		2
87045		3
87046		6
87070		3
87071		4
87073		3
87075		6
87076		6
87077		10
87081		6
87084		1
87086		3
87088		6
87101		4
87102		4
87103		2
87106		4
87107		4
87109		2
87110		2
87116		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
87118		3
87140		3
87143		2
87147		2
87149		10
87150		12
87152		1
87153		3
87158		1
87164		2
87164	26	2
87166		2
87168		2
87169		2
87172		1
87176		2
87177		3
87181		12
87184		8
87185		4
87186		12
87187		3
87188		6
87190		9
87197		1
87205		3
87206		6
87207		3
87207	26	3
87209		4
87210		4
87220		3
87230		3
87250		1
87252		2
87253		2
87254		7
87255		2
87260		1
87265		1
87267		1
87269		1
87270		1
87271		1
87272		1
87273		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
87274		1
87275		1
87276		1
87278		1
87279		1
87280		1
87281		1
87283		1
87285		1
87290		1
87299		1
87300		2
87301		1
87305		1
87320		1
87324		2
87327		1
87328		2
87329		2
87332		1
87335		1
87336		1
87337		1
87338		1
87339		1
87340		1
87341		1
87350		1
87380		1
87385		2
87389		1
87390		1
87391		1
87400		2
87420		1
87425		1
87427		2
87430		1
87449		3
87450		2
87451		2
87471		1
87472		1
87475		1
87476		1
87480		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
87481		2
87482		1
87483		1
87485		1
87486		1
87487		1
87490		1
87491		3
87492		1
87493		2
87495		1
87496		1
87497		2
87498		1
87500		1
87501		1
87502		1
87503		1
87505		1
87506		1
87507		1
87510		1
87511		1
87512		1
87516		1
87517		1
87520		1
87521		1
87522		1
87525		1
87526		1
87527		1
87528		1
87529		2
87530		2
87531		1
87532		1
87533		1
87534		1
87535		1
87536		1
87537		1
87538		1
87539		1
87540		1
87541		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
87542		1
87550		1
87551		2
87552		1
87555		1
87556		1
87557		1
87560		1
87561		1
87562		1
87563		TBD
87580		1
87581		1
87582		1
87590		1
87591		3
87592		1
87623		1
87624		1
87625		1
87631		1
87632		1
87633		1
87634		1
87640		1
87641		1
87650		1
87651		1
87652		1
87653		1
87660		1
87661		1
87662		2
87797		3
87798		13
87799		3
87800		2
87801		3
87802		2
87803		3
87804		3
87806		1
87807		2
87808		1
87809		2
87810		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
87850		1
87880		2
87899		4
87900		1
87901		1
87902		1
87903		1
87904		14
87905		2
87906		2
87910		1
87912		1
87999		1
88000		1
88005		1
88007		1
88012		1
88014		1
88016		1
88020		1
88025		1
88027		1
88028		1
88029		1
88036		1
88037		1
88040		1
88045		1
88099		1
88104		5
88104	26	5
88104	TC	5
88106		5
88106	26	5
88106	TC	5
88108		6
88108	26	6
88108	TC	6
88112		6
88112	26	6
88112	TC	6
88120		2
88120	26	2
88120	TC	2
88121		2
88121	26	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
88121	TC	2
88125		1
88125	26	1
88125	TC	1
88130		1
88140		1
88141		1
88142		1
88143		1
88147		1
88148		1
88150		1
88152		1
88153		1
88155		1
88160		4
88160	26	4
88160	TC	4
88161		4
88161	26	4
88161	TC	4
88162		3
88162	26	3
88162	TC	3
88164		1
88165		1
88166		1
88167		1
88172		5
88172	26	5
88172	TC	5
88173		5
88173	26	5
88173	TC	5
88174		1
88175		1
88177		6
88177	26	6
88177	TC	6
88182		2
88182	26	2
88182	TC	2
88184		2
88185		34
88187		2
88188		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
88189		2
88199		1
88199	26	1
88199	TC	1
88230		2
88233		2
88235		2
88237		4
88239		3
88240		3
88241		3
88245		1
88248		1
88249		1
88261		2
88262		2
88263		1
88264		1
88267		2
88269		2
88271		16
88272		12
88273		3
88274		5
88275		12
88280		1
88283		5
88285		10
88289		1
88291		1
88299		1
88300		4
88300	26	4
88300	TC	4
88302		4
88302	26	4
88302	TC	4
88304		5
88304	26	5
88304	TC	5
88305		16
88305	26	16
88305	TC	16
88307		8
88307	26	8
88307	TC	8

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
88309		3
88309	26	3
88309	TC	3
88311		4
88311	26	4
88311	TC	4
88312		9
88312	26	9
88312	TC	9
88313		8
88313	26	8
88313	TC	8
88314		6
88314	26	6
88314	TC	6
88319		11
88319	26	11
88319	TC	11
88321		1
88323		1
88323	26	1
88323	TC	1
88325		1
88329		2
88331		11
88331	26	11
88331	TC	11
88332		13
88332	26	13
88332	TC	13
88333		4
88333	26	4
88333	TC	4
88334		5
88334	26	5
88334	TC	5
88341		13
88341	26	13
88341	TC	13
88342		3
88342	26	3
88342	TC	3
88344		6
88344	26	6
88344	TC	6
88346		10

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
88346	26	10
88346	TC	10
88348		1
88348	26	1
88348	TC	1
88350		8
88350	26	8
88350	TC	8
88355		1
88355	26	1
88355	TC	1
88356		3
88356	26	3
88356	TC	3
88358		2
88358	26	2
88358	TC	2
88360		6
88360	26	6
88360	TC	6
88361		6
88361	26	6
88361	TC	6
88362		1
88362	26	1
88362	TC	1
88363		2
88364		3
88364	26	3
88364	TC	3
88365		10
88365	26	10
88365	TC	10
88366		2
88366	26	2
88366	TC	2
88367		3
88367	26	3
88367	TC	3
88368		3
88368	26	3
88368	TC	3
88369		3
88369	26	3
88369	TC	3
88371		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
88371	26	1
88372		1
88372	26	1
88373		3
88373	26	3
88373	TC	3
88374		5
88374	26	5
88374	TC	5
88375		1
88377		5
88377	26	5
88377	TC	5
88380		1
88380	26	1
88380	TC	1
88381		1
88381	26	1
88381	TC	1
88387		3
88387	26	3
88387	TC	3
88388		1
88388	26	1
88388	TC	1
88399		1
88399	26	1
88399	TC	1
88720		1
88738		1
88740		1
88741		1
88749		1
89049		1
89050		2
89051		2
89055		2
89060		2
89060	26	2
89125		2
89160		1
89190		1
89220		1
89230		1
89240		1
89250		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
89251		1
89253		1
89254		1
89255		1
89257		1
89258		1
89259		1
89260		1
89261		1
89264		1
89268		1
89272		1
89280		1
89281		1
89290		1
89291		1
89300		1
89310		1
89320		1
89321		1
89322		1
89325		1
89329		1
89330		1
89331		1
89335		1
89337		1
89342		1
89343		1
89344		1
89346		1
89352		1
89353		1
89354		1
89356		2
89398		1
90281		1
90283		1
90284		1
90287		1
90288		1
90291		1
90296		1
90371		10
90375		20
90376		20

