

The five character codes included in the Ohio Bureau of Workers' Compensation (BWC) 2024 Professional Provider & Medical Services Fee Schedule are obtained from *Current Procedural Terminology* (CPT®), copyright 2023 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 2024 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 2024 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 2024 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, 10, 19,21,22,23,24,26,31,34,41,42,51,52,53,56 and 61.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

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
2024 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.
Non-Reimbursable Services	Non-reimbursable services are those that are designated as never covered in any BWC statute or rule or any services provided by non-covered providers not in compliance with BWC rule OAC 4123-6-25 or within the "Non-Reimbursable Services by Non-Covered Providers" definition below.
Non-Reimbursable Services by Non-Covered Providers	Services rendered by a provider that cannot directly enroll with BWC under OAC 4123-6-02.21 and when applicable at the time the services were rendered the rendering provider was not directly supervised by a provider who is independently licensed and BWC enrolled.
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	When the procedure is bilateral eligible (indicator 1), and performed bilaterally, reimbursement is 150% of fee schedule amount.
Modifier 52	Reduced services. Reimbursement is 50% of fee schedule amount. Cannot be applied to a timed therapy service code.
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.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

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 93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system. In instances when the service is eligible for audio-only telemedicine, the service code will be identified with the modifier on the Fees tab. Place of service code 10 (telehealth in home) must be reported with audio-only services.
Modifier 95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system (reimbursed at 100% of standard facility column fee schedule amount). Must include POS code 02 (telehealth not in home) or POS code 10 (telehealth in home).
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.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Modifier FY	X-ray taken using computed radiography technology/cassette-based imaging. Reimbursement is subject to a 7% reduction of the fee schedule amount which is applied to the technical component or the technical component of the global service.
Modifier GO	Always therapy modifier which must be used to identify all services delivered under an outpatient occupational therapy plan of care.
Modifier GP	Always therapy modifier which must be used to identify all services delivered under an outpatient physical therapy treatment plan.
Modifier GN	Always therapy modifier which must be used to identify all services delivered under an outpatient speech therapy treatment plan.
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%.
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.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Modifier QX	Qualified nonphysician anesthetist service: with medical direction by a physician. Reimbursement is 50% of the fee schedule amount. *The reductions indicated below for certified nurse anesthetists (CRNAs) and anesthesiology assistants (AAs) do not apply when this modifier is billed.
Modifier QY	Medical direction of one qualified non-physician anesthetist by an anesthesiologist. Reimbursement 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 \$2.7170 per timed minute. CPT [®] code Anesthesia Base Units (ABU) are noted in a separate tab and reimbursed at \$40.76 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.	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

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.
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. Applicable Providers listed above must bill independently.	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Skilled Nursing Facility Quality Reporting Program Reduction	Skilled nursing facilities (SNFs) determined by the Centers for Medicare and Medicaid Services (CMS) to have not complied with the CMS quality data submission requirements under the CMS skilled nursing facility quality reporting program (SNF QRP) program established by 42 U.S.C. 1395yy as in effect on January 1, 2024 and 42 C.F.R. 413.360 as published in the October 1, 2023 Code of Federal Regulations, as indicated by the SNF's quality data indicator on the CMS October 2023 provider specific file (PSF), shall be subject to a two percent reduction to the fee schedule amounts indicated in this appendix.
	However, if such an SNF is subsequently determined by CMS to have complied with the CMS quality data submission requirements for FY 2024 under the SNF QRP program, upon the SNF's request the SNF shall no longer be subject to the two percent reduction, and BWC shall adjust any bills for dates of service on or after January 1, 2024 that were previously reduced pursuant to this appendix.
Multiple Procedure Price Reduction (MPPR)	
Surgical procedures (MPPR indicator 2)	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 fee schedule fee) reimbursed at 100% of the surgical CPT® code fee schedule
	2nd-5th (secondary, tertiary, quaternary, quinary) procedures (determined by fee schedule fee) reimbursed at 50% of the surgical CPT® code fee schedule
	6th (senary) or more procedures when approved (determined by fee schedule fee) reimbursed at 25% of the surgical CPT® code fee schedule
Therapies (Physical, Occupational, Speech and Always Therapy) (MPPR indicator 5)	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 fee schedule fee) 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 fee schedule fee.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Radiology procedures (MPPR indicator 4)	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 (determined by the code's technical component fee schedule 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.
Special rules for multiple endoscopic procedures (MPPR indicator 3)	When an endoscopic procedure is billed with another endoscopy in the same family (i.e. same base procedure), the highest valued endoscopy code in the family (determined by the fee schedule fee) is paid at 100% and any additional endoscopy codes in the same family are paid at a reduced amount based on the value of the endoscopic base code. If endoscopy codes are billed on the same day as other procedures subject to MPPR, endoscopy codes may be subject to both endoscopic and multiple surgery reductions.
Diagnostic cardiovascular services (MPPR indicator 6)	Highest paying cardiovascular CPT® code (determined by the technical component fee schedule fee) will pay at 100%. Each subsequent cardiovascular procedure is subject to a 25% reduction of the technical component portion of the fee schedule fee.
Diagnostic ophthalmology services (MPPR indicator 7)	Highest paying ophthalmology CPT® code (determined by the technical component fee schedule fee) will pay at 100%. Each subsequent ophthalmology procedure is subject to a 20% reduction of the technical component portion of the fee schedule fee.
Prolonged Service Codes	
Prolonged service code for evaluation and management services	BWC deviates from CPT® prolonged service time guidelines for CPT® code 99417 as follows: The service code is billable when a minimum of 15 minutes has been reached beyond the maximum time for 99205 or 99215, following Medicare minimum time guidelines for prolonged services.

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
10004					108.84	91.32
10005					285.60	158.26
10006					128.21	107.33
10007					613.51	190.40
10008					299.95	114.00
10009					897.71	234.09
10010					495.24	155.68
10011				BR	0.00	0.00
10012				BR	0.00	0.00
10021					213.75	118.08
10030					1334.89	289.26
10035					762.92	181.49
10036					629.84	91.53
10040				NRC	242.16	110.79
10060					262.59	220.82
10061					448.44	387.81
10080				NRC	520.74	220.25
10081				NRC	718.47	364.76
10120					315.70	221.38
10121					556.32	390.58
10140					354.08	248.98
10160					272.78	204.06
10180					553.56	380.41
11000					120.90	58.25
11001					57.64	32.04
11004					1224.84	1224.84
11005					1671.67	1671.67
11006					1511.03	1511.03
11008					590.27	590.27
11010					951.77	589.97
11011					1048.59	634.92
11012					1376.42	891.33
11042					267.96	127.16
11043					488.91	328.56
11044					657.78	483.28
11045					84.32	54.67
11046					155.02	117.96
11047					258.15	208.97
11055					147.57	34.39
11056					170.11	47.49
11057					185.91	61.27
11102					210.56	80.53
11103					104.65	46.04
11104					261.18	100.16
11105					123.52	54.80
11106					323.21	120.42
11107					149.14	65.60

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
11200				NRC	191.05	160.06
11201				NRC	39.39	35.34
11300					210.17	72.73
11301					254.23	109.37
11302					286.30	127.30
11303					318.26	151.17
11305					220.23	80.77
11306					256.64	105.72
11307					291.43	134.45
11308					307.95	150.29
11310					242.80	97.94
11311					286.07	133.80
11312					327.68	160.59
11313					380.22	203.71
11400				NRC	266.58	176.30
11401				NRC	326.98	223.90
11402				NRC	359.19	243.98
11403				NRC	415.17	314.78
11404				NRC	471.72	348.42
11406				NRC	673.55	528.02
11420				NRC	265.96	172.99
11421				NRC	335.63	231.87
11422				NRC	376.52	286.24
11423				NRC	430.08	330.36
11424				NRC	496.35	378.45
11426				NRC	700.83	575.52
11440				NRC	298.43	221.63
11441				NRC	364.43	279.54
11442				NRC	405.51	309.17
11443				NRC	480.18	377.77
11444				NRC	597.64	478.39
11446				NRC	810.55	672.44
11450				NRC	906.39	558.07
11451				NRC	1110.52	709.65
11462				NRC	874.98	528.01
11463				NRC	1125.12	713.47
11470				NRC	961.76	613.44
11471				NRC	1140.12	748.01
11600					413.25	258.29
11601					478.43	313.36
11602					512.06	340.26
11603					586.15	408.96
11604					653.21	451.09
11606					944.69	674.53
11620					415.33	259.70
11621					481.30	315.56
11622					529.37	356.89

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
11623					622.95	443.74
11624					710.37	504.88
11626					859.61	621.79
11640					424.06	266.41
11641					496.82	328.38
11642					561.50	383.63
11643					663.14	481.24
11644					819.13	598.15
11646					1070.76	830.91
11719				NRC	29.51	16.04
11720					68.55	31.50
11721					92.89	51.12
11730					240.38	115.06
11732					70.29	37.28
11740					118.06	66.86
11750					332.98	213.06
11755					256.50	129.84
11760					390.68	234.37
11762					603.33	396.49
11765				NRC	342.54	193.65
11770				NRC	746.11	397.80
11771				NRC	1331.03	963.17
11772				NRC	1633.52	1236.69
11900				NRC	119.26	64.01
11901				NRC	146.90	97.05
11920				NRC	402.11	231.66
11921				NRC	468.53	279.21
11922				NRC	127.59	62.92
11950				NRC	172.42	112.46
11951				NRC	228.48	156.39
11952				NRC	306.06	219.15
11954				NRC	337.19	240.17
11960					2142.79	2142.79
11970					1197.53	1197.53
11971					1173.37	1173.37
11976				NRC	307.21	200.76
11980				NRC	199.04	120.89
11981					212.44	134.96
11982					238.55	159.72
11983					303.22	223.72
12001					198.02	97.64
12002					240.28	127.77
12004					279.84	158.57
12005					374.69	206.25
12006					436.36	253.78
12007					493.34	314.80
12011					236.91	119.68

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
12013					249.22	127.95
12014					303.26	163.12
12015					366.10	205.76
12016					467.77	279.13
12017					335.93	335.93
12018					379.48	379.48
12020					630.53	400.79
12021					374.06	299.27
12031					549.39	319.64
12032					634.73	399.60
12034					700.87	434.75
12035					818.83	513.63
12036					912.05	601.46
12037					1024.05	699.99
12041					552.17	306.93
12042					648.84	412.36
12044					798.42	453.47
12045					872.67	583.64
12046					1052.62	679.37
12047					1155.76	756.91
12051					593.86	358.05
12052					662.61	422.08
12053					763.59	456.37
12054					809.63	469.40
12055					1068.54	640.72
12056					1221.39	817.82
12057					1287.35	893.22
13100					714.88	424.50
13101					832.44	521.85
13102					245.99	153.01
13120					746.35	489.66
13121					891.94	544.30
13122					269.18	176.88
13131					815.40	511.55
13132					991.21	641.55
13133					356.14	265.86
13151					891.90	590.07
13152					1047.17	711.66
13153					394.08	292.35
13160					1701.25	1701.25
14000					1337.81	1065.63
14001					1711.42	1386.68
14020					1476.52	1193.55
14021					1824.23	1497.47
14040					1598.90	1317.28
14041					1942.50	1609.67
14060					1620.06	1404.46

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
14061					2092.36	1726.52
14301					2291.15	1845.81
14302					462.80	462.80
14350					1438.42	1438.42
15002					728.29	468.90
15003					147.34	97.49
15004					831.92	556.36
15005					247.64	192.40
15040					550.05	265.06
15050					1247.73	978.24
15100					1841.97	1525.99
15101					391.81	236.86
15110					1775.48	1528.22
15111					242.97	220.74
15115					1708.46	1476.03
15116					332.98	301.31
15120					1790.73	1469.36
15121					439.89	284.94
15130					1523.88	1265.84
15131					208.15	191.98
15135					1865.51	1616.90
15136					205.45	191.98
15150					1514.33	1376.22
15151					256.52	237.65
15152					323.10	304.23
15155					1694.64	1555.18
15156					344.92	325.39
15157					383.60	355.30
15200					1769.86	1427.60
15201					296.36	164.31
15220					1616.80	1287.35
15221					272.72	147.41
15240					1954.70	1676.44
15241					364.99	225.53
15260					2101.03	1782.36
15261					432.97	288.80
15271					322.12	178.62
15272					51.10	35.60
15273					657.92	420.77
15274					174.29	96.81
15275					333.36	199.29
15276					69.38	53.89
15277					730.67	482.07
15278					201.31	119.79
15570					1924.16	1558.99
15572					1864.52	1566.74
15574					1857.30	1564.23

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
15576					1648.59	1373.71
15600					702.94	444.23
15610					767.67	514.35
15620					937.02	689.08
15630					967.12	723.91
15650					1135.98	853.69
15730					2984.81	1937.16
15731					2383.68	2122.94
15733					2200.65	2200.65
15734					3220.59	3220.59
15736					2593.24	2593.24
15738					2715.13	2715.13
15740					2134.94	1785.28
15750					1972.54	1972.54
15756					4899.46	4899.46
15757					4870.86	4870.86
15758					4851.16	4851.16
15760					1787.63	1485.12
15769				NRC	1026.98	1026.98
15770					1427.62	1427.62
15771				NRC	1284.00	1081.88
15772				NRC	405.86	317.60
15773				NRC	1261.75	1066.37
15774				NRC	397.19	308.93
15775				NRC	796.37	545.07
15776				NRC	1076.34	745.54
15777					460.59	460.59
15778					833.98	833.98
15780				NRC	1773.36	1394.72
15781				NRC	1132.22	905.17
15782				NRC	1012.70	773.53
15783				NRC	939.75	743.69
15786					480.85	285.47
15787					63.00	35.38
15788				NRC	804.64	449.59
15789				NRC	1110.97	859.67
15792				NRC	690.30	434.95
15793				NRC	985.21	743.34
15819				NRC	1703.68	1703.68
15820				NRC	1207.52	1076.14
15821				NRC	1297.56	1152.71
15822				NRC	966.82	836.79
15823				NRC	1298.49	1152.97
15824				NRC	0.00	0.00
15825				NRC	0.00	0.00
15826				NRC	0.00	0.00
15828				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
15829				NRC	0.00	0.00
15830				NRC	2508.24	2508.24
15832				NRC	1970.03	1970.03
15833				NRC	1870.45	1870.45
15834				NRC	1904.43	1904.43
15835				NRC	1987.68	1987.68
15836				NRC	1698.59	1698.59
15837				NRC	1834.99	1527.10
15838				NRC	1382.12	1382.12
15839				NRC	1893.26	1581.99
15840					2163.05	2163.05
15841					3799.92	3799.92
15842					5768.54	5768.54
15845					2260.07	2260.07
15847				NRC	1492.95	1492.95
15851				NRC	122.35	138.52
15852				NRC	99.79	99.79
15853					23.02	23.02
15854					32.56	32.56
15860					229.59	229.59
15876				NRC	0.00	0.00
15877				NRC	0.00	0.00
15878				NRC	0.00	0.00
15879				NRC	0.00	0.00
15920					1370.34	1370.34
15922					1700.02	1700.02
15931					1517.29	1517.29
15933					1866.20	1866.20
15934					2035.25	2035.25
15935					2466.05	2466.05
15936					1935.98	1935.98
15937					2237.53	2237.53
15940					1522.76	1522.76
15941					2000.74	2000.74
15944					1993.77	1993.77
15945					2175.98	2175.98
15946					3467.06	3467.06
15950					1355.88	1355.88
15951					1914.86	1914.86
15952					1955.64	1955.64
15953					2153.59	2153.59
15956					2492.01	2492.01
15958					2523.98	2523.98
15999				NRC	0.00	0.00
16000					165.67	98.98
16020					178.43	117.12
16025					329.63	235.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
16030					414.81	281.41
16035					418.41	418.41
16036					178.27	178.27
17000					140.05	114.45
17003					13.73	4.30
17004					352.38	209.55
17106					721.27	581.81
17107					935.25	754.69
17108					1333.65	1112.67
17110				NRC	235.07	140.08
17111				NRC	275.57	172.49
17250					181.33	78.93
17260					209.48	148.84
17261					308.41	182.42
17262					373.72	233.59
17263					404.17	257.97
17264					432.88	275.23
17266					494.65	324.87
17270					313.98	202.14
17271					348.77	222.79
17272					395.28	255.82
17273					438.54	289.64
17274					514.69	355.02
17276					599.05	428.60
17280					292.24	181.75
17281					377.44	250.11
17282					431.73	288.90
17283					510.98	360.06
17284					582.45	421.42
17286					747.06	569.87
17311					1416.58	755.65
17312					856.74	402.65
17313					1328.10	677.27
17314					819.59	371.56
17315					165.77	107.16
17340				NRC	111.90	105.16
17360				NRC	262.02	198.01
17380				NRC	0.00	0.00
17999				NRC	0.00	0.00
19000					212.85	91.58
19001					55.73	44.27
19020					989.50	669.48
19030					346.01	164.11
19081					1047.91	349.92
19082					805.72	176.45
19083					1046.34	328.81
19084					793.50	166.26

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
19085					1597.59	382.18
19086					1235.20	192.27
19100					317.48	149.72
19101					698.60	481.66
19105					4760.37	453.87
19110					1030.17	754.62
19112					971.18	688.21
19120					1106.24	899.41
19125					1220.83	996.47
19126					347.10	347.10
19281					504.14	211.07
19282					355.26	106.65
19283					543.44	212.64
19284					397.14	106.77
19285					769.66	181.49
19286					627.82	91.53
19287					1323.38	268.31
19288					1019.47	134.86
19294					355.86	355.86
19296					7595.38	454.50
19297					204.51	204.51
19298					1819.59	676.94
19300				NRC	1231.43	926.90
19301					1426.83	1426.83
19302					1959.85	1959.85
19303					2070.72	2070.72
19305					2485.85	2485.85
19306					2633.02	2633.02
19307					2548.01	2548.01
19316				NRC	1694.73	1694.73
19318				NRC	2340.11	2340.11
19325				NRC	1311.66	1311.66
19328				NRC	1183.50	1183.50
19330				NRC	1383.50	1383.50
19340				NRC	1623.85	1623.85
19342				NRC	1626.22	1626.22
19350				NRC	1758.70	1437.33
19355				NRC	1602.61	1318.97
19357				NRC	2466.46	2466.46
19361				NRC	3334.82	3334.82
19364				NRC	5830.93	5830.93
19367				NRC	3789.34	3789.34
19368				NRC	4650.17	4650.17
19369				NRC	4319.63	4319.63
19370				NRC	1433.79	1433.79
19371				NRC	1524.50	1524.50
19380				NRC	1725.02	1725.02

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
19396				NRC	574.17	304.01
19499				NRC	0.00	0.00
20100					1294.19	1294.19
20101					1212.32	452.35
20102					1270.19	546.60
20103					1187.62	739.59
20150					2153.47	2153.47
20200					456.26	204.28
20205					639.67	333.12
20206					461.65	121.41
20220					490.30	187.12
20225					800.92	275.41
20240					299.13	299.13
20245					739.72	739.72
20250					834.26	834.26
20251					907.42	907.42
20500					260.85	189.43
20501					297.45	78.48
20520					453.96	311.81
20525					974.16	528.15
20526					112.45	79.33
20527					120.18	90.98
20550					79.26	54.42
20551					79.26	54.42
20552					72.20	51.29
20553					83.62	58.78
20555					462.13	462.13
20560					34.97	20.59
20561					50.97	30.92
20600					72.20	49.11
20604					111.66	63.73
20605					75.48	51.51
20606					121.42	72.18
20610					88.29	62.58
20611					136.14	83.42
20612					87.33	56.83
20615					343.14	222.00
20650					476.86	348.85
20660					526.83	526.83
20661					1107.99	1107.99
20662					1114.86	1114.86
20663					1026.38	1026.38
20664					1919.10	1919.10
20665					247.22	206.12
20670					739.58	306.37
20680					1267.56	896.33
20690					1281.01	1281.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
20692					2402.99	2402.99
20693					946.17	946.17
20694					910.92	728.34
20696					2508.49	2508.49
20697					3699.23	3699.23
20700					181.87	181.87
20701					139.16	139.16
20702					306.71	306.71
20703					221.09	221.09
20704					316.12	316.12
20705					268.05	268.05
20802					5879.08	5879.08
20805					6990.80	6990.80
20808					8438.40	8438.40
20816					4403.45	4403.45
20822					3796.36	3796.36
20824					4410.87	4410.87
20827					3900.15	3900.15
20838					5965.54	5965.54
20900					816.83	389.01
20902					591.49	591.49
20910					1015.25	1015.25
20912					1029.01	1029.01
20920					855.13	855.13
20922					1292.58	1058.12
20924					1079.65	1079.65
20930					233.07	233.07
20931					239.89	239.89
20932					1621.73	1621.73
20933					1489.02	1489.02
20934					1620.99	1620.99
20936					354.68	354.68
20937					361.68	361.68
20938					396.41	396.41
20939					152.14	152.14
20950					544.91	186.49
20955					5273.39	5273.39
20956					5657.74	5657.74
20957					5889.79	5889.79
20962					5701.21	5701.21
20969					5821.81	5821.81
20970					6101.77	6101.77
20972					6085.03	6085.03
20973					6429.24	6429.24
20974					173.01	108.33
20975					375.84	375.84
20979					119.01	69.82

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
20982					7204.41	787.11
20983					10470.33	730.19
20985					311.65	311.65
20999				NRC	0.00	0.00
21010					1579.27	1579.27
21011					783.08	551.31
21012					726.17	726.17
21013					1134.69	860.49
21014					1118.16	1118.16
21015					1493.72	1493.72
21016					2164.10	2164.10
21025					1668.05	1403.27
21026					1120.15	903.21
21029				NRC	1624.02	1323.54
21030				NRC	964.22	762.77
21031				NRC	799.36	572.99
21032				NRC	774.02	548.32
21034					2760.57	2408.89
21040				NRC	977.24	769.06
21044					1841.52	1841.52
21045					2565.33	2565.33
21046				NRC	2096.85	2096.85
21047				NRC	2598.07	2598.07
21048				NRC	2114.47	2114.47
21049				NRC	2464.63	2464.63
21050					1831.21	1831.21
21060					1664.36	1664.36
21070				NRC	1305.83	1305.83
21073				NRC	785.18	512.99
21076					1831.76	1515.10
21077					4495.02	3732.36
21079					3070.11	2504.18
21080					3528.70	2843.51
21081					3250.92	2601.44
21082					2999.93	2378.75
21083					2859.14	2206.30
21084					3266.71	2553.90
21085					1425.16	1035.74
21086					3342.37	2752.85
21087					3342.37	2752.85
21088				BR	0.00	0.00
21089				NRC	0.00	0.00
21100					1288.12	748.47
21110				NRC	1794.42	1495.95
21116					445.43	95.76
21120				NRC	1388.07	1072.09
21121				NRC	1334.40	1124.87

