

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
90791		Medicine		9.91	9.60				18-5(G)(6)(b)
90792		Medicine		11.12	10.80				18-5(G)(6)(b)
90889		Medicine		1.40	1.40				18-5(G)(6)(c)
90901		Medicine		2.14	1.14				18-5(G)(3)
90911		Medicine		4.76	2.48				18-5(G)(3)
96101		Medicine		3.00	2.91				18-5(G)(6)(c)
96102		Medicine		1.79	0.65				18-5(G)(6)(c)
96103		Medicine		1.36	1.33				18-5(G)(6)(c)
96116		Medicine		3.40	3.16				18-5(G)(6)(c)
96118		Medicine		4.11	3.31				18-5(G)(6)(c)
96119		Medicine		2.51	0.74				18-5(G)(6)(c)
96120		Medicine		2.30	1.24				18-5(G)(6)(c)
96150		Medicine		0.80	0.79				18-5(G)(6)(c)
96151		Medicine		0.78	0.77				18-5(G)(6)(c)
96152		Medicine		0.74	0.73				18-5(G)(6)(c)
96153		Medicine		0.18	0.17				18-5(G)(6)(c)
96154		Medicine		0.74	0.73				18-5(G)(6)(c)
96155		Medicine		0.73	0.73				18-5(G)(6)(c)
97035		PM&R		0.36	0.00				18-5(H)(7)
97039		PM&R		0.36	0.00				18-5(H)(7)
97139		PM&R		0.92	0.92				18-5(H)(6)
97161		PM&R		1.66	1.66				18-5(H)(8)(b)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
97162		PM&R		2.48	2.48				18-5(H)(8)(b)
97163		PM&R		3.71	3.71				18-5(H)(8)(b)
97164		PM&R		1.60	1.60				18-5(H)(8)(b)
97165		PM&R		1.66	1.66				18-5(H)(8)(b)
97166		PM&R		2.48	2.48				18-5(H)(8)(b)
97167		PM&R		3.71	3.71				18-5(H)(8)(b)
97168		PM&R		1.60	1.60				18-5(H)(8)(b)
97169		PM&R		1.41	1.41				18-5(H)(8)(b)
97170		PM&R		2.10	2.10				18-5(H)(8)(b)
97171		PM&R		3.10	3.10				18-5(H)(8)(b)
97172		PM&R		1.36	1.36				18-5(H)(8)(b)
97545		PM&R		3.40	3.40				18-5(H)(14)(d)
97546		PM&R		1.70	1.70				18-5(H)(14)(d)
98940		Medicine		1.00	0.79				18-5(G)(5)
99000		Division	\$ 25.00	1.00	1.00				18-5(G)(14)(a)
99001		Division	\$ 25.00	1.00	1.00				18-5(G)(14)(a)
99002		Division	\$ 13.00	1.00	1.00				18-5(G)(14)(a)
99100		Anesthesia		1.00	1.00				18-5(C)(5)
99116		Anesthesia		5.00	5.00				18-5(C)(5)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
99135		Anesthesia		5.00	5.00				18-5(C)(5)
99140		Anesthesia		2.00	2.00				18-5(C)(5)
99231		E&M			2.21				18-5(I)(6)(c)
99232		E&M			3.15				18-5(I)(6)(c)
99233		E&M			4.22				18-5(I)(6)(c)
99241		E&M		2.57	2.15				18-5(I)(6)(c)
99242		E&M		3.77	3.18				18-5(I)(6)(c)
99243		E&M		4.71	3.96				18-5(I)(6)(c)
99244		E&M		6.39	5.57				18-5(I)(6)(c)
99245		E&M		8.15	7.23				18-5(I)(6)(c)
99251		E&M			2.79				18-5(I)(6)(c)
99252		E&M			3.83				18-5(I)(6)(c)
99253		E&M			4.95				18-5(I)(6)(c)
99254		E&M			6.39				18-5(I)(6)(c)
99255		E&M			8.47				18-5(I)(6)(c)
0232T		Surgery	\$ 269.50		1.00				18-5(D)(8)(c)
A0425		Transportation	\$ 18.11	1.00		per Urban mile		Urban	18-6(R)(3)
A0425		Transportation	\$ 18.28	1.00		per Rural mile	R	Rural	18-6(R)(3)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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A0425		Transportation	\$ 18.28	1.00		per Super Rural mile	B	Super Rural	18-6(R)(3)
A0426		Transportation	\$ 680.67					Urban	18-6(R)(3)
A0426		Transportation	\$ 687.34				R	Rural	18-6(R)(3)
A0426		Transportation	\$ 842.68				B	Super Rural	18-6(R)(3)
A0427		Transportation	\$ 1,077.72					Urban	18-6(R)(3)