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
90378		4
90384		1
90385		1
90386		1
90389		1
90393		1
90396		1
90399		1
90460		9
90461		8
90471		1
90472		8
90473		1
90474		1
90476		1
90477		1
90581		1
90585		1
90586		1
90619		TBD
90620		1
90621		1
90625		1
90630		1
90632		1
90633		1
90634		1
90636		1
90644		1
90647		1
90648		1
90649		1
90650		1
90651		1
90653		1
90654		1
90655		1
90656		1
90657		1
90658		1
90660		1
90661		1
90662		1
90664		1
90666		1
90667		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
90668		1
90670		1
90672		1
90673		1
90674		1
90675		1
90676		1
90680		1
90681		1
90682		1
90685		1
90686		1
90687		1
90688		1
90689		1
90690		1
90691		1
90694		TBD
90696		1
90697		1
90698		1
90700		1
90702		1
90707		1
90710		1
90713		1
90714		1
90715		1
90716		1
90717		1
90723		1
90732		1
90733		1
90734		1
90736		1
90738		1
90739		1
90740		1
90743		1
90744		1
90746		1
90747		1
90748		1
90749		1
90756		1
90785		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
90791		1
90791	95	1
90792		1
90792	95	1
90832		2
90832	95	2
90833		2
90833	95	2
90834		2
90834	95	2
90836		2
90836	95	2
90837		2
90837	95	2
90838		2
90838	95	2
90839		1
90840		3
90845		1
90845	95	1
90846		1
90847		1
90849		1
90853		1
90863		1
90865		1
90867		1
90868		1
90869		1
90870		2
90875		1
90876		1
90880		1
90882		1
90885		1
90887		1
90889		1
90899		1
90901		1
90912		TBD
90913		TBD
90935		1
90937		1
90940		1
90945		1
90947		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
90951		1
90952		1
90953		1
90954		1
90955		1
90956		1
90957		1
90958		1
90959		1
90960		1
90961		1
90962		1
90963		1
90964		1
90965		1
90966		1
90967		1
90968		1
90969		1
90970		1
90989		1
90993		1
90997		1
90999		1
91010		1
91010	26	1
91010	TC	1
91013		1
91013	26	1
91013	TC	1
91020		1
91020	26	1
91020	TC	1
91022		1
91022	26	1
91022	TC	1
91030		1
91030	26	1
91030	TC	1
91034		1
91034	26	1
91034	TC	1
91035		1
91035	26	1
91035	TC	1
91037		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
91037	26	1
91037	TC	1
91038		1
91038	26	1
91038	TC	1
91040		1
91040	26	1
91040	TC	1
91065		2
91065	26	2
91065	TC	2
91110		1
91110	26	1
91110	TC	1
91111		1
91111	26	1
91111	TC	1
91112		1
91112	26	1
91112	TC	1
91117		1
91120		1
91120	26	1
91120	TC	1
91122		1
91122	26	1
91122	TC	1
91132		1
91132	26	1
91132	TC	1
91133		1
91133	26	1
91133	TC	1
91200		1
91200	26	1
91200	TC	1
91299		1
91299	26	1
91299	TC	1
92002		1
92004		1
92012		1
92014		1
92015		1
92018		1
92019		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92020		1
92025		1
92025	26	1
92025	TC	1
92060		1
92060	26	1
92060	TC	1
92065		1
92065	26	1
92065	TC	1
92071		2
92072		1
92081		1
92081	26	1
92081	TC	1
92082		1
92082	26	1
92082	TC	1
92083		1
92083	26	1
92083	TC	1
92100		1
92132		1
92132	26	1
92132	TC	1
92133		1
92133	26	1
92133	TC	1
92134		1
92134	26	1
92134	TC	1
92136		2
92136	26	2
92136	TC	2
92145		1
92145	26	1
92145	TC	1
92201		TBD
92202		TBD
92227		1
92228		1
92228	26	1
92228	TC	1
92230		2
92235		1
92235	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92235	TC	1
92240		1
92240	26	1
92240	TC	1
92242		1
92242	26	1
92242	TC	1
92250		1
92250	26	1
92250	TC	1
92260		1
92265		1
92265	26	1
92265	TC	1
92270		1
92270	26	1
92270	TC	1
92273		1
92273	26	1
92273	TC	1
92274		1
92274	26	1
92274	TC	1
92283		1
92283	26	1
92283	TC	1
92284		1
92284	26	1
92284	TC	1
92285		1
92285	26	1
92285	TC	1
92286		1
92286	26	1
92286	TC	1
92287		1
92287	26	1
92287	TC	1
92310		1
92311		1
92312		1
92313		1
92314		1
92315		1
92316		1
92317		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92325		1
92326		2
92340		1
92341		1
92342		1
92352		1
92353		1
92354		1
92355		1
92358		1
92370		1
92371		1
92499		1
92499	26	1
92499	TC	1
92502		1
92504		1
92507		1
92508		1
92511		1
92512		1
92516		1
92520		1
92521		1
92522		1
92523		1
92524		1
92526		1
92531		1
92532		1
92533		1
92534		1
92537		1
92537	26	1
92537	TC	1
92538		1
92538	26	1
92538	TC	1
92540		1
92540	26	1
92540	TC	1
92541		1
92541	26	1
92541	TC	1
92542		1
92542	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92542	TC	1
92544		1
92544	26	1
92544	TC	1
92545		1
92545	26	1
92545	TC	1
92546		1
92546	26	1
92546	TC	1
92547		1
92548		1
92548	26	1
92548	TC	1
92549		TBD
92549	TC	TBD
92549	26	TBD
92550		1
92551		1
92552		1
92553		1
92555		1
92556		1
92557		1
92558		1
92559		1
92560		1
92561		1
92562		1
92563		1
92564		1
92565		1
92567		1
92568		1
92570		1
92571		1
92572		1
92575		1
92576		1
92577		1
92579		1
92582		1
92583		1
92584		1
92585		1
92585	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92585	TC	1
92586		1
92587		1
92587	26	1
92587	TC	1
92588		1
92588	26	1
92588	TC	1
92590		1
92591		1
92592		1
92593		1
92594		1
92595		1
92596		1
92597		1
92601		1
92602		1
92603		1
92604		1
92605		1
92606		1
92607		1
92608		4
92609		1
92610		1
92611		1
92612		1
92613		1
92614		1
92615		1
92616		1
92617		1
92618		1
92620		1
92621		4
92625		1
92626		1
92627		6
92630		1
92633		1
92640		1
92700		1
92920		3
92921		6
92924		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
92925		6
92928		3
92929		6
92933		2
92934		6
92937		2
92938		6
92941		1
92943		2
92944		3
92950		2
92953		2
92960		2
92961		1
92970		1
92971		1
92973		2
92974		1
92975		1
92977		1
92978		1
92978	26	1
92978	TC	1
92979		2
92979	26	2
92979	TC	2
92986		1
92987		1
92990		1
92992		1
92993		1
92997		1
92998		2
93000		3
93005		3
93010		5
93015		1
93016		1
93017		1
93018		1
93024		1
93024	26	1
93024	TC	1
93025		1
93025	26	1
93025	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93040		3
93041		2
93042		3
93050		1
93050	26	1
93050	TC	1
93224		1
93225		1
93226		1
93227		1
93228		1
93229		1
93260		1
93260	26	1
93260	TC	1
93261		1
93261	26	1
93261	TC	1
93264		1
93268		1
93270		1
93271		1
93272		1
93278		1
93278	26	1
93278	TC	1
93279		1
93279	26	1
93279	TC	1
93280		1
93280	26	1
93280	TC	1
93281		1
93281	26	1
93281	TC	1
93282		1
93282	26	1
93282	TC	1
93283		1
93283	26	1
93283	TC	1
93284		1
93284	26	1
93284	TC	1
93285		1
93285	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93285	TC	1
93286		2
93286	26	2
93286	TC	2
93287		2
93287	26	2
93287	TC	2
93288		1
93288	26	1
93288	TC	1
93289		1
93289	26	1
93289	TC	1
93290		1
93290	26	1
93290	TC	1
93291		1
93291	26	1
93291	TC	1
93292		1
93292	26	1
93292	TC	1
93293		1
93293	26	1
93293	TC	1
93294		1
93295		1
93296		1
93297		1
93298		1
93303		1
93303	26	1
93303	TC	1
93304		1
93304	26	1
93304	TC	1
93306		1
93306	26	1
93306	TC	1
93307		1
93307	26	1
93307	TC	1
93308		1
93308	26	1
93308	TC	1
93312		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93312	26	1
93312	TC	1
93313		1
93314		1
93314	26	1
93314	TC	1
93315		1
93315	26	1
93315	TC	1
93316		1
93317	26	1
93318		1
93318	26	1
93318	TC	1
93320		1
93320	26	1
93320	TC	1
93321		1
93321	26	1
93321	TC	1
93325		1
93325	26	1
93325	TC	1
93350		1
93350	26	1
93350	TC	1
93351		1
93351	26	1
93351	TC	1
93352		1
93355		1
93356		TBD
93451		1
93451	26	1
93451	TC	1
93452		1
93452	26	1
93452	TC	1
93453		1
93453	26	1
93453	TC	1
93454		1
93454	26	1
93454	TC	1
93455		1
93455	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93455	TC	1
93456		1
93456	26	1
93456	TC	1
93457		1
93457	26	1
93457	TC	1
93458		1
93458	26	1
93458	TC	1
93459		1
93459	26	1
93459	TC	1
93460		1
93460	26	1
93460	TC	1
93461		1
93461	26	1
93461	TC	1
93462		1
93463		1
93464		1
93464	26	1
93464	TC	1
93503		2
93505		1
93505	26	1
93505	TC	1
93530		1
93530	26	1
93530	TC	1
93531		1
93531	26	1
93531	TC	1
93532	26	1
93533	26	1
93561		1
93561	26	1
93561	TC	1
93562		1
93562	26	1
93562	TC	1
93563		1
93564		1
93565		1
93566		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93567		1
93568		1
93571		1
93571	26	1
93571	TC	1
93572		2
93572	26	2
93572	TC	2
93580		1
93581		1
93582		1
93583		1
93590		1
93591		1
93592		2
93600		1
93600	26	1
93600	TC	1
93602		1
93602	26	1
93602	TC	1
93603		1
93603	26	1
93603	TC	1
93609		1
93609	26	1
93609	TC	1
93610		1
93610	26	1
93610	TC	1
93612		1
93612	26	1
93612	TC	1
93613		1
93615		1
93615	26	1
93615	TC	1
93616	26	1
93618		1
93618	26	1
93618	TC	1
93619		1
93619	26	1
93619	TC	1
93620		1
93620	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93621	26	1
93622	26	1
93623		1
93623	26	1
93623	TC	1
93624		1
93624	26	1
93624	TC	1
93631	26	1
93640	26	1
93641	26	1
93642		1
93642	26	1
93642	TC	1
93644		1
93644	26	1
93644	TC	1
93650		1
93653		1
93654		1
93655		2
93656		1
93657		1
93660		1
93660	26	1
93660	TC	1
93662	26	1
93668		1
93701		1
93702		1
93724		1
93724	26	1
93724	TC	1
93740		1
93745		1
93745	26	1
93745	TC	1
93750		4
93770		1
93784		1
93786		1
93788		1
93790		1
93792		1
93793		1
93797		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93798		2
93799		1
93799	26	1
93799	TC	1
93880		1
93880	26	1
93880	TC	1
93882		1
93882	26	1
93882	TC	1
93886		1
93886	26	1
93886	TC	1
93888		1
93888	26	1
93888	TC	1
93890		1
93890	26	1
93890	TC	1
93892		1
93892	26	1
93892	TC	1
93893		1
93893	26	1
93893	TC	1
93895		1
93895	26	1
93895	TC	1
93922		2
93922	26	2
93922	TC	2
93923		2
93923	26	2
93923	TC	2
93924		1
93924	26	1
93924	TC	1
93925		1
93925	26	1
93925	TC	1
93926		1
93926	26	1
93926	TC	1
93930		1
93930	26	1
93930	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
93931		1
93931	26	1
93931	TC	1
93970		1
93970	26	1
93970	TC	1
93971		1
93971	26	1
93971	TC	1
93975		1
93975	26	1
93975	TC	1
93976		1
93976	26	1
93976	TC	1
93978		1
93978	26	1
93978	TC	1
93979		1
93979	26	1
93979	TC	1
93980		1
93980	26	1
93980	TC	1
93981		1
93981	26	1
93981	TC	1
93985		TBD
93985	TC	TBD
93985	26	TBD
93986		TBD
93986	TC	TBD
93986	26	TBD
93990		2
93990	26	2
93990	TC	2
93998		1
94002		1
94003		1
94004		1
94005		1
94010		1
94010	26	1
94010	TC	1
94011		1
94012		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
94013		1
94014		1
94015		1
94016		1
94060		1
94060	26	1
94060	TC	1
94070		1
94070	26	1
94070	TC	1
94150		1
94150	26	1
94150	TC	1
94200		1
94200	26	1
94200	TC	1
94250		1
94250	26	1
94250	TC	1
94375		1
94375	26	1
94375	TC	1
94400		1
94400	26	1
94400	TC	1
94450		1
94450	26	1
94450	TC	1
94452		1
94452	26	1
94452	TC	1
94453		1
94453	26	1
94453	TC	1
94610		2
94617		1
94617	26	1
94617	TC	1
94618		1
94618	26	1
94618	TC	1
94621		1
94621	26	1
94621	TC	1
94640		4
94642		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
94644		1
94645		2
94660		1
94662		1
94664		1
94667		1
94668		2
94669		4
94680		1
94680	26	1
94680	TC	1
94681		1
94681	26	1
94681	TC	1
94690		1
94690	26	1
94690	TC	1
94726		1
94726	26	1
94726	TC	1
94727		1
94727	26	1
94727	TC	1
94728		1
94728	26	1
94728	TC	1
94729		1
94729	26	1
94729	TC	1
94750		1
94750	26	1
94750	TC	1
94760		1
94761		1
94762		1
94770		1
94780		1
94781		2
94799		1
94799	26	1
94799	TC	1
95004		80
95012		2
95017		27
95018		19
95024		40

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95027		90
95028		30
95044		80
95052		20
95056		1
95060		1
95065		1
95070		1
95071		1
95076		1
95079		2
95115		1
95117		1
95120		1
95125		1
95130		1
95131		1
95132		1
95133		1
95134		1
95144		30
95145		10
95146		10
95147		10
95148		10
95149		10
95165		30
95170		10
95180		6
95199		1
95249		1
95250		1
95251		1
95700		TBD
95705		TBD
95706		TBD
95707		TBD
95708		TBD
95709		TBD
95710		TBD
95711		TBD
95712		TBD
95713		TBD
95714		TBD
95715		TBD
95716		TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95717		TBD
95718		TBD
95719		TBD
95720		TBD
95721		TBD
95722		TBD
95723		TBD
95724		TBD
95725		TBD
95726		TBD
95800		1
95800	26	1
95800	TC	1
95801		1
95801	26	1
95801	TC	1
95803		1
95803	26	1
95803	TC	1
95805		1
95805	26	1
95805	TC	1
95806		1
95806	26	1
95806	TC	1
95807		1
95807	26	1
95807	TC	1
95808		1
95808	26	1
95808	TC	1
95810		1
95810	26	1
95810	TC	1
95811		1
95811	26	1
95811	TC	1
95812		1
95812	26	1
95812	TC	1
95813		1
95813	26	1
95813	TC	1
95816		1
95816	26	1
95816	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95819		1
95819	26	1
95819	TC	1
95822		1
95822	26	1
95822	TC	1
95824	26	1
95829		1
95829	26	1
95829	TC	1
95830		1
95836		1
95851		3
95852		1
95857		1
95860		1
95860	26	1
95860	TC	1
95861		1
95861	26	1
95861	TC	1
95863		1
95863	26	1
95863	TC	1
95864		1
95864	26	1
95864	TC	1
95865		1
95865	26	1
95865	TC	1
95866		1
95866	26	1
95866	TC	1
95867		1
95867	26	1
95867	TC	1
95868		1
95868	26	1
95868	TC	1
95869		1
95869	26	1
95869	TC	1
95870		4
95870	26	4
95870	TC	4
95872		4

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95872	26	4
95872	TC	4
95873		1
95873	26	1
95873	TC	1
95874		1
95874	26	1
95874	TC	1
95875		2
95875	26	2
95875	TC	2
95885		4
95885	26	4
95885	TC	4
95886		4
95886	26	4
95886	TC	4
95887		1
95887	26	1
95887	TC	1
95905		2
95905	26	2
95905	TC	2
95907		1
95907	26	1
95907	TC	1
95908		1
95908	26	1
95908	TC	1
95909		1
95909	26	1
95909	TC	1
95910		1
95910	26	1
95910	TC	1
95911		1
95911	26	1
95911	TC	1
95912		1
95912	26	1
95912	TC	1
95913		1
95913	26	1
95913	TC	1
95921		1
95921	26	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95921	TC	1
95922		1
95922	26	1
95922	TC	1
95923		1
95923	26	1
95923	TC	1
95924		1
95924	26	1
95924	TC	1
95925		1
95925	26	1
95925	TC	1
95926		1
95926	26	1
95926	TC	1
95927		1
95927	26	1
95927	TC	1
95928		1
95928	26	1
95928	TC	1
95929		1
95929	26	1
95929	TC	1
95930		1
95930	26	1
95930	TC	1
95933		1
95933	26	1
95933	TC	1
95937		4
95937	26	4
95937	TC	4
95938		1
95938	26	1
95938	TC	1
95939		1
95939	26	1
95939	TC	1
95940		32
95941		6
95943		1
95954		1
95954	26	1
95954	TC	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
95955		1
95955	26	1
95955	TC	1
95957		1
95957	26	1
95957	TC	1
95958		1
95958	26	1
95958	TC	1
95961		1
95961	26	1
95961	TC	1
95962		5
95962	26	5
95962	TC	5
95965	26	1
95966	26	1
95967	26	3
95970		1
95971		1
95972		1
95976		1
95977		1
95980		1
95981		1
95982		1
95983		1
95984		11
95990		1
95991		1
95992		1
95999		1
96000		1
96001		1
96002		1
96003		1
96004		1
96020	26	1
96040		4
96105		3
96110		3
96112		1
96113		6
96116		4
96116	95	4
96121		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
96125		2
96127		2
96130		1
96131		7
96132		1
96133		7
96136		1
96137		11
96138		1
96139		11
96146		1
96156		TBD
96158		TBD
96159		TBD
96160		3
96164		TBD
96165		TBD
96167		TBD
96168		TBD
96170		TBD
96171		TBD
96360		1
96361		8
96365		1
96366		8
96367		4
96368		1
96369		1
96370		3
96371		1
96372		4
96373		2
96374		1
96375		6
96376		10
96377		1
96379		1
96401		3
96402		2
96405		1
96406		1
96409		1
96411		3
96413		1
96415		8
96416		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
96417		3
96420		1
96422		2
96423		1
96425		1
96440		1
96446		1
96450		1
96521		2
96522		1
96523		1
96542		1
96549		1
96567		1
96570		1
96571		2
96573		1
96574		1
96900		1
96902		1
96904		1
96910		1
96912		1
96913		1
96920		1
96921		1
96922		1
96931		1
96932		1
96933		1
96934		2
96935		2
96936		2
96999		1
97012		1
97014		1
97016		1
97018		1
97022		1
97024		1
97026		1
97028		1
97032		4
97033		4
97034		2
97035		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
97036		3
97039		1
97110		6
97112		4
97113		6
97116		4
97124		4
97129		TBD
97130		TBD
97139		1
97140		6
97150		1
97161	GP	1
97162	GP	1
97163	GP	1
97164	GP	1
97165	GO	1
97166	GO	1
97167	GO	1
97168	GO	1
97169		1
97170		1
97171		1
97172		1
97530		6
97533		4
97535		8
97537		8
97542		8
97597		1
97598		8
97602		1
97605		1
97606		1
97607		1
97608		1
97610		1
97750		16
97755		8
97760		6
97761		6
97763	GP	6
97763	GO	6
97799		1
97802		8
97803		8