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
21122				NRC	1588.57	1588.57
21123				NRC	1794.91	1794.91
21125				NRC	5400.59	1419.51
21127				NRC	8226.54	1628.68
21137				NRC	1604.56	1604.56
21138				NRC	1954.90	1954.90
21139				NRC	2328.28	2328.28
21141				NRC	2829.30	2829.30
21142				NRC	2904.66	2904.66
21143				NRC	2993.31	2993.31
21145				NRC	3297.18	3297.18
21146				NRC	3440.77	3440.77
21147				NRC	3625.77	3625.77
21150				NRC	3524.01	3524.01
21151				NRC	3881.64	3881.64
21154				NRC	4176.76	4176.76
21155				NRC	4635.70	4635.70
21159				NRC	5560.03	5560.03
21160				NRC	6033.56	6033.56
21172				NRC	4616.42	4616.42
21175				NRC	4732.29	4732.29
21179				NRC	3252.74	3252.74
21180				NRC	3634.77	3634.77
21181				NRC	1585.28	1585.28
21182				NRC	4529.20	4529.20
21183				NRC	4929.09	4929.09
21184				NRC	5301.41	5301.41
21188				NRC	3355.83	3355.83
21193				NRC	2619.46	2619.46
21194				NRC	3028.97	3028.97
21195				NRC	2844.38	2844.38
21196				NRC	3040.17	3040.17
21198				NRC	2182.58	2182.58
21199				NRC	2169.47	2169.47
21206				NRC	2069.54	2069.54
21208				NRC	3413.40	1562.66
21209				NRC	1719.38	1313.12
21210					3661.29	1607.75
21215					8400.34	1669.09
21230					1602.42	1602.42
21235					1547.73	1209.52
21240					2239.18	2239.18
21242					2147.38	2147.38
21243					3556.24	3556.24
21244					2141.27	2141.27
21245					2579.91	2008.59
21246					1806.29	1806.29

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
21247				NRC	3360.38	3360.38
21248					2069.68	1682.96
21249					2816.03	2361.26
21255					2832.31	2832.31
21256					2647.80	2647.80
21260					2914.59	2914.59
21261					5177.23	5177.23
21263					4785.25	4785.25
21267					3407.33	3407.33
21268					4280.78	4280.78
21270					2143.49	1600.47
21275					1803.07	1803.07
21280				NRC	1232.96	1232.96
21282				NRC	836.09	836.09
21295				NRC	414.21	414.21
21296				NRC	865.89	865.89
21299				NRC	0.00	0.00
21315					315.36	129.41
21320					454.87	203.57
21325					938.58	938.58
21330					1133.52	1133.52
21335					1523.12	1523.12
21336					1345.59	1345.59
21337					877.98	637.45
21338					1419.79	1419.79
21339					1610.14	1610.14
21340					1616.19	1616.19
21343					2319.51	2319.51
21344					2993.25	2993.25
21345					1702.26	1368.76
21346					2172.32	2172.32
21347					2216.25	2216.25
21348					2351.40	2351.40
21355					947.74	703.85
21356					1146.59	857.56
21360					1121.27	1121.27
21365					2318.23	2318.23
21366					2729.92	2729.92
21385					1563.61	1563.61
21386					1478.72	1478.72
21387					1632.80	1632.80
21390					1708.83	1708.83
21395					2159.12	2159.12
21400					448.56	352.89
21401					1066.14	697.61
21406					1243.34	1243.34
21407					1374.24	1374.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
21408					1931.18	1931.18
21421					1346.36	1144.24
21422					1339.79	1339.79
21423					1704.64	1704.64
21431					1460.30	1460.30
21432					1523.60	1523.60
21433					3712.37	3712.37
21435					3007.49	3007.49
21436					4355.52	4355.52
21440					1421.79	1146.91
21445					1640.65	1335.45
21450					1227.27	1002.24
21451					1601.10	1343.06
21452					1532.27	959.59
21453					2273.04	1942.24
21454					1035.82	1035.82
21461					3791.67	2216.49
21462					4109.15	2452.44
21465					1697.89	1697.89
21470					2472.59	2472.59
21480					293.66	67.96
21485					2005.57	1643.78
21490					1672.20	1672.20
21497					1471.47	1228.93
21499				NRC	0.00	0.00
21501					1025.75	714.48
21502					1093.34	1093.34
21510					970.62	970.62
21550					558.74	331.70
21552					964.20	964.20
21554					1576.74	1576.74
21555					917.14	657.08
21556					1142.26	1142.26
21557					2055.55	2055.55
21558					2897.20	2897.20
21600				NRC	1209.15	1209.15
21601					2458.96	2458.96
21602					3297.04	3297.04
21603					3603.93	3603.93
21610				NRC	2461.00	2461.00
21615				NRC	1342.68	1342.68
21616				NRC	1541.23	1541.23
21620				NRC	1083.29	1083.29
21627				NRC	1166.52	1166.52
21630				NRC	2811.05	2811.05
21632				NRC	2608.27	2608.27
21685				NRC	2109.46	2109.46

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
21700				NRC	769.66	769.66
21705				NRC	1153.17	1153.17
21720				NRC	1150.65	1150.65
21725				NRC	1165.82	1165.82
21740				NRC	2208.77	2208.77
21742				NRC	1660.48	1660.48
21743				NRC	1834.64	1834.64
21750					1457.20	1457.20
21811					1282.79	1282.79
21812					1554.15	1554.15
21813					2126.26	2126.26
21820					321.10	316.38
21825					1179.94	1179.94
21899				NRC	0.00	0.00
21920					537.18	329.00
21925					1043.54	806.39
21930					1065.32	782.35
21931					1013.21	1013.21
21932					1434.83	1434.83
21933					1593.12	1593.12
21935					2198.25	2198.25
21936					3050.89	3050.89
22010					2088.86	2088.86
22015					2051.56	2051.56
22100					1858.01	1858.01
22101					1871.33	1871.33
22102					1671.08	1671.08
22103					292.63	292.63
22110					2298.16	2298.16
22112					2470.56	2470.56
22114					2470.56	2470.56
22116					306.42	306.42
22206					5304.76	5304.76
22207					5195.00	5195.00
22208					1275.18	1275.18
22210					3863.44	3863.44
22212					3267.51	3267.51
22214					3268.60	3268.60
22216					784.78	784.78
22220					3500.79	3500.79
22222					3837.98	3837.98
22224					3409.66	3409.66
22226					775.58	775.58
22310					664.78	636.48
22315					1892.26	1659.15
22318					3604.42	3604.42
22319					4007.44	4007.44

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
22325					3198.65	3198.65
22326					3286.66	3286.66
22327					3335.18	3335.18
22328					615.15	615.15
22505					278.37	278.37
22510					3763.20	927.46
22511					3739.63	869.53
22512					1519.73	445.13
22513					11782.87	1094.78
22514					11720.64	1020.43
22515					6049.89	470.05
22526					4083.52	698.69
22527					3347.24	325.55
22532					3899.36	3899.36
22533					3570.01	3570.01
22534					779.92	779.92
22548					4294.53	4294.53
22551					3698.00	3698.00
22552					860.46	860.46
22554					2737.19	2737.19
22556					3623.80	3623.80
22558					3306.69	3306.69
22585					705.79	705.79
22586					NC	4442.98
22590					3459.34	3459.34
22595					3297.70	3297.70
22600					2825.34	2825.34
22610					2774.85	2774.85
22612					3428.05	3428.05
22614					848.45	848.45
22630					3390.20	3390.20
22632					697.77	697.77
22633					3922.15	3922.15
22634					1051.16	1051.16
22800				NRC	2956.48	2956.48
22802				NRC	4582.52	4582.52
22804				NRC	5263.24	5263.24
22808				NRC	3953.51	3953.51
22810				NRC	4310.37	4310.37
22812				NRC	4721.10	4721.10
22818				NRC	4615.96	4615.96
22819				NRC	5315.26	5315.26
22830					1777.58	1777.58
22836				NRC	TBD	TBD
22837				NRC	TBD	TBD
22838				NRC	TBD	TBD
22840					1642.82	1642.82

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
22841					582.68	582.68
22842					1655.87	1655.87
22843					1772.52	1772.52
22844					2131.98	2131.98
22845					1577.74	1577.74
22846					1642.03	1642.03
22847					1717.23	1717.23
22848					778.01	778.01
22849					2830.25	2830.25
22850					1589.07	1589.07
22852					1528.55	1528.55
22853					559.67	559.67
22854					728.56	728.56
22855					2404.44	2404.44
22856					3524.01	3524.01
22857					3789.86	3789.86
22858					1096.69	1096.69
22859					722.05	722.05
22860				BR	0.00	0.00
22861					5075.50	5075.50
22862					5067.52	5067.52
22864					4527.85	4527.85
22865					4945.27	4945.27
22867					2331.93	2331.93
22868					529.41	529.41
22869					918.92	918.92
22870					252.80	252.80
22899				NRC	0.00	0.00
22900					1220.06	1220.06
22901					1438.39	1438.39
22902					998.16	715.87
22903					950.63	950.63
22904					2265.51	2265.51
22905					2863.49	2863.49
22999				NRC	0.00	0.00
23000					1153.86	761.08
23020					1484.87	1484.87
23030					924.97	545.66
23031					906.30	475.11
23035					1466.61	1466.61
23040					1543.43	1543.43
23044					1224.33	1224.33
23065					474.19	340.11
23066					1186.26	781.35
23071					904.18	904.18
23073					1501.64	1501.64
23075					1085.51	703.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
23076					1168.92	1168.92
23077					2436.29	2436.29
23078					3087.41	3087.41
23100					1089.10	1089.10
23101					983.69	983.69
23105					1374.73	1374.73
23106					1080.45	1080.45
23107					1423.19	1423.19
23120					1262.45	1262.45
23125					1528.12	1528.12
23130					1328.47	1328.47
23140					1195.57	1195.57
23145					1498.49	1498.49
23146					1341.26	1341.26
23150					1436.02	1436.02
23155					1716.03	1716.03
23156					1462.25	1462.25
23170					1214.45	1214.45
23172					1228.24	1228.24
23174					1641.49	1641.49
23180					1420.81	1420.81
23182					1443.62	1443.62
23184					1592.12	1592.12
23190					1239.05	1239.05
23195					1597.81	1597.81
23200					3228.39	3228.39
23210					3790.04	3790.04
23220					4154.57	4154.57
23330					628.90	355.37
23333					1016.50	1016.50
23334					2267.72	2267.72
23335					2717.90	2717.90
23350					341.79	107.33
23395					2746.24	2746.24
23397					2446.22	2446.22
23400					2091.39	2091.39
23405					1325.16	1325.16
23406					1604.74	1604.74
23410					1762.59	1762.59
23412					1831.33	1831.33
23415					1500.87	1500.87
23420					2091.61	2091.61
23430					1599.16	1599.16
23440					1626.68	1626.68
23450					2033.92	2033.92
23455					2124.78	2124.78
23460					2342.09	2342.09

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
23462					2294.96	2294.96
23465					2402.25	2402.25
23466					2404.51	2404.51
23470					2570.00	2570.00
23472					3101.46	3101.46
23473					NC	3454.92
23474					NC	3731.67
23480					1765.13	1765.13
23485					2050.56	2050.56
23490					1851.35	1851.35
23491					2181.98	2181.98
23500					484.15	494.26
23505					776.39	722.49
23515					1549.67	1549.67
23520					519.70	514.31
23525					853.61	783.54
23530					1241.24	1241.24
23532					1349.22	1349.22
23540					518.36	512.30
23545					776.82	699.35
23550					1232.42	1232.42
23552					1394.46	1394.46
23570					507.36	522.85
23575					885.10	819.75
23585					2098.68	2098.68
23600					717.90	681.51
23605					1015.01	924.73
23615					1897.06	1897.06
23616					2654.29	2654.29
23620					586.07	562.49
23625					839.56	770.84
23630					1677.10	1677.10
23650					718.86	651.49
23655					878.66	878.66
23660					1263.19	1263.19
23665					937.18	863.75
23670					1870.88	1870.88
23675					1188.15	1080.35
23680					1997.90	1997.90
23700					420.46	420.46
23800					2205.89	2205.89
23802					2751.74	2751.74
23900					2972.60	2972.60
23920					2409.77	2409.77
23921					1011.32	1011.32
23929				NRC	0.00	0.00
23930					759.60	463.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
23931					634.35	343.30
23935					1102.63	1102.63
24000					1029.71	1029.71
24006					1532.03	1532.03
24065					541.36	344.63
24066					1316.58	903.59
24071					873.29	873.29
24073					1492.99	1492.99
24075					1123.55	708.53
24076					1177.68	1177.68
24077					2225.77	2225.77
24079					2854.06	2854.06
24100					903.35	903.35
24101					1085.26	1085.26
24102					1325.59	1325.59
24105					771.24	771.24
24110					1271.76	1271.76
24115					1587.49	1587.49
24116					1850.57	1850.57
24120					1146.24	1146.24
24125					1340.41	1340.41
24126					1400.57	1400.57
24130					1103.89	1103.89
24134					1608.57	1608.57
24136					1362.31	1362.31
24138					1476.37	1476.37
24140					1514.96	1514.96
24145					1280.33	1280.33
24147					1350.71	1350.71
24149					2529.08	2529.08
24150					3312.30	3312.30
24152					2880.50	2880.50
24155					1833.26	1833.26
24160					2694.28	2694.28
24164					1559.53	1559.53
24200					453.82	297.52
24201					1159.10	788.54
24220					398.82	142.80
24300					929.23	929.23
24301					1619.94	1619.94
24305					1245.53	1245.53
24310					1024.36	1024.36
24320					1679.65	1679.65
24330					1546.27	1546.27
24331					1689.78	1689.78
24332					1324.43	1324.43
24340					1290.85	1290.85

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
24341					1602.50	1602.50
24342					1665.62	1665.62
24343					1533.66	1533.66
24344					2340.29	2340.29
24345					1525.68	1525.68
24346					2369.13	2369.13
24357					893.76	893.76
24358					1137.34	1137.34
24359					1426.94	1426.94
24360					1940.67	1940.67
24361					2164.63	2164.63
24362					2280.01	2280.01
24363					3108.36	3108.36
24365					1380.35	1380.35
24366					1463.76	1463.76
24370					NC	3301.22
24371					NC	3793.18
24400					1779.26	1779.26
24410					2271.91	2271.91
24420					2281.38	2281.38
24430					2266.87	2266.87
24435					2313.81	2313.81
24470					1446.37	1446.37
24495					1961.32	1961.32
24498					1864.48	1864.48
24500					780.74	722.13
24505					1086.43	978.64
24515					1892.30	1892.30
24516					1847.84	1847.84
24530					827.02	760.32
24535					1337.10	1232.00
24538					1695.03	1695.03
24545					1991.06	1991.06
24546					2226.15	2226.15
24560					718.44	638.94
24565					1167.00	1069.31
24566					1547.15	1547.15
24575					1573.04	1573.04
24576					756.13	676.63
24577					1199.15	1096.74
24579					1793.68	1793.68
24582					1750.77	1750.77
24586					2333.42	2333.42
24587					2338.53	2338.53
24600					821.21	746.43
24605					1030.11	1030.11
24615					1537.21	1537.21

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
24620					1265.72	1265.72
24635					1453.50	1453.50
24640				NRC	220.12	170.26
24650					569.02	530.61
24655					966.57	874.94
24665					1410.90	1410.90
24666					1575.14	1575.14
24670					631.78	579.90
24675					993.71	903.43
24685					1403.89	1403.89
24800					1791.46	1791.46
24802					2153.71	2153.71
24900					1584.73	1584.73
24920					1578.23	1578.23
24925					1226.15	1226.15
24930					1663.62	1663.62
24931					2001.36	2001.36
24935					2620.50	2620.50
24940					1520.73	1520.73
24999				NRC	0.00	0.00
25000					739.88	739.88
25001					742.45	742.45
25020					1569.92	1569.92
25023					2779.35	2779.35
25024					1664.71	1664.71
25025					2634.10	2634.10
25028					1461.70	1461.70
25031					791.76	791.76
25035					1261.11	1261.11
25040					1203.54	1203.54
25065					535.27	335.17
25066					788.12	788.12
25071					912.83	912.83
25073					1153.97	1153.97
25075					1092.99	677.97
25076					1115.85	1115.85
25077					1906.75	1906.75
25078					2511.52	2511.52
25085					964.43	964.43
25100					752.58	752.58
25101					870.24	870.24
25105					1049.54	1049.54
25107					1324.88	1324.88
25109					1154.21	1154.21
25110					746.09	746.09
25111					696.63	696.63
25112					839.90	839.90

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
25115					1625.15	1625.15
25116					1296.12	1296.12
25118					822.69	822.69
25119					1081.76	1081.76
25120					1080.02	1080.02
25125					1282.56	1282.56
25126					1291.22	1291.22
25130					969.92	969.92
25135					1205.64	1205.64
25136					1072.43	1072.43
25145					1122.30	1122.30
25150					1220.95	1220.95
25151					1258.50	1258.50
25170					3149.24	3149.24
25210					1060.97	1060.97
25215					1333.01	1333.01
25230					931.80	931.80
25240					925.35	925.35
25246					411.18	155.84
25248					895.25	895.25
25250					1148.38	1148.38
25251					1549.16	1549.16
25259					921.26	921.26
25260					1365.59	1365.59
25263					1363.79	1363.79
25265					1611.85	1611.85
25270					1063.42	1063.42
25272					1206.37	1206.37
25274					1431.51	1431.51
25275					1445.90	1445.90
25280					1217.09	1217.09
25290					937.58	937.58
25295					1134.93	1134.93
25300					1485.58	1485.58
25301					1384.77	1384.77
25310					1336.55	1336.55
25312					1544.45	1544.45
25315					1657.14	1657.14
25316					1970.45	1970.45
25320					2114.91	2114.91
25332					1816.07	1816.07
25335					2031.35	2031.35
25337					1903.15	1903.15
25350					1452.36	1452.36
25355					1645.51	1645.51
25360					1411.35	1411.35
25365					1972.54	1972.54

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
25370					2174.86	2174.86
25375					2050.80	2050.80
25390					1654.14	1654.14
25391					2141.33	2141.33
25392					2178.98	2178.98
25393					2426.06	2426.06
25394					1686.66	1686.66
25400					1727.74	1727.74
25405					2225.80	2225.80
25415					2081.17	2081.17
25420					2502.83	2502.83
25425					2071.78	2071.78
25426					2412.32	2412.32
25430					1573.93	1573.93
25431					1695.34	1695.34
25440					1651.66	1651.66
25441					2018.24	2018.24
25442					1739.40	1739.40
25443					1689.24	1689.24
25444					1777.84	1777.84
25445					1551.69	1551.69
25446					2515.54	2515.54
25447					1785.90	1785.90
25449					2218.95	2218.95
25450				NRC	1330.35	1330.35
25455				NRC	1571.91	1571.91
25490				NRC	1547.79	1547.79
25491				NRC	1591.16	1591.16
25492				NRC	1948.69	1948.69
25500					613.90	557.31
25505					1095.58	997.89
25515					1440.37	1440.37
25520					1245.22	1175.83
25525					1699.54	1699.54
25526					2054.72	2054.72
25530					569.12	523.98
25535					1068.27	988.77
25545					1344.17	1344.17
25560					626.08	560.73
25565					1127.14	1012.61
25574					1453.39	1453.39
25575					1942.14	1942.14
25600					728.15	697.15
25605					1169.60	1107.62
25606					1435.16	1435.16
25607					1589.92	1589.92
25608					1778.03	1778.03

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
25609					2256.97	2256.97
25622					664.09	614.91
25624					1056.36	960.69
25628					1546.07	1546.07
25630					662.17	617.03
25635					1002.21	912.60
25645					1232.55	1232.55
25650					716.02	665.49
25651					1053.40	1053.40
25652					1341.02	1341.02
25660					967.89	967.89
25670					1310.45	1310.45
25671					1142.67	1142.67
25675					987.29	893.64
25676					1356.77	1356.77
25680					1143.31	1143.31
25685					1583.25	1583.25
25690					1059.83	1059.83
25695					1367.29	1367.29
25800					1575.38	1575.38
25805					1823.29	1823.29
25810					1862.35	1862.35
25820					1392.31	1392.31
25825					1699.02	1699.02
25830					2158.59	2158.59
25900					1539.27	1539.27
25905					1510.84	1510.84
25907					1323.13	1323.13
25909					1476.79	1476.79
25915					2507.85	2507.85
25920					1567.17	1567.17
25922					1386.75	1386.75
25924					1530.82	1530.82
25927					1845.47	1845.47
25929					1289.15	1289.15
25931					1704.70	1704.70
25999				NRC	0.00	0.00
26010					716.05	299.68
26011					1002.11	396.43
26020					1193.98	1193.98
26025					900.72	900.72
26030					1056.19	1056.19
26034					1182.18	1182.18
26035					1847.79	1847.79
26037					1209.38	1209.38
26040					679.11	679.11
26045					1016.44	1016.44

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
26055					1234.02	623.61
26060					546.86	546.86
26070					693.74	693.74
26075					728.07	728.07
26080					854.77	854.77
26100					729.64	729.64
26105					735.52	735.52
26110					699.54	699.54
26111					892.82	892.82
26113					1174.64	1174.64
26115					1156.32	711.66
26116					1128.21	1128.21
26117					1592.50	1592.50
26118					2262.23	2262.23
26121					1289.92	1289.92
26123					1797.02	1797.02
26125					576.91	576.91
26130					1009.69	1009.69
26135					1192.95	1192.95
26140					1091.59	1091.59
26145					1109.97	1109.97
26160					1289.10	678.03
26170					878.73	878.73
26180					966.59	966.59
26185					1195.61	1195.61
26200					972.24	972.24
26205					1303.68	1303.68
26210					963.03	963.03
26215					1223.26	1223.26
26230					1077.50	1077.50
26235					1059.86	1059.86
26236					948.33	948.33
26250					2285.59	2285.59
26260					1713.37	1713.37
26262					1355.31	1355.31
26320					751.20	751.20
26340					752.20	752.20
26341					247.10	166.92
26350					1585.26	1585.26
26352					1776.93	1776.93
26356					1703.34	1703.34
26357					1911.42	1911.42
26358					2108.42	2108.42
26370					1671.03	1671.03
26372					1952.97	1952.97
26373					1879.13	1879.13
26390					1879.45	1879.45