A0427		Transportation	\$ 1,088.29				R	Rural	18-6(R)(3)
A0427		Transportation	\$ 1,334.24				B	Super Rural	18-6(R)(3)
A0428		Transportation	\$ 567.22					Urban	18-6(R)(3)
A0428		Transportation	\$ 572.28				R	Rural	18-6(R)(3)
A0428		Transportation	\$ 702.23				B	Super Rural	18-6(R)(3)
A0429		Transportation	\$ 907.55					Urban	18-6(R)(3)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
A0429		Transportation	\$ 916.45				R	Rural	18-6(R)(3)
A0429		Transportation	\$ 1,123.57				B	Super Rural	18-6(R)(3)
A0432		Transportation	\$ 992.64					Urban	18-6(R)(3)
A0432		Transportation	\$ 1,002.37				R	Rural	18-6(R)(3)
A0432		Transportation	\$ 1,002.37				B	Super Rural	18-6(R)(3)
A0433		Transportation	\$ 1,559.86					Urban	18-6(R)(3)
A0433		Transportation	\$ 1,575.15				R	Rural	18-6(R)(3)
A0433		Transportation	\$ 1,931.14				B	Super Rural	18-6(R)(3)
A0434		Transportation	\$ 1,843.47					Urban	18-6(R)(3)
A0434		Transportation	\$ 1,861.54				R	Rural	18-6(R)(3)
A0434		Transportation	\$ 2,282.25				B	Super Rural	18-6(R)(3)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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A0888		Transportation	\$ -						18-6(R)(3)
A0998		Transportation	\$ -						18-6(R)(3)
A0999		Transportation	\$ -						18-6(R)(3)
G0378		Facility Only	\$ 45.00	0.00	1.00	per hour			18-6(L)(2)(d)
Q3014		Division	\$ 35.00			per 15 min			18-5(J)(4)(c)
S9088		Urgent Care Facility Fee	\$ 75.00	1.00	1.00	per episode			18-6(L)(2)(b)
S9122		Home Health	\$ 45.00	1.00		per hour			18-6(M)(2)(b)
S9123		Home Health	\$ 111.00	1.00		per hour			18-6(M)(2)(a)
S9124		Home Health	\$ 89.00	1.00		per hour			18-6(M)(2)(a)
S9326		Home Health	\$ 79.00	1.00		Per day			18-6(M)(1)(e)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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S9327		Home Health	\$ 103.00	1.00		Per day			18-6(M)(1)(e)
S9328		Home Health	\$ 116.00	1.00		Per day			18-6(M)(1)(e)
S9329		Home Health	\$ -	1.00		Per day			18-6(M)(1)(c)
S9330		Home Health	\$ 91.00	1.00		Per day			18-6(M)(1)(c)
S9331		Home Health	\$ 103.00	1.00		Per day			18-6(M)(1)(c)
S9341		Home Health	\$ 44.09	1.00		Per day			18-6(M)(1)(d)
S9342		Home Health	\$ 24.23	1.00		Per day			18-6(M)(1)(d)
S9343		Home Health	\$ 24.23	1.00		Per day			18-6(M)(1)(d)
S9364		Home Health	\$ 160.00	1.00		Per day			18-6(M)(1)(a)
S9365		Home Health	\$ 174.00	1.00		Per day			18-6(M)(1)(a)
S9366		Home Health	\$ 200.00	1.00		Per day			18-6(M)(1)(a)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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S9367		Home Health	\$ 227.00	1.00		Per day			18-6(M)(1)(a)
S9368		Home Health	\$ 254.00	1.00		Per day			18-6(M)(1)(a)
S9373		Home Health	\$ 61.00	1.00		Per day			18-6(M)(1)(f)
S9374		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9375		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9376		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9377		Home Health	\$ 85.00	1.00		Per day			18-6(M)(1)(f)
S9494		Home Health	\$ 158.00	1.00		Per day			18-6(M)(1)(b)
S9497		Home Health	\$ 152.00	1.00		Per day			18-6(M)(1)(b)