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
97804		6
97810		1
97811		3
97813		1
97814		3
98925		1
98926		1
98927		1
98928		1
98929		1
98940		1
98941		1
98942		1
98943		1
98960		1
98961		1
98962		1
98966		1
98967		1
98968		1
98970		TBD
98971		TBD
98972		TBD
99001		1
99002		1
99024		1
99026		1
99027		1
99050		1
99051		1
99053		1
99056		1
99058		1
99060		1
99071		1
99075		1
99078		1
99080		1
99082		1
99091		1
99100		1
99116		1
99135		1
99140		1
99151		1
99152		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
99153		9
99155		1
99156		1
99157		6
99170		1
99172		1
99173		1
99174		1
99175		1
99177		1
99183		1
99184		1
99188		1
99190		1
99191		1
99192		1
99195		2
99199		1
99201		1
99201	95	1
99202		1
99202	95	1
99203		1
99203	95	1
99204		1
99204	95	1
99205		1
99205	95	1
99211		1
99212		2
99212	95	2
99213		2
99213	95	2
99214		2
99214	95	2
99215		1
99215	95	1
99217		1
99218		1
99219		1
99220		1
99221		1
99222		1
99223		1
99224		1
99225		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
99226		1
99231		1
99231	95	1
99232		1
99232	95	1
99233		1
99233	95	1
99234		1
99235		1
99236		1
99238		1
99239		1
99241		1
99241	95	1
99242		1
99242	95	1
99243		1
99243	95	1
99244		1
99244	95	1
99245		1
99245	95	1
99251		1
99251	95	1
99252		1
99252	95	1
99253		1
99253	95	1
99254		1
99254	95	1
99255		1
99255	95	1
99281		1
99282		1
99283		1
99284		1
99285		1
99288		1
99291		1
99292		8
99304		1
99305		1
99306		1
99307		1
99307	95	1
99308		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
99308	95	1
99309		1
99309	95	1
99310		1
99310	95	1
99315		1
99316		1
99318		1
99324		1
99325		1
99326		1
99327		1
99328		1
99334		1
99335		1
99336		1
99337		1
99339		1
99340		1
99341		1
99342		1
99343		1
99344		1
99345		1
99347		1
99348		1
99349		1
99350		1
99354		1
99354	95	1
99355		4
99355	95	4
99356		1
99357		4
99358		1
99359		2
99360		4
99366		1
99367		1
99368		1
99371		1
99372		1
99373		1
99374		1
99375		1
99377		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
99378		1
99379		1
99380		1
99401		1
99402		1
99403		1
99404		1
99406		1
99407		1
99408		1
99409		1
99411		1
99412		1
99415		1
99416		4
99421		TBD
99422		TBD
99423		TBD
99429		1
99446		1
99447		1
99448		1
99449		1
99451		1
99452		1
99453		1
99454		1
99457		1
99458		TBD
99473		TBD
99474		TBD
99483		1
99484		1
99487		1
99489		10
99490		1
99491		1
99492		1
99493		1
99494		2
99495		1
99495	95	1
99496		1
99496	95	1
99497		1
99498		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
99499		1
0001U		1
0002U		1
0003U		1
0005U		1
0006U		1
0007U		1
0008U		1
0009U		2
0010U		2
0011U		1
0012U		1
0013U		1
0014U		1
0016U		1
0017U		1
0018U		1
0019U		1
0021U		1
0022U		2
0023U		1
0024U		1
0025U		1
0026U		1
0027U		1
0029U		1
0030U		1
0031U		1
0032U		1
0033U		1
0034U		1
0035U		1
0036U		1
0037U		1
0038U		1
0039U		1
0040U		1
0041U		1
0042U		1
0043U		1
0044U		1
0045U		1
0046U		1
0047U		1
0048U		1
0049U		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
0050U		1
0051U		1
0052U		1
0053U		1
0054U		1
0055U		1
0056U		1
0058U		1
0059U		1
0060U		1
0061U		1
0062U		TBD
0063U		TBD
0064U		TBD
0065U		TBD
0066U		TBD
0067U		TBD
0068U		TBD
0069U		TBD
0070U		TBD
0071U		TBD
0072U		TBD
0073U		TBD
0074U		TBD
0075U		TBD
0076U		TBD
0077U		TBD
0078U		TBD
0079U		TBD
0080U		TBD
0083U		TBD
0084U		TBD
0086U		TBD
0087U		TBD
0088U		TBD
0089U		TBD
0090U		TBD
0091U		TBD
0092U		TBD
0093U		TBD
0094U		TBD
0095U		TBD
0096U		TBD
0097U		TBD
0098U		TBD
0099U		TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
0100U		TBD
0101U		TBD
0102U		TBD
0103U		TBD
0105U		TBD
0106U		TBD
0107U		TBD
0108U		TBD
0109U		TBD
0110U		TBD
0111U		TBD
0112U		TBD
0113U		TBD
0114U		TBD
0115U		TBD
0116U		TBD
0117U		TBD
0118U		TBD
0119U		TBD
0120U		TBD
0121U		TBD
0122U		TBD
0123U		TBD
0124U		TBD
0125U		TBD
0126U		TBD
0127U		TBD
0128U		TBD
0129U		TBD
0130U		TBD
0131U		TBD
0132U		TBD
0133U		TBD
0134U		TBD
0135U		TBD
0136U		TBD
0137U		TBD
0138U		TBD
0139U		TBD
0140U		TBD
0141U		TBD
0142U		TBD
0151U		TBD
0152U		TBD
0153U		TBD
0154U		TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
0155U		TBD
0156U		TBD
0157U		TBD
0158U		TBD
0159U		TBD
0160U		TBD
0161U		TBD
0162U		TBD
A0100		1
A0110		1
A0120		1
A0130		2
A0140		2
A0160		1
A0170		1
A0180		1
A0190		1
A0200		1
A0210		1
A0225		1
A0382		1
A0384		1
A0392		1
A0394		1
A0396		1
A0398		1
A0420		10
A0422		1
A0424		1
A0425		250
A0426		2
A0427		2
A0428		4
A0429		2
A0430		1
A0431		1
A0432		1
A0433		1
A0434		2
A0435		999
A0436		300
A0998		1
A0999		1
A4206		100
A4207		100
A4208		100

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4209		100
A4210		1
A4211		1
A4212		100
A4213		100
A4215		100
A4216		120
A4217		100
A4218		1
A4220		1
A4221		4
A4222		100
A4223		1
A4224		1
A4225		1
A4226		TBD
A4230		1
A4231		1
A4232		1
A4233	NU	2
A4234	NU	3
A4235	NU	2
A4236	NU	2
A4244		10
A4245		3
A4246		10
A4247		3
A4248		8
A4250		1
A4252		1
A4253	NU	1
A4255		1
A4256		2
A4257		1
A4258		1
A4259		1
A4261		1
A4262		1
A4263		2
A4265		1
A4270		1
A4280		1
A4290		2
A4300		1
A4301		1
A4305		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4306		1
A4310		3
A4311		3
A4312		3
A4313		3
A4314		3
A4315		3
A4316		3
A4320		1
A4321		1
A4322		1
A4326		1
A4327		1
A4328		1
A4330		100
A4331		6
A4332		500
A4333		108
A4334		3
A4335		1
A4336		100
A4337		180
A4338		3
A4340		3
A4344		3
A4346		3
A4349		100
A4351		500
A4352		500
A4353		500
A4354		3
A4355		100
A4356		1
A4357		6
A4358		6
A4360		100
A4361		2
A4362		100
A4363		10
A4364		20
A4366		100
A4367		3
A4368		1
A4369		10
A4371		10
A4372		100

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4373		100
A4375		100
A4376		100
A4377		100
A4378		100
A4379		100
A4380		100
A4381		100
A4382		100
A4383		100
A4384		100
A4385		30
A4387		100
A4388		30
A4389		100
A4390		30
A4391		30
A4392		30
A4393		30
A4394		10
A4395		100
A4396		3
A4397		30
A4398		1
A4399		1
A4400		30
A4402		10
A4404		30
A4405		10
A4406		10
A4407		30
A4408		30
A4409		30
A4410		30
A4411		30
A4412		30
A4413		30
A4414		30
A4415		30
A4416		100
A4417		100
A4418		100
A4419		100
A4420		100
A4421		100
A4422		100

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4423		100
A4424		30
A4425		30
A4426		30
A4427		30
A4428		30
A4429		30
A4430		30
A4431		30
A4432		30
A4433		30
A4434		30
A4435		2
A4450		700
A4452		700
A4455		10
A4456		100
A4458		2
A4459		1
A4461		2
A4463		3
A4465		1
A4467		1
A4470		1
A4480		1
A4481		30
A4483		1
A4490		4
A4495		4
A4500		4
A4510		4
A4520		150
A4550		1
A4553		1
A4554		300
A4555		1
A4556		1
A4557		2
A4558		1
A4559		1
A4561		1
A4562		1
A4563		1
A4565		2
A4566		1
A4570		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE	
A4575		1	
A4580		1	
A4590		1	
A4595		2	2-lead
A4595		4	4-lead
A4600		1	
A4601		1	
A4602		6	
A4604	NU	1	
A4605	NU	300	
A4606		1	
A4608		2	
A4611	NU	2	
A4611	RR	2	
A4612	NU	2	
A4612	RR	2	
A4613	NU	1	
A4613	RR	1	
A4614		1	
A4615		10	
A4616		25	
A4617		2	
A4618	NU	1	
A4618	RR	1	
A4619	NU	1	
A4620		2	
A4623		200	
A4624	NU	300	
A4625		100	
A4626		6	
A4627		2	
A4628	NU	50	
A4629		100	
A4630	NU	10	
A4633	NU	6	
A4634		1	
A4635	NU	2	
A4635	RR	2	
A4636	NU	2	
A4636	RR	2	
A4637	NU	4	
A4637	RR	4	
A4638	NU	2	
A4638	RR	2	
A4639	NU	1	
A4639	RR	1	

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4640	NU	1
A4640	RR	1
A4641		1
A4642		1
A4648		5
A4649		1
A4650		3
A4651		1
A4652		1
A4653		1
A4657		1
A4660		1
A4663		1
A4670		1
A4671		1
A4672		1
A4673		1
A4674		1
A4680		1
A4690		1
A4706		1
A4707		1
A4708		1
A4709		1
A4714		1
A4719		1
A4720		1
A4721		1
A4722		1
A4723		1
A4724		1
A4725		1
A4726		1
A4728		1
A4730		1
A4736		1
A4737		1
A4740		1
A4750		1
A4755		1
A4760		1
A4765		1
A4766		1
A4770		1
A4771		1
A4772		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A4773		1
A4774		1
A4802		1
A4860		1
A4870		1
A4890		1
A4911		1
A4913		1
A4918		1
A4927		10
A4928		1
A4929		1
A4930		100
A4931		1
A4932		1
A5051		100
A5052		100
A5053		100
A5054		100
A5055		100
A5056		120
A5057		120
A5061		100
A5062		100
A5063		100
A5071		100
A5072		100
A5073		100
A5081		100
A5082		3
A5083		5
A5093		100
A5102		1
A5105		4
A5112		3
A5113		3
A5114		3
A5120		450
A5121		100
A5122		100
A5126		100
A5131		3
A5200		2
A5500		2
A5501		2
A5503		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A5504		2
A5505		2
A5506		2
A5507		2
A5508		2
A5510		2
A5512		6
A5513		6
A5514		1
A6000		1
A6010		100
A6011		100
A6021		100
A6022		100
A6023		100
A6024		100
A6025		1
A6154		100
A6196		100
A6197		100
A6198		100
A6199		100
A6203		100
A6204		100
A6205		100
A6206		100
A6207		100
A6208		100
A6209		100
A6210		100
A6211		100
A6212		100
A6213		100
A6214		100
A6215		100
A6216		200
A6217		100
A6218		100
A6219		100
A6220		100
A6221		100
A6222		100
A6223		100
A6224		100
A6228		100
A6229		100

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A6230		100
A6231		100
A6232		100
A6233		100
A6234		100
A6235		100
A6236		100
A6237		100
A6238		100
A6239		100
A6240		100
A6241		100
A6242		100
A6243		100
A6244		100
A6245		100
A6246		100
A6247		100
A6248		100
A6250		1
A6251		100
A6252		100
A6253		100
A6254		100
A6255		100
A6256		100
A6257		100
A6258		100
A6259		100
A6260		1
A6261		1
A6262		1
A6266		100
A6402		700
A6403		100
A6404		100
A6407		10
A6410		2
A6411		2
A6412		2
A6413		1
A6441		20
A6442		20
A6443		20
A6444		20
A6445		20

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A6446		20
A6447		20
A6448		10
A6449		10
A6450		10
A6451		10
A6452		10
A6453		10
A6454		10
A6455		10
A6456		20
A6457		10
A6460		1
A6461		1
A6501		2
A6502		2
A6503		2
A6504		4
A6505		4
A6506		4
A6507		4
A6508		4
A6509		2
A6510		2
A6511		2
A6512		10
A6513		2
A6530		4
A6531		4
A6532		4
A6533		4
A6534		4
A6535		4
A6536		4
A6537		4
A6538		4
A6539		4
A6540		4
A6541		4
A6544		1
A6545		2
A6549		1
A6550		100
A7000	NU	100
A7001	NU	3
A7002	NU	100

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A7003	NU	100
A7004	NU	100
A7005	NU	1
A7006	NU	100
A7007	NU	100
A7008	NU	100
A7009	NU	2
A7010	NU	2
A7012	NU	6
A7013	NU	100
A7014	NU	1
A7015	NU	3
A7016	NU	2
A7017	NU	1
A7017	RR	1
A7018		10
A7020	NU	1
A7020	RR	1
A7025	NU	1
A7025	RR	1
A7026	NU	1
A7027	NU	1
A7028	NU	6
A7029	NU	6
A7030	NU	1
A7031	NU	3
A7032	NU	6
A7033	NU	6
A7034	NU	1
A7035	NU	1
A7036	NU	1
A7037	NU	10
A7038	NU	6
A7039	NU	1
A7040		2
A7041		2
A7044	NU	1
A7045	NU	2
A7045	RR	2
A7046	NU	1
A7047	NU	1
A7048		10
A7501		3
A7502		3
A7503		1
A7504		200