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
26392					2139.16	2139.16
26410					1277.91	1277.91
26412					1527.62	1527.62
26415					1818.69	1818.69
26416					1968.78	1968.78
26418					1321.67	1321.67
26420					1583.38	1583.38
26426					1084.38	1084.38
26428					1699.99	1699.99
26432					1156.05	1156.05
26433					1218.73	1218.73
26434					1483.74	1483.74
26437					1421.80	1421.80
26440					1382.06	1382.06
26442					2108.37	2108.37
26445					1286.50	1286.50
26449					1497.63	1497.63
26450					989.26	989.26
26455					983.67	983.67
26460					954.88	954.88
26471					1405.73	1405.73
26474					1388.91	1388.91
26476					1370.04	1370.04
26477					1331.56	1331.56
26478					1414.94	1414.94
26479					1439.58	1439.58
26480					1670.48	1670.48
26483					1855.90	1855.90
26485					1780.77	1780.77
26489					2061.01	2061.01
26490					1793.90	1793.90
26492					1984.74	1984.74
26494					1801.13	1801.13
26496					1941.69	1941.69
26497					1939.53	1939.53
26498					2528.83	2528.83
26499					1866.42	1866.42
26500					1413.39	1413.39
26502					1614.29	1614.29
26508					1441.90	1441.90
26510					1369.42	1369.42
26516					1587.19	1587.19
26517					1854.84	1854.84
26518					1878.75	1878.75
26520					1449.42	1449.42
26525					1455.91	1455.91
26530					1161.01	1161.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
26531					1357.76	1357.76
26535					941.83	941.83
26536					1594.16	1594.16
26540					1492.80	1492.80
26541					1782.02	1782.02
26542					1539.43	1539.43
26545					1564.60	1564.60
26546					2214.41	2214.41
26548					1710.48	1710.48
26550					3545.32	3545.32
26551					7067.59	7067.59
26553					7021.12	7021.12
26554					8177.09	8177.09
26555					2973.69	2973.69
26556					7298.28	7298.28
26560					1356.09	1356.09
26561					2106.33	2106.33
26562					2946.62	2946.62
26565					1524.00	1524.00
26567					1535.98	1535.98
26568					1987.90	1987.90
26580				NRC	3302.72	3302.72
26587				NRC	2240.89	2240.89
26590				NRC	3075.97	3075.97
26591					1032.30	1032.30
26593					1371.58	1371.58
26596					1752.93	1752.93
26600					648.27	617.95
26605					712.03	643.98
26607					1092.29	1092.29
26608					1036.27	1036.27
26615					1235.00	1235.00
26641					903.09	824.94
26645					935.31	855.14
26650					1034.75	1034.75
26665					1343.74	1343.74
26670					756.18	678.70
26675					997.57	913.35
26676					1095.44	1095.44
26685					1234.89	1234.89
26686					1341.50	1341.50
26700					739.34	682.74
26705					944.57	857.66
26706					960.83	960.83
26715					1231.26	1231.26
26720					433.62	408.02
26725					740.21	661.38

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
26727					1020.04	1020.04
26735					1277.02	1277.02
26740					501.32	475.72
26742					810.67	730.49
26746					1593.73	1593.73
26750					407.04	410.41
26755					693.78	598.79
26756					912.41	912.41
26765					1079.83	1079.83
26770					624.77	570.87
26775					852.75	768.54
26776					966.61	966.61
26785					1177.15	1177.15
26820					1774.28	1774.28
26841					1646.45	1646.45
26842					1780.16	1780.16
26843					1672.13	1672.13
26844					1840.94	1840.94
26850					1568.28	1568.28
26852					1780.03	1780.03
26860					1301.08	1301.08
26861					216.89	216.89
26862					1634.22	1634.22
26863					488.65	488.65
26910					1630.32	1630.32
26951					1489.05	1489.05
26952					1459.57	1459.57
26989				NRC	0.00	0.00
26990					1455.28	1455.28
26991					1508.57	1135.33
26992					2159.49	2159.49
27000					841.03	841.03
27001					1164.03	1164.03
27003					1289.09	1289.09
27005					1539.67	1539.67
27006					1525.70	1525.70
27025					1977.24	1977.24
27027					1921.50	1921.50
27030					2013.05	2013.05
27033					2087.68	2087.68
27035					2380.75	2380.75
27036					2183.19	2183.19
27040					711.66	423.98
27041					1527.25	1527.25
27043					1013.21	1013.21
27045					1586.28	1586.28
27047					1048.70	775.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27048					1319.17	1319.17
27049					2891.14	2891.14
27050					870.10	870.10
27052					1244.00	1244.00
27054					1482.66	1482.66
27057					2167.76	2167.76
27059					3895.88	3895.88
27060					1002.63	1002.63
27062					977.71	977.71
27065					1133.48	1133.48
27066					1763.15	1763.15
27067					2224.02	2224.02
27070					1895.86	1895.86
27071					2086.96	2086.96
27075					4465.88	4465.88
27076					5401.38	5401.38
27077					6024.45	6024.45
27078					4402.78	4402.78
27080					1102.54	1102.54
27086					650.03	358.30
27087					1329.26	1329.26
27090					1787.78	1787.78
27091					3417.79	3417.79
27093					314.78	95.15
27095					419.25	113.78
27096					219.45	113.99
27097					1471.82	1471.82
27098					1496.40	1496.40
27100					1785.01	1785.01
27105					1870.44	1870.44
27110					2085.69	2085.69
27111					1939.99	1939.99
27120					2787.11	2787.11
27122					2367.20	2367.20
27125					2427.70	2427.70
27130					2757.82	2757.82
27132					3584.36	3584.36
27134					4088.77	4088.77
27137					3143.88	3143.88
27138					3266.36	3266.36
27140					1926.00	1926.00
27146					2724.66	2724.66
27147					3136.43	3136.43
27151					3393.05	3393.05
27156					3656.02	3656.02
27158				NRC	3001.40	3001.40
27161					2617.49	2617.49

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27165					2948.81	2948.81
27170					2517.19	2517.19
27175					1435.03	1435.03
27176					1981.36	1981.36
27177					2395.05	2395.05
27178					1981.36	1981.36
27179					2103.05	2103.05
27181					2403.16	2403.16
27185				NRC	1546.27	1546.27
27187				NRC	2138.65	2138.65
27197					284.13	284.13
27198					676.14	676.14
27200					401.98	405.35
27202					1136.61	1136.61
27215					1295.17	1295.17
27216					1915.27	1915.27
27217					1800.12	1800.12
27218					2474.88	2474.88
27220					903.10	890.30
27222					2118.55	2118.55
27226					2268.72	2268.72
27227					3540.32	3540.32
27228					4030.28	4030.28
27230					1048.40	1028.86
27232					1571.81	1571.81
27235					1945.62	1945.62
27236					2558.63	2558.63
27238					1006.80	1006.80
27240					2056.31	2056.31
27244					2633.30	2633.30
27245					2630.27	2630.27
27246					843.85	835.09
27248					1602.55	1602.55
27250					395.33	395.33
27252					1623.93	1623.93
27253					2019.78	2019.78
27254					2728.95	2728.95
27256					676.56	524.30
27257					776.00	776.00
27258					2386.31	2386.31
27259					3309.21	3309.21
27265					899.51	899.51
27266					1258.35	1258.35
27267					949.03	949.03
27268					1173.33	1173.33
27269					2663.84	2663.84
27275					393.24	393.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27278				BR	TBD	TBD
27279					1751.32	1751.32
27280					2949.16	2949.16
27282					1848.10	1848.10
27284					3441.59	3441.59
27286					3524.95	3524.95
27290					3484.32	3484.32
27295					2706.22	2706.22
27299				NRC	0.00	0.00
27301					1428.60	1090.39
27303					1371.32	1371.32
27305					1040.69	1040.69
27306					717.42	717.42
27307					876.68	876.68
27310					1575.48	1575.48
27323					574.09	371.98
27324					881.47	881.47
27325					1215.06	1215.06
27326					1123.75	1123.75
27327					1055.71	674.37
27328					1343.66	1343.66
27329					2240.81	2240.81
27330					908.43	908.43
27331					1026.74	1026.74
27332					1388.30	1388.30
27333					1268.09	1268.09
27334					1478.37	1478.37
27335					1646.31	1646.31
27337					902.83	902.83
27339					1622.99	1622.99
27340					804.27	804.27
27345					1044.71	1044.71
27347					1135.10	1135.10
27350					1408.13	1408.13
27355					1308.85	1308.85
27356					1592.68	1592.68
27357					1760.42	1760.42
27358					589.76	589.76
27360					1935.85	1935.85
27364					3366.79	3366.79
27365					4401.77	4401.77
27369					384.08	86.97
27372					1244.26	860.24
27380					1337.62	1337.62
27381					1761.54	1761.54
27385					1298.99	1298.99
27386					1835.35	1835.35

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27390					968.76	968.76
27391					1248.61	1248.61
27392					1534.79	1534.79
27393					1080.97	1080.97
27394					1408.07	1408.07
27395					1895.77	1895.77
27396					1331.27	1331.27
27397					1964.18	1964.18
27400					1497.14	1497.14
27403					1386.87	1386.87
27405					1453.30	1453.30
27407					1712.26	1712.26
27409					2078.45	2078.45
27412					3533.84	3533.84
27415					2943.34	2943.34
27416					2107.42	2107.42
27418					1782.82	1782.82
27420					1605.35	1605.35
27422					1595.93	1595.93
27424					1611.62	1611.62
27425					975.27	975.27
27427					1526.96	1526.96
27428					2395.90	2395.90
27429					2699.44	2699.44
27430					1596.51	1596.51
27435					1740.08	1740.08
27437					1422.57	1422.57
27438					1806.70	1806.70
27440					1716.06	1716.06
27441					1772.54	1772.54
27442					1873.93	1873.93
27443					1755.08	1755.08
27445					2691.65	2691.65
27446					2462.32	2462.32
27447					2755.02	2755.02
27448					1780.45	1780.45
27450					2180.75	2180.75
27454					2777.16	2777.16
27455					2063.94	2063.94
27457					2065.15	2065.15
27465					2679.92	2679.92
27466					2542.90	2542.90
27468					2877.68	2877.68
27470					2533.46	2533.46
27472					2714.95	2714.95
27475				NRC	1427.51	1427.51
27477				NRC	1578.97	1578.97

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27479				NRC	1974.61	1974.61
27485				NRC	1447.67	1447.67
27486					3011.35	3011.35
27487					3759.75	3759.75
27488					2575.07	2575.07
27495					2426.38	2426.38
27496					1177.42	1177.42
27497					1249.77	1249.77
27498					1413.07	1413.07
27499					1510.92	1510.92
27500					1128.27	1040.01
27501					1091.06	1073.54
27502					1632.14	1632.14
27503					1725.76	1725.76
27506					2869.88	2869.88
27507					2079.52	2079.52
27508					1131.10	1074.51
27509					1449.89	1449.89
27510					1472.22	1472.22
27511					2140.99	2140.99
27513					2657.08	2657.08
27514					2074.91	2074.91
27516					1114.79	1045.39
27517					1486.00	1486.00
27519					1914.78	1914.78
27520					702.10	650.89
27524					1619.65	1619.65
27530					661.61	622.54
27532					1335.24	1248.33
27535					1927.28	1927.28
27536					2546.99	2546.99
27538					1041.37	970.63
27540					1752.12	1752.12
27550					1111.26	1023.67
27552					1362.12	1362.12
27556					1884.42	1884.42
27557					2244.36	2244.36
27558					2555.27	2555.27
27560					809.54	742.84
27562					1056.80	1056.80
27566					1918.02	1918.02
27570					327.59	327.59
27580					3160.68	3160.68
27590					1694.18	1694.18
27591					2072.42	2072.42
27592					1445.38	1445.38
27594					1079.99	1079.99

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27596					1536.44	1536.44
27598					1499.49	1499.49
27599				NRC	0.00	0.00
27600					863.87	863.87
27601					946.42	946.42
27602					1029.75	1029.75
27603					1117.40	837.80
27604					949.10	689.03
27605					686.29	389.85
27606					580.71	580.71
27607					1280.33	1280.33
27610					1383.12	1383.12
27612					1212.39	1212.39
27613					527.12	341.17
27614					1242.38	891.36
27615					2205.46	2205.46
27616					2729.25	2729.25
27618					1024.38	654.51
27619					1005.02	1005.02
27620					950.24	950.24
27625					1225.93	1225.93
27626					1307.71	1307.71
27630					1122.28	758.46
27632					882.96	882.96
27634					1455.39	1455.39
27635					1242.47	1242.47
27637					1590.41	1590.41
27638					1604.72	1604.72
27640					1784.63	1784.63
27641					1400.65	1400.65
27645					3790.04	3790.04
27646					3290.69	3290.69
27647					2133.92	2133.92
27648					443.48	109.31
27650					1407.35	1407.35
27652					1421.38	1421.38
27654					1530.11	1530.11
27656					1126.62	739.22
27658					789.94	789.94
27659					1007.05	1007.05
27664					776.85	776.85
27665					899.42	899.42
27675					1065.72	1065.72
27676					1299.12	1299.12
27680					894.70	894.70
27681					1081.61	1081.61
27685					1380.78	995.41

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27686					1128.94	1128.94
27687					970.12	970.12
27690					1364.53	1364.53
27691					1591.15	1591.15
27692					215.60	215.60
27695					1036.56	1036.56
27696					1176.34	1176.34
27698					1373.33	1373.33
27700					1311.02	1311.02
27702					2062.65	2062.65
27703					2385.77	2385.77
27704					1217.13	1217.13
27705					1619.25	1619.25
27707					865.88	865.88
27709					2436.43	2436.43
27712					2363.98	2363.98
27715					2302.29	2302.29
27720					1873.88	1873.88
27722					1920.27	1920.27
27724					2697.89	2697.89
27725					2605.84	2605.84
27726					2058.41	2058.41
27727				NRC	2231.20	2231.20
27730					1265.92	1265.92
27732					976.28	976.28
27734					1415.85	1415.85
27740					1523.88	1523.88
27742					1670.86	1670.86
27745					1622.34	1622.34
27750					749.38	697.50
27752					1157.04	1062.05
27756					1240.94	1240.94
27758					1924.22	1924.22
27759					2141.08	2141.08
27760					714.21	660.98
27762					1044.51	946.82
27766					1302.08	1302.08
27767					626.97	623.60
27768					965.22	965.22
27769					1561.57	1561.57
27780					666.49	615.28
27781					945.49	872.05
27784					1526.07	1526.07
27786					675.13	620.56
27788					919.31	834.42
27792					1385.14	1385.14
27808					720.56	659.25

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
27810					1025.34	926.98
27814					1642.39	1642.39
27816					710.94	634.13
27818					1064.91	954.42
27822					1870.69	1870.69
27823					2109.48	2109.48
27824					685.77	660.17
27825					1177.73	1066.57
27826					1828.77	1828.77
27827					2399.88	2399.88
27828					2845.80	2845.80
27829					1512.80	1512.80
27830					841.01	778.36
27831					881.49	881.49
27832					1627.67	1627.67
27840					837.96	837.96
27842					1058.57	1058.57
27846					1543.63	1543.63
27848					1687.23	1687.23
27860					351.48	351.48
27870					2166.99	2166.99
27871					1483.91	1483.91
27880					1941.97	1941.97
27881					1833.99	1833.99
27882					1274.62	1274.62
27884					1242.23	1242.23
27886					1393.01	1393.01
27888					1379.81	1379.81
27889					1370.73	1370.73
27892					1151.14	1151.14
27893					1318.87	1318.87
27894					1750.79	1750.79
27899				NRC	0.00	0.00
28001					359.29	207.02
28002					516.12	300.52
28003					805.70	561.14
28005					1217.20	1217.20
28008					893.42	625.95
28010					491.01	439.14
28011					663.24	591.15
28020					1144.08	784.98
28022					1013.42	694.74
28024					954.61	650.08
28035					1105.07	764.16
28039					1009.96	729.02
28041					960.99	960.99
28043					799.95	553.36

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
28045					1006.80	740.00
28046					1520.93	1520.93
28047					2212.26	2212.26
28050					863.83	590.97
28052					807.23	540.43
28054					758.57	494.46
28055					818.33	818.33
28060					1078.22	762.92
28062					1204.29	860.68
28070					1056.86	730.10
28072					1019.68	690.23
28080					1105.82	797.25
28086					1107.77	752.72
28088					954.02	617.83
28090					967.83	654.54
28092					873.56	573.75
28100					1282.33	892.24
28102					1313.04	1313.04
28103					824.52	824.52
28104					1091.12	750.89
28106					904.95	904.95
28107					1052.08	735.43
28108					901.31	610.25
28110					952.55	618.38
28111					995.42	681.46
28112					1003.94	666.40
28113					1218.60	902.62
28114					2239.22	1781.09
28116					1641.82	1259.81
28118					1258.69	895.54
28119					1092.74	772.72
28120					1407.60	1057.94
28122					1237.07	931.87
28124					989.40	706.43
28126					809.32	527.03
28130					1295.17	1295.17
28140					1201.24	914.23
28150					869.41	591.16
28153					840.45	558.16
28160					846.48	563.51
28171					2375.56	2375.56
28173					1551.61	1551.61
28175					998.98	998.98
28190					499.60	279.96
28192					954.28	657.84
28193					1087.65	777.74
28200					1029.24	695.07

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
28202					1255.93	916.37
28208					1013.71	684.93
28210					1247.30	907.07
28220					936.61	646.90
28222					1101.00	775.59
28225					857.73	559.94
28226					1291.29	853.37
28230					902.14	605.70
28232					780.74	508.56
28234					846.85	566.58
28238					1415.20	1049.37
28240					922.68	623.55
28250					1228.92	876.56
28260					1512.35	1140.45
28261					2543.48	2011.90
28262					2963.34	2414.92
28264					1848.90	1443.99
28270					1011.73	708.55
28272					793.52	530.76
28280				NRC	1062.84	739.44
28285					1120.98	816.45
28286					916.03	628.35
28288					1256.41	919.54
28289					1435.49	980.05
28291					1457.08	1033.31
28292				NRC	1450.35	1025.90
28295				NRC	2226.50	1298.10
28296				NRC	1837.96	1089.44
28297				NRC	2139.78	1284.15
28298				NRC	1732.62	1075.06
28299				NRC	2096.34	1259.56
28300					1394.88	1394.88
28302					1539.77	1539.77
28304					1746.19	1315.00
28305					1435.68	1435.68
28306					1269.86	864.27
28307					1646.09	1108.45
28308					1186.87	820.36
28309					1929.16	1929.16
28310					1132.33	769.19
28312					1108.87	718.10
28313				NRC	1102.64	767.12
28315					999.61	695.08
28320					1310.14	1310.14
28322					1656.37	1237.98
28340				NRC	1183.81	869.85
28341				NRC	1377.27	1035.68

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
28344				NRC	869.96	591.71
28345				NRC	1067.45	768.98
28360				NRC	2355.91	2355.91
28400					527.70	491.32
28405					969.81	874.82
28406					1205.31	1205.31
28415					2407.98	2407.98
28420					2779.37	2779.37
28430					512.18	451.55
28435					794.38	706.80
28436					1058.77	1058.77
28445					2229.12	2229.12
28446					2627.55	2627.55
28450					448.07	406.97
28455					624.14	558.79
28456					786.38	786.38
28465					1354.73	1354.73
28470					462.89	435.94
28475					551.00	487.00
28476					823.19	823.19
28485					1196.22	1196.22
28490					299.88	265.52
28495					376.86	316.22
28496					940.23	525.21
28505					1370.16	1056.20
28510					256.43	255.08
28515					346.99	304.55
28525					1185.98	861.92
28530					244.25	213.26
28531					678.41	381.97
28540					413.07	372.65
28545					660.84	581.34
28546					1222.08	748.45
28555					1829.93	1422.33
28570					500.43	420.93
28575					810.12	729.27
28576					829.67	829.67
28585					1867.08	1492.48
28600					463.39	396.69
28605					729.98	653.18
28606					825.22	825.22
28615					1763.19	1763.19
28630					327.56	237.96
28635					371.71	286.15
28636					651.74	423.34
28645					1361.30	1032.52
28660					264.10	199.42

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
28665					315.30	265.44
28666					374.58	374.58
28675					1204.62	877.19
28705					2619.81	2619.81
28715					2010.47	2010.47
28725					1662.70	1662.70
28730					1556.71	1556.71
28735					1670.84	1670.84
28737					1467.35	1467.35
28740					1739.24	1318.16
28750					1641.48	1231.18
28755					1050.48	709.57
28760					1594.67	1205.25
28800					1125.83	1125.83
28805					1516.66	1516.66
28810					902.33	902.33
28820					626.45	383.23
28825					612.55	370.68
28890					644.60	466.73
28899				NRC	0.00	0.00
29000					745.67	424.30
29010					574.58	340.12
29015					618.73	383.60
29035					538.34	303.88
29040					615.59	366.31
29044					604.05	354.77
29046					661.85	398.42
29049					209.91	147.26
29055					469.68	291.82
29058					262.04	199.39
29065					204.39	145.10
29075					185.44	133.56
29085					202.93	142.97
29086					159.77	103.85
29105					175.53	91.99
29125					139.11	85.89
29126					162.52	104.57
29130					89.26	63.65
29131					113.16	74.76
29200					68.11	39.81
29240					63.39	39.14
29260					62.27	41.38
29280					62.94	42.73
29305					521.05	335.77
29325					575.37	375.94
29345					287.00	212.21
29355					301.54	226.75

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
29358					338.62	219.37
29365					261.54	185.41
29405					168.23	123.77
29425					157.91	114.79
29435					243.01	172.27
29440					89.72	59.40
29445					271.06	209.75
29450					308.71	242.01
29505					185.04	110.25
29515					150.83	105.01
29520					72.83	39.14
29530					62.72	39.14
29540					59.58	38.02
29550					40.25	24.08
29580					131.69	56.91
29581					183.90	57.24
29584					167.45	34.05
29700					130.81	70.85
29705					132.94	95.89
29710					258.98	176.79
29720					179.81	93.57
29730					134.90	95.15
29740					209.16	147.85
29750				NRC	227.25	165.26
29799				NRC	0.00	0.00
29800					1138.28	1138.28
29804					1266.50	1266.50
29805					1006.71	1006.71
29806					2268.97	2268.97
29807					2219.21	2219.21
29819					1259.99	1259.99
29820					1146.08	1146.08
29821					1275.12	1275.12
29822					1161.08	1161.08
29823					1273.69	1273.69
29824					1453.55	1453.55
29825					1259.99	1259.99
29826					370.25	370.25
29827					2294.24	2294.24
29828					1965.75	1965.75
29830					973.96	973.96
29834					1057.75	1057.75
29835					1094.63	1094.63
29836					1257.18	1257.18
29837					1133.55	1133.55
29838					1276.86	1276.86
29840					969.29	969.29

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
29843					1045.55	1045.55
29844					1074.39	1074.39
29845					1260.35	1260.35
29846					1124.24	1124.24
29847					1170.73	1170.73
29848					1097.75	1097.75
29850					1341.03	1341.03
29851					1996.37	1996.37
29855					1675.86	1675.86
29856					2131.22	2131.22
29860					1382.83	1382.83
29861					1528.19	1528.19
29862					1741.74	1741.74
29863					1739.16	1739.16
29866					2256.48	2256.48
29867					2741.89	2741.89
29868					3580.30	3580.30
29870					1161.50	871.79
29871					1107.22	1107.22
29873					1146.18	1146.18
29874					1150.77	1150.77
29875					1065.91	1065.91
29876					1400.84	1400.84
29877					1333.37	1333.37
29879					1420.26	1420.26
29880					1206.87	1206.87
29881					1161.08	1161.08
29882					1481.04	1481.04
29883					1811.31	1811.31
29884					1329.76	1329.76
29885					1623.33	1623.33
29886					1367.83	1367.83
29887					1616.83	1616.83
29888					2093.18	2093.18
29889					2625.38	2625.38
29891					1434.69	1434.69
29892					1375.62	1375.62
29893					1381.66	922.18
29894					1064.25	1064.25
29895					994.44	994.44
29897					1068.09	1068.09
29898					1202.92	1202.92
29899					2159.35	2159.35
29900					1080.29	1080.29
29901					1159.79	1159.79
29902					1230.97	1230.97
29904					1373.92	1373.92