S9500		Home Health	\$ 97.00	1.00		Per day			18-6(M)(1)(b)
S9501		Home Health	\$ 110.00	1.00		Per day			18-6(M)(1)(b)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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S9502		Home Health	\$ 122.00	1.00		Per day			18-6(M)(1)(b)
S9503		Home Health	\$ 134.00	1.00		Per day			18-6(M)(1)(b)
S9504		Home Health	\$ 146.00	1.00		Per day			18-6(M)(1)(b)
Z0200		Division	\$ 980.00					Upper body w/Autonomic Stress Testing	18-5(E)(3)(d)
Z0201		Division	\$ 980.00					Lower Body w/autonomic Stress Testing	18-5(E)(3)(d)
Z0401		Division	\$ 1,066.00			once per WC claim		QSART	18-5(G)(8)(b)
Z0500		Division	negotiated			per program		Interdisciplinary Rehabilitation Programs	18-5(H)(5)
Z0501		PM&R		1.30	0.77	per 15 min		Single or multiple needles - dry needling	18-5(H)(6)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0502		PM&R		0.77	0.72	per 15 min		Each add'l 15 minutes of dry needling	18-5(H)(6)
Z0503		PM&R		0.93	0.93	per 15 min		Computer Enhanced Evaluation	18-5(H)(9)(a)(v)
Z0504		PM&R		0.93	0.93	per 15 min		Work Tolerance Screening	18-5(H)(9)(a)(vi)
Z0505		PM&R		0.23		per day		Unattended Treatment	18-6(H)(11)
Z0601		Division	\$ 74.00			per 15 min		Face-to-face or telephonic meeting	18-6(A)(2)
Z0602		Division	\$ 74.00			per 15 min		Peer-to-peer review by a treating physician with a medical reviewer	18-6(A)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0701		Division	\$ 42.50			per 8 min		Face-to-face or telephone meeting treating with employee (SAMS)	18-6(A)(1)(c)
Z0720		Division	\$ 180.00					Cancellation Fee 1/2 usual fee or rate whichever is less	18-6(B)(1)
Z0721		Division	\$ 18.53			first 10 or fewer paper page(s)		Copying Fee for first 10 or fewer paper page(s)	18-6(C)
Z0722		Division	negotiated					Interpreter	18-6(Q)
Z0723		Division	\$ 0.53			per mile		Mileage for Injured Worker	18-6(E)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
Z0724		Division	actual paid					Other Travel Expenses for Injured Worker	18-6(E)
Z0725		Division	\$ 0.85			per paper page next 11-40 paper page(s)		Copying Fee per paper page for the next 11-40 paper page(s)	18-6(C)
Z0726		Division	\$ 0.57			per paper page for remaining paper		Copying Fee per paper page for remaining paper page(s)	18-6(C)
Z0727		Division	\$ 1.50			per microfilm		Copying Fee per microfilm page	18-6(C)
Z0728		Division	\$ 14.00			per computer disc or as agreed		Copying Fee per computer disc or as agreed	18-6(C)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
Z0729		Division	\$ 0.10			per electronic page or as agreed		Copying Fee per electronic page or as agreed	18-6(C)
Z0730		Division	\$ 183.50			per 30 min		Prep Time Deposition and Testimony by Physician or Psychologist	18-6(D)(2)
Z0731		Division	\$ 183.50			per 30 min		Deposition cancellation 7+ business days	18-6(D)(3)
Z0732		Division	\$ 183.50			per 30 min		Deposition cancellation >5 but <7 business days	18-6(D)(3)
Z0733		Division	\$ 183.50			per 30 min		Deposition cancellation <5 business days	18-6(D)(3)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0734		Division	\$ 183.50			per 30 min		Deposition fee per hr	18-6(D)(3)