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A7505		6
A7506		200
A7507		200
A7508		200
A7509		200
A7520		1
A7521		1
A7522		1
A7523		2
A7524		1
A7525		3
A7526		100
A7527		2
A8000	NU	1
A8000	RR	1
A8001	NU	1
A8001	RR	1
A8002	NU	1
A8002	RR	1
A8003	NU	1
A8003	RR	1
A8004	NU	1
A8004	RR	1
A9150		1
A9152		1
A9153		1
A9155		1
A9180		1
A9270		1
A9272		5
A9273		1
A9274		1
A9275		1
A9276		1
A9277		1
A9278		1
A9279		1
A9280		1
A9281		1
A9282		1
A9283		1
A9284	NU	1
A9285		1
A9286		1
A9300		1
A9500		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A9501		1
A9502		3
A9503		1
A9504		1
A9505		4
A9507		1
A9508		2
A9509		5
A9510		1
A9512		30
A9513		200
A9515		1
A9516		4
A9517		200
A9520		1
A9521		2
A9524		10
A9526		2
A9527		195
A9528		10
A9529		10
A9530		200
A9531		100
A9532		10
A9536		1
A9537		1
A9538		1
A9539		2
A9540		2
A9541		1
A9542		1
A9543		1
A9546		1
A9547		2
A9548		2
A9550		1
A9551		1
A9552		1
A9553		1
A9554		1
A9555		2
A9556		10
A9557		2
A9558		7
A9559		1
A9560		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
A9561		1
A9562		2
A9563		10
A9564		20
A9566		1
A9567		2
A9568		1
A9569		1
A9570		1
A9571		1
A9572		1
A9575		300
A9576		40
A9577		50
A9578		50
A9579		100
A9580		1
A9581		20
A9582		1
A9583		18
A9584		1
A9585		300
A9586		1
A9587		54
A9588		10
A9589		1
A9590		TBD
A9597		1
A9598		1
A9600		7
A9604		1
A9606		224
A9698		2
A9699		1
A9700		2
A9900		1
A9901		1
A9999		1
B4034		1
B4035		1
B4036		1
B4081		3
B4082		3
B4083		3
B4087		1
B4088		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
B4100		1
B4102		1
B4103		1
B4104		1
B4105		1
B4149		30
B4150		1100
B4152		1300
B4153		700
B4154		1000
B4155		200
B4157		10
B4158		1
B4159		1
B4160		1
B4161		1
B4162		1
B4164		1
B4168		4
B4172		4
B4176		4
B4178		4
B4180		4
B4185		1
B4187		TBD
B4189		1
B4193		1
B4197		1
B4199		1
B4216		1
B4220		1
B4222		1
B4224		1
B5000		31
B5100		120
B5200		225
B9002	NU	1
B9002	RR	1
B9004	NU	1
B9004	RR	1
B9006	NU	1
B9006	RR	1
B9998		1
B9999		1
D0120		1
D0140		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D0145		1
D0150		1
D0160		1
D0170		1
D0171		1
D0180		1
D0190		1
D0191		1
D0210		1
D0220		1
D0230		13
D0240		1
D0250		2
D0251		1
D0270		1
D0272		1
D0273		1
D0274		1
D0277		1
D0310		1
D0320		12
D0321		2
D0322		12
D0330		1
D0340		1
D0350		1
D0351		1
D0364		1
D0365		1
D0366		1
D0367		1
D0368		1
D0369		1
D0370		1
D0371		1
D0380		1
D0381		1
D0382		1
D0383		1
D0384		1
D0385		1
D0386		1
D0391		1
D0393		1
D0394		1
D0395		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D0411		1
D0412		1
D0414		1
D0415		12
D0416		1
D0417		1
D0418		1
D0419		TBD
D0422		1
D0423		1
D0425		12
D0431		1
D0460		1
D0470		1
D0472		1
D0473		1
D0474		1
D0475		1
D0476		1
D0477		1
D0478		1
D0479		1
D0480		1
D0481		1
D0482		1
D0483		1
D0484		1
D0485		1
D0486		1
D0502		12
D0600		1
D0601		1
D0602		1
D0603		1
D0999		1
D1110		1
D1120		1
D1206		1
D1208		1
D1330		1
D1351		1
D1352		1
D1353		1
D1354		1
D1510		4
D1516		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D1517		1
D1520		4
D1526		1
D1527		1
D1551		TBD
D1552		TBD
D1553		TBD
D1556		TBD
D1557		TBD
D1558		TBD
D1575		4
D1999		1
D2140		1
D2150		1
D2160		1
D2161		1
D2330		1
D2331		1
D2332		1
D2335		1
D2390		1
D2391		1
D2392		1
D2393		1
D2394		1
D2410		1
D2420		1
D2430		1
D2510		1
D2520		1
D2530		1
D2542		1
D2543		1
D2544		1
D2610		1
D2620		12
D2630		12
D2642		1
D2643		1
D2644		1
D2650		12
D2651		12
D2652		12
D2662		1
D2663		1
D2664		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D2710		1
D2712		1
D2720		1
D2721		1
D2722		1
D2740		1
D2750		12
D2751		12
D2752		12
D2753		TBD
D2780		1
D2781		1
D2782		1
D2783		1
D2790		1
D2791		12
D2792		1
D2794		1
D2799		1
D2910		1
D2915		1
D2920		1
D2921		1
D2929		1
D2930		1
D2931		1
D2932		12
D2933		1
D2934		1
D2940		1
D2941		1
D2949		1
D2950		1
D2951		12
D2952		1
D2953		1
D2954		12
D2955		1
D2957		1
D2960		1
D2961		12
D2962		12
D2971		1
D2975		1
D2980		12
D2981		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D2982		1
D2983		1
D2990		1
D2999		1
D3110		1
D3120		1
D3220		1
D3221		1
D3222		1
D3230		1
D3240		1
D3310		1
D3320		1
D3330		1
D3331		1
D3332		1
D3333		1
D3346		1
D3347		1
D3348		1
D3351		12
D3352		12
D3353		12
D3355		1
D3356		1
D3357		1
D3410		1
D3421		12
D3425		12
D3426		12
D3427		1
D3428		1
D3429		1
D3430		1
D3431		1
D3432		1
D3450		1
D3460		1
D3470		12
D3910		1
D3920		1
D3950		1
D3999		1
D4210		4
D4211		4
D4212		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D4230		1
D4231		1
D4240		4
D4241		4
D4245		1
D4249		12
D4260		4
D4261		4
D4263		4
D4264		4
D4265		1
D4266		1
D4267		1
D4268		1
D4270		4
D4273		1
D4274		1
D4275		1
D4276		1
D4277		1
D4278		3
D4283		1
D4285		1
D4320		1
D4321		1
D4341		4
D4342		4
D4346		1
D4355		1
D4381		12
D4910		1
D4920		1
D4921		4
D4999		1
D5110		1
D5120		1
D5130		1
D5140		1
D5211		1
D5212		1
D5213		1
D5214		1
D5221		1
D5222		1
D5223		1
D5224		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D5225		1
D5226		1
D5282		1
D5283		1
D5284		TBD
D5286		TBD
D5410		1
D5411		1
D5421		1
D5422		1
D5511		1
D5512		1
D5520		12
D5611		1
D5612		1
D5621		1
D5622		1
D5630		1
D5640		1
D5650		1
D5660		1
D5670		1
D5671		1
D5710		1
D5711		12
D5720		1
D5721		12
D5730		1
D5731		12
D5740		1
D5741		12
D5750		1
D5751		12
D5760		1
D5761		12
D5810		1
D5811		1
D5820		1
D5821		1
D5850		1
D5851		12
D5862		2
D5863		1
D5864		1
D5865		1
D5866		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D5867		1
D5875		1
D5876		1
D5899		12
D5911		1
D5912		1
D5913		1
D5914		1
D5915		1
D5916		1
D5919		1
D5922		1
D5923		1
D5924		1
D5925		1
D5926		1
D5927		1
D5928		1
D5929		1
D5931		1
D5932		1
D5933		1
D5934		1
D5935		1
D5936		1
D5937		12
D5951		1
D5952		1
D5953		1
D5954		1
D5955		1
D5958		1
D5959		1
D5960		1
D5982		1
D5983		1
D5984		1
D5985		1
D5986		1
D5987		1
D5988		1
D5991		1
D5992		1
D5993		1
D5994		1
D5999		12