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
29905					1096.50	1096.50
29906					1376.64	1376.64
29907					1883.14	1883.14
29914					2133.88	2133.88
29915					2183.74	2183.74
29916					2185.76	2185.76
29999				NRC	0.00	0.00
30000					559.15	257.99
30020					565.21	260.01
30100					295.13	143.54
30110					520.81	281.63
30115					992.81	992.81
30117					2006.42	703.42
30118					1698.97	1698.97
30120					1075.22	891.97
30124					646.22	646.22
30125					1398.66	1398.66
30130					881.64	881.64
30140					627.29	382.72
30150					1719.13	1719.13
30160					1743.33	1743.33
30200					232.67	126.22
30210					316.46	218.10
30220					635.99	271.50
30300					438.15	261.63
30310					440.53	440.53
30320					1037.34	1037.34
30400				NRC	2604.14	2604.14
30410					3004.61	3004.61
30420					3101.84	3101.84
30430					2270.03	2270.03
30435					2842.31	2842.31
30450					3730.10	3730.10
30460				NRC	1773.63	1773.63
30462				NRC	3411.18	3411.18
30465					2195.51	2195.51
30468					5246.11	362.90
30469					5109.14	321.60
30520					1435.18	1435.18
30540				NRC	1575.95	1575.95
30545				NRC	2143.55	2143.55
30560					672.24	317.18
30580					1285.58	979.70
30600					1088.78	818.61
30620					1433.71	1433.71
30630					1431.61	1431.61
30801					456.67	320.57

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
30802					584.71	430.43
30901					329.29	123.13
30903					514.17	168.54
30905					733.56	229.61
30906					780.14	287.64
30915					1291.10	1291.10
30920					1870.16	1870.16
30930					249.81	249.81
30999				NRC	0.00	0.00
31000					387.77	233.49
31002					404.61	404.61
31020					913.30	745.54
31030					1340.11	1083.42
31032					1267.48	1267.48
31040					1720.90	1720.90
31050					1100.36	1100.36
31051					1478.17	1478.17
31070					1011.31	1011.31
31075					1767.16	1767.16
31080					2327.56	2327.56
31081					2496.99	2496.99
31084					2584.45	2584.45
31085					2667.98	2667.98
31086					2517.29	2517.29
31087					2401.20	2401.20
31090					2354.09	2354.09
31200					1306.96	1306.96
31201					1695.34	1695.34
31205					1978.97	1978.97
31225					3860.52	3860.52
31230					4313.06	4313.06
31231				NRC	393.07	139.08
31233				NRC	575.37	288.36
31235				NRC	652.24	339.63
31237					541.15	341.73
31238					529.37	356.90
31239				NRC	1287.58	1287.58
31240				NRC	339.77	339.77
31241				NRC	954.61	954.61
31242				NRC	TBD	TBD
31243				NRC	TBD	TBD
31253					1074.63	1074.63
31254					925.01	521.45
31255					694.66	694.66
31256					386.25	386.25
31257					957.31	957.31
31259					1013.09	1013.09

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
31267					569.36	569.36
31276					811.19	811.19
31287					432.57	432.57
31288					502.83	502.83
31290					2460.09	2460.09
31291					2619.83	2619.83
31292					2135.62	2135.62
31293					2311.33	2311.33
31294					2642.15	2642.15
31295					3443.56	337.66
31296					3498.82	384.83
31297					3413.35	308.12
31298					6478.73	549.89
31299				NRC	0.00	0.00
31300					2667.37	2667.37
31360					4396.86	4396.86
31365					5437.82	5437.82
31367					4646.05	4646.05
31368					5139.59	5139.59
31370					4354.39	4354.39
31375					4138.16	4138.16
31380					4079.55	4079.55
31382					4470.14	4470.14
31390					5997.01	5997.01
31395					6289.70	6289.70
31400					2150.83	2150.83
31420					1780.07	1780.07
31500					305.25	305.25
31502					75.41	75.41
31505					188.79	103.90
31510					454.09	258.71
31511					444.53	286.21
31512					456.64	276.08
31513					278.97	278.97
31515					451.07	238.17
31520				NRC	333.27	333.27
31525					528.54	340.57
31526					334.79	334.79
31527					416.48	416.48
31528					308.34	308.34
31529					342.92	342.92
31530					425.84	425.84
31531					452.74	452.74
31535					402.74	402.74
31536					449.85	449.85
31540					516.43	516.43
31541					563.49	563.49

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
31545					773.24	773.24
31546					1172.68	1172.68
31551				NRC	3299.23	3299.23
31552					3184.72	3184.72
31553				NRC	3588.93	3588.93
31554					3590.95	3590.95
31560					668.01	668.01
31561					730.24	730.24
31570					726.29	489.81
31571					530.82	530.82
31572					1096.95	386.16
31573					603.83	318.16
31574					1954.66	318.84
31575					270.43	144.44
31576					562.26	253.69
31577					580.60	286.85
31578					642.23	318.84
31579					417.23	254.86
31580					2727.48	2727.48
31584					3010.70	3010.70
31587					2573.05	2573.05
31590					1946.04	1946.04
31591					2345.91	2345.91
31592					3711.82	3711.82
31599				NRC	0.00	0.00
31600					658.37	658.37
31601					965.39	965.39
31603					691.99	691.99
31605					719.84	719.84
31610					2043.27	2043.27
31611					1138.02	1138.02
31612					197.80	105.50
31613					902.26	902.26
31614					1521.04	1521.04
31615					363.74	245.17
31622					517.57	279.07
31623					570.66	278.26
31624					531.92	283.32
31625					724.81	329.33
31626					1622.35	416.38
31627					2209.58	203.88
31628					774.27	371.38
31629					939.84	394.12
31630					420.66	420.66
31631					480.38	480.38
31632					137.17	104.83
31633					169.59	133.21

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
31634					3087.92	399.73
31635					612.40	369.85
31636					457.99	457.99
31637					163.76	163.76
31638					523.17	523.17
31640					526.19	526.19
31641					539.13	539.13
31643					358.52	358.52
31645					569.48	310.09
31646					299.22	299.22
31647					NC	434.00
31648					NC	415.85
31649					141.97	141.97
31651					163.08	163.08
31652					2575.00	466.89
31653					2679.19	517.86
31654					251.64	141.14
31660					NC	418.76
31661					NC	424.88
31717					595.20	225.32
31720					104.13	104.13
31725					167.41	167.41
31730					2195.87	321.55
31750					2877.90	2877.90
31755					3659.92	3659.92
31760					2947.76	2947.76
31766					3807.76	3807.76
31770					2849.22	2849.22
31775					2998.98	2998.98
31780					2577.22	2577.22
31781					3096.62	3096.62
31785					2313.22	2313.22
31786					3090.71	3090.71
31800					1507.34	1507.34
31805					1752.36	1752.36
31820					942.91	710.47
31825					1306.88	1042.11
31830					1048.67	784.57
31899				NRC	0.00	0.00
32035					1569.67	1569.67
32036					1693.11	1693.11
32096					1712.84	1712.84
32097					1716.77	1716.77
32098					1628.57	1628.57
32100					1732.83	1732.83
32110					3157.18	3157.18
32120					1867.01	1867.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
32124					1974.27	1974.27
32140					2120.90	2120.90
32141					3266.63	3266.63
32150					2165.28	2165.28
32151					2152.47	2152.47
32160					1708.29	1708.29
32200					2438.74	2438.74
32215					1718.07	1718.07
32220					3418.37	3418.37
32225					2135.18	2135.18
32310					1966.99	1966.99
32320					3439.67	3439.67
32400					352.34	180.53
32408					1771.01	325.18
32440					3358.45	3358.45
32442					6551.41	6551.41
32445					7564.09	7564.09
32480					3169.33	3169.33
32482					3385.77	3385.77
32484					3072.15	3072.15
32486					5021.85	5021.85
32488					5125.20	5125.20
32491					3153.66	3153.66
32501					522.05	522.05
32503					3846.85	3846.85
32504					4382.03	4382.03
32505					1994.74	1994.74
32506					336.10	336.10
32507					336.10	336.10
32540					3697.38	3697.38
32550					1632.29	435.75
32551					334.24	334.24
32552					386.97	333.07
32553					1061.16	373.95
32554					487.70	189.23
32555					656.36	233.26
32556					1524.60	266.07
32557					1375.81	318.72
32560					527.98	162.82
32561					199.58	145.01
32562					178.06	128.87
32601					659.20	659.20
32604					1026.36	1026.36
32606					988.41	988.41
32607					659.31	659.31
32608					810.38	810.38
32609					546.57	546.57

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
32650					1426.89	1426.89
32651					2344.73	2344.73
32652					3562.01	3562.01
32653					2266.45	2266.45
32654					2521.33	2521.33
32655					2050.23	2050.23
32656					1720.33	1720.33
32658					1530.62	1530.62
32659					1569.28	1569.28
32661					1710.56	1710.56
32662					1913.34	1913.34
32663					2996.38	2996.38
32664					1816.21	1816.21
32665					2639.46	2639.46
32666					1861.77	1861.77
32667					336.10	336.10
32668					336.10	336.10
32669					2875.10	2875.10
32670					3438.47	3438.47
32671					3801.52	3801.52
32672					3245.13	3245.13
32673					2602.51	2602.51
32674					460.15	460.15
32701					NC	452.46
32800					2029.40	2029.40
32810					1929.36	1929.36
32815					6016.04	6016.04
32820					2853.33	2853.33
32850				NRC	0.00	0.00
32851					7014.28	7014.28
32852					7572.34	7572.34
32853					9802.32	9802.32
32854					10386.87	10386.87
32855				NRC	464.58	464.58
32856				NRC	696.84	696.84
32900					3059.28	3059.28
32905					2859.62	2859.62
32906					3531.44	3531.44
32940					2643.06	2643.06
32960					267.85	194.42
32994					10065.01	931.23
32997				NRC	718.74	718.74
32998					6427.31	934.37
32999				NRC	0.00	0.00
33016				NRC	501.27	501.27
33017				NRC	526.05	526.05
33018				NRC	617.91	617.91

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33019				NRC	452.19	452.19
33020					1769.14	1769.14
33025					1648.30	1648.30
33030					4278.16	4278.16
33031					5294.67	5294.67
33050					2153.34	2153.34
33120					4474.05	4474.05
33130					2918.13	2918.13
33140				NRC	3327.17	3327.17
33141				NRC	282.59	282.59
33202				NRC	1651.00	1651.00
33203				NRC	1733.24	1733.24
33206				NRC	971.45	971.45
33207				NRC	1022.66	1022.66
33208				NRC	1108.74	1108.74
33210				NRC	346.32	346.32
33211				NRC	359.92	359.92
33212				NRC	685.89	685.89
33213				NRC	717.85	717.85
33214				NRC	1023.88	1023.88
33215				NRC	662.85	662.85
33216				NRC	793.61	793.61
33217				NRC	785.89	785.89
33218				NRC	831.62	831.62
33220				NRC	803.62	803.62
33221				NRC	766.43	766.43
33222				NRC	729.44	729.44
33223				NRC	873.70	873.70
33224				NRC	1099.20	1099.20
33225				NRC	995.22	995.22
33226				NRC	1046.67	1046.67
33227				NRC	723.61	723.61
33228				NRC	755.45	755.45
33229				NRC	798.41	798.41
33230				NRC	818.20	818.20
33231				NRC	852.85	852.85
33233				NRC	495.90	495.90
33234				NRC	1034.11	1034.11
33235				NRC	1359.89	1359.89
33236				NRC	1673.11	1673.11
33237				NRC	1794.85	1794.85
33238				NRC	2025.04	2025.04
33240				NRC	781.86	781.86
33241				NRC	456.40	456.40
33243				NRC	2940.94	2940.94
33244				NRC	1847.98	1847.98
33249				NRC	1952.99	1952.99

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33250				NRC	3108.11	3108.11
33251				NRC	3487.99	3487.99
33254				NRC	2905.70	2905.70
33255				NRC	3469.04	3469.04
33256				NRC	4115.64	4115.64
33257				NRC	1243.94	1243.94
33258				NRC	1386.00	1386.00
33259				NRC	1805.10	1805.10
33261				NRC	3440.53	3440.53
33262				NRC	795.96	795.96
33263				NRC	826.57	826.57
33264				NRC	861.90	861.90
33265				NRC	2911.76	2911.76
33266				NRC	3942.54	3942.54
33267				NRC	2231.32	2231.32
33268				NRC	279.86	279.86
33269				NRC	1761.62	1761.62
33270				NRC	1201.32	1201.32
33271				NRC	966.37	966.37
33272				NRC	739.98	739.98
33273				NRC	853.10	853.10
33274				NRC	1025.36	1025.36
33275				NRC	1073.93	1073.93
33276				NRC	TBD	TBD
33277				NRC	TBD	TBD
33278				NRC	TBD	TBD
33279				NRC	TBD	TBD
33280				NRC	TBD	TBD
33281				NRC	TBD	TBD
33285				NRC	8802.68	188.35
33286				NRC	278.99	185.35
33287				NRC	TBD	TBD
33288				NRC	TBD	TBD
33289				NRC	711.29	711.29
33300					5214.87	5214.87
33305					8748.76	8748.76
33310				NRC	2497.70	2497.70
33315				NRC	4104.03	4104.03
33320				NRC	2291.97	2291.97
33321				NRC	2536.79	2536.79
33322				NRC	2964.77	2964.77
33330				NRC	3041.38	3041.38
33335				NRC	3990.98	3990.98
33340				NRC	1672.59	1672.59
33361				NRC	NC	2581.91
33362				NRC	NC	2817.22
33363				NRC	NC	2917.12

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33364				NRC	NC	2920.93
33365				NRC	NC	3045.32
33366				NRC	3359.32	3359.32
33367				NRC	NC	1307.72
33368				NRC	NC	1583.60
33369				NRC	NC	2090.72
33370				NRC	286.60	286.60
33390				NRC	4121.67	4121.67
33391				NRC	4883.70	4883.70
33404				NRC	3732.87	3732.87
33405				NRC	4858.27	4858.27
33406				NRC	6175.49	6175.49
33410				NRC	5440.02	5440.02
33411				NRC	7173.35	7173.35
33412				NRC	6722.73	6722.73
33413				NRC	6882.65	6882.65
33414				NRC	4602.61	4602.61
33415				NRC	4339.63	4339.63
33416				NRC	4330.75	4330.75
33417				NRC	3574.75	3574.75
33418				NRC	3828.86	3828.86
33419				NRC	903.24	903.24
33420				NRC	3097.85	3097.85
33422				NRC	3553.13	3553.13
33425				NRC	5841.56	5841.56
33426				NRC	5095.66	5095.66
33427				NRC	5212.64	5212.64
33430				NRC	5993.05	5993.05
33440				NRC	7272.35	7272.35
33460				NRC	5125.67	5125.67
33463				NRC	6563.22	6563.22
33464				NRC	5211.04	5211.04
33465				NRC	5892.09	5892.09
33468				NRC	5254.06	5254.06
33471				NRC	2839.29	2839.29
33474				NRC	4671.97	4671.97
33475				NRC	4965.23	4965.23
33476				NRC	3265.13	3265.13
33477				NRC	2885.22	2885.22
33478				NRC	3373.72	3373.72
33496				NRC	3555.30	3555.30
33500				NRC	3334.35	3334.35
33501				NRC	2381.38	2381.38
33502				NRC	2737.99	2737.99
33503				NRC	2844.57	2844.57
33504				NRC	3142.28	3142.28
33505				NRC	4418.79	4418.79

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33506				NRC	4398.72	4398.72
33507				NRC	3689.46	3689.46
33508				NRC	34.46	34.46
33509				NRC	371.32	371.32
33510				NRC	4138.15	4138.15
33511				NRC	4542.10	4542.10
33512				NRC	5180.83	5180.83
33513				NRC	5303.47	5303.47
33514				NRC	5573.38	5573.38
33516				NRC	5768.32	5768.32
33517				NRC	399.91	399.91
33518				NRC	881.45	881.45
33519				NRC	1164.74	1164.74
33521				NRC	1395.86	1395.86
33522				NRC	1568.50	1568.50
33523				NRC	1769.17	1769.17
33530				NRC	1124.34	1124.34
33533				NRC	4006.21	4006.21
33534				NRC	4704.19	4704.19
33535				NRC	5233.44	5233.44
33536				NRC	5633.58	5633.58
33542				NRC	5615.07	5615.07
33545				NRC	6551.59	6551.59
33548				NRC	6299.66	6299.66
33572				NRC	494.78	494.78
33600				NRC	3683.40	3683.40
33602				NRC	3575.49	3575.49
33606				NRC	3811.24	3811.24
33608				NRC	3858.09	3858.09
33610				NRC	3806.01	3806.01
33611				NRC	4179.12	4179.12
33612				NRC	4290.71	4290.71
33615				NRC	4280.24	4280.24
33617				NRC	4637.96	4637.96
33619				NRC	5882.26	5882.26
33620				NRC	3533.06	3533.06
33621				NRC	1989.78	1989.78
33622				NRC	7352.00	7352.00
33641				NRC	3510.24	3510.24
33645				NRC	3710.14	3710.14
33647				NRC	3892.86	3892.86
33660				NRC	3761.30	3761.30
33665				NRC	4098.32	4098.32
33670				NRC	4225.86	4225.86
33675				NRC	4222.24	4222.24
33676				NRC	4336.18	4336.18
33677				NRC	4501.98	4501.98

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33681				NRC	3950.67	3950.67
33684				NRC	4046.25	4046.25
33688				NRC	4035.47	4035.47
33690				NRC	2574.84	2574.84
33692				NRC	4190.41	4190.41
33694				NRC	4179.12	4179.12
33697				NRC	4402.97	4402.97
33702				NRC	3316.42	3316.42
33710				NRC	4396.45	4396.45
33720				NRC	3317.89	3317.89
33724				NRC	3293.57	3293.57
33726				NRC	4352.22	4352.22
33730				NRC	4299.49	4299.49
33732				NRC	3532.94	3532.94
33735				NRC	2778.89	2778.89
33736				NRC	3016.09	3016.09
33737				NRC	2783.34	2783.34
33741				NRC	1604.54	1604.54
33745				NRC	2291.13	2291.13
33746				NRC	915.49	915.49
33750				NRC	2707.04	2707.04
33755				NRC	2823.70	2823.70
33762				NRC	2748.92	2748.92
33764				NRC	2823.70	2823.70
33766				NRC	2858.29	2858.29
33767				NRC	3049.95	3049.95
33768				NRC	892.79	892.79
33770				NRC	4535.31	4535.31
33771				NRC	4667.71	4667.71
33774				NRC	3858.23	3858.23
33775				NRC	3974.99	3974.99
33776				NRC	4199.86	4199.86
33777				NRC	4054.28	4054.28
33778				NRC	5037.29	5037.29
33779				NRC	4981.12	4981.12
33780				NRC	5074.17	5074.17
33781				NRC	4955.39	4955.39
33782				NRC	6914.49	6914.49
33783				NRC	7473.20	7473.20
33786				NRC	4881.12	4881.12
33788				NRC	3286.25	3286.25
33800				NRC	2112.45	2112.45
33802				NRC	2325.23	2325.23
33803				NRC	2468.51	2468.51
33813				NRC	2660.03	2660.03
33814				NRC	3267.16	3267.16
33820				NRC	2073.48	2073.48

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33822				NRC	2186.54	2186.54
33824				NRC	2532.45	2532.45
33840				NRC	2657.88	2657.88
33845				NRC	2860.43	2860.43
33851				NRC	2729.07	2729.07
33852				NRC	3000.73	3000.73
33853				NRC	3928.53	3928.53
33858				NRC	7265.73	7265.73
33859				NRC	5214.56	5214.56
33863				NRC	6731.10	6731.10
33864				NRC	6880.94	6880.94
33866				NRC	1974.02	1974.02
33871				NRC	6968.44	6968.44
33875				NRC	5865.80	5865.80
33877				NRC	7726.77	7726.77
33880				NRC	3834.96	3834.96
33881				NRC	3285.00	3285.00
33883				NRC	2378.36	2378.36
33884				NRC	848.95	848.95
33886				NRC	2058.08	2058.08
33889				NRC	1705.23	1705.23
33891				NRC	2070.57	2070.57
33894				NRC	2093.74	2093.74
33895				NRC	1665.09	1665.09
33897				NRC	1238.79	1238.79
33900				NRC	1249.56	1249.56
33901				NRC	1642.17	1642.17
33902				NRC	1586.83	1586.83
33903				NRC	1869.95	1869.95
33904				NRC	627.74	627.74
33910					5647.63	5647.63
33915					2940.59	2940.59
33916				NRC	8936.01	8936.01
33917				NRC	3125.41	3125.41
33920				NRC	3881.06	3881.06
33922				NRC	2977.94	2977.94
33924				NRC	612.31	612.31
33925				NRC	3679.15	3679.15
33926				NRC	5176.12	5176.12
33927				NRC	5467.34	5467.34
33928				NRC	0.00	0.00
33929				NRC	0.00	0.00
33930				NRC	0.00	0.00
33933				NRC	464.58	464.58
33935				NRC	10528.97	10528.97
33940				NRC	0.00	0.00
33944				NRC	464.58	464.58

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33945				NRC	10410.15	10410.15
33946					662.56	662.56
33947					733.01	733.01
33948					508.48	508.48
33949					493.04	493.04
33951				NRC	905.68	905.68
33952					913.77	913.77
33953				NRC	1009.82	1009.82
33954					1017.57	1017.57
33955				NRC	1767.08	1767.08
33956					1789.75	1789.75
33957				NRC	393.42	393.42
33958					393.42	393.42
33959				NRC	498.35	498.35
33962					498.35	498.35
33963				NRC	997.32	997.32
33964					1053.11	1053.11
33965				NRC	393.42	393.42
33966					504.28	504.28
33967				NRC	550.61	550.61
33968				NRC	72.42	72.42
33969				NRC	582.04	582.04
33970				NRC	757.41	757.41
33971				NRC	1510.66	1510.66
33973				NRC	1073.59	1073.59
33974				NRC	1901.38	1901.38
33975				NRC	2777.87	2777.87
33976				NRC	3383.67	3383.67
33977				NRC	2398.32	2398.32
33978				NRC	2839.40	2839.40
33979				NRC	4163.48	4163.48
33980				NRC	3807.63	3807.63
33981				NRC	1772.96	1772.96
33982				NRC	4166.05	4166.05
33983				NRC	4955.27	4955.27
33984					608.30	608.30
33985				NRC	1097.18	1097.18
33986					1121.02	1121.02
33987					444.02	444.02
33988					1657.74	1657.74
33989					1053.11	1053.11
33990					NC	770.84
33991					NC	973.82
33992					NC	400.42
33993					NC	354.16
33995				NRC	759.29	759.29
33997				NRC	338.13	338.13

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
33999				NRC	0.00	0.00
34001				NRC	1964.08	1964.08
34051				NRC	2120.92	2120.92
34101				NRC	1278.97	1278.97
34111				NRC	1282.79	1282.79
34151				NRC	2983.76	2983.76
34201					2188.92	2188.92
34203					2029.86	2029.86
34401				NRC	3168.73	3168.73
34421					1490.73	1490.73
34451					3084.08	3084.08
34471				NRC	2317.28	2317.28
34490				NRC	1388.21	1388.21
34501				NRC	1915.40	1915.40
34502				NRC	3284.34	3284.34
34510				NRC	2192.27	2192.27
34520				NRC	2125.21	2125.21
34530				NRC	2019.20	2019.20
34701				NRC	2646.54	2646.54
34702				NRC	3955.66	3955.66
34703				NRC	2945.69	2945.69
34704				NRC	4907.94	4907.94
34705				NRC	3267.93	3267.93
34706				NRC	4878.74	4878.74
34707				NRC	2494.99	2494.99
34708				NRC	3903.53	3903.53
34709				NRC	692.07	692.07
34710				NRC	1699.05	1699.05
34711				NRC	631.34	631.34
34712				NRC	1400.79	1400.79
34713				NRC	264.70	264.70
34714				NRC	576.84	576.84
34715				NRC	642.67	642.67
34716				NRC	796.37	796.37
34717				NRC	949.70	949.70
34718				NRC	2643.59	2643.59
34808				NRC	434.54	434.54
34812				NRC	441.35	441.35
34813				NRC	506.04	506.04
34820				NRC	723.94	723.94
34830				NRC	3786.04	3786.04
34831				NRC	4134.67	4134.67
34832				NRC	4069.99	4069.99
34833				NRC	843.75	843.75
34834				NRC	278.48	278.48
34839				BR	0.00	0.00
34841				NRC	2744.12	2744.12