Z0735		Division	\$ 254.00			per 30 min		Testimony cancellation 7+ business days	18-6(D)(4)
Z0736		Division	\$ 254.00			per 30 min		Testimony cancellation >5 but <7 business days	18-6(D)(4)
Z0737		Division	\$ 254.00			per 30 min		Testimony cancellation <5 business days	18-6(D)(4)
Z0738		Division	\$ 254.00			per 30 min		Testimony Fee	18-6(D)(4)
Z0750		Division	\$ 49.00					Initial WC 164	18-6(G)(2)(e)
Z0751		Division	\$ 49.00					Progress Report	18-6(G)(2)(e)
Z0752		Division	\$ 49.00					Closing Report	18-6(G)(2)(e)
Z0753		Division	\$ 49.00					Initial and Closing on same report	18-6(G)(2)(e)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0754		Division	\$ 49.00					Completion add'l forms	18-6(G)(3)
Z0755		Division	\$ 91.75			per 15 min		Special Report - Written Report only	18-6(G)(4)
Z0756		Division	\$ 91.75			per 15 min		Respondent requested IME (RIME)/Report with patient exam	18-6(G)(4)
Z0757		Division	\$ 91.75			per 15 min		Special Report - Lengthy Form Completion	18-6(G)(4)
Z0758		Division	\$ 91.75			per 15 min		18-5(I)(8) Meeting & Report with Non-treating Physician	18-6(G)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0759		Division	\$ 575.00			per exam		Impairment Rating Treating Physician	18-6(F)(4)(b)(i)
Z0760		Division	\$ 775.00			per exam		Impairment Rating Referral	18-6(F)(4)(b)(ii)
Z0761		Division	\$ 91.75			per 15 min		Special Report - cancellation not requiring patient exam	18-6(G)(4)
Z0762		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation +7 business days	18-6(G)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0763		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation >5 but <7 business days	18-6(G)(4)
Z0764		Division	\$ 91.75			per 15 min		Special Report - IME/Report W Patient Exam Cancellation <5 business days	18-6(G)(4)
Z0765		Division	\$ 84.00			per 15 min		Chronic Opioid Management	18-8(B)(2)(f)
Z0766		Division	\$ 34.00			per exam		CRS 8-43-404 IME Audio Recording	18-6(G)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0767		Division	\$ 23.00			per copy		CRS 8-43-404 IME Audio Copying Fee	18-6(G)(4)
Z0768		Division	\$ 1,000.00					Division Independent Medical Examination (DIME)/Report with patient exam	18-6(G)(4)
Z0769		Division	\$ 1,400.00					DIME/Report with patient exam > 2 years or 3 regions	18-6(G)(4)
Z0770		Division	\$ 91.75			per 15 min		Claimant requested IME (CIME)/Report with patient exam	18-6(G)(4)
Z0771		Division	\$ 50.00			per report		Acute Opioid Management	18-8(A)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0772		Division	\$ 0.53			per mile		Mileage for provider of Home Care	18-6(M)(4)
Z0773		Division	\$ 34.00			per hr		Travel Time for provider of Home Care	18-6(M)(5)
Z0790		Division	\$ 80.00			per 30 day supply		Category I Compounded Drugs	18-6(N)(6)
Z0791		Division	\$ 160.00			per 30 day supply		Category II Compounded Drugs	18-6(N)(6)
Z0792		Division	\$ 265.00			per 30 day supply		Category III Compounded Drugs	18-6(N)(6)
Z0793		Division	\$ 370.00			per 30 day supply		Category IV Compounded Drugs	18-6(N)(6)