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D6010		1
D6011		1
D6012		1
D6013		1
D6040		1
D6050		1
D6051		1
D6052		1
D6055		12
D6056		1
D6057		1
D6058		1
D6059		1
D6060		1
D6061		1
D6062		1
D6063		1
D6064		1
D6065		1
D6066		1
D6067		1
D6068		1
D6069		1
D6070		1
D6071		1
D6072		1
D6073		1
D6074		1
D6075		1
D6076		1
D6077		1
D6080		2
D6081		1
D6082		TBD
D6083		TBD
D6084		TBD
D6085		1
D6086		TBD
D6087		TBD
D6088		TBD
D6090		1
D6091		1
D6092		1
D6093		1
D6094		1
D6095		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D6096		1
D6097		TBD
D6098		TBD
D6099		TBD
D6100		1
D6101		1
D6102		1
D6103		12
D6104		1
D6110		1
D6111		1
D6112		1
D6113		1
D6114		1
D6115		1
D6116		1
D6117		1
D6118		1
D6119		1
D6120		TBD
D6121		TBD
D6122		TBD
D6123		TBD
D6190		1
D6194		1
D6195		TBD
D6199		1
D6205		1
D6210		1
D6211		1
D6212		1
D6214		1
D6240		1
D6241		1
D6242		1
D6243		TBD
D6245		1
D6250		1
D6251		1
D6252		1
D6253		1
D6545		1
D6548		1
D6549		1
D6600		1
D6601		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D6602		1
D6603		1
D6604		1
D6605		1
D6606		1
D6607		1
D6608		1
D6609		1
D6610		1
D6611		1
D6612		1
D6613		1
D6614		1
D6615		1
D6624		1
D6634		1
D6710		1
D6720		1
D6721		1
D6722		1
D6740		1
D6750		1
D6751		1
D6752		1
D6753		TBD
D6780		1
D6781		1
D6782		1
D6783		1
D6784		TBD
D6790		1
D6791		1
D6792		1
D6793		1
D6794		1
D6920		1
D6930		1
D6940		1
D6950		1
D6980		2
D6985		1
D6999		1
D7111		20
D7140		32
D7210		32
D7220		6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D7230		6
D7240		6
D7241		6
D7250		32
D7251		1
D7260		1
D7261		1
D7270		1
D7272		1
D7280		1
D7282		1
D7283		4
D7285		5
D7286		5
D7287		1
D7288		12
D7290		1
D7291		12
D7292		1
D7293		1
D7294		1
D7295		1
D7296		1
D7297		1
D7310		4
D7311		4
D7320		4
D7321		4
D7340		1
D7350		1
D7410		1
D7411		1
D7412		1
D7413		1
D7414		1
D7415		1
D7440		1
D7441		1
D7450		1
D7451		1
D7460		1
D7461		1
D7465		1
D7471		1
D7472		1
D7473		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D7485		1
D7490		1
D7510		1
D7511		1
D7520		1
D7521		1
D7530		1
D7540		1
D7550		1
D7560		1
D7610		1
D7620		1
D7630		1
D7640		1
D7650		1
D7660		1
D7670		1
D7671		1
D7680		1
D7710		1
D7720		1
D7730		1
D7740		1
D7750		1
D7760		1
D7770		1
D7771		1
D7780		1
D7810		1
D7820		1
D7830		1
D7840		1
D7850		1
D7852		1
D7854		1
D7856		1
D7858		1
D7860		2
D7865		1
D7870		1
D7871		1
D7872		1
D7873		1
D7874		1
D7875		1
D7876		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D7877		1
D7880		12
D7881		1
D7899		1
D7910		1
D7911		5
D7912		1
D7920		1
D7921		1
D7922		TBD
D7940		1
D7941		1
D7943		1
D7944		1
D7945		1
D7946		1
D7947		1
D7948		1
D7949		1
D7950		1
D7951		1
D7952		1
D7953		1
D7955		1
D7960		2
D7963		1
D7970		1
D7971		12
D7972		1
D7979		1
D7980		1
D7981		1
D7982		1
D7983		1
D7990		1
D7991		1
D7995		1
D7996		1
D7997		1
D7998		1
D7999		1
D8010		1
D8020		1
D8030		1
D8040		1
D8050		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D8060		1
D8070		1
D8080		1
D8090		1
D8210		1
D8220		1
D8660		1
D8670		1
D8680		1
D8681		1
D8690		1
D8695		1
D8696		TBD
D8697		TBD
D8698		TBD
D8699		TBD
D8701		TBD
D8702		TBD
D8703		TBD
D8704		TBD
D8999		1
D9110		1
D9120		1
D9130		1
D9210		1
D9211		1
D9212		1
D9215		1
D9219		1
D9222		1
D9223		1
D9230		1
D9239		1
D9243		1
D9248		1
D9310		1
D9311		1
D9410		1
D9420		1
D9430		1
D9440		1
D9450		1
D9610		1
D9612		1
D9613		1
D9630		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
D9910		1
D9911		1
D9920		12
D9930		1
D9932		1
D9933		1
D9934		1
D9935		1
D9941		4
D9942		1
D9943		1
D9944		1
D9945		1
D9946		1
D9950		1
D9951		12
D9952		12
D9970		1
D9971		1
D9972		1
D9973		1
D9974		1
D9975		1
D9985		1
D9991		1
D9992		1
D9993		1
D9994		1
D9997		TBD
D9999		1
E0100	NU	1
E0100	RR	1
E0105	NU	1
E0105	RR	1
E0110	NU	1
E0110	RR	1
E0111	NU	2
E0111	RR	2
E0112	NU	1
E0112	RR	1
E0113	NU	2
E0113	RR	2
E0114	NU	1
E0114	RR	1
E0116	NU	2
E0116	RR	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0117	NU	2
E0117	RR	2
E0118		1
E0130	NU	1
E0130	RR	1
E0135	NU	1
E0135	RR	1
E0140	NU	1
E0140	RR	1
E0141	NU	1
E0141	RR	1
E0143	NU	1
E0143	RR	1
E0144	NU	1
E0144	RR	1
E0147	NU	1
E0147	RR	1
E0148	NU	1
E0148	RR	1
E0149	NU	1
E0149	RR	1
E0153	NU	2
E0153	RR	2
E0154	NU	2
E0154	RR	2
E0155	NU	1
E0155	RR	1
E0156	NU	1
E0156	RR	1
E0157	NU	2
E0157	RR	2
E0158	NU	1
E0158	RR	1
E0159	NU	2
E0159	RR	2
E0160	NU	1
E0160	RR	1
E0161	NU	1
E0161	RR	1
E0162	NU	1
E0162	RR	1
E0163	NU	1
E0163	RR	1
E0165		1
E0167	NU	1
E0167	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0168	NU	1
E0168	RR	1
E0170	RR	1
E0171	RR	1
E0172		1
E0175	NU	2
E0175	RR	2
E0181		1
E0182	RR	1
E0184	NU	1
E0184	RR	1
E0185	NU	1
E0185	RR	1
E0186	RR	1
E0187	RR	1
E0188	NU	1
E0188	RR	1
E0189	NU	1
E0189	RR	1
E0190		1
E0191	NU	4
E0191	RR	4
E0193	RR	1
E0194	RR	1
E0196	RR	1
E0197	NU	1
E0197	RR	1
E0198	NU	1
E0198	RR	1
E0199	NU	1
E0199	RR	1
E0200	NU	1
E0200	RR	1
E0202	RR	1
E0203		1
E0205	NU	1
E0205	RR	1
E0210	NU	1
E0210	RR	1
E0215	NU	1
E0215	RR	1
E0217	NU	1
E0217	RR	1
E0218	RR	1
E0221		1
E0225	NU	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0225	RR	1
E0231		1
E0232		1
E0235		1
E0235	RR	1
E0236	RR	1
E0239	NU	1
E0239	RR	1
E0240		1
E0241		2
E0242		1
E0243		2
E0244		1
E0245		1
E0246		1
E0247		1
E0248		1
E0249	NU	1
E0249	RR	1
E0250	RR	1
E0251	RR	1
E0255	RR	1
E0256	RR	1
E0260	RR	1
E0261	RR	1
E0265	RR	1
E0266	RR	1
E0270		1
E0271	NU	1
E0271	RR	1
E0272	NU	1
E0272	RR	1
E0273	RR	1
E0274		1
E0275	NU	1
E0275	RR	1
E0276	NU	1
E0276	RR	1
E0277	RR	1
E0280	NU	1
E0280	RR	1
E0290	RR	1
E0291	RR	1
E0292	RR	1
E0293	RR	1
E0294	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0295	RR	1
E0296	RR	1
E0297	RR	1
E0300	NU	1
E0300	RR	1
E0301	RR	1
E0302	RR	1
E0303	RR	1
E0304	RR	1
E0305	RR	2
E0310	NU	2
E0310	RR	2
E0315		1
E0316	RR	1
E0325	NU	1
E0325	RR	1
E0326	NU	1
E0326	RR	1
E0328		1
E0329		1
E0350		1
E0352		30
E0370		2
E0371	RR	1
E0372	RR	1
E0373	RR	1
E0424	RR	1
E0425		1
E0430		1
E0431	RR	1
E0433	RR	1
E0434	RR	1
E0435		1
E0439	RR	1
E0440		1
E0441		1
E0442		1
E0443		1
E0444		1
E0445		1
E0446		5
E0447		1
E0455		1
E0457	NU	1
E0457	RR	1
E0459	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0462	NU	1
E0462	RR	1
E0465	RR	2
E0466	RR	2
E0467	RR	2
E0470	NU	1
E0470	RR	1
E0471	NU	1
E0471	RR	1
E0472	NU	1
E0472	RR	1
E0480	RR	1
E0481		1
E0482	RR	1
E0483	RR	1
E0484	NU	1
E0484	RR	1
E0485	NU	1
E0485	RR	1
E0486	NU	1
E0486	RR	1
E0487		1
E0500	RR	1
E0550	RR	1
E0555		1
E0560	NU	1
E0560	RR	1
E0561	NU	1
E0561	RR	1
E0562	NU	1
E0562	RR	1
E0565	RR	1
E0570	RR	1
E0572	RR	1
E0574	RR	1
E0575	RR	1
E0580	NU	1
E0580	RR	1
E0585	RR	1
E0600	RR	1
E0601	RR	1
E0602	NU	1
E0602	RR	1
E0603		1
E0604		1
E0605	NU	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0605	RR	1
E0606	RR	1
E0607	NU	1
E0607	RR	1
E0610	NU	1
E0610	RR	1
E0615	NU	1
E0615	RR	1
E0617	RR	1
E0618	RR	1
E0619	RR	1
E0620	NU	1
E0620	RR	1
E0621	NU	1
E0621	RR	1
E0625		1
E0627	NU	1
E0627	RR	1
E0629	NU	1
E0629	RR	1
E0630	RR	1
E0635	RR	1
E0636	RR	1
E0637		1
E0638		1
E0639	RR	1
E0640	RR	1
E0641		1
E0642		1
E0650	NU	1
E0650	RR	1
E0651	NU	1
E0651	RR	1
E0652	NU	1
E0652	RR	1
E0655	NU	2
E0655	RR	2
E0656	NU	1
E0656	RR	1
E0657	NU	1
E0657	RR	1
E0660	NU	2
E0660	RR	2
E0665	NU	2
E0665	RR	2
E0666	NU	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0666	RR	2
E0667	NU	2
E0667	RR	2
E0668	NU	2
E0668	RR	2
E0669	NU	2
E0669	RR	2
E0670	NU	1
E0670	RR	1
E0671	NU	2
E0671	RR	2
E0672	NU	2
E0672	RR	2
E0673	NU	2
E0673	RR	2
E0675	RR	1
E0676		1
E0691	NU	1
E0691	RR	1
E0692	NU	1
E0692	RR	1
E0693	NU	1
E0693	RR	1
E0694	NU	1
E0694	RR	1
E0700		1
E0705	NU	1
E0705	RR	1
E0710		1
E0720	NU	1
E0720	RR	1
E0730	NU	1
E0730	RR	1
E0731	NU	1
E0740	NU	1
E0740	RR	1
E0744	RR	1
E0745	RR	1
E0746		1
E0747	NU	1
E0747	RR	1
E0748	NU	1
E0748	RR	1
E0749	NU	1
E0749	RR	1
E0755		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0760	NU	1
E0760	RR	1
E0761		1
E0762	NU	1
E0762	RR	1
E0764	RR	1
E0765	NU	1
E0765	RR	1
E0766	RR	1
E0769		1
E0770		1
E0776	NU	1
E0776	RR	1
E0779	RR	1
E0780	NU	1
E0781	RR	1
E0782	NU	1
E0782	RR	1
E0783	NU	1
E0783	RR	1
E0784	RR	1
E0785		1
E0786	NU	1
E0786	RR	1
E0787		TBD
E0791	RR	1
E0830		1
E0840	NU	1
E0840	RR	1
E0849	NU	1
E0849	RR	1
E0850	NU	1
E0850	RR	1
E0855	NU	1
E0855	RR	1
E0856	NU	1
E0856	RR	1
E0860	NU	1
E0860	RR	1
E0870	NU	1
E0870	RR	1
E0880	NU	1
E0880	RR	1
E0890	NU	1
E0890	RR	1
E0900	NU	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0900	RR	1
E0910	RR	1
E0911	RR	1
E0912	RR	1
E0920	RR	1
E0930	RR	1
E0935	RR	21
E0936	RR	21
E0940	RR	1
E0941	RR	1
E0942	NU	1
E0942	RR	1
E0944	NU	1
E0944	RR	1
E0945	NU	2
E0945	RR	2
E0946	RR	1
E0947	NU	1
E0947	RR	1
E0948	NU	1
E0948	RR	1
E0950	NU	1
E0950	RR	1
E0951	NU	2
E0951	RR	2
E0952	NU	2
E0952	RR	2
E0953	RR	2
E0953	NU	2
E0954	RR	2
E0954	NU	2
E0955	NU	1
E0955	RR	1
E0956	NU	4
E0956	RR	4
E0957	NU	2
E0957	RR	2
E0958	RR	1
E0959	NU	2
E0959	RR	2
E0960	NU	2
E0960	RR	2
E0961	NU	2
E0961	RR	2
E0966	NU	1
E0966	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E0967	NU	2
E0967	RR	2
E0968	RR	1
E0969	NU	1
E0969	RR	1
E0970		2
E0971	NU	2
E0971	RR	2
E0973	NU	2
E0973	RR	2
E0974	NU	2
E0974	RR	2
E0978	NU	1
E0978	RR	1
E0980	NU	1
E0980	RR	1
E0981	NU	1
E0981	RR	1
E0982	NU	1
E0982	RR	1
E0983	RR	1
E0984	NU	1
E0984	RR	1
E0985	NU	1
E0985	RR	1
E0986	NU	1
E0986	RR	1
E0988	RR	1
E0990	NU	2
E0990	RR	2
E0992	NU	1
E0992	RR	1
E0994	NU	2
E0994	RR	2
E0995	NU	2
E0995	RR	2
E1002	NU	1
E1002	RR	1
E1003	NU	1
E1003	RR	1
E1004	NU	1
E1004	RR	1
E1005	NU	1
E1005	RR	1
E1006	NU	1
E1006	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E1007	NU	1
E1007	RR	1
E1008	NU	1
E1008	RR	1
E1009	NU	2
E1009	RR	2
E1010	NU	1
E1010	RR	1
E1011	NU	1
E1011	RR	1
E1012	RR	1
E1014	NU	1
E1014	RR	1
E1015	NU	2
E1015	RR	2
E1016	NU	2
E1016	RR	2
E1017	NU	2
E1017	RR	2
E1018	NU	2
E1018	RR	2
E1020	NU	2
E1020	RR	2
E1028	NU	6
E1028	RR	6
E1029	NU	1
E1029	RR	1
E1030	NU	1
E1030	RR	1
E1031	RR	1
E1035	RR	1
E1036	RR	1
E1037	RR	1
E1038	RR	1
E1039	RR	1
E1050	RR	1
E1060	RR	1
E1070	RR	1
E1083	RR	1
E1084	RR	1
E1085		1
E1086		1
E1087	RR	1
E1088	RR	1
E1089		1
E1092	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E1093	RR	1
E1100	RR	1
E1110	RR	1
E1130		1
E1140		1
E1150	RR	1
E1160	RR	1
E1161	NU	1
E1161	RR	1
E1170	RR	1
E1171	RR	1
E1172	RR	1
E1180	RR	1
E1190	RR	1
E1195	RR	1
E1200	RR	1
E1220		1
E1221	RR	1
E1222	RR	1
E1223	RR	1
E1224	RR	1
E1225	RR	1
E1226	NU	1
E1226	RR	1
E1227	NU	1
E1227	RR	1
E1228	RR	1
E1230	NU	1
E1230	RR	1
E1231	NU	1
E1231	RR	1
E1232	NU	1
E1232	RR	1
E1233	NU	1
E1233	RR	1
E1234	NU	1
E1234	RR	1
E1235	NU	1
E1235	RR	1
E1236	NU	1
E1236	RR	1
E1237	NU	1
E1237	RR	1
E1238	NU	1
E1238	RR	1
E1240	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E1250		1
E1260		1
E1270	RR	1
E1280	RR	1
E1285		1
E1290		1
E1295	RR	1
E1296	NU	1
E1296	RR	1
E1297	NU	1
E1297	RR	1
E1298	NU	1
E1298	RR	1
E1352		1
E1353		1
E1354		1
E1355		1
E1356		1
E1357		1
E1358		1
E1372	NU	1
E1372	RR	1
E1390	RR	1
E1391	RR	1
E1392	RR	1
E1399		1
E1405	RR	1
E1406	RR	1
E1700	NU	1
E1700	RR	1
E1701		3
E1702		1
E1800	RR	2
E1801	RR	2
E1802	RR	2
E1805	RR	2
E1806	RR	2
E1810	RR	2
E1811	RR	2
E1812	RR	2
E1815	RR	2
E1816	RR	2
E1818	RR	2
E1820	NU	2
E1820	RR	2
E1821	NU	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E1821	RR	1
E1825	RR	3
E1830	RR	2
E1831	RR	2
E1840	RR	2
E1841	RR	2
E1902		1
E2000		1
E2000	RR	1
E2100	NU	1
E2100	RR	1
E2101	NU	1
E2101	RR	1
E2120	RR	1
E2201	NU	1
E2201	RR	1
E2202	NU	1
E2202	RR	1
E2203	NU	1
E2203	RR	1
E2204	NU	1
E2204	RR	1
E2205	NU	2
E2205	RR	2
E2206	NU	2
E2206	RR	2
E2207	NU	2
E2207	RR	2
E2208	NU	1
E2208	RR	1
E2209	NU	2
E2209	RR	2
E2210	NU	12
E2210	RR	12
E2211	NU	2
E2211	RR	2
E2212	NU	2
E2212	RR	2
E2213	NU	2
E2213	RR	2
E2214	NU	2
E2214	RR	2
E2215	NU	2
E2215	RR	2
E2216	NU	2
E2216	RR	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E2217	NU	2
E2217	RR	2
E2218	NU	2
E2218	RR	2
E2219	NU	2
E2219	RR	2
E2220	NU	2
E2220	RR	2
E2221	NU	2
E2221	RR	2
E2222	NU	2
E2222	RR	2
E2224	NU	2
E2224	RR	2
E2225	NU	2
E2225	RR	2
E2226	NU	2
E2226	RR	2
E2227	NU	2
E2227	RR	2
E2228	NU	2
E2228	RR	2
E2230		1
E2231	NU	1
E2231	RR	1
E2291		1
E2292		1
E2293		1
E2294		1
E2295		1
E2300		1
E2301		1
E2310	NU	1
E2310	RR	1
E2311	NU	1
E2311	RR	1
E2312	NU	1
E2312	RR	1
E2313	NU	1
E2313	RR	1
E2321	NU	1
E2321	RR	1
E2322	NU	1
E2322	RR	1
E2323	NU	1
E2323	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E2324	NU	1
E2324	RR	1
E2325	NU	1
E2325	RR	1
E2326	NU	1
E2326	RR	1
E2327	NU	1
E2327	RR	1
E2328	NU	1
E2328	RR	1
E2329	NU	1
E2329	RR	1
E2330	NU	1
E2330	RR	1
E2331		1
E2340	NU	1
E2340	RR	1
E2341	NU	1
E2341	RR	1
E2342	NU	1
E2342	RR	1
E2343	NU	1
E2343	RR	1
E2351	NU	1
E2351	RR	1
E2358	NU	2
E2358	RR	2
E2359	NU	2
E2359	RR	2
E2360	NU	2
E2360	RR	2
E2361	NU	2
E2361	RR	2
E2362	NU	2
E2362	RR	2
E2363	NU	2
E2363	RR	2
E2364	NU	2
E2364	RR	2
E2365	NU	2
E2365	RR	2
E2366	NU	1
E2366	RR	1
E2367	NU	1
E2367	RR	1
E2368	NU	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E2368	RR	2
E2369	NU	2
E2369	RR	2
E2370	NU	2
E2370	RR	2
E2371	NU	2
E2371	RR	2
E2372	NU	2
E2372	RR	2
E2373	NU	1
E2373	RR	1
E2374	NU	1
E2374	RR	1
E2375	NU	1
E2375	RR	1
E2376	NU	1
E2376	RR	1
E2377	NU	1
E2377	RR	1
E2378	NU	2
E2378	RR	2
E2381	NU	2
E2381	RR	2
E2382	NU	2
E2382	RR	2
E2383	NU	2
E2383	RR	2
E2384	NU	4
E2384	RR	4
E2385	NU	4
E2385	RR	4
E2386	NU	2
E2386	RR	2
E2387	NU	4
E2387	RR	4
E2388	NU	2
E2388	RR	2
E2389	NU	4
E2389	RR	4
E2390	NU	2
E2390	RR	2
E2391	NU	4
E2391	RR	4
E2392	NU	4
E2392	RR	4
E2394	NU	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E2394	RR	2
E2395	NU	4
E2395	RR	4
E2396	NU	4
E2396	RR	4
E2397	NU	1
E2397	RR	1
E2398		TBD
E2402	RR	1
E2500	NU	1
E2500	RR	1
E2502	NU	1
E2502	RR	1
E2504	NU	1
E2504	RR	1
E2506	NU	1
E2506	RR	1
E2508	NU	1
E2508	RR	1
E2510	NU	1
E2510	RR	1
E2511	NU	1
E2511	RR	1
E2512	NU	1
E2512	RR	1
E2599		1
E2601	NU	1
E2601	RR	1
E2602	NU	1
E2602	RR	1
E2603	NU	1
E2603	RR	1
E2604	NU	1
E2604	RR	1
E2605	NU	1
E2605	RR	1
E2606	NU	1
E2606	RR	1
E2607	NU	1
E2607	RR	1
E2608	NU	1
E2608	RR	1
E2609		1
E2610		1
E2611	NU	1
E2611	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
E2612	NU	1
E2612	RR	1
E2613	NU	1
E2613	RR	1
E2614	NU	1
E2614	RR	1
E2615	NU	1
E2615	RR	1
E2616	NU	1
E2616	RR	1
E2617		1
E2619	NU	2
E2619	RR	2
E2620	NU	1
E2620	RR	1
E2621	NU	1
E2621	RR	1
E2622	NU	1
E2622	RR	1
E2623	NU	1
E2623	RR	1
E2624	NU	1
E2624	RR	1
E2625	NU	1
E2625	RR	1
E2626	NU	2
E2626	RR	2
E2627	NU	2
E2627	RR	2
E2628	NU	2
E2628	RR	2
E2629	NU	2
E2629	RR	2
E2630	NU	2
E2630	RR	2
E2631	NU	2
E2631	RR	2
E2632	NU	2
E2632	RR	2
E2633	NU	2
E2633	RR	2
E8000		1
E8001		1
E8002		1
G0027		1
G0071		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
G0101		1
G0102		1
G0103		1
G0104		1
G0105		1
G0106		1
G0106	26	1
G0106	TC	1
G0108		6
G0109		12
G0117		1
G0118		1
G0120		1
G0120	26	1
G0120	TC	1
G0121		1
G0122		1
G0122	TC	1
G0122	26	1
G0123		1
G0143		1
G0144		1
G0145		1
G0147		1
G0148		1
G0186		1
G0219		1
G0219	TC	1
G0219	26	1
G0235		1
G0235	TC	1
G0235	26	1
G0252		1
G0252	TC	1
G0252	26	1
G0279		1
G0279	TC	1
G0279	26	1
G0295		1
G0296		1
G0297		1
G0297	26	1
G0297	TC	1
G0306		1
G0307		1
G0328		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
G0329		1
G0339		1
G0340		2
G0416		4
G0416	TC	4
G0416	26	4
G0432		1
G0433		1
G0435		1
G0458		1
G0475		1
G0476		1
G0480		1
G0481		1
G0482		1
G0483		1
G0498		1
G0506		1
G0508		1
G0509		1
G0516		1
G0517		1
G0518		1
G2010		1
G2012		1
G6001		2
G6001	26	2
G6001	TC	2
G6002		2
G6002	26	2
G6002	TC	2
G6003		2
G6004		2
G6005		2
G6006		2
G6007		2
G6008		2
G6009		2
G6010		2
G6011		2
G6012		2
G6013		2
G6014		2
G6015		2
G6016		2
G6017		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
G9143		1
G9473		1
G9474		1
G9475		1
G9476		1
G9477		1
G9478		1
G9479		1
J0120		1
J0121		TBD
J0122		TBD
J0129		100
J0130		6
J0131		400
J0132		12
J0133		3600
J0135		8
J0153		180
J0171		20
J0178		4
J0179		TBD
J0180		150
J0185		150
J0190		1
J0200		1
J0202		12
J0205		1
J0207		4
J0210		4
J0215		30
J0220		1
J0221		300
J0222		TBD
J0256		3500
J0257		1400
J0270		32
J0275		1
J0278		15
J0280		7
J0282		5
J0285		30
J0287		300
J0288		45
J0289		150
J0290		24
J0291		TBD