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
34842				NRC	3320.64	3320.64
34843				NRC	3248.81	3248.81
34844				NRC	3357.03	3357.03
34845				NRC	2744.12	2744.12
34846				NRC	3320.64	3320.64
34847				NRC	3248.81	3248.81
34848				NRC	3357.03	3357.03
35001				NRC	2408.08	2408.08
35002				NRC	2442.67	2442.67
35005				NRC	2138.06	2138.06
35011				NRC	2163.66	2163.66
35013				NRC	2717.41	2717.41
35021				NRC	2691.92	2691.92
35022				NRC	3079.41	3079.41
35045				NRC	2080.13	2080.13
35081				NRC	3709.89	3709.89
35082				NRC	4637.53	4637.53
35091				NRC	3822.30	3822.30
35092				NRC	5544.34	5544.34
35102				NRC	4022.86	4022.86
35103				NRC	4766.36	4766.36
35111				NRC	2854.97	2854.97
35112				NRC	3510.19	3510.19
35121				NRC	3394.69	3394.69
35122				NRC	4059.53	4059.53
35131				NRC	2953.33	2953.33
35132				NRC	3510.19	3510.19
35141				NRC	2343.38	2343.38
35142				NRC	2828.96	2828.96
35151				NRC	2655.23	2655.23
35152				NRC	3001.47	3001.47
35180				NRC	1684.42	1684.42
35182				NRC	3839.02	3839.02
35184				NRC	2071.12	2071.12
35188				NRC	2808.26	2808.26
35189				NRC	3240.30	3240.30
35190				NRC	1633.33	1633.33
35201					2003.18	2003.18
35206					1682.44	1682.44
35207					1623.70	1623.70
35211				NRC	2970.52	2970.52
35216				NRC	4496.16	4496.16
35221				NRC	3167.09	3167.09
35226					1782.06	1782.06
35231				NRC	2676.34	2676.34
35236					2132.53	2132.53
35241				NRC	3067.63	3067.63

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
35246				NRC	3339.37	3339.37
35251				NRC	3759.69	3759.69
35256					2186.20	2186.20
35261				NRC	2102.68	2102.68
35266				NRC	1844.23	1844.23
35271				NRC	2964.79	2964.79
35276				NRC	3114.39	3114.39
35281				NRC	3475.95	3475.95
35286				NRC	1990.37	1990.37
35301				NRC	2419.67	2419.67
35302				NRC	2398.00	2398.00
35303				NRC	2650.75	2650.75
35304				NRC	2725.95	2725.95
35305				NRC	2622.12	2622.12
35306					959.17	959.17
35311					3324.70	3324.70
35321					1917.65	1917.65
35331					3129.08	3129.08
35341					2960.40	2960.40
35351					2751.17	2751.17
35355					2204.52	2204.52
35361					3269.16	3269.16
35363					3485.75	3485.75
35371					1744.96	1744.96
35372					2090.45	2090.45
35390					340.37	340.37
35400				NRC	316.57	316.57
35500				NRC	681.68	681.68
35501				NRC	3133.25	3133.25
35506				NRC	2735.40	2735.40
35508				NRC	2850.93	2850.93
35509				NRC	3030.20	3030.20
35510				NRC	2639.92	2639.92
35511				NRC	2404.74	2404.74
35512				NRC	2586.60	2586.60
35515				NRC	2850.93	2850.93
35516				NRC	2619.33	2619.33
35518				NRC	2452.80	2452.80
35521				NRC	2636.10	2636.10
35522				NRC	2510.50	2510.50
35523				NRC	2712.69	2712.69
35525				NRC	2427.93	2427.93
35526				NRC	3696.08	3696.08
35531				NRC	4188.37	4188.37
35533				NRC	3235.87	3235.87
35535				NRC	4086.91	4086.91
35536				NRC	3630.79	3630.79

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
35537				NRC	4475.03	4475.03
35538				NRC	5016.30	5016.30
35539				NRC	4706.43	4706.43
35540				NRC	5247.71	5247.71
35556				NRC	2985.24	2985.24
35558				NRC	2638.60	2638.60
35560				NRC	3660.24	3660.24
35563				NRC	2841.69	2841.69
35565				NRC	2805.07	2805.07
35566				NRC	3563.00	3563.00
35570				NRC	3161.93	3161.93
35571				NRC	2836.34	2836.34
35572				NRC	735.29	735.29
35583				NRC	3092.22	3092.22
35585				NRC	3576.70	3576.70
35587				NRC	2922.79	2922.79
35600				NRC	397.76	397.76
35601				NRC	3006.98	3006.98
35606				NRC	2513.56	2513.56
35612				NRC	2243.63	2243.63
35616				NRC	2365.56	2365.56
35621				NRC	2351.46	2351.46
35623				NRC	2822.54	2822.54
35626				NRC	3402.29	3402.29
35631				NRC	3961.91	3961.91
35632				NRC	3878.33	3878.33
35633				NRC	4253.94	4253.94
35634				NRC	3796.23	3796.23
35636				NRC	3425.94	3425.94
35637				NRC	3561.03	3561.03
35638				NRC	3718.88	3718.88
35642				NRC	2119.39	2119.39
35645				NRC	2033.22	2033.22
35646				NRC	3654.34	3654.34
35647				NRC	3322.79	3322.79
35650				NRC	2194.00	2194.00
35654				NRC	2921.00	2921.00
35656				NRC	2301.00	2301.00
35661				NRC	2318.75	2318.75
35663				NRC	2614.71	2614.71
35665				NRC	2511.72	2511.72
35666				NRC	2754.22	2754.22
35671				NRC	2426.35	2426.35
35681				NRC	170.95	170.95
35682				NRC	755.94	755.94
35683				NRC	880.02	880.02
35685				NRC	425.27	425.27

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
35686				NRC	345.27	345.27
35691				NRC	2031.74	2031.74
35693				NRC	1790.46	1790.46
35694				NRC	2121.15	2121.15
35695				NRC	2202.56	2202.56
35697				NRC	315.22	315.22
35700				NRC	325.39	325.39
35701				NRC	942.93	942.93
35702				NRC	880.70	880.70
35703				NRC	892.81	892.81
35800				NRC	1568.58	1568.58
35820				NRC	4311.00	4311.00
35840				NRC	2612.86	2612.86
35860				NRC	1799.93	1799.93
35870				NRC	2680.16	2680.16
35875				NRC	1265.94	1265.94
35876				NRC	2017.36	2017.36
35879				NRC	1974.61	1974.61
35881				NRC	2191.67	2191.67
35883				NRC	2566.98	2566.98
35884				NRC	2661.15	2661.15
35901				NRC	1017.65	1017.65
35903				NRC	1205.33	1205.33
35905				NRC	3608.54	3608.54
35907				NRC	4078.97	4078.97
36000					62.70	19.58
36002					321.29	222.25
36005					527.52	103.07
36010					1115.92	231.31
36011				NRC	1659.90	333.32
36012				NRC	1721.37	368.51
36013				NRC	1616.25	266.09
36014				NRC	1619.60	322.67
36015				NRC	1754.39	363.13
36100					1167.51	330.06
36140					1048.85	190.52
36160					1160.24	262.83
36200					1225.18	297.45
36215					2128.88	451.29
36216					2199.45	577.77
36217					3664.68	707.00
36218					429.09	111.09
36221					2037.86	426.97
36222					2512.89	610.95
36223					3378.97	702.91
36224					4191.13	790.81
36225					3193.59	696.74

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
36226					4075.48	785.65
36227					505.26	258.67
36228					2590.63	531.04
36245					2559.58	502.01
36246					1731.26	537.41
36247					2932.19	636.79
36248					244.38	102.90
36251					2655.25	547.15
36252					2871.47	760.67
36253					4141.21	750.32
36254					4083.86	884.98
36260					1415.30	1415.30
36261					882.14	882.14
36262					673.54	673.54
36299				NRC	0.00	0.00
36400				NRC	58.16	40.65
36405				NRC	49.40	31.88
36406				NRC	36.32	18.80
36410					36.43	19.58
36415					10.71	10.71
36416					3.75	3.75
36420				NRC	104.02	104.02
36425					84.88	84.88
36430					79.05	79.05
36440				NRC	107.19	107.19
36450				NRC	362.18	362.18
36455					270.87	270.87
36456				NRC	207.92	207.92
36460				NRC	744.27	744.27
36465				NRC	2680.75	254.64
36466				NRC	2898.09	328.48
36468				NRC	0.00	0.00
36470				NRC	239.88	83.58
36471				NRC	415.88	163.23
36473				NRC	2498.55	387.08
36474				NRC	534.62	192.36
36475				NRC	2234.44	594.58
36476				NRC	596.82	287.58
36478				NRC	2031.77	593.35
36479				NRC	628.26	290.05
36481					3588.20	693.85
36482				NRC	3424.71	382.14
36483				NRC	289.71	190.00
36500				NRC	387.82	387.82
36510				NRC	179.78	113.75
36511					231.28	231.28
36512					225.22	225.22

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
36513					225.33	225.33
36514					1149.24	197.93
36516					3571.47	182.59
36522					2753.46	203.38
36555				NRC	397.12	182.20
36556					445.69	180.92
36557				NRC	2404.70	686.68
36558					1725.46	552.49
36560				NRC	2573.39	825.73
36561					2046.41	709.06
36563					2343.46	780.40
36565					1721.09	719.25
36566					8704.10	763.50
36568				NRC	199.09	199.09
36569					200.53	200.53
36570				NRC	3015.29	713.82
36571					2610.04	667.00
36572				NRC	775.60	174.63
36573					793.24	179.47
36575					298.21	71.16
36576					724.91	390.74
36578					906.51	434.23
36580					395.90	140.55
36581					1606.15	388.04
36582					1829.22	612.46
36583					2388.04	705.06
36584					672.09	125.02
36585					2390.65	598.52
36589					350.76	290.80
36590					475.56	404.81
36591					54.01	54.01
36592					58.73	58.73
36593					66.92	66.92
36595					1229.29	384.43
36596					236.41	93.58
36597					235.46	130.36
36598					250.16	76.33
36600					57.55	31.95
36620					95.88	95.88
36625					227.15	227.15
36640					247.31	247.31
36660				NRC	145.64	145.64
36680					128.83	128.83
36800				NRC	258.21	258.21
36810				NRC	445.90	445.90
36815				NRC	291.75	291.75
36818				NRC	1474.16	1474.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
36819				NRC	1562.08	1562.08
36820				NRC	1546.62	1546.62
36821				NRC	1413.72	1413.72
36823				NRC	3032.54	3032.54
36825				NRC	1696.24	1696.24
36830				NRC	1424.89	1424.89
36831				NRC	1317.38	1317.38
36832				NRC	1614.87	1614.87
36833				NRC	1726.12	1726.12
36835				NRC	1033.68	1033.68
36836				NRC	14216.77	755.61
36837				NRC	20227.84	988.08
36838				NRC	2446.69	2446.69
36860				NRC	489.02	239.07
36861				NRC	300.54	300.54
36901				NRC	1457.19	358.33
36902				NRC	2486.09	509.36
36903				NRC	8743.61	670.28
36904				NRC	3732.64	783.72
36905				NRC	4695.83	941.12
36906				NRC	11103.81	1086.09
36907				NRC	1220.96	311.42
36908				NRC	2909.92	440.02
36909				NRC	3919.45	428.84
37140					5021.34	5021.34
37145					4658.52	4658.52
37160					4784.48	4784.48
37180					4597.34	4597.34
37181					5021.34	5021.34
37182					1729.51	1729.51
37183					11985.53	794.17
37184					3542.13	917.94
37185					984.60	348.60
37186					2448.59	519.02
37187					3520.99	834.15
37188					3030.95	596.76
37191					4170.83	471.36
37192					2655.17	740.42
37193					3099.88	737.11
37195					301.08	301.08
37197					3209.89	638.93
37200					455.79	455.79
37211					NC	823.16
37212					NC	719.15
37213					NC	492.44
37214					NC	260.83
37215				NRC	2119.30	2119.30

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
37216				NRC	2090.68	2090.68
37217				NRC	2318.05	2318.05
37218				NRC	1759.98	1759.98
37220				NRC	5159.91	854.77
37221				NRC	6349.70	1052.82
37222				NRC	1278.23	396.31
37223				NRC	2625.36	452.57
37224				NRC	6016.68	948.87
37225				NRC	17912.80	1275.00
37226				NRC	16666.48	1108.66
37227				NRC	22936.19	1531.06
37228				NRC	8527.63	1156.33
37229				NRC	18217.61	1479.42
37230				NRC	18243.93	1477.44
37231				NRC	24063.70	1563.08
37232				NRC	1697.59	424.23
37233				NRC	2167.56	687.37
37234				NRC	7427.74	598.13
37235				NRC	8109.58	788.81
37236					5659.05	944.27
37237					2660.62	449.43
37238					7062.16	651.60
37239					3506.95	320.20
37241					9559.66	914.33
37242					14566.46	1015.02
37243					17683.54	1188.56
37244					13530.34	1403.84
37246				NRC	3746.90	741.38
37247				NRC	1173.32	368.21
37248				NRC	2802.03	629.92
37249				NRC	918.37	309.99
37252					1951.24	190.78
37253					357.21	151.05
37500				NRC	1351.82	1351.82
37501				NRC	0.00	0.00
37565				NRC	1563.17	1563.17
37600				NRC	1595.59	1595.59
37605				NRC	1586.13	1586.13
37606				NRC	1586.83	1586.83
37607				NRC	798.58	798.58
37609					659.71	438.05
37615					1102.96	1102.96
37616					2376.85	2376.85
37617					2838.18	2838.18
37618					834.10	834.10
37619					3739.42	3739.42
37650				NRC	986.47	986.47

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
37660				NRC	2844.75	2844.75
37700				NRC	522.77	522.77
37718				NRC	843.81	843.81
37722				NRC	997.58	997.58
37735				NRC	1250.48	1250.48
37760				NRC	1238.70	1238.70
37761				NRC	1156.70	1156.70
37765				NRC	895.97	579.32
37766				NRC	1053.89	709.61
37780				NRC	503.72	503.72
37785				NRC	739.86	542.46
37788				NRC	2682.78	2682.78
37790				NRC	1031.42	1031.42
37799				NRC	0.00	0.00
38100					2490.76	2490.76
38101					2522.41	2522.41
38102					566.90	566.90
38115					2798.81	2798.81
38120					2287.83	2287.83
38129				NRC	0.00	0.00
38200					277.77	277.77
38204				NRC	215.33	215.33
38205				NRC	177.95	177.95
38206				NRC	176.60	176.60
38207				NRC	96.51	96.51
38208				NRC	60.90	60.90
38209				NRC	25.36	25.36
38210				NRC	170.43	170.43
38211					155.31	155.31
38212				NRC	101.55	101.55
38213				NRC	25.36	25.36
38214				NRC	87.01	87.01
38215				NRC	101.55	101.55
38220					321.53	143.66
38221					334.18	148.90
38222					363.06	160.94
38230					436.26	436.26
38232					412.47	412.47
38240				NRC	505.23	505.23
38241				NRC	373.31	373.31
38242				NRC	264.56	264.56
38243					NC	259.30
38300					709.80	445.03
38305					1061.87	1061.87
38308				NRC	1001.42	1001.42
38380				NRC	1225.84	1225.84
38381				NRC	1725.83	1725.83

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
38382				NRC	1465.36	1465.36
38500					717.73	549.97
38505					369.31	183.36
38510					1129.33	902.95
38520					1007.12	1007.12
38525					949.99	949.99
38530					1211.00	1211.00
38531					964.02	964.02
38542					1123.60	1123.60
38550					1122.38	1122.38
38555					2215.57	2215.57
38562					1512.09	1512.09
38564					1513.34	1513.34
38570					1105.55	1105.55
38571					1414.36	1414.36
38572					1943.10	1943.10
38573					2524.10	2524.10
38589				NRC	0.00	0.00
38700					1734.46	1734.46
38720					2883.73	2883.73
38724					3122.21	3122.21
38740					1514.86	1514.86
38745					1905.74	1905.74
38746					459.36	459.36
38747					574.67	574.67
38760					1804.44	1804.44
38765					2826.36	2826.36
38770					1723.48	1723.48
38780					2236.19	2236.19
38790					174.33	174.33
38792					171.53	69.80
38794					594.25	594.25
38900					296.26	296.26
38999				NRC	0.00	0.00
39000					1032.18	1032.18
39010					1688.89	1688.89
39200				NRC	1867.39	1867.39
39220					2434.98	2434.98
39401					660.04	660.04
39402					863.34	863.34
39499				NRC	0.00	0.00
39501					1829.43	1829.43
39503				NRC	12493.58	12493.58
39540				NRC	1867.05	1867.05
39541				NRC	2014.72	2014.72
39545					1921.04	1921.04
39560					1725.11	1725.11

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
39561					2688.66	2688.66
39599				NRC	0.00	0.00
40490					257.20	147.38
40500				NRC	1106.09	783.37
40510				NRC	1030.99	743.31
40520				NRC	1065.94	763.43
40525				NRC	1178.60	1178.60
40527				NRC	1346.64	1346.64
40530				NRC	1181.41	868.12
40650					1010.30	669.39
40652					1092.23	768.16
40654					1232.56	905.80
40700				NRC	2151.19	2151.19
40701				NRC	2543.84	2543.84
40702				NRC	2134.44	2134.44
40720				NRC	2193.83	2193.83
40761				NRC	2307.66	2307.66
40799				NRC	0.00	0.00
40800					418.96	247.84
40801					606.14	416.83
40804					389.66	238.07
40805					595.06	417.19
40806				NRC	203.91	60.40
40808					351.77	186.70
40810					452.14	259.46
40812					588.96	388.86
40814					783.72	599.79
40816					843.96	640.49
40818					766.66	560.50
40819					562.58	418.41
40820					535.11	345.79
40830					473.10	308.03
40831					621.58	425.53
40840					1831.41	1355.75
40842					1966.36	1446.91
40843					2540.30	1864.55
40844					3191.65	2517.92
40845					3152.17	2590.28
40899				NRC	0.00	0.00
41000					309.92	223.68
41005					497.52	252.28
41006					714.06	489.71
41007					687.10	466.79
41008					819.94	543.71
41009					885.68	601.36
41010				NRC	453.10	232.79
41015					835.09	630.27

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
41016					978.07	727.44
41017					978.07	724.74
41018					1104.00	845.96
41019					1042.08	1042.08
41100					392.68	228.29
41105					393.01	234.01
41108					352.65	194.32
41110					481.51	276.02
41112					711.53	514.13
41113					764.04	561.24
41114					1328.58	1328.58
41115					548.02	310.87
41116					701.32	456.75
41120				NRC	2237.34	2237.34
41130				NRC	2779.68	2779.68
41135				NRC	4602.06	4602.06
41140				NRC	4633.13	4633.13
41145				NRC	5844.67	5844.67
41150				NRC	4667.38	4667.38
41153				NRC	5070.12	5070.12
41155				NRC	6371.56	6371.56
41250					596.28	327.46
41251					663.96	391.77
41252					693.44	448.20
41510				NRC	953.43	953.43
41512				NRC	1408.94	1408.94
41520				NRC	769.35	532.87
41530				NRC	1900.30	793.36
41599				NRC	0.00	0.00
41800					602.92	321.97
41805					642.23	409.12
41806					854.56	583.04
41820				NRC	0.00	0.00
41821				NRC	0.00	0.00
41822					742.14	426.84
41823					1105.91	771.74
41825					459.09	255.63
41826					632.23	415.96
41827					902.74	608.32
41828					742.16	474.69
41830					984.25	666.24
41850				NRC	0.00	0.00
41870				NRC	0.00	0.00
41872				NRC	981.73	639.47
41874				NRC	795.28	510.96
41899				NRC	0.00	0.00
42000				NRC	338.55	230.75

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
42100					308.64	233.18
42104					455.41	285.63
42106					532.84	344.20
42107					954.75	698.73
42120					2128.38	2128.38
42140					649.84	342.62
42145					1472.92	1472.92
42160					487.10	304.52
42180					541.39	399.90
42182					703.68	553.44
42200				NRC	1979.08	1979.08
42205				NRC	2062.65	2062.65
42210				NRC	2300.72	2300.72
42215				NRC	1496.63	1496.63
42220				NRC	1231.21	1231.21
42225				NRC	2074.59	2074.59
42226				NRC	1922.41	1922.41
42227				NRC	1791.82	1791.82
42235				NRC	1571.14	1571.14
42260				NRC	1831.62	1439.51
42280				NRC	372.68	232.54
42281				NRC	471.11	339.73
42299				NRC	0.00	0.00
42300				NRC	456.05	333.43
42305				NRC	907.49	907.49
42310				NRC	360.79	286.01
42320				NRC	553.10	383.32
42330				NRC	493.69	352.88
42335				NRC	909.33	558.99
42340				NRC	1125.56	736.82
42400					202.69	111.74
42405					645.33	485.66
42408				NRC	1140.35	738.80
42409				NRC	832.08	493.87
42410					1355.67	1355.67
42415					2277.87	2277.87
42420					2553.76	2553.76
42425					1809.38	1809.38
42426					2907.79	2907.79
42440				NRC	893.47	893.47
42450				NRC	999.25	778.94
42500					951.59	737.34
42505					1221.29	982.11
42507				NRC	1056.44	1056.44
42509				NRC	1753.81	1753.81
42510				NRC	1301.16	1301.16
42550				NRC	325.33	131.97

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
42600				NRC	1154.39	762.95
42650				NRC	157.82	124.81
42660				NRC	247.96	189.34
42665				NRC	789.95	460.50
42699				NRC	0.00	0.00
42700				NRC	406.43	289.20
42720				NRC	956.78	828.10
42725				NRC	1708.17	1708.17
42800					333.64	247.40
42804					450.45	259.79
42806					503.64	299.50
42808					492.03	355.94
42809					429.67	270.67
42810				NRC	820.87	600.56
42815				NRC	1158.31	1158.31
42820				NRC	624.20	624.20
42821				NRC	653.97	653.97
42825				NRC	574.12	574.12
42826				NRC	547.45	547.45
42830				NRC	452.54	452.54
42831				NRC	492.32	492.32
42835				NRC	422.27	422.27
42836				NRC	524.21	524.21
42842				NRC	2145.94	2145.94
42844				NRC	2925.99	2925.99
42845				NRC	4709.16	4709.16
42860				NRC	413.55	413.55
42870				NRC	1243.27	1243.27
42890				NRC	3021.99	3021.99
42892				NRC	3972.61	3972.61
42894				NRC	5049.46	5049.46
42900					712.45	712.45
42950				NRC	1688.15	1688.15
42953				NRC	2016.05	2016.05
42955				NRC	1605.50	1605.50
42960					343.56	343.56
42961					897.58	897.58
42962					1112.30	1112.30
42970					881.06	881.06
42971					971.47	971.47
42972					1088.83	1088.83
42975				NRC	205.41	205.41
42999				NRC	0.00	0.00
43020					1219.92	1219.92
43030				NRC	1125.11	1125.11
43045					2798.26	2798.26
43100					1365.47	1365.47