Z0794		Division	\$ 30.00			per 30 day supply		Any topical OTC drug except patches	18-6(7)(b)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0795		Division	\$ 70.00			per 30 day supply		OTC patches	18-6(7)(b)
Z0800		Division	\$ 99.80			per visit		LAc new patient	18-6(P)(3)(b)(ii)
Z0801		Division	\$ 67.60			per visit		LAc established patient	18-6(P)(3)(b)(iii)
Z0802		Division	actual paid			per invoice		Postage	18-6(C)
Z0811		Division	\$ 62.00			per episode		Initial functional assessment of pre-injection care	18-8(C)(2)
Z0812		Division	\$ 33.00			per episode		Subsequent visit of therapeutic post-injection care	18-8(C)(2)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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Z0813		Division	\$ 744.00					Platelet Rich Plasma injection in an office setting	18-5(D)(8)(b)
Z0814		Division	\$ 33.00			per episode		Post-diagnostic injection care	18-8(C)(2)
Z0815		Division	\$ 80.00			per episode		QPOP Initial Assessment	18-8(D)(1)(c)
Z0816		Division	\$ 40.00			per visit		QPOP subsequent visit	18-8(D)(1)(c)
Z0817		Division	\$ 15.00			per form		Rehabilitation Communication Form (WC196)	18-5(H)(8)(c)
Z9999		Division	\$ -					Providers reporting Z9999 certify accreditation status	18-5(E)(2)(a)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

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	50	Division			1.50			Bi-Lateral Payment Adjustment	18-5(B)(3)(o)
	51	Division			0.50			Multiple Procedure Modifier	18-5(B)(3)(n)
	62	Division			1.25			Co-Surgeon; distinct procedure	18-5(D)(5)
	73	Division			0.50			Discontinued service prior to Anesthesia	18-6(J)(6)(f)(iv)
	74	Division			1.00			Discontinued service after Anesthesia	18-6(J)(6)(f)(iv)
	80	Division			0.20			Max allowance, Asst Surgeon	18-5(D)(c)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
	81	Division			0.10			Max allowance, Clinical Nurse Specialist and Registered Surgical Asst	18-5(D)(e)
	82	Division			0.20			Max allowance, Qualified Resident Surgeon	18-5(D)(d)
	95	Division	\$ 5.00	1.00	1.00	per visit		Telehealth add- on	18-5(J)(4)(b)
	AA	Anesthesia			1.00				18-5(C)(3)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
	AD	Anesthesia				Maximum allowance: three (3) base anesthesia units for each case, regardless of the number of base anesthesia units assigned to each specific anesthesia episode of care.			18-5(C)(3)
	AS	Division			0.10			Max allowance, AS performed by NP or PA	18-5(D)(e)
	FX	Division			0.80			Film X-Ray	18-5(E)(2)(f)
	P1	Anesthesia			0.00				18-5(C)(4)

Final Exhibit #9

RVU Values and Division Z-Codes

effective 1/1/2019

CPT®, HCPCS, or DoWC Z-Code	Modifier	Conversion Factor or Fee Category	Rate	Non- Facility RVU	Facility RVU	Billing Increments	Indicator	Description	Rule 18 reference
	P2	Anesthesia			0.00				18-5(C)(4)
	P3	Anesthesia			1.00				18-5(C)(4)
	P4	Anesthesia			2.00				18-5(C)(4)
	P5	Anesthesia			3.00				18-5(C)(4)
	P6	Anesthesia			0.00				18-5(C)(4)
	QK	Anesthesia			0.50				18-5(C)(3)
	QX	Anesthesia			0.50				18-5(C)(3)
	QY	Anesthesia			0.50				18-5(C)(3)
	QZ	Anesthesia			0.90				18-5(C)(3)