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J0295		12
J0300		8
J0330		10
J0348		200
J0350		1
J0360		2
J0364		6
J0365		1
J0380		1
J0390		4
J0395		1
J0400		39
J0401		400
J0456		4
J0461		200
J0470		2
J0475		8
J0476		2
J0480		1
J0485		1500
J0490		160
J0500		4
J0515		3
J0517		30
J0520		12
J0558		24
J0561		24
J0565		200
J0567		300
J0570		4
J0571		50
J0572		10
J0573		10
J0574		10
J0575		10
J0583		250
J0584		40
J0585		600
J0586		300
J0587		300
J0588		600
J0592		6
J0593		TBD
J0594		320
J0595		8
J0596		840

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J0597		250
J0598		100
J0599		900
J0600		3
J0604		1
J0606		150
J0610		15
J0620		1
J0630		1
J0636		100
J0637		20
J0638		180
J0640		24
J0641		1200
J0642		TBD
J0670		10
J0690		12
J0692		12
J0694		8
J0695		60
J0696		16
J0697		4
J0698		10
J0702		18
J0706		1
J0710		1
J0712		120
J0713		12
J0714		4
J0715		8
J0716		4
J0717		400
J0720		15
J0725		10
J0735		50
J0740		2
J0743		16
J0744		6
J0745		2
J0770		5
J0775		180
J0780		4
J0795		100
J0800		3
J0834		3
J0840		6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J0841		1
J0850		9
J0875		300
J0878		1500
J0881		500
J0882		300
J0883		1125
J0884		1125
J0885		60
J0887		360
J0888		360
J0890		1
J0894		100
J0895		12
J0897		120
J0945		4
J1000		1
J1020		8
J1030		8
J1040		4
J1050		1000
J1071		400
J1094		16
J1096		TBD
J1097		TBD
J1100		120
J1110		3
J1120		2
J1130		300
J1160		2
J1162		1
J1165		50
J1170		350
J1180		2
J1190		8
J1200		8
J1205		4
J1212		1
J1230		3
J1240		6
J1245		6
J1250		60
J1260		2
J1265		230
J1267		150
J1270		8

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J1290		30
J1300		120
J1301		60
J1303		TBD
J1320		1
J1322		220
J1324		108
J1325		810
J1327		1
J1330		1
J1335		2
J1364		2
J1380		4
J1410		4
J1430		10
J1435		1
J1436		1
J1438		2
J1439		750
J1442		3360
J1443		272
J1444		TBD
J1447		960
J1450		4
J1451		1
J1452		1
J1453		150
J1454		1
J1455		90
J1457		1
J1458		100
J1459		300
J1460		10
J1555		480
J1556		300
J1557		300
J1559		1500
J1560		1
J1561		300
J1562		1500
J1566		300
J1568		300
J1569		300
J1570		18
J1571		20
J1572		300

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J1573		130
J1575		900
J1580		9
J1595		1
J1599		300
J1600		2
J1602		300
J1610		2
J1620		1
J1626		30
J1627		100
J1628		100
J1630		5
J1631		9
J1640		672
J1642		100
J1644		40
J1645		10
J1650		30
J1652		20
J1655		28
J1670		1
J1675		1
J1700		1
J1710		1
J1720		10
J1730		1
J1740		3
J1741		8
J1742		2
J1743		66
J1744		30
J1745		150
J1746		20
J1750		45
J1756		500
J1786		900
J1790		2
J1800		6
J1810		1
J1815		8
J1817		270
J1826		1
J1830		1
J1833		372
J1835		16

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J1840		3
J1850		4
J1885		8
J1890		1
J1930		120
J1931		760
J1940		6
J1943		TBD
J1944		TBD
J1945		1
J1950		12
J1953		300
J1955		11
J1956		4
J1960		1
J1980		2
J1990		3
J2001		60
J2010		10
J2020		6
J2060		4
J2062		250
J2150		8
J2170		8
J2175		4
J2180		24
J2182		300
J2185		88
J2210		1
J2212		240
J2248		150
J2250		22
J2260		252
J2265		400
J2270		320
J2274		250
J2278		1000
J2280		4
J2300		4
J2310		4
J2315		380
J2320		4
J2323		300
J2325		1
J2350		1
J2353		60

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J2354		60
J2355		2
J2357		90
J2358		405
J2360		2
J2370		2
J2400		4
J2405		64
J2407		120
J2410		2
J2425		125
J2426		819
J2430		3
J2440		4
J2460		5
J2469		10
J2501		2
J2502		60
J2503		2
J2504		15
J2505		1
J2507		8
J2510		4
J2513		1
J2515		1
J2540		75
J2543		16
J2545		3
J2547		600
J2550		3
J2560		1
J2562		48
J2590		3
J2597		45
J2650		1
J2670		1
J2675		1
J2680		4
J2690		4
J2700		48
J2704		80
J2710		2
J2720		5
J2724		4000
J2725		1
J2730		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J2760		2
J2765		10
J2770		6
J2778		10
J2780		16
J2783		60
J2785		4
J2786		500
J2788		1
J2790		1
J2791		50
J2792		450
J2793		320
J2794		100
J2795		200
J2796		150
J2797		333
J2798		TBD
J2800		3
J2805		3
J2810		5
J2820		15
J2840		460
J2850		16
J2860		170
J2910		1
J2916		20
J2920		25
J2930		25
J2940		1
J2941		8
J2950		8
J2993		2
J2995		1
J2997		8
J3000		2
J3010		700
J3030		1
J3031		TBD
J3060		900
J3070		3
J3090		200
J3095		150
J3101		50
J3105		2
J3110		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J3111		TBD
J3121		400
J3145		750
J3230		2
J3240		1
J3243		150
J3245		100
J3246		1
J3250		2
J3260		8
J3262		800
J3265		2
J3280		1
J3285		400
J3300		160
J3301		16
J3302		1
J3303		24
J3304		64
J3305		1
J3310		1
J3315		6
J3316		6
J3320		1
J3350		1
J3355		1
J3357		520
J3358		1
J3360		6
J3364		1
J3365		10
J3370		12
J3380		300
J3385		92
J3396		150
J3397		4
J3398		150
J3400		1
J3410		8
J3411		4
J3415		6
J3420		1
J3430		25
J3465		40
J3470		3
J3471		999

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J3472		2
J3473		450
J3475		20
J3480		40
J3485		160
J3486		4
J3489		5
J3490		1
J3520		4
J3530		1
J3535		1
J3570		1
J3590		1
J3591		1
J7030		5
J7040		6
J7042		6
J7050		10
J7060		10
J7070		4
J7100		2
J7110		2
J7120		4
J7121		4
J7131		500
J7170		900
J7175		9000
J7177		1
J7178		7700
J7179		7500
J7180		6000
J7181		3850
J7182		22000
J7183		15000
J7185		22000
J7186		8000
J7187		7500
J7188		22000
J7189		13000
J7190		30000
J7191		1
J7192		22000
J7193		4000
J7194		9000
J7195		6000
J7196		175

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J7197		6300
J7198		6000
J7199		1
J7200		20000
J7201		9000
J7202		11550
J7203		12000
J7205		9750
J7207		7500
J7208		TBD
J7209		7500
J7210		22000
J7211		22000
J7308		3
J7309		1
J7310		2
J7311		1
J7312		14
J7313		38
J7314		TBD
J7315		2
J7316		4
J7318		120
J7320		50
J7321		2
J7322		48
J7323		2
J7324		2
J7325		96
J7326		2
J7327		2
J7328		336
J7329		25
J7330		1
J7331		TBD
J7332		TBD
J7336		1120
J7340		56
J7342		10
J7345		200
J7401		TBD
J7500		450
J7501		8
J7502		240
J7503		3600
J7504		15

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J7505		1
J7507		1200
J7508		9000
J7509		360
J7510		240
J7511		9
J7512		7000
J7513		6
J7515		600
J7516		1
J7517		480
J7518		360
J7520		600
J7525		2
J7527		960
J7599		1
J7604		1
J7605		186
J7606		186
J7607		3
J7608		222
J7609		1
J7610		1
J7611		465
J7612		465
J7613		465
J7614		465
J7615		3
J7620		186
J7622		1
J7624		1
J7626		62
J7627		1
J7628		1
J7629		1
J7631		248
J7632		1
J7633		1
J7634		1
J7635		1
J7636		1
J7637		1
J7638		10
J7639		78
J7640		1
J7641		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J7642		1
J7643		1
J7644		93
J7645		1
J7647		1
J7648		1
J7649		1
J7650		1
J7657		1
J7658		1
J7659		1
J7660		1
J7665		127
J7667		1
J7668		2
J7669		1
J7670		1
J7674		100
J7676		1
J7677		TBD
J7680		1
J7681		3
J7682		112
J7683		1
J7684		1
J7685		1
J7686		28
J7699		1
J7799		2
J7999		2
J8498		1
J8499		1
J8501		57
J8510		1
J8515		1
J8520		1
J8521		1
J8530		180
J8540		216
J8560		1
J8562		5
J8565		1
J8597		1
J8600		1
J8610		12
J8650		14