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
43101					2162.63	2162.63
43107				NRC	6392.62	6392.62
43108				NRC	9547.19	9547.19
43112				NRC	7458.84	7458.84
43113				NRC	9328.87	9328.87
43116				NRC	10677.07	10677.07
43117				NRC	6986.02	6986.02
43118				NRC	7785.24	7785.24
43121				NRC	6132.46	6132.46
43122				NRC	5491.69	5491.69
43123				NRC	9671.76	9671.76
43124				NRC	8171.02	8171.02
43130				NRC	1705.66	1705.66
43135				NRC	3158.45	3158.45
43180					1176.33	1176.33
43191					332.25	332.25
43192					363.62	363.62
43193					362.16	362.16
43194					414.66	414.66
43195					396.09	396.09
43196					417.86	417.86
43197					401.19	176.16
43198					445.81	211.35
43200				NRC	547.98	186.18
43201				NRC	542.18	219.46
43202					740.03	217.89
43204				NRC	285.63	285.63
43205				NRC	297.13	297.13
43206				NRC	630.21	280.54
43210					918.05	918.05
43211					496.97	496.97
43212					404.52	404.52
43213					2562.04	554.32
43214					413.73	413.73
43215					818.36	299.59
43216					850.02	281.39
43217					873.93	336.97
43220				NRC	1853.95	249.80
43226				NRC	803.36	277.18
43227					1230.80	348.89
43229					1472.64	416.23
43231				NRC	333.49	333.49
43232					417.67	417.67
43233					485.11	485.11
43235					599.94	259.03
43236				NRC	832.42	290.74
43237				NRC	413.74	413.74

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
43238					490.42	490.42
43239					782.78	292.31
43240				NRC	827.73	827.73
43241				NRC	299.81	299.81
43242					556.33	556.33
43243				NRC	502.70	502.70
43244				NRC	517.92	517.92
43245					1233.49	372.47
43246					425.99	425.99
43247					801.49	374.35
43248				NRC	860.27	350.93
43249				NRC	2224.25	325.00
43250					939.71	360.97
43251					1032.45	414.64
43252					707.66	355.30
43253					555.66	555.66
43254					570.83	570.83
43255					1300.40	423.20
43257				NRC	491.93	491.93
43259				NRC	475.83	475.83
43260					680.83	680.83
43261					715.68	715.68
43262				NRC	754.67	754.67
43263				NRC	755.35	755.35
43264				NRC	769.21	769.21
43265				NRC	914.65	914.65
43266					461.01	461.01
43270					1514.76	473.84
43273					251.14	251.14
43274					977.62	977.62
43275					794.51	794.51
43276					1018.13	1018.13
43277					799.49	799.49
43278					913.91	913.91
43279				NRC	2776.67	2776.67
43280				NRC	2333.80	2333.80
43281				NRC	3331.79	3331.79
43282				NRC	3748.73	3748.73
43283				NRC	340.49	340.49
43284				NRC	1409.87	1409.87
43285				NRC	1451.71	1451.71
43286				NRC	6842.47	6842.47
43287				NRC	7624.33	7624.33
43288				NRC	8050.40	8050.40
43289				NRC	0.00	0.00
43290				NRC	5472.12	388.14
43291				NRC	956.01	339.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
43300				NRC	1343.34	1343.34
43305				NRC	2356.74	2356.74
43310				NRC	3185.53	3185.53
43312				NRC	3413.66	3413.66
43313				NRC	6272.33	6272.33
43314				NRC	6735.58	6735.58
43320				NRC	3028.28	3028.28
43325				NRC	2944.28	2944.28
43327				NRC	1774.02	1774.02
43328				NRC	2413.59	2413.59
43330				NRC	2895.14	2895.14
43331				NRC	2877.89	2877.89
43332				NRC	2479.87	2479.87
43333				NRC	2717.16	2717.16
43334				NRC	2669.90	2669.90
43335				NRC	2865.82	2865.82
43336				NRC	3111.76	3111.76
43337				NRC	3317.28	3317.28
43338				NRC	247.44	247.44
43340				NRC	2989.48	2989.48
43341				NRC	3006.30	3006.30
43351				NRC	2829.24	2829.24
43352				NRC	2292.07	2292.07
43360				NRC	4829.74	4829.74
43361				NRC	5835.31	5835.31
43400				NRC	3301.05	3301.05
43405				NRC	3130.47	3130.47
43410					2219.33	2219.33
43415					5534.06	5534.06
43420				NRC	2191.41	2191.41
43425				NRC	3098.12	3098.12
43450				NRC	390.20	169.22
43453				NRC	1647.78	183.09
43460				NRC	449.28	449.28
43496				NRC	5111.51	5111.51
43497				NRC	1692.88	1692.88
43499				NRC	0.00	0.00
43500				NRC	1695.05	1695.05
43501				NRC	2917.12	2917.12
43502				NRC	3308.48	3308.48
43510				NRC	2056.68	2056.68
43520				NRC	1490.63	1490.63
43605					1803.71	1803.71
43610					2121.51	2121.51
43611					2654.58	2654.58
43620				NRC	4296.96	4296.96
43621				NRC	4916.70	4916.70

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
43622				NRC	5006.83	5006.83
43631				NRC	3133.43	3133.43
43632				NRC	4409.88	4409.88
43633				NRC	4164.37	4164.37
43634				NRC	4603.86	4603.86
43635				NRC	244.11	244.11
43640				NRC	2581.76	2581.76
43641				NRC	2611.01	2611.01
43644				NRC	3764.84	3764.84
43645				NRC	4000.66	4000.66
43647				NRC	677.00	677.00
43648				NRC	677.00	677.00
43651				NRC	1420.65	1420.65
43652				NRC	1658.98	1658.98
43653				NRC	1247.25	1247.25
43659				NRC	0.00	0.00
43752					86.56	86.56
43753					46.94	46.94
43754				NRC	484.41	79.50
43755				NRC	418.31	125.91
43756				NRC	570.71	107.85
43757				NRC	768.04	163.70
43761					266.93	225.15
43762				NRC	467.72	79.65
43763				NRC	696.69	186.67
43770				NRC	2437.13	2437.13
43771				NRC	2770.41	2770.41
43772				NRC	2055.49	2055.49
43773				NRC	2770.41	2770.41
43774				NRC	2083.27	2083.27
43775				NRC	2411.12	2411.12
43800				NRC	2013.32	2013.32
43810				NRC	2204.28	2204.28
43820				NRC	2910.72	2910.72
43825				NRC	2842.72	2842.72
43830				NRC	1519.99	1519.99
43831				NRC	1313.90	1313.90
43832					2259.38	2259.38
43840					2945.34	2945.34
43842				NRC	2469.58	2469.58
43843				NRC	2782.90	2782.90
43845				NRC	4245.13	4245.13
43846				NRC	3579.80	3579.80
43847				NRC	3918.99	3918.99
43848				NRC	4186.77	4186.77
43860				NRC	3544.76	3544.76
43865				NRC	3705.42	3705.42

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
43870				NRC	1536.51	1536.51
43880				NRC	3432.94	3432.94
43881				NRC	1360.84	1360.84
43882				NRC	1360.84	1360.84
43886				NRC	789.71	789.71
43887				NRC	713.19	713.19
43888				NRC	1002.38	1002.38
43999				NRC	0.00	0.00
44005				NRC	2360.85	2360.85
44010					1827.82	1827.82
44015				NRC	307.92	307.92
44020					2106.48	2106.48
44021					2105.04	2105.04
44025					2117.81	2117.81
44050				NRC	2026.26	2026.26
44055				NRC	3218.39	3218.39
44100					226.51	226.51
44110					1826.25	1826.25
44111					2125.52	2125.52
44120				NRC	2641.83	2641.83
44121				NRC	520.72	520.72
44125				NRC	2535.67	2535.67
44126				NRC	5347.96	5347.96
44127				NRC	6179.14	6179.14
44128				NRC	526.44	526.44
44130				NRC	2842.89	2842.89
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	259.81	259.81
44140				NRC	2897.32	2897.32
44141				NRC	3906.08	3906.08
44143				NRC	3567.49	3567.49
44144				NRC	3807.72	3807.72
44145				NRC	3554.01	3554.01
44146				NRC	4508.37	4508.37
44147				NRC	4164.17	4164.17
44150				NRC	3982.53	3982.53
44151				NRC	4641.89	4641.89
44155				NRC	4429.81	4429.81
44156				NRC	4964.98	4964.98
44157				NRC	4718.59	4718.59
44158				NRC	4837.81	4837.81
44160				NRC	2680.03	2680.03
44180				NRC	1990.05	1990.05

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
44186				NRC	1408.02	1408.02
44187				NRC	2338.99	2338.99
44188				NRC	2609.42	2609.42
44202				NRC	2997.16	2997.16
44203				NRC	523.08	523.08
44204				NRC	3307.90	3307.90
44205				NRC	2871.06	2871.06
44206				NRC	3746.34	3746.34
44207				NRC	3891.58	3891.58
44208				NRC	4229.18	4229.18
44210				NRC	3791.25	3791.25
44211				NRC	4505.97	4505.97
44212				NRC	4321.79	4321.79
44213				NRC	400.33	400.33
44227				NRC	3570.66	3570.66
44238				NRC	0.00	0.00
44300					1820.07	1820.07
44310					2241.05	2241.05
44312				NRC	1282.53	1282.53
44314				NRC	2161.11	2161.11
44316				NRC	3065.91	3065.91
44320				NRC	2584.75	2584.75
44322				NRC	2152.34	2152.34
44340				NRC	1348.80	1348.80
44345				NRC	2262.90	2262.90
44346				NRC	2546.67	2546.67
44360					303.06	303.06
44361					334.08	334.08
44363					405.14	405.14
44364					431.85	431.85
44365					384.09	384.09
44366				NRC	507.05	507.05
44369					518.66	518.66
44370					563.48	563.48
44372					507.16	507.16
44373					405.58	405.58
44376					600.49	600.49
44377					633.35	633.35
44378				NRC	812.51	812.51
44379					863.79	863.79
44380					403.71	120.07
44381				NRC	2020.16	179.52
44382					617.21	157.05
44384					329.09	329.09
44385					447.73	155.34
44386					643.83	189.06
44388					661.63	332.17

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
44389					859.63	364.44
44390					847.13	444.91
44391				NRC	1330.75	488.59
44392					813.42	424.68
44394					919.53	478.23
44401					4873.32	512.93
44402				NRC	553.44	553.44
44403				NRC	643.97	643.97
44404				NRC	879.17	365.11
44405				NRC	1152.28	386.92
44406				NRC	484.64	484.64
44407					582.42	582.42
44408				NRC	488.95	488.95
44500				NRC	41.38	41.38
44602					3046.43	3046.43
44603					3492.08	3492.08
44604					2280.32	2280.32
44605					2798.01	2798.01
44615				NRC	2298.53	2298.53
44620				NRC	1863.14	1863.14
44625				NRC	2173.48	2173.48
44626				NRC	3436.40	3436.40
44640				NRC	3009.85	3009.85
44650				NRC	3104.08	3104.08
44660				NRC	2870.48	2870.48
44661				NRC	3327.42	3327.42
44680				NRC	2335.13	2335.13
44700				NRC	2142.92	2142.92
44701				NRC	367.07	367.07
44705				NRC	236.83	155.31
44715				NRC	0.00	0.00
44720				NRC	592.96	592.96
44721				NRC	828.25	828.25
44799				NRC	0.00	0.00
44800				NRC	1672.07	1672.07
44820					1844.30	1844.30
44850				NRC	1613.95	1613.95
44899				NRC	0.00	0.00
44900				NRC	1701.02	1701.02
44950				NRC	1391.59	1391.59
44955				NRC	180.82	180.82
44960				NRC	1900.17	1900.17
44970				NRC	1303.74	1303.74
44979				NRC	0.00	0.00
45000				NRC	919.19	919.19
45005				NRC	664.26	356.36
45020				NRC	1235.12	1235.12

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
45100					646.27	646.27
45108					804.84	804.84
45110				NRC	3901.04	3901.04
45111				NRC	2328.46	2328.46
45112				NRC	3878.57	3878.57
45113				NRC	3983.26	3983.26
45114				NRC	3936.00	3936.00
45116				NRC	3299.99	3299.99
45119				NRC	4012.34	4012.34
45120				NRC	3464.56	3464.56
45121				NRC	3782.53	3782.53
45123				NRC	2395.87	2395.87
45126					5844.25	5844.25
45130				NRC	2324.83	2324.83
45135				NRC	2768.20	2768.20
45136				NRC	3805.76	3805.76
45150				NRC	912.87	912.87
45160					2220.81	2220.81
45171					1317.67	1317.67
45172					1760.79	1760.79
45190					1489.20	1489.20
45300					267.27	102.88
45303				NRC	1963.47	182.12
45305					378.80	155.12
45307					451.44	215.64
45308					429.96	182.02
45309					442.85	192.89
45315					480.05	228.07
45317				NRC	464.07	235.00
45320					471.05	225.14
45321				NRC	222.25	222.25
45327				NRC	251.38	251.38
45330					384.09	118.64
45331					590.40	151.80
45332					575.23	221.52
45333					681.66	198.59
45334				NRC	1018.30	248.90
45335				NRC	601.21	141.05
45337				NRC	243.04	243.04
45338					622.59	254.05
45340				NRC	941.23	165.77
45341				NRC	261.14	261.14
45342					362.05	362.05
45346					4701.91	340.17
45347				NRC	324.99	324.99
45349				NRC	419.68	419.68
45350				NRC	1379.70	212.80

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
45378					712.41	391.04
45379					912.96	505.35
45380					906.60	424.88
45381				NRC	924.68	424.09
45382				NRC	1386.59	547.79
45384					1022.75	483.77
45385					952.79	537.77
45386				NRC	1268.74	448.14
45388					5040.65	574.48
45389				NRC	614.66	614.66
45390				NRC	703.40	703.40
45391				NRC	545.53	545.53
45392					643.97	643.97
45393				NRC	534.22	534.22
45395				NRC	4187.55	4187.55
45397				NRC	4540.87	4540.87
45398				NRC	1715.40	501.34
45399				NRC	0.00	0.00
45400				NRC	2424.24	2424.24
45402				NRC	3255.77	3255.77
45499				NRC	0.00	0.00
45500				NRC	1225.32	1225.32
45505				NRC	1287.28	1287.28
45520				NRC	335.83	85.20
45540				NRC	2257.91	2257.91
45541				NRC	2013.78	2013.78
45550				NRC	3128.13	3128.13
45560				NRC	1486.21	1486.21
45562				NRC	2436.94	2436.94
45563				NRC	3583.01	3583.01
45800				NRC	2749.78	2749.78
45805				NRC	3172.52	3172.52
45820				NRC	2757.02	2757.02
45825				NRC	3320.52	3320.52
45900				NRC	457.64	457.64
45905				NRC	363.57	363.57
45910				NRC	412.74	412.74
45915					742.04	489.39
45990				NRC	224.58	224.58
45999				NRC	0.00	0.00
46020				NRC	249.78	249.78
46030				NRC	533.20	186.91
46040					1173.32	908.54
46045					938.74	938.74
46050					492.57	215.66
46060				NRC	1040.81	1040.81
46070				NRC	577.84	577.84

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
46080				NRC	608.11	341.31
46083				NRC	434.87	234.10
46200				NRC	994.82	713.87
46220				NRC	524.39	258.94
46221				NRC	594.61	407.99
46230				NRC	655.92	370.93
46250				NRC	1007.29	681.88
46255				NRC	1099.48	761.27
46257				NRC	887.30	887.30
46258				NRC	1035.08	1035.08
46260				NRC	1033.82	1033.82
46261				NRC	1136.40	1136.40
46262				NRC	1262.76	1262.76
46270				NRC	1128.64	854.43
46275				NRC	1190.17	899.12
46280				NRC	1027.47	1027.47
46285				NRC	1185.34	899.00
46288				NRC	1193.89	1193.89
46320				NRC	446.88	241.39
46500				NRC	653.58	388.13
46505				NRC	666.18	534.13
46600					247.23	87.56
46601					314.69	198.81
46604				NRC	1342.69	140.76
46606					581.36	160.27
46607					435.36	265.58
46608					609.17	182.02
46610					576.37	172.13
46611					464.67	170.92
46612					695.70	203.87
46614				NRC	352.67	137.75
46615					372.32	191.76
46700				NRC	1403.04	1403.04
46705				NRC	1229.44	1229.44
46706				NRC	385.02	385.02
46707				NRC	1081.44	1081.44
46710				NRC	2400.34	2400.34
46712				NRC	4795.65	4795.65
46715				NRC	1196.76	1196.76
46716				NRC	2655.13	2655.13
46730				NRC	4290.48	4290.48
46735				NRC	4940.40	4940.40
46740				NRC	4682.44	4682.44
46742				NRC	5414.14	5414.14
46744				NRC	7649.28	7649.28
46746				NRC	8428.48	8428.48
46748				NRC	9136.15	9136.15

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
46750				NRC	1608.33	1608.33
46751				NRC	1442.78	1442.78
46753				NRC	1338.62	1338.62
46754				NRC	730.10	511.14
46760				NRC	2354.55	2354.55
46761				NRC	1967.70	1967.70
46900					499.73	291.55
46910					549.36	286.60
46916					542.85	298.96
46917					925.19	275.04
46922					655.69	294.57
46924					1138.76	386.21
46930				NRC	450.85	318.79
46940				NRC	560.86	311.58
46942				NRC	532.10	278.77
46945				NRC	717.10	717.10
46946				NRC	807.36	807.36
46947				NRC	835.73	835.73
46948				NRC	948.36	948.36
46999				NRC	0.00	0.00
47000					625.72	187.12
47001					224.32	224.32
47010					2620.82	2620.82
47015				NRC	2519.87	2519.87
47100					1830.57	1830.57
47120				NRC	5049.42	5049.42
47122				NRC	7404.89	7404.89
47125				NRC	6656.38	6656.38
47130				NRC	7151.41	7151.41
47133				NRC	0.00	0.00
47135				NRC	11642.52	11642.52
47140				NRC	7716.04	7716.04
47141				NRC	9225.93	9225.93
47142				NRC	10131.72	10131.72
47143				NRC	761.71	761.71
47144				NRC	761.71	761.71
47145				NRC	761.71	761.71
47146				NRC	709.03	709.03
47147				NRC	825.90	825.90
47300					2457.13	2457.13
47350				NRC	2955.61	2955.61
47360				NRC	4057.83	4057.83
47361				NRC	6531.04	6531.04
47362				NRC	3098.06	3098.06
47370					2716.58	2716.58
47371					2728.70	2728.70
47379				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
47380					3130.39	3130.39
47381					3210.48	3210.48
47382					7595.05	1569.20
47383					12230.76	955.86
47399				NRC	0.00	0.00
47400				NRC	4655.94	4655.94
47420				NRC	2882.44	2882.44
47425				NRC	2961.05	2961.05
47460				NRC	2748.33	2748.33
47480				NRC	1891.17	1891.17
47490				NRC	698.35	698.35
47531					876.21	147.90
47532					1739.10	446.21
47533					2417.36	559.88
47534					2660.40	782.71
47535					1839.78	414.84
47536					1317.48	277.91
47537					1019.29	204.07
47538					7734.85	495.61
47539					8649.36	900.77
47540					8726.98	929.21
47541					2416.04	711.50
47542					1037.08	288.56
47543					819.20	304.47
47544					1730.33	331.66
47550				NRC	355.10	355.10
47552				NRC	595.09	595.09
47553				NRC	599.57	599.57
47554				NRC	958.18	958.18
47555				NRC	713.43	713.43
47556				NRC	808.18	808.18
47562				NRC	1427.92	1427.92
47563				NRC	1557.35	1557.35
47564				NRC	2418.72	2418.72
47570				NRC	1684.11	1684.11
47579				NRC	0.00	0.00
47600				NRC	2315.30	2315.30
47605				NRC	2443.28	2443.28
47610				NRC	2715.11	2715.11
47612				NRC	2759.99	2759.99
47620				NRC	2981.47	2981.47
47700				NRC	2291.09	2291.09
47701				NRC	3761.06	3761.06
47711					3373.64	3373.64
47712					4325.09	4325.09
47715				NRC	2881.00	2881.00
47720				NRC	2501.65	2501.65

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
47721				NRC	2934.49	2934.49
47740				NRC	2842.99	2842.99
47741				NRC	3196.14	3196.14
47760				NRC	4872.37	4872.37
47765				NRC	6389.56	6389.56
47780				NRC	5354.62	5354.62
47785				NRC	7008.84	7008.84
47800				NRC	3368.35	3368.35
47801				NRC	2413.87	2413.87
47802				NRC	3301.20	3301.20
47900				NRC	2987.83	2987.83
47999				NRC	0.00	0.00
48000				NRC	4078.71	4078.71
48001				NRC	4996.20	4996.20
48020				NRC	2555.81	2555.81
48100					1920.46	1920.46
48102					1080.64	501.91
48105				NRC	6102.87	6102.87
48120					2415.98	2415.98
48140				NRC	3392.08	3392.08
48145				NRC	3538.46	3538.46
48146				NRC	4075.46	4075.46
48148				NRC	2710.10	2710.10
48150				NRC	6737.73	6737.73
48152				NRC	6249.26	6249.26
48153				NRC	6719.20	6719.20
48154				NRC	6274.78	6274.78
48155				NRC	3943.16	3943.16
48160				NRC	0.00	0.00
48400				NRC	231.72	231.72
48500				NRC	2487.80	2487.80
48510				NRC	2373.04	2373.04
48520				NRC	2386.00	2386.00
48540				NRC	2835.02	2835.02
48545				NRC	2917.75	2917.75
48547				NRC	3884.27	3884.27
48548				NRC	3621.83	3621.83
48550				NRC	0.00	0.00
48551				NRC	473.74	473.74
48552				NRC	509.59	509.59
48554				NRC	5610.53	5610.53
48556				NRC	2776.34	2776.34
48999				NRC	0.00	0.00
49000					1660.65	1660.65
49002					2254.64	2254.64
49010					1993.61	1993.61
49013					987.70	987.70