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J8655		1
J8670		180
J8700		1
J8705		1
J8999		1
J9000		20
J9015		1
J9017		30
J9019		60
J9020		2
J9022		120
J9023		140
J9025		300
J9027		100
J9030		TBD
J9031		1
J9032		300
J9033		300
J9034		360
J9035		180
J9036		TBD
J9039		210
J9040		4
J9041		35
J9042		200
J9043		60
J9044		35
J9045		22
J9047		160
J9050		6
J9055		120
J9057		60
J9060		24
J9065		100
J9070		55
J9098		5
J9100		120
J9119		TBD
J9120		5
J9130		24
J9145		240
J9150		12
J9151		10
J9153		132
J9155		240
J9160		7

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J9165		1
J9171		240
J9173		150
J9175		10
J9176		3000
J9178		150
J9179		50
J9181		100
J9185		2
J9190		20
J9199		TBD
J9200		16
J9201		20
J9202		3
J9203		180
J9204		TBD
J9205		215
J9206		42
J9207		90
J9208		15
J9209		55
J9210		TBD
J9211		6
J9212		1
J9213		12
J9214		100
J9215		1
J9216		2
J9217		6
J9218		1
J9219		1
J9225		1
J9226		1
J9228		1100
J9229		27
J9230		5
J9245		9
J9250		25
J9260		20
J9261		80
J9262		700
J9263		700
J9264		624
J9266		2
J9267		750
J9268		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
J9269		TBD
J9270		1
J9271		300
J9280		12
J9285		1
J9293		8
J9295		800
J9299		480
J9301		100
J9302		200
J9303		100
J9305		150
J9306		840
J9307		80
J9308		280
J9309		TBD
J9311		160
J9312		150
J9313		TBD
J9315		40
J9320		4
J9325		400
J9328		400
J9330		50
J9340		4
J9351		120
J9352		50
J9354		600
J9355		100
J9356		TBD
J9357		4
J9360		45
J9370		4
J9371		5
J9390		36
J9395		20
J9400		600
J9600		4
J9999		1
K0001	RR	1
K0002	RR	1
K0003	RR	1
K0004	RR	1
K0005	NU	1
K0005	RR	1
K0006	RR	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
K0007	RR	1
K0009	RR	1
K0010	NU	1
K0010	RR	10
K0011	NU	1
K0011	RR	10
K0012	RR	10
K0014		1
K0015	NU	2
K0015	RR	2
K0017	NU	2
K0017	RR	2
K0018	NU	2
K0018	RR	2
K0019	NU	2
K0019	RR	2
K0020	NU	1
K0020	RR	1
K0037	NU	2
K0037	RR	2
K0038	NU	2
K0038	RR	2
K0039	NU	2
K0039	RR	2
K0040	NU	2
K0040	RR	2
K0041	NU	2
K0041	RR	2
K0042	NU	2
K0042	RR	2
K0043	NU	2
K0043	RR	2
K0044	NU	2
K0044	RR	2
K0045	NU	2
K0045	RR	2
K0046	NU	2
K0046	RR	2
K0047	NU	2
K0047	RR	2
K0050	NU	2
K0050	RR	2
K0051	NU	2
K0051	RR	2
K0052	NU	2
K0052	RR	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
K0053	NU	2
K0053	RR	2
K0056	NU	1
K0056	RR	1
K0065	NU	2
K0065	RR	2
K0069	NU	2
K0069	RR	2
K0070	NU	2
K0070	RR	2
K0071	NU	2
K0071	RR	2
K0072	NU	2
K0072	RR	2
K0073	NU	2
K0073	RR	2
K0077	NU	2
K0077	RR	2
K0098	NU	1
K0098	RR	1
K0105	NU	1
K0105	RR	1
K0108		1
K0195	RR	1
K0455	RR	1
K0462		1
K0552		100
K0553		1
K0554	RR	1
K0554	NU	1
K0601	NU	10
K0602	NU	10
K0603	NU	10
K0604	NU	6
K0605	NU	4
K0606	RR	1
K0607	NU	1
K0607	RR	1
K0608	NU	1
K0608	RR	1
K0609		1
K0669		1
K0672		4
K0730	NU	1
K0730	RR	1
K0733	NU	2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
K0733	RR	2
K0738	RR	1
K0739		50
K0740		10
K0800	NU	1
K0800	RR	1
K0801	NU	1
K0801	RR	1
K0802	NU	1
K0802	RR	1
K0806	NU	1
K0806	RR	1
K0807	NU	1
K0807	RR	1
K0808	NU	1
K0808	RR	1
K0812		1
K0813	RR	1
K0814	RR	1
K0815	RR	1
K0816	RR	1
K0820	RR	1
K0821	RR	1
K0822	RR	1
K0823	RR	1
K0824	RR	1
K0825	RR	1
K0826	RR	1
K0827	RR	1
K0828	RR	1
K0829	RR	1
K0830		1
K0831		1
K0835	NU	1
K0835	RR	1
K0836	NU	1
K0836	RR	1
K0837	NU	1
K0837	RR	1
K0838	NU	1
K0838	RR	1
K0839	NU	1
K0839	RR	1
K0840	NU	1
K0840	RR	1
K0841	NU	1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
K0841	RR	1
K0842	NU	1
K0842	RR	1
K0843	NU	1
K0843	RR	1
K0848	NU	1
K0848	RR	1
K0849	NU	1
K0849	RR	1
K0850	NU	1
K0850	RR	1
K0851	NU	1
K0851	RR	1
K0852	NU	1
K0852	RR	1
K0853	NU	1
K0853	RR	1
K0854	NU	1
K0854	RR	1
K0855	NU	1
K0855	RR	1
K0856	NU	1
K0856	RR	1
K0857	NU	1
K0857	RR	1
K0858	NU	1
K0858	RR	1
K0859	NU	1
K0859	RR	1
K0860	NU	1
K0860	RR	1
K0861	NU	1
K0861	RR	1
K0862	NU	1
K0862	RR	1
K0863	NU	1
K0863	RR	1
K0864	NU	1
K0864	RR	1
K0868		1
K0869		1
K0870		1
K0871		1
K0877		1
K0878		1
K0879		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
K0880		1
K0884		1
K0885		1
K0886		1
K0890		1
K0891		1
K0898		1
K0900		1
K1001		TBD
K1002		TBD
K1004		TBD
L0112		1
L0113		1
L0120		1
L0130		1
L0140		1
L0150		1
L0160		1
L0170		1
L0172		1
L0174		1
L0180		1
L0190		1
L0200		1
L0220		1
L0450		1
L0452		1
L0454		1
L0455		1
L0456		1
L0457		1
L0458		1
L0460		1
L0462		1
L0464		1
L0466		1
L0467		1
L0468		1
L0469		1
L0470		1
L0472		1
L0480		1
L0482		1
L0484		1
L0486		1
L0488		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L0490		1
L0491		1
L0492		1
L0621		1
L0622		1
L0623		1
L0624		1
L0625		1
L0626		1
L0627		1
L0628		1
L0629		1
L0630		1
L0631		1
L0632		1
L0633		1
L0634		1
L0635		1
L0636		1
L0637		1
L0638		1
L0639		1
L0640		1
L0641		1
L0642		1
L0643		1
L0648		1
L0649		1
L0650		1
L0651		1
L0700		1
L0710		1
L0810		1
L0820		1
L0830		1
L0859		1
L0861		1
L0970		1
L0972		1
L0974		1
L0976		1
L0978		2
L0980		1
L0982		1
L0984		1
L0999		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L1000		1
L1005		1
L1010		2
L1020		2
L1025		1
L1030		1
L1040		1
L1050		1
L1060		1
L1070		2
L1080		2
L1085		1
L1090		1
L1100		2
L1110		2
L1120		3
L1200		1
L1210		2
L1220		1
L1230		1
L1240		1
L1250		2
L1260		1
L1270		3
L1280		2
L1290		2
L1300		1
L1310		1
L1499		1
L1600		1
L1610		1
L1620		1
L1630		1
L1640		1
L1650		1
L1652		1
L1660		1
L1680		1
L1685		1
L1686		1
L1690		1
L1700		1
L1710		1
L1720		2
L1730		1
L1755		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L1810		2
L1812		2
L1820		2
L1830		2
L1831		2
L1832		2
L1833		2
L1834		2
L1836		2
L1840		2
L1843		2
L1844		2
L1845		2
L1846		2
L1847		2
L1848		2
L1850		2
L1851		2
L1852		2
L1860		2
L1900		2
L1902		2
L1904		2
L1906		2
L1907		2
L1910		2
L1920		2
L1930		2
L1932		2
L1940		2
L1945		2
L1950		2
L1951		2
L1960		2
L1970		2
L1971		2
L1980		2
L1990		2
L2000		2
L2005		2
L2006		TBD
L2010		2
L2020		2
L2030		2
L2034		2
L2035		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L2036		2
L2037		2
L2038		2
L2040		1
L2050		1
L2060		1
L2070		1
L2080		1
L2090		1
L2106		2
L2108		2
L2112		2
L2114		2
L2116		2
L2126		2
L2128		2
L2132		2
L2134		2
L2136		2
L2180		2
L2182		4
L2184		4
L2186		4
L2188		2
L2190		2
L2192		2
L2200		4
L2210		4
L2220		4
L2230		2
L2232		2
L2240		2
L2250		2
L2260		2
L2265		2
L2270		2
L2275		2
L2280		2
L2300		1
L2310		1
L2320		2
L2330		2
L2335		2
L2340		2
L2350		2
L2360		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L2370		2
L2375		2
L2380		2
L2385		4
L2387		4
L2390		4
L2395		4
L2397		4
L2405		4
L2415		4
L2425		4
L2430		4
L2492		4
L2500		2
L2510		2
L2520		2
L2525		2
L2526		2
L2530		2
L2540		2
L2550		2
L2570		2
L2580		2
L2600		2
L2610		2
L2620		2
L2622		2
L2624		2
L2627		1
L2628		1
L2630		1
L2640		1
L2650		2
L2660		1
L2670		2
L2680		2
L2750		8
L2755		8
L2760		8
L2768		4
L2780		8
L2785		4
L2795		2
L2800		2
L2810		4
L2820		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L2830		2
L2840		2
L2850		2
L2861		2
L2999		1
L3000		2
L3001		2
L3002		2
L3003		2
L3010		2
L3020		2
L3030		2
L3031		2
L3040		2
L3050		2
L3060		2
L3070		2
L3080		2
L3090		2
L3100		2
L3140		1
L3150		1
L3160		2
L3170		2
L3201		1
L3202		1
L3203		1
L3204		1
L3206		1
L3207		1
L3211		1
L3214		1
L3215		2
L3216		2
L3217		2
L3219		2
L3221		2
L3222		2
L3224		2
L3225		2
L3230		2
L3250		2
L3251		2
L3252		2
L3253		2
L3254		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L3255		2
L3257		2
L3260		2
L3265		2
L3300		4
L3310		4
L3320		4
L3330		2
L3332		2
L3334		4
L3340		2
L3350		2
L3360		2
L3370		2
L3380		2
L3390		2
L3400		2
L3410		2
L3420		2
L3430		2
L3440		2
L3450		2
L3455		2
L3460		2
L3465		2
L3470		2
L3480		2
L3485		2
L3500		2
L3510		2
L3520		2
L3530		2
L3540		2
L3550		2
L3560		2
L3570		2
L3580		2
L3590		2
L3595		2
L3600		2
L3610		2
L3620		2
L3630		2
L3640		1
L3649		1
L3650		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L3660		1
L3670		1
L3671		1
L3674		1
L3675		1
L3677		1
L3678		1
L3702		2
L3710		2
L3720		2
L3730		2
L3740		2
L3760		2
L3761		2
L3762		2
L3763		2
L3764		2
L3765		2
L3766		2
L3806		2
L3807		2
L3808		2
L3809		2
L3891		2
L3900		2
L3901		2
L3904		2
L3905		2
L3906		2
L3908		2
L3912		2
L3913		2
L3915		2
L3916		2
L3917		2
L3918		2
L3919		2
L3921		2
L3923		2
L3924		2
L3925		4
L3927		4
L3929		2
L3930		2
L3931		2
L3933		3

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L3935		3
L3956		4
L3960		1
L3961		1
L3962		1
L3967		1
L3971		1
L3973		1
L3975		1
L3976		1
L3977		1
L3978		1
L3980		2
L3981		2
L3982		2
L3984		2
L3995		2
L3999		1
L4000		1
L4002		8
L4010		2
L4020		2
L4030		2
L4040		2
L4045		2
L4050		2
L4055		2
L4060		2
L4070		2
L4080		2
L4090		4
L4100		2
L4110		4
L4130		2
L4205		8
L4210		4
L4350		2
L4360		2
L4361		2
L4370		2
L4386		2
L4387		2
L4392		2
L4394		2
L4396		2
L4397		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L4398		2
L4631		2
L5000		2
L5010		2
L5020		2
L5050		2
L5060		2
L5100		2
L5105		2
L5150		2
L5160		2
L5200		2
L5210		2
L5220		2
L5230		2
L5250		2
L5270		2
L5280		2
L5301		2
L5312		2
L5321		2
L5331		2
L5341		2
L5400		2
L5410		2
L5420		2
L5430		2
L5450		2
L5460		2
L5500		2
L5505		2
L5510		2
L5520		2
L5530		2
L5535		2
L5540		2
L5560		2
L5570		2
L5580		2
L5585		2
L5590		2
L5595		2
L5600		2
L5610		2
L5611		2
L5613		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L5614		2
L5616		2
L5617		2
L5618		4
L5620		4
L5622		4
L5624		4
L5626		4
L5628		2
L5629		2
L5630		2
L5631		2
L5632		2
L5634		2
L5636		2
L5637		2
L5638		2
L5639		2
L5640		2
L5642		2
L5643		2
L5644		2
L5645		2
L5646		2
L5647		2
L5648		2
L5649		2
L5650		2
L5651		2
L5652		2
L5653		2
L5654		2
L5655		2
L5656		2
L5658		2
L5661		2
L5665		2
L5666		2
L5668		2
L5670		2
L5671		2
L5672		2
L5673		4
L5676		2
L5677		2
L5678		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L5679		4
L5680		2
L5681		2
L5682		2
L5683		2
L5684		2
L5685		4
L5686		2
L5688		2
L5690		2
L5692		2
L5694		2
L5695		2
L5696		2
L5697		2
L5698		2
L5699		2
L5700		2
L5701		2
L5702		2
L5703		2
L5704		2
L5705		2
L5706		2
L5707		2
L5710		2
L5711		2
L5712		2
L5714		2
L5716		2
L5718		2
L5722		2
L5724		2
L5726		2
L5728		2
L5780		2
L5781		2
L5782		2
L5785		2
L5790		2
L5795		2
L5810		2
L5811		2
L5812		2
L5814		2
L5816		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L5818		2
L5822		2
L5824		2
L5826		2
L5828		2
L5830		2
L5840		2
L5845		2
L5848		2
L5850		2
L5855		2
L5856		2
L5857		2
L5858		2
L5859		2
L5910		2
L5920		2
L5925		2
L5930		2
L5940		2
L5950		2
L5960		2
L5961		1
L5962		2
L5964		2
L5966		2
L5968		2
L5969		2
L5970		2
L5971		2
L5972		2
L5973		2
L5974		2
L5975		2
L5976		2
L5978		2
L5979		2
L5980		2
L5981		2
L5982		2
L5984		2
L5985		2
L5986		2
L5987		2
L5988		2
L5990		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L5999		1
L6000		2
L6010		2
L6020		2
L6026		2
L6050		2
L6055		2
L6100		2
L6110		2
L6120		2
L6130		2
L6200		2
L6205		2
L6250		2
L6300		2
L6310		2
L6320		2
L6350		2
L6360		2
L6370		2
L6380		2
L6382		2
L6384		2
L6386		2
L6388		2
L6400		2
L6450		2
L6500		2
L6550		2
L6570		2
L6580		2
L6582		2
L6584		2
L6586		2
L6588		2
L6590		2
L6600		2
L6605		2
L6610		2
L6611		2
L6615		2
L6616		2
L6620		2
L6621		2
L6623		2
L6624		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L6625		2
L6628		2
L6629		2
L6630		2
L6632		4
L6635		2
L6637		2
L6638		2
L6640		2
L6641		2
L6642		2
L6645		2
L6646		2
L6647		2
L6648		2
L6650		2
L6655		4
L6660		4
L6665		4
L6670		2
L6672		2
L6675		2
L6676		2
L6677		2
L6680		4
L6682		4
L6684		4
L6686		2
L6687		2
L6688		2
L6689		2
L6690		2
L6691		4
L6692		4
L6693		2
L6694		2
L6695		2
L6696		2
L6697		2
L6698		2
L6703		2
L6704		2
L6706		2
L6707		2
L6708		2
L6709		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L6711		2
L6712		2
L6713		2
L6714		2
L6715		5
L6721		2
L6722		2
L6805		2
L6810		2
L6880		2
L6881		2
L6882		2
L6883		2
L6884		2
L6885		2
L6890		2
L6895		2
L6900		2
L6905		2
L6910		2
L6915		2
L6920		2
L6925		2
L6930		2
L6935		2
L6940		2
L6945		2
L6950		2
L6955		2
L6960		2
L6965		2
L6970		2
L6975		2
L7007		2
L7008		2
L7009		2
L7040		2
L7045		2
L7170		2
L7180		2
L7181		2
L7185		2
L7186		2
L7190		2
L7191		2
L7259		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L7360		4
L7362		1
L7364		4
L7366		1
L7367		4
L7368		1
L7400		2
L7401		2
L7402		2
L7403		2
L7404		2
L7405		2
L7499		1
L7510		4
L7520		12
L7600		2
L7700		1
L7900		1
L7902		1
L8000		1
L8001		4
L8002		4
L8015		4
L8020		4
L8030		2
L8031		2
L8032		2
L8033		TBD
L8035		2
L8039		2
L8040		1
L8041		1
L8042		2
L8043		1
L8044		1
L8045		2
L8046		1
L8047		1
L8048		1
L8049		8
L8300		1
L8310		1
L8320		2
L8330		2
L8400		12
L8410		12

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L8415		6
L8417		12
L8420		24
L8430		24
L8435		12
L8440		4
L8460		4
L8465		4
L8470		24
L8480		24
L8485		12
L8499		1
L8500		1
L8501		2
L8505		2
L8507		3
L8509		1
L8510		1
L8511		1
L8512		9
L8513		6
L8514		1
L8515		1
L8600		2
L8603		4
L8604		3
L8605		4
L8606		5
L8607		20
L8608		1
L8609		1
L8610		2
L8612		2
L8613		2
L8614		2
L8615		2
L8616		2
L8617		2
L8618		2
L8619		2
L8621		600
L8622		2
L8623		1
L8624		1
L8625		2
L8627		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
L8628		2
L8629		2
L8630		4
L8631		4
L8641		4
L8642		2
L8658		4
L8659		4
L8670		4
L8679		3
L8680		16
L8681		1
L8682		2
L8683		1
L8684		1
L8689		1
L8690		2
L8691		1
L8692		1
L8693		1
L8694		1
L8695		1
L8696		1
L8698		1
L8699		1
L8701		1
L8702		1
L9900		1
Q0081		1
Q0083		1
Q0084		1
Q0085		1
Q0111		2
Q0112		3
Q0113		2
Q0114		1
Q0115		1
Q0138		510
Q0139		510
Q0144		999
Q0162		40
Q0163		13
Q0164		18
Q0166		2
Q0167		108
Q0169		26

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q0173		11
Q0174		52
Q0175		14
Q0177		36
Q0180		1
Q0181		1
Q0477		1
Q0478		1
Q0479		1
Q0480		1
Q0481		1
Q0482		1
Q0483		1
Q0484		1
Q0485		1
Q0486		1
Q0487		1
Q0489		1
Q0490		1
Q0491		1
Q0492		1
Q0493		1
Q0494		1
Q0495		1
Q0496		1
Q0497		2
Q0498		1
Q0499		1
Q0500		1
Q0501		1
Q0502		1
Q0503		3
Q0504		1
Q0506		8
Q0515		52
Q2009		100
Q2017		12
Q2035		1
Q2036		1
Q2037		1
Q2038		1
Q2039		1
Q2041		1
Q2042		1
Q2043		1
Q2049		14

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q2050		14
Q3014		1
Q3027		30
Q4001		1
Q4002		1
Q4003		2
Q4004		2
Q4005		2
Q4006		2
Q4007		1
Q4008		1
Q4009		2
Q4010		1
Q4011		1
Q4012		1
Q4013		2
Q4014		2
Q4015		1
Q4016		1
Q4017		2
Q4018		2
Q4019		1
Q4020		1
Q4021		2
Q4022		2
Q4023		1
Q4024		1
Q4025		1
Q4026		1
Q4027		1
Q4028		1
Q4029		2
Q4030		2
Q4031		1
Q4032		1
Q4033		2
Q4034		2
Q4035		1
Q4036		1
Q4037		2
Q4038		2
Q4039		1
Q4040		1
Q4041		2
Q4042		2
Q4043		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q4044		1
Q4045		2
Q4046		2
Q4047		1
Q4048		1
Q4049		10
Q4050		2
Q4051		2
Q4074		279
Q4081		100
Q4100		1
Q4101		88
Q4102		21
Q4103		21
Q4104		50
Q4105		250
Q4106		76
Q4107		50
Q4108		250
Q4110		250
Q4111		56
Q4112		2
Q4113		4
Q4114		6
Q4115		240
Q4116		192
Q4117		200
Q4118		1000
Q4121		78
Q4122		96
Q4123		160
Q4124		140
Q4125		28
Q4126		32
Q4127		100
Q4128		128
Q4130		100
Q4132		50
Q4133		113
Q4134		160
Q4135		900
Q4136		900
Q4150		32
Q4151		24
Q4152		24
Q4153		6

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q4154		36
Q4155		100
Q4156		49
Q4157		24
Q4158		70
Q4159		7
Q4160		36
Q4161		42
Q4162		4
Q4163		32
Q4164		400
Q4165		100
Q4166		1
Q4167		32
Q4168		160
Q4169		32
Q4170		120
Q4171		100
Q4173		64
Q4174		8
Q4175		120
Q4176		1
Q4177		1
Q4178		1
Q4179		1
Q4180		1
Q4181		1
Q4182		1
Q4183		32
Q4184		128
Q4185		1
Q4186		17
Q4187		15
Q4188		1
Q4189		1
Q4190		32
Q4191		1024
Q4192		2
Q4193		160
Q4194		17
Q4195		100
Q4196		100
Q4197		100
Q4198		32
Q4200		55
Q4201		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q4202		6
Q4203		12
Q4204		32
Q4206		TBD
Q4208		TBD
Q4209		TBD
Q4210		TBD
Q4211		TBD
Q4212		TBD
Q4213		TBD
Q4214		TBD
Q4215		TBD
Q4216		TBD
Q4217		TBD
Q4218		TBD
Q4219		TBD
Q4220		TBD
Q4221		TBD
Q4222		TBD
Q4226		TBD
Q5101		3360
Q5103		150
Q5104		150
Q5105		100
Q5106		60
Q5107		170
Q5108		12
Q5109		150
Q5110		1500
Q5111		1
Q5112		TBD
Q5113		TBD
Q5114		TBD
Q5115		TBD
Q5116		TBD
Q5117		TBD
Q5118		TBD
Q9950		5
Q9951		20
Q9953		10
Q9954		18
Q9955		10
Q9956		9
Q9957		3
Q9958		300
Q9959		20

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
Q9960		250
Q9961		200
Q9962		150
Q9963		240
Q9964		20
Q9965		30
Q9966		250
Q9967		300
Q9968		30
Q9969		3
Q9991		1
Q9992		1
S0209		50
S0630		1
S1034		1
S1035		1
S1036		1
S1037		1
S8301		1
S8420		2
S8421		2
S8422		2
S8423		2
S8424		2
S8425		2
S8426		2
S8427		2
S8428		2
S8429		2
S8430		2
S8431		2
S8450		2
S8451		2
S8452		2
V2020		1
V2025		1
V2100		2
V2101		2
V2102		2
V2103		2
V2104		2
V2105		2
V2106		2
V2107		2
V2108		2
V2109		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
V2110		2
V2111		2
V2112		2
V2113		2
V2114		2
V2115		2
V2118		2
V2121		2
V2199		2
V2200		2
V2201		2
V2202		2
V2203		2
V2204		2
V2205		2
V2206		2
V2207		2
V2208		2
V2209		2
V2210		2
V2211		2
V2212		2
V2213		2
V2214		2
V2215		2
V2218		2
V2219		2
V2220		2
V2221		2
V2299		2
V2300		2
V2301		2
V2302		2
V2303		2
V2304		2
V2305		2
V2306		2
V2307		2
V2308		2
V2309		2
V2310		2
V2311		2
V2312		2
V2313		2
V2314		2
V2315		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
V2318		2
V2319		2
V2320		2
V2321		2
V2399		2
V2410		2
V2430		2
V2499		2
V2500		2
V2501		2
V2502		2
V2503		2
V2510		2
V2511		2
V2512		2
V2513		2
V2520		2
V2521		2
V2522		2
V2523		2
V2530		2
V2531		2
V2599		2
V2600		1
V2610		1
V2615		2
V2623		2
V2624		2
V2625		2
V2626		2
V2627		2
V2628		2
V2629		2
V2630		2
V2631		2
V2632		2
V2700		2
V2702		1
V2710		2
V2715		4
V2718		2
V2730		2
V2744		2
V2745		2
V2750		2
V2755		2

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
V2756		1
V2760		1
V2761		2
V2762		1
V2770		2
V2780		2
V2781		2
V2782		2
V2783		2
V2784		2
V2785		2
V2786		1
V2787		1
V2788		1
V2790		1
V2797		1
V2799		1
V5008		1
V5010		1
V5011		1
V5014		2
V5020		1
V5030		1
V5040		1
V5050		1
V5060		1
V5070		1
V5080		1
V5090		1
V5095		1
V5100		1
V5110		1
V5120		1
V5130		1
V5140		1
V5150		1
V5160		1
V5171		1
V5172		1
V5181		1
V5190		1
V5200		1
V5211		1
V5212		1
V5213		1
V5214		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
V5215		1
V5221		1
V5230		1
V5240		1
V5241		1
V5242		1
V5243		1
V5244		1
V5245		1
V5246		1
V5247		1
V5248		1
V5249		1
V5250		1
V5251		1
V5252		1
V5253		1
V5254		1
V5255		1
V5256		1
V5257		1
V5258		1
V5259		1
V5260		1
V5261		1
V5262		1
V5263		1
V5264		2
V5265		1
V5266		45
V5267		1
V5268		1
V5269		1
V5270		1
V5271		1
V5272		1
V5273		1
V5274		1
V5275		2
V5281		1
V5282		1
V5283		1
V5284		1
V5285		1
V5286		1
V5287		1

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
V5288		1
V5289		1
V5290		1
V5298		1
V5299		1
V5336		1
V5362		1
V5363		1
V5364		1
W0100		32
W0101		1
W0105		1
W0110		32
W0120		8
W0168		1
W0169		1
W0170		1
W0171		1
W0176		1
W0177		1
W0178		1
W0179		1
W0180		1
W0181		1
W0182		1
W0183		1
W0184		1
W0185		1
W0270		1
W0271		1
W0500		1
W0549		1
W0675		1
W0676		1
W0677		1
W0678		1
W0679		1
W0750		2
W0751		1
W1000		1
W1001		1
W1002		1
W1930		16
W1931		5
W1932		20
W1933		50

up to 30 days

Ohio Bureau of Workers' Compensation
2020 Professional Provider Medical Services Fee Schedule

CPT code	Modifier	2020 MUE
W2703		1
W2704		50
W2705		20
W2706		20
W4000		1
W4001		1
W4215		350
W5000		1
W5001		1
W9006	NU	1
W9010		1
W9020		1
W9030		1
W9040		1
W9050		1
W9060		1
W9070		1
W9075		1
Z0100		50
Z0180		1
Z0430		1
Z0450		1
Z0460		1
Z0470		1
Z0500		1
Z0550		1
Z0560		1
Z1000		1
Z5601		1
Z5602		1