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
49014					819.65	819.65
49020				NRC	3440.30	3440.30
49040				NRC	2170.19	2170.19
49060				NRC	2364.92	2364.92
49062				NRC	1664.51	1664.51
49082					440.02	155.71
49083					611.37	225.33
49084					232.16	232.16
49180					366.96	178.32
49185					2603.85	252.52
49203					2581.46	2581.46
49204					3287.94	3287.94
49205					3776.17	3776.17
49215					4736.67	4736.67
49250				NRC	1281.69	1281.69
49255				NRC	1707.62	1707.62
49320					709.53	709.53
49321					743.37	743.37
49322				NRC	810.84	810.84
49323				NRC	1375.40	1375.40
49324				NRC	838.67	838.67
49325				NRC	895.02	895.02
49326				NRC	407.62	407.62
49327					281.44	281.44
49329				NRC	0.00	0.00
49400				NRC	316.96	192.99
49402					1848.11	1848.11
49405					1837.86	412.92
49406					1838.54	412.92
49407					1559.89	438.12
49411					1005.26	392.84
49412					177.60	177.60
49418					2036.91	427.37
49419				NRC	904.70	904.70
49421				NRC	489.70	489.70
49422				NRC	477.45	477.45
49423				NRC	1218.04	151.52
49424				NRC	377.73	79.94
49425				NRC	1689.43	1689.43
49426					1451.78	1451.78
49427					84.49	84.49
49428					932.96	932.96
49429					993.70	993.70
49435				NRC	256.57	256.57
49436				NRC	1129.96	399.64
49440					1728.60	430.99
49441					1965.53	508.25

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
49442					1648.84	435.44
49446					1653.11	311.71
49450					1232.21	142.12
49451					1318.43	188.58
49452					1605.77	291.32
49460					1441.95	105.94
49465					281.60	65.34
49491				NRC	1730.86	1730.86
49492				NRC	2080.46	2080.46
49495				NRC	886.40	886.40
49496				NRC	1332.62	1332.62
49500				NRC	898.66	898.66
49501				NRC	1315.28	1315.28
49505					1132.16	1132.16
49507					1273.89	1273.89
49520					1372.48	1372.48
49521					1554.61	1554.61
49525					1244.00	1244.00
49540					1472.67	1472.67
49550					1252.92	1252.92
49553					1371.80	1371.80
49555					1311.54	1311.54
49557					1570.23	1570.23
49591					742.13	742.13
49592					1034.23	1034.23
49593					1245.77	1245.77
49594					1623.26	1623.26
49595					1675.33	1675.33
49596					2225.45	2225.45
49600				NRC	1592.90	1592.90
49605				NRC	10659.30	10659.30
49606				NRC	2463.93	2463.93
49610				NRC	1505.55	1505.55
49611				NRC	1324.58	1324.58
49613					914.86	914.86
49614					1243.01	1243.01
49615					1390.21	1390.21
49616					1868.68	1868.68
49617					1923.68	1923.68
49618					2697.61	2697.61
49621					1611.37	1611.37
49622					1989.12	1989.12
49623					429.35	429.35
49650					934.60	934.60
49651					1221.68	1221.68
49659				NRC	0.00	0.00
49900					1767.94	1767.94

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
49904					2992.13	2992.13
49905					763.08	763.08
49906				NRC	0.00	0.00
49999				NRC	0.00	0.00
50010					1597.92	1597.92
50020				NRC	2156.65	2156.65
50040				NRC	1967.23	1967.23
50045				NRC	1981.83	1981.83
50060				NRC	2420.19	2420.19
50065				NRC	2567.31	2567.31
50070				NRC	2517.77	2517.77
50075				NRC	3094.25	3094.25
50080				NRC	1481.82	1481.82
50081				NRC	2394.32	2394.32
50100				NRC	2341.71	2341.71
50120				NRC	2017.04	2017.04
50125				NRC	2086.36	2086.36
50130				NRC	2194.92	2194.92
50135				NRC	2383.15	2383.15
50200					1066.36	267.99
50205					1630.39	1630.39
50220				NRC	2250.67	2250.67
50225				NRC	2568.90	2568.90
50230				NRC	2726.08	2726.08
50234				NRC	2774.58	2774.58
50236				NRC	3111.02	3111.02
50240				NRC	2819.53	2819.53
50250					2584.62	2584.62
50280					2049.70	2049.70
50290					1911.23	1911.23
50300				NRC	0.00	0.00
50320				NRC	3273.42	3273.42
50323				NRC	441.32	441.32
50325				NRC	441.32	441.32
50327				NRC	468.46	468.46
50328				NRC	409.19	409.19
50329				NRC	389.40	389.40
50340				NRC	2065.50	2065.50
50360				NRC	5252.02	5252.02
50365				NRC	6243.08	6243.08
50370				NRC	2616.90	2616.90
50380				NRC	4386.36	4386.36
50382				NRC	2090.43	536.13
50384				NRC	1788.27	483.93
50385				NRC	2088.71	458.95
50386				NRC	1545.13	343.19
50387				NRC	1147.28	177.10

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
50389				NRC	856.61	113.48
50390					201.48	201.48
50391				NRC	264.59	207.99
50396				NRC	245.45	245.45
50400				NRC	2454.38	2454.38
50405				NRC	2964.88	2964.88
50430					1306.33	324.70
50431					665.27	138.41
50432					1879.19	433.36
50433					2342.01	538.43
50434					1877.90	403.77
50435					1239.47	210.68
50436				NRC	315.05	315.05
50437				NRC	526.58	526.58
50500					2697.45	2697.45
50520				NRC	2512.79	2512.79
50525				NRC	3186.42	3186.42
50526				NRC	3414.46	3414.46
50540				NRC	2436.21	2436.21
50541				NRC	1952.45	1952.45
50542					2482.24	2482.24
50543				NRC	3164.49	3164.49
50544				NRC	2640.26	2640.26
50545				NRC	2837.07	2837.07
50546				NRC	2561.78	2561.78
50547				NRC	3486.68	3486.68
50548				NRC	2853.50	2853.50
50549				NRC	0.00	0.00
50551				NRC	764.71	623.22
50553				NRC	819.68	666.07
50555					872.37	722.12
50557					887.88	731.58
50561				NRC	1007.37	834.22
50562					1223.86	1223.86
50570				NRC	1038.67	1038.67
50572				NRC	1122.92	1122.92
50574					1194.97	1194.97
50575				NRC	1510.74	1510.74
50576					1192.08	1192.08
50580				NRC	1283.63	1283.63
50590				NRC	1559.23	1212.93
50592					5817.65	726.26
50593					7789.30	970.46
50600				NRC	1993.20	1993.20
50605				NRC	2170.16	2170.16
50606					1007.64	298.21
50610				NRC	2007.31	2007.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
50620				NRC	1920.13	1920.13
50630				NRC	1896.80	1896.80
50650				NRC	2204.46	2204.46
50660				NRC	2426.70	2426.70
50684				NRC	263.42	107.12
50686				NRC	298.16	186.32
50688				NRC	162.75	162.75
50690				NRC	249.40	147.67
50693					2055.22	429.51
50694					2311.64	563.31
50695					2776.70	721.82
50700				NRC	1967.97	1967.97
50705					3786.37	381.33
50706					1736.18	383.33
50715				NRC	2586.19	2586.19
50722				NRC	2203.24	2203.24
50725				NRC	2341.77	2341.77
50727				NRC	1085.01	1085.01
50728				NRC	1487.96	1487.96
50740				NRC	2651.54	2651.54
50750				NRC	2448.55	2448.55
50760				NRC	2424.18	2424.18
50770				NRC	2448.55	2448.55
50780				NRC	2367.73	2367.73
50782				NRC	2283.58	2283.58
50783				NRC	2394.08	2394.08
50785				NRC	2585.80	2585.80
50800				NRC	1970.41	1970.41
50810				NRC	3042.71	3042.71
50815				NRC	2601.05	2601.05
50820				NRC	2794.25	2794.25
50825				NRC	3496.98	3496.98
50830				NRC	3825.73	3825.73
50840				NRC	2615.60	2615.60
50845				NRC	2663.21	2663.21
50860				NRC	2008.68	2008.68
50900					1791.85	1791.85
50920				NRC	1874.11	1874.11
50930				NRC	2341.03	2341.03
50940				NRC	1888.70	1888.70
50945				NRC	2063.52	2063.52
50947				NRC	2940.33	2940.33
50948				NRC	2707.52	2707.52
50949				NRC	0.00	0.00
50951				NRC	798.83	647.91
50953				NRC	846.45	690.82
50955					902.20	744.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
50957					910.66	748.97
50961				NRC	822.09	670.50
50970				NRC	783.35	783.35
50972				NRC	757.92	757.92
50974					1000.22	1000.22
50976					984.78	984.78
50980				NRC	753.62	753.62
51020				NRC	998.65	998.65
51030				NRC	1004.82	1004.82
51040				NRC	617.32	617.32
51045				NRC	1069.36	1069.36
51050				NRC	1002.94	1002.94
51060				NRC	1240.15	1240.15
51065				NRC	1234.76	1234.76
51080				NRC	869.00	869.00
51100				NRC	153.73	83.67
51101				NRC	319.91	108.36
51102				NRC	505.99	305.21
51500				NRC	1355.76	1355.76
51520					1266.99	1266.99
51525					1830.25	1830.25
51530					1638.03	1638.03
51535					1659.14	1659.14
51550				NRC	2051.40	2051.40
51555				NRC	2679.78	2679.78
51565				NRC	2738.17	2738.17
51570				NRC	3133.81	3133.81
51575				NRC	3866.67	3866.67
51580				NRC	4024.08	4024.08
51585				NRC	4477.83	4477.83
51590				NRC	4100.94	4100.94
51595				NRC	4641.55	4641.55
51596				NRC	5009.51	5009.51
51597					4885.65	4885.65
51600				NRC	438.70	93.75
51605				NRC	81.18	81.18
51610				NRC	268.90	135.50
51700				NRC	158.40	64.76
51701					93.64	54.56
51702					127.89	53.78
51703					313.40	163.15
51705					202.46	109.49
51710					284.99	169.78
51715				NRC	780.47	426.09
51720					183.40	93.79
51725					474.12	474.12
51725	26				162.63	162.63

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
51725	TC				311.49	311.49
51726					622.29	622.29
51726	26				180.77	180.77
51726	TC				441.52	441.52
51727					755.48	755.48
51727	26				225.70	225.70
51727	TC				529.78	529.78
51728					753.12	753.12
51728	26				220.65	220.65
51728	TC				532.47	532.47
51729					799.62	799.62
51729	26				267.82	267.82
51729	TC				531.80	531.80
51736				NRC	28.28	28.28
51736	26			NRC	17.39	17.39
51736	TC			NRC	10.89	10.89
51741				NRC	29.74	29.74
51741	26			NRC	18.17	18.17
51741	TC			NRC	11.56	11.56
51784				NRC	134.45	134.45
51784	26			NRC	79.09	79.09
51784	TC			NRC	55.36	55.36
51785				NRC	899.79	899.79
51785	26			NRC	200.69	200.69
51785	TC			NRC	699.11	699.11
51792				NRC	557.80	557.80
51792	26			NRC	115.39	115.39
51792	TC			NRC	442.41	442.41
51797				NRC	395.51	395.51
51797	26			NRC	84.92	84.92
51797	TC			NRC	310.59	310.59
51798				NRC	21.67	21.67
51800				NRC	2206.94	2206.94
51820				NRC	2305.92	2305.92
51840				NRC	1483.86	1483.86
51841				NRC	1713.18	1713.18
51845				NRC	1239.54	1239.54
51860				NRC	1593.51	1593.51
51865				NRC	1911.30	1911.30
51880				NRC	988.81	988.81
51900					1752.36	1752.36
51920				NRC	1623.62	1623.62
51925				NRC	2324.94	2324.94
51940				NRC	3484.73	3484.73
51960				NRC	2940.23	2940.23
51980				NRC	1518.79	1518.79
51990				NRC	1585.22	1585.22

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
51992				NRC	1791.05	1791.05
51999				NRC	0.00	0.00
52000					497.83	171.07
52001				NRC	925.20	607.20
52005					631.51	279.15
52007					938.01	350.52
52010				NRC	795.75	349.06
52204					784.87	297.76
52214				NRC	1544.68	372.39
52224					1616.41	431.32
52234					519.91	519.91
52235					609.90	609.90
52240					828.87	828.87
52250					506.15	506.15
52260				NRC	446.69	446.69
52265				NRC	780.63	344.05
52270				NRC	877.23	383.38
52275				NRC	1126.72	524.41
52276				NRC	558.47	558.47
52277				NRC	683.52	683.52
52281					681.25	321.48
52282				NRC	711.85	711.85
52283				NRC	742.64	425.31
52284				BR	TBD	TBD
52285				NRC	735.73	413.69
52287					811.62	359.55
52290				NRC	515.61	515.61
52300				NRC	593.49	593.49
52301				NRC	612.98	612.98
52305				NRC	590.12	590.12
52310					665.59	320.64
52315					987.54	581.95
52317				NRC	1842.54	733.58
52318				NRC	1001.70	1001.70
52320				NRC	520.36	520.36
52325				NRC	677.39	677.39
52327				NRC	549.71	549.71
52330				NRC	1258.06	556.71
52332				NRC	834.08	328.78
52334				NRC	386.93	386.93
52341				NRC	601.23	601.23
52342				NRC	652.76	652.76
52343				NRC	727.71	727.71
52344				NRC	779.35	779.35
52345				NRC	833.24	833.24
52346				NRC	943.01	943.01
52351				NRC	639.09	639.09

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
52352				NRC	748.77	748.77
52353				NRC	828.87	828.87
52354					881.19	881.19
52355					987.28	987.28
52356				NRC	878.49	878.49
52400				NRC	1013.90	1013.90
52402				NRC	564.89	564.89
52441				NRC	2604.90	443.57
52442				NRC	1767.69	107.62
52450				NRC	1005.97	1005.97
52500				NRC	1045.36	1045.36
52601				NRC	1548.78	1548.78
52630				NRC	860.43	860.43
52640				NRC	681.70	681.70
52647				NRC	3247.42	1380.51
52648				NRC	3354.00	1472.27
52649				NRC	1754.49	1754.49
52700				NRC	941.32	941.32
53000				NRC	313.93	313.93
53010				NRC	628.40	628.40
53020				NRC	205.30	205.30
53025				NRC	145.00	145.00
53040				NRC	834.83	834.83
53060				NRC	405.01	357.18
53080				NRC	893.60	893.60
53085				NRC	1378.27	1378.27
53200					337.96	301.58
53210				NRC	1652.24	1652.24
53215				NRC	1973.38	1973.38
53220					961.21	961.21
53230					1299.13	1299.13
53235					1348.52	1348.52
53240				NRC	903.62	903.62
53250				NRC	842.72	842.72
53260					440.64	387.41
53265				NRC	486.35	404.15
53270				NRC	448.32	393.07
53275				NRC	561.13	561.13
53400				NRC	1702.29	1702.29
53405				NRC	1857.52	1857.52
53410				NRC	2081.40	2081.40
53415				NRC	2400.93	2400.93
53420				NRC	1788.09	1788.09
53425				NRC	1991.09	1991.09
53430				NRC	2078.86	2078.86
53431				NRC	2448.97	2448.97
53440				NRC	1601.62	1601.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
53442				NRC	1669.28	1669.28
53444				NRC	1686.74	1686.74
53445				NRC	1608.27	1608.27
53446				NRC	1365.67	1365.67
53447				NRC	1714.49	1714.49
53448				NRC	2712.02	2712.02
53449				NRC	1306.42	1306.42
53450				NRC	869.50	869.50
53451				NRC	0.00	0.00
53452				NRC	0.00	0.00
53453				NRC	0.00	0.00
53454				NRC	0.00	0.00
53460				NRC	972.77	972.77
53500				NRC	1602.85	1602.85
53502					1033.46	1033.46
53505					1032.78	1032.78
53510					1345.63	1345.63
53515					1691.87	1691.87
53520				NRC	1188.59	1188.59
53600				NRC	188.30	137.10
53601				NRC	178.84	113.49
53605				NRC	137.55	137.55
53620				NRC	355.58	184.45
53621				NRC	338.78	152.83
53660				NRC	157.99	88.60
53661				NRC	155.36	86.64
53665				NRC	81.51	81.51
53850				NRC	2911.91	751.93
53852				NRC	2848.63	807.23
53854				NRC	3433.32	806.44
53855				NRC	1341.38	174.48
53860				NRC	4881.25	473.02
53899				NRC	0.00	0.00
54000				NRC	339.89	233.44
54001				NRC	416.42	297.85
54015					648.45	648.45
54050					301.33	225.20
54055					287.60	202.71
54056					300.33	233.63
54057					298.64	207.01
54060					407.55	277.52
54065					466.32	362.56
54100					422.86	255.78
54105					581.51	451.48
54110					1327.74	1327.74
54111					1700.13	1700.13
54112					1993.09	1993.09

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
54115					968.58	905.25
54120					1344.72	1344.72
54125					1756.39	1756.39
54130				NRC	2536.57	2536.57
54135				NRC	3209.17	3209.17
54150				NRC	314.28	207.15
54160				NRC	462.44	309.50
54161				NRC	419.50	419.50
54162				NRC	542.12	426.24
54163				NRC	463.30	463.30
54164				NRC	409.52	409.52
54200				NRC	241.89	181.93
54205				NRC	1130.59	1130.59
54220				NRC	463.18	285.31
54230				NRC	223.51	168.93
54231				NRC	303.06	245.12
54235				NRC	190.19	157.18
54240				NRC	225.56	225.56
54240	26			NRC	141.12	141.12
54240	TC			NRC	84.44	84.44
54250				NRC	259.88	259.88
54250	26			NRC	230.80	230.80
54250	TC			NRC	29.08	29.08
54300				NRC	1371.89	1371.89
54304				NRC	1590.10	1590.10
54308				NRC	1524.50	1524.50
54312				NRC	1740.58	1740.58
54316				NRC	2114.01	2114.01
54318				NRC	1514.96	1514.96
54322				NRC	1662.46	1662.46
54324				NRC	2058.10	2058.10
54326				NRC	2003.46	2003.46
54328				NRC	1990.37	1990.37
54332				NRC	2146.52	2146.52
54336				NRC	2523.80	2523.80
54340				NRC	1210.52	1210.52
54344				NRC	2007.09	2007.09
54348				NRC	2146.20	2146.20
54352				NRC	3004.59	3004.59
54360				NRC	1535.20	1535.20
54380				NRC	1699.47	1699.47
54385				NRC	1978.35	1978.35
54390				NRC	2639.40	2639.40
54400				NRC	1132.34	1132.34
54401				NRC	1407.72	1407.72
54405				NRC	1720.54	1720.54
54406				NRC	1556.24	1556.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
54408				NRC	1682.00	1682.00
54410				NRC	1834.76	1834.76
54411				NRC	2190.96	2190.96
54415				NRC	1129.33	1129.33
54416				NRC	1521.00	1521.00
54417				NRC	1912.93	1912.93
54420				NRC	1495.05	1495.05
54430				NRC	1358.52	1358.52
54435				NRC	880.54	880.54
54437					1440.76	1440.76
54438					2839.28	2839.28
54440				BR	0.00	0.00
54450				NRC	145.61	122.03
54500					158.63	158.63
54505					445.83	445.83
54512					1143.82	1143.82
54520				NRC	697.69	697.69
54522				NRC	1250.40	1250.40
54530					1082.81	1082.81
54535					1583.34	1583.34
54550				NRC	1046.11	1046.11
54560				NRC	1463.86	1463.86
54600				NRC	963.29	963.29
54620				NRC	635.91	635.91
54640				NRC	920.87	920.87
54650				NRC	1515.26	1515.26
54660				NRC	760.97	760.97
54670				NRC	869.95	869.95
54680				NRC	1675.65	1675.65
54690				NRC	1394.45	1394.45
54692				NRC	1608.58	1608.58
54699				NRC	0.00	0.00
54700				NRC	451.92	451.92
54800					264.74	264.74
54830					791.58	791.58
54840					686.27	686.27
54860				NRC	891.10	891.10
54861				NRC	1208.43	1208.43
54865				NRC	765.43	765.43
54900				NRC	1703.19	1703.19
54901				NRC	2250.97	2250.97
55000				NRC	253.17	179.06
55040				NRC	718.66	718.66
55041				NRC	1088.38	1088.38
55060				NRC	808.32	808.32
55100				NRC	484.03	355.35
55110				NRC	826.10	826.10

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
55120					754.10	754.10
55150				NRC	1050.75	1050.75
55175				NRC	777.30	777.30
55180				NRC	1466.83	1466.83
55200				NRC	807.14	590.20
55250				NRC	700.78	484.51
55300				NRC	395.30	395.30
55400				NRC	1063.13	1063.13
55500				NRC	837.51	837.51
55520					987.41	987.41
55530				NRC	749.35	749.35
55535				NRC	915.91	915.91
55540				NRC	1199.60	1199.60
55550				NRC	913.95	913.95
55559				NRC	0.00	0.00
55600				NRC	897.67	897.67
55605				NRC	1115.08	1115.08
55650				NRC	1528.85	1528.85
55680				NRC	738.28	738.28
55700					505.36	276.29
55705					563.64	563.64
55706					798.16	798.16
55720				NRC	961.18	961.18
55725				NRC	1266.51	1266.51
55801				NRC	2328.50	2328.50
55810				NRC	2777.16	2777.16
55812				NRC	3416.17	3416.17
55815				NRC	3741.24	3741.24
55821				NRC	1784.12	1784.12
55831				NRC	1832.32	1832.32
55840				NRC	2484.27	2484.27
55842					2485.84	2485.84
55845				NRC	2892.31	2892.31
55860					1862.40	1862.40
55862					2329.84	2329.84
55865					2835.24	2835.24
55866				NRC	2546.09	2546.09
55867				NRC	2234.11	2234.11
55870				NRC	373.15	299.04
55873				NRC	11755.19	1626.31
55874				NRC	5887.88	348.46
55875				NRC	1653.94	1653.94
55876					317.89	215.49
55880					2081.73	2081.73
55899				NRC	0.00	0.00
55920					982.49	982.49
56405				NRC	312.96	270.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
56420				NRC	391.46	237.85
56440					389.87	389.87
56441					389.05	329.76
56442				NRC	101.43	101.43
56501					406.52	284.57
56515					590.19	456.79
56605					205.21	128.41
56606					82.84	63.98
56620				NRC	1252.03	1252.03
56625				NRC	1431.16	1431.16
56630				NRC	2065.24	2065.24
56631				NRC	2549.89	2549.89
56632				NRC	3080.10	3080.10
56633				NRC	2650.21	2650.21
56634				NRC	2780.93	2780.93
56637				NRC	3261.00	3261.00
56640				NRC	3280.06	3280.06
56700				NRC	436.59	436.59
56740					679.57	679.57
56800				NRC	546.18	546.18
56805				NRC	2523.89	2523.89
56810				NRC	586.02	586.02
56820				NRC	266.54	182.32
56821					357.47	244.95
57000				NRC	435.51	435.51
57010				NRC	986.15	986.15
57020				NRC	268.56	172.21
57022				NRC	390.51	390.51
57023					690.61	690.61
57061					352.49	245.36
57065					525.37	399.38
57100					219.45	140.62
57105					374.10	311.44
57106				NRC	1149.55	1149.55
57107				NRC	3139.29	3139.29
57109				NRC	3719.91	3719.91
57110				NRC	1955.46	1955.46
57111				NRC	3719.91	3719.91
57120				NRC	1143.60	1143.60
57130				NRC	492.18	372.25
57135					527.76	403.79
57150				NRC	122.05	56.02
57155					838.11	607.02
57156					482.12	323.79
57160				NRC	158.26	99.65
57170				NRC	166.81	104.16
57180					420.43	260.08

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
57200					709.15	709.15
57210				NRC	844.30	844.30
57220				NRC	741.92	741.92
57230					905.05	905.05
57240				NRC	1323.05	1323.05
57250				NRC	1329.78	1329.78
57260				NRC	1683.29	1683.29
57265				NRC	1886.32	1886.32
57267				NRC	541.24	541.24
57268				NRC	1089.14	1089.14
57270				NRC	1759.34	1759.34
57280				NRC	2084.34	2084.34
57282				NRC	1498.28	1498.28
57283				NRC	1511.61	1511.61
57284				NRC	1793.39	1793.39
57285				NRC	1494.38	1494.38
57287				NRC	1590.39	1590.39
57288				NRC	1597.88	1597.88
57289				NRC	1714.16	1714.16
57291				NRC	1185.46	1185.46
57292				NRC	1793.88	1793.88
57295				NRC	1079.31	1079.31
57296				NRC	2076.55	2076.55
57300				NRC	1312.13	1312.13
57305				NRC	2122.90	2122.90
57307				NRC	2319.27	2319.27
57308				NRC	1422.38	1422.38
57310					1049.60	1049.60
57311					1184.10	1184.10
57320					1220.93	1220.93
57330					1636.69	1636.69
57335				NRC	2548.60	2548.60
57400				NRC	278.94	278.94
57410				NRC	225.94	225.94
57415				NRC	375.48	375.48
57420					281.34	192.40
57421					378.09	261.53
57423				NRC	2006.29	2006.29
57425				NRC	2100.38	2100.38
57426				NRC	1875.39	1875.39
57452					269.91	195.12
57454					361.53	286.07
57455					343.15	234.01
57456					323.94	218.17
57460					664.92	343.55
57461					743.37	396.40
57465				NRC	117.99	93.07

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
57500					323.21	160.16
57505				NRC	325.84	231.51
57510				NRC	355.93	242.07
57511				NRC	422.40	314.60
57513				NRC	435.87	313.92
57520				NRC	752.39	635.16
57522				NRC	646.90	547.19
57530				NRC	802.36	802.36
57531				NRC	3995.13	3995.13
57540				NRC	1713.63	1713.63
57545				NRC	1805.35	1805.35
57550				NRC	930.24	930.24
57555				NRC	1338.86	1338.86
57556				NRC	1270.64	1270.64
57558				NRC	336.24	275.60
57700				NRC	762.59	762.59
57720				NRC	718.13	718.13
57800				NRC	164.00	102.01
58100					216.15	136.65
58110					106.73	86.52
58120				NRC	634.93	502.21
58140					2022.25	2022.25
58145					1225.17	1225.17
58146					2503.52	2503.52
58150				NRC	2189.88	2189.88
58152				NRC	2681.81	2681.81
58180				NRC	2074.22	2074.22
58200				NRC	2901.52	2901.52
58210					3923.72	3923.72
58240					6312.82	6312.82
58260				NRC	1815.67	1815.67
58262				NRC	2005.94	2005.94
58263				NRC	2152.99	2152.99
58267				NRC	2317.18	2317.18
58270				NRC	1938.34	1938.34
58275				NRC	2139.01	2139.01
58280				NRC	2296.78	2296.78
58285				NRC	3058.52	3058.52
58290				NRC	2495.54	2495.54
58291				NRC	2697.82	2697.82
58292				NRC	2844.08	2844.08
58294				NRC	2640.39	2640.39
58300				NRC	231.36	108.74
58301				NRC	234.17	143.21
58321				NRC	174.96	105.57
58322				NRC	194.55	125.15
58323				NRC	32.26	26.20

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
58340				NRC	507.19	122.49
58345				NRC	624.73	624.73
58346					1055.43	1055.43
58350				NRC	323.53	202.93
58353				NRC	1942.71	498.90
58356				NRC	3488.18	769.00
58400				NRC	996.75	996.75
58410				NRC	1767.14	1767.14
58520				NRC	1732.27	1732.27
58540				NRC	1984.91	1984.91
58541				NRC	1577.01	1577.01
58542				NRC	1797.10	1797.10
58543				NRC	1825.99	1825.99
58544				NRC	1965.10	1965.10
58545				NRC	1950.85	1950.85
58546				NRC	2415.24	2415.24
58548				NRC	4051.35	4051.35
58550				NRC	1907.85	1907.85
58552				NRC	2123.17	2123.17
58553				NRC	2428.38	2428.38
58554				NRC	2821.30	2821.30
58555				NRC	761.22	325.99
58558					2763.42	499.01
58559				NRC	612.48	612.48
58560				NRC	674.44	674.44
58561				NRC	772.70	772.70
58562				NRC	914.61	478.03
58563				NRC	4379.51	531.16
58565				NRC	3478.64	987.85
58570				NRC	1744.18	1744.18
58571				NRC	1957.62	1957.62
58572				NRC	2243.23	2243.23
58573				NRC	2626.25	2626.25
58575					4159.72	4159.72
58578				NRC	0.00	0.00
58579				NRC	0.00	0.00
58580				NRC	TBD	TBD
58600				NRC	801.13	801.13
58605				NRC	727.98	727.98
58611				NRC	164.48	164.48
58615				NRC	546.92	546.92
58660				NRC	1477.22	1477.22
58661				NRC	1412.80	1412.80
58662					1540.05	1540.05
58670				NRC	802.47	802.47
58671				NRC	802.47	802.47
58672				NRC	1584.51	1584.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
58673				NRC	1719.96	1719.96
58674				NRC	1762.10	1762.10
58679				NRC	0.00	0.00
58700				NRC	1729.49	1729.49
58720				NRC	1634.99	1634.99
58740				NRC	1951.11	1951.11
58750				NRC	1969.52	1969.52
58752				NRC	1964.80	1964.80
58760				NRC	1778.20	1778.20
58770				NRC	1868.88	1868.88
58800				NRC	776.14	679.12
58805				NRC	923.35	923.35
58820				NRC	729.16	729.16
58822				NRC	1546.27	1546.27
58825				NRC	1535.29	1535.29
58900					943.76	943.76
58920				NRC	1547.51	1547.51
58925				NRC	1659.75	1659.75
58940				NRC	1198.55	1198.55
58943				NRC	2526.60	2526.60
58950					2479.72	2479.72
58951					3107.80	3107.80
58952					3546.41	3546.41
58953				NRC	4313.37	4313.37
58954				NRC	4665.21	4665.21
58956					2929.11	2929.11
58957					3417.85	3417.85
58958					3590.04	3590.04
58960					2139.60	2139.60
58970				NRC	516.46	422.81
58974				NRC	0.00	0.00
58976				NRC	555.57	458.56
58999				NRC	0.00	0.00
59000				NRC	249.84	174.39
59001				NRC	387.97	387.97
59012				NRC	438.77	438.77
59015					340.34	285.09
59020				NRC	148.57	148.57
59020	26			NRC	80.41	80.41
59020	TC			NRC	68.16	68.16
59025				NRC	103.26	103.26
59025	26			NRC	62.73	62.73
59025	TC			NRC	40.54	40.54
59030				NRC	245.22	245.22
59050				NRC	109.75	109.75
59051				NRC	91.48	91.48
59070				NRC	857.92	671.97

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
59072				NRC	1135.43	1135.43
59074				NRC	826.26	671.97
59076				NRC	1135.43	1135.43
59100				NRC	1868.87	1868.87
59120				NRC	1783.26	1783.26
59121				NRC	1783.72	1783.72
59130				NRC	2074.54	2074.54
59136				NRC	1966.53	1966.53
59140				NRC	907.82	907.82
59150				NRC	1730.27	1730.27
59151				NRC	1693.17	1693.17
59160				NRC	586.29	411.12
59200				NRC	222.51	96.52
59300				NRC	493.29	320.81
59320				NRC	328.90	328.90
59325				NRC	524.30	524.30
59350				NRC	610.63	610.63
59400				NRC	5190.13	5190.13
59409				NRC	1750.40	1750.40
59410				NRC	2312.76	2312.76
59412				NRC	223.64	223.64
59414				NRC	198.29	198.29
59425				NRC	1210.04	948.64
59426				NRC	2215.27	1742.31
59430				NRC	568.50	393.33
59510				NRC	5754.29	5754.29
59514				NRC	1984.79	1984.79
59515				NRC	2848.75	2848.75
59525				NRC	1052.05	1052.05
59610				NRC	5448.84	5448.84
59612				NRC	1985.42	1985.42
59614				NRC	2508.24	2508.24
59618				NRC	5817.72	5817.72
59620				NRC	2054.91	2054.91
59622				NRC	2956.27	2956.27
59812				NRC	783.12	667.91
59820				NRC	944.26	833.77
59821				NRC	934.09	818.88
59830				NRC	1010.06	1010.06
59840				NRC	538.95	481.68
59841				NRC	924.47	811.96
59850				NRC	853.55	853.55
59851				NRC	929.93	929.93
59852				NRC	1281.53	1281.53
59855				NRC	928.40	928.40
59856				NRC	1087.90	1087.90
59857				NRC	1270.13	1270.13

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
59866				NRC	518.24	518.24
59870				NRC	1159.50	1159.50
59871				NRC	289.24	289.24
59897				NRC	0.00	0.00
59898				NRC	0.00	0.00
59899				NRC	0.00	0.00
60000				NRC	391.17	333.23
60100					234.48	165.76
60200					1441.09	1441.09
60210				NRC	1526.98	1526.98
60212				NRC	2223.26	2223.26
60220				NRC	1524.37	1524.37
60225				NRC	2014.06	2014.06
60240				NRC	1981.08	1981.08
60252				NRC	2852.97	2852.97
60254				NRC	3604.91	3604.91
60260				NRC	2350.30	2350.30
60270				NRC	2949.04	2949.04
60271				NRC	2278.44	2278.44
60280				NRC	971.30	971.30
60281				NRC	1280.07	1280.07
60300				NRC	224.36	103.77
60500				NRC	2095.08	2095.08
60502				NRC	2812.54	2812.54
60505				NRC	3016.64	3016.64
60512				NRC	522.75	522.75
60520				NRC	2267.54	2267.54
60521				NRC	2416.16	2416.16
60522				NRC	2929.24	2929.24
60540				NRC	2319.75	2319.75
60545				NRC	2693.77	2693.77
60600					2952.50	2952.50
60605					3539.36	3539.36
60650				NRC	2567.18	2567.18
60659				NRC	0.00	0.00
60699				NRC	0.00	0.00
61000				NRC	247.26	247.26
61001				NRC	233.21	233.21
61020					230.20	230.20
61026					230.37	230.37
61050					170.83	170.83
61055					254.04	254.04
61070					120.87	120.87
61105					1011.61	1011.61
61107					684.35	684.35
61108					1977.17	1977.17
61120					1639.10	1639.10

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
61140					2777.68	2777.68
61150					2959.72	2959.72
61151					2177.21	2177.21
61154					2792.93	2792.93
61156					2699.84	2699.84
61210					804.55	804.55
61215					1121.44	1121.44
61250					1902.75	1902.75
61253					2177.21	2177.21
61304					3584.62	3584.62
61305					4395.70	4395.70
61312					4539.01	4539.01
61313					4342.86	4342.86
61314					3990.70	3990.70
61315					4532.38	4532.38
61316					191.80	191.80
61320					4147.19	4147.19
61321					4656.99	4656.99
61322					5216.08	5216.08
61323					5242.59	5242.59
61330					3930.33	3930.33
61333					4421.34	4421.34
61340					3157.10	3157.10
61343					4812.60	4812.60
61345					4477.56	4477.56
61450				NRC	4208.66	4208.66
61458					4419.79	4419.79
61460					4617.39	4617.39
61500					2830.42	2830.42
61501					2461.31	2461.31
61510					4817.37	4817.37
61512					5596.73	5596.73
61514					4202.20	4202.20
61516					4100.42	4100.42
61517					190.28	190.28
61518					6063.23	6063.23
61519					6460.51	6460.51
61520					8168.62	8168.62
61521					6945.51	6945.51
61522					4795.24	4795.24
61524					4569.87	4569.87
61526					7288.87	7288.87
61530					6734.80	6734.80
61531					2683.66	2683.66
61533					3348.41	3348.41
61534					3619.51	3619.51
61535					2199.60	2199.60

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
61536					5650.45	5650.45
61537					5390.70	5390.70
61538					5833.22	5833.22
61539					5175.22	5175.22
61540					4771.29	4771.29
61541					4715.56	4715.56
61543					4765.23	4765.23
61544					4162.51	4162.51
61545					6981.40	6981.40
61546					5061.19	5061.19
61548					3418.72	3418.72
61550				NRC	2618.17	2618.17
61552				NRC	3258.68	3258.68
61556				NRC	3745.76	3745.76
61557				NRC	3696.35	3696.35
61558				NRC	4126.40	4126.40
61559				NRC	5255.28	5255.28
61563					4345.45	4345.45
61564					5274.76	5274.76
61566					4911.06	4911.06
61567					5593.80	5593.80
61570					4103.56	4103.56
61571					4365.54	4365.54
61575					5490.90	5490.90
61576					9089.70	9089.70
61580					5341.93	5341.93
61581					5821.46	5821.46
61582					6803.13	6803.13
61583					6378.81	6378.81
61584					6304.35	6304.35
61585					7148.32	7148.32
61586					5473.80	5473.80
61590					6521.10	6521.10
61591					6638.11	6638.11
61592					6890.77	6890.77
61595					5143.60	5143.60
61596					5246.47	5246.47
61597					6448.30	6448.30
61598					6216.20	6216.20
61600					4584.43	4584.43
61601					5285.21	5285.21
61605					4666.39	4666.39
61606					6359.05	6359.05
61607					5760.08	5760.08
61608					7165.56	7165.56
61611					1023.51	1023.51
61613					7180.30	7180.30

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
61615					6131.67	6131.67
61616					7270.70	7270.70
61618					2809.13	2809.13
61619					3107.87	3107.87
61623				NRC	1253.49	1253.49
61624					2526.14	2526.14
61626					1944.23	1944.23
61630				NRC	2967.61	2967.61
61635				NRC	3206.08	3206.08
61640				NRC	1042.84	1042.84
61641				NRC	366.21	366.21
61642				NRC	732.41	732.41
61645					1827.14	1827.14
61650					1245.06	1245.06
61651					536.20	536.20
61680				NRC	4892.55	4892.55
61682				NRC	9102.05	9102.05
61684				NRC	6227.94	6227.94
61686				NRC	9833.78	9833.78
61690				NRC	4777.55	4777.55
61692				NRC	7992.36	7992.36
61697				NRC	9253.56	9253.56
61698				NRC	10128.96	10128.96
61700				NRC	7420.10	7420.10
61702				NRC	8803.65	8803.65
61703				NRC	2980.19	2980.19
61705				NRC	5703.10	5703.10
61708				NRC	5577.91	5577.91
61710				NRC	4705.81	4705.81
61711				NRC	5625.63	5625.63
61720				NRC	2788.62	2788.62
61735				NRC	3499.03	3499.03
61736					1926.44	1926.44
61737					2302.22	2302.22
61750					3085.11	3085.11
61751					3036.38	3036.38
61760				NRC	3479.30	3479.30
61770					3557.35	3557.35
61781				NRC	516.88	516.88
61782				NRC	372.10	372.10
61783				NRC	504.65	504.65
61790				NRC	1932.66	1932.66
61791				NRC	2471.14	2471.14
61796					2230.14	2230.14
61797				NRC	478.75	478.75
61798					3024.39	3024.39
61799				NRC	662.53	662.53

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
61800				NRC	329.30	329.30
61850					2161.31	2161.31
61860					3429.95	3429.95
61863					3295.39	3295.39
61864					618.57	618.57
61867					4999.93	4999.93
61868					1091.54	1091.54
61880					1277.79	1277.79
61885					1142.84	1142.84
61886					1902.54	1902.54
61888					869.95	869.95
61889				BR	TBD	TBD
61891				BR	TBD	TBD
61892				BR	TBD	TBD
62000					2267.64	2267.64
62005					2790.82	2790.82
62010					3370.90	3370.90
62100					3428.09	3428.09
62115				NRC	3691.07	3691.07
62117				NRC	4310.28	4310.28
62120				NRC	4506.60	4506.60
62121				NRC	3377.71	3377.71
62140					2228.50	2228.50
62141					2494.55	2494.55
62142					1946.85	1946.85
62143					2287.83	2287.83
62145					3103.42	3103.42
62146					2741.73	2741.73
62147					3097.46	3097.46
62148					275.25	275.25
62160					412.20	412.20
62161				NRC	3332.22	3332.22
62162				NRC	4141.59	4141.59
62164					4588.34	4588.34
62165					3305.95	3305.95
62180				NRC	3506.91	3506.91
62190				NRC	2035.27	2035.27
62192				NRC	2133.55	2133.55
62194				NRC	1077.08	1077.08
62200				NRC	3019.29	3019.29
62201				NRC	2662.07	2662.07
62220				NRC	2120.79	2120.79
62223				NRC	2261.27	2261.27
62225				NRC	1163.84	1163.84
62230				NRC	1838.82	1838.82
62252				NRC	177.71	177.71
62252	26			NRC	100.12	100.12

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
62252	TC			NRC	77.59	77.59
62256				NRC	1329.20	1329.20
62258				NRC	2436.17	2436.17
62263					1325.25	671.73
62264					921.62	520.08
62267					562.40	329.29
62268					545.78	545.78
62269					555.58	555.58
62270					278.64	135.81
62272					375.51	196.98
62273					355.99	241.46
62280					439.62	217.81
62281					326.74	218.23
62282					421.29	193.82
62284					257.47	116.28
62287					1199.94	1199.94
62290					472.55	217.19
62291					435.86	201.85
62292					792.17	792.17
62294					1350.69	1350.69
62302					348.50	164.60
62303					354.60	164.60
62304					346.15	162.26
62305					375.77	168.78
62320					348.10	215.37
62321					543.68	227.02
62322					291.01	172.43
62323					535.18	210.44
62324					292.43	192.05
62325					528.57	237.52
62326					293.74	184.60
62327					556.83	224.68
62328					481.61	185.17
62329					596.17	233.70
62350					854.12	854.12
62351					1961.83	1961.83
62355					588.73	588.73
62360					683.61	683.61
62361					942.34	942.34
62362					828.84	828.84
62365					635.99	635.99
62367					67.79	52.97
62368					93.51	73.97
62369					190.52	74.64
62370					193.59	98.59
62380					1459.77	1459.77
63001					2692.05	2692.05

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
63003					2691.89	2691.89
63005					2610.30	2610.30
63011					2365.29	2365.29
63012					2602.15	2602.15
63015					3231.11	3231.11
63016					3336.69	3336.69
63017					2759.50	2759.50
63020					2376.49	2376.49
63030					1974.96	1974.96
63035					507.96	507.96
63040					2998.64	2998.64
63042					2805.59	2805.59
63043					610.23	610.23
63044					610.23	610.23
63045					2803.30	2803.30
63046					2669.77	2669.77
63047					2398.45	2398.45
63048					456.14	456.14
63050					3195.31	3195.31
63051					3673.64	3673.64
63052					560.45	560.45
63053					496.21	496.21
63055					3548.87	3548.87
63056					3246.37	3246.37
63057					698.97	698.97
63064					3889.78	3889.78
63066					450.26	450.26
63075					2948.55	2948.55
63076					526.42	526.42
63077					3322.37	3322.37
63078					452.41	452.41
63081					3823.60	3823.60
63082					575.09	575.09
63085					4189.72	4189.72
63086					410.31	410.31
63087					5246.37	5246.37
63088					561.35	561.35
63090					4216.13	4216.13
63091					380.98	380.98
63101					5067.06	5067.06
63102					4974.95	4974.95
63103					640.38	640.38
63170					3493.29	3493.29
63172				NRC	3099.25	3099.25
63173				NRC	3783.22	3783.22
63185					2474.69	2474.69
63190					2663.84	2663.84

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
63191					3027.90	3027.90
63197					3751.75	3751.75
63200				NRC	3332.73	3332.73
63250				NRC	6498.21	6498.21
63251				NRC	6642.38	6642.38
63252				NRC	6640.07	6640.07
63265					3649.97	3649.97
63266					3753.46	3753.46
63267					2987.63	2987.63
63268					3049.61	3049.61
63270					4557.38	4557.38
63271					4552.79	4552.79
63272					4075.95	4075.95
63273					4097.68	4097.68
63275					3956.00	3956.00
63276					3908.65	3908.65
63277					3411.67	3411.67
63278					3495.74	3495.74
63280					4642.54	4642.54
63281					4596.92	4596.92
63282					4339.89	4339.89
63283					4173.00	4173.00
63285					5730.74	5730.74
63286					5673.72	5673.72
63287					6011.23	6011.23
63290					6113.71	6113.71
63295				NRC	723.88	723.88
63300					3956.90	3956.90
63301					4836.98	4836.98
63302					4777.56	4777.56
63303					5075.04	5075.04
63304					5150.99	5150.99
63305					5481.20	5481.20
63306					5386.79	5386.79
63307					5274.95	5274.95
63308					695.88	695.88
63600					2397.85	2397.85
63610					1267.68	1267.68
63620					2467.99	2467.99
63621					551.96	551.96
63650					4709.43	881.96
63655					1818.49	1818.49
63661					1427.02	704.10
63662					1839.78	1839.78
63663					1884.42	966.13
63664					1920.17	1920.17
63685					776.45	776.45

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
63688					802.98	802.98
63700				NRC	2873.89	2873.89
63702				NRC	3141.11	3141.11
63704				NRC	3650.80	3650.80
63706				NRC	4054.95	4054.95
63707					2042.82	2042.82
63709					2423.05	2423.05
63710					2339.73	2339.73
63740				NRC	2157.05	2157.05
63741				NRC	1499.15	1499.15
63744				NRC	1485.62	1485.62
63746				NRC	1331.79	1331.79
64400					150.94	69.89
64405					103.15	73.95
64408					111.14	62.34
64415					182.79	96.50
64416					109.46	109.46
64417					215.10	87.86
64418					118.79	77.39
64420					132.07	80.65
64421					45.10	33.77
64425					149.16	75.52
64430				NRC	133.62	75.66
64435				NRC	109.91	60.23
64445					217.11	101.63
64446					107.07	107.07
64447					158.07	87.48
64448					100.89	100.89
64449					85.95	85.95
64450					101.34	57.77
64451					304.59	112.42
64454					295.88	112.86
64455					68.08	46.73
64461					184.63	109.25
64462					99.04	68.10
64463					312.94	114.67
64479					356.78	178.98
64480					181.09	84.78
64483					330.01	151.78
64484					150.47	71.16
64486					152.55	77.16
64487					290.77	88.58
64488					188.43	95.62
64489					472.45	109.46
64490					257.34	144.04
64491					131.68	82.00
64492					132.55	83.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
64493					237.26	123.97
64494					122.58	70.73
64495					122.58	71.60
64505				NRC	195.69	143.84
64510					196.35	104.84
64517				NRC	262.93	173.16
64520					305.91	115.05
64530				NRC	309.42	129.88
64553				NRC	5166.44	835.69
64555					4412.39	694.74
64561				NRC	1539.08	648.41
64566				NRC	241.27	64.76
64568				NRC	1291.42	1291.42
64569				NRC	1671.48	1671.48
64570				NRC	1604.76	1604.76
64575				NRC	654.13	654.13
64580				NRC	676.41	676.41
64581				NRC	1407.90	1407.90
64582				NRC	1855.88	1855.88
64583				NRC	1857.60	1857.60
64584				NRC	1564.25	1564.25
64585					505.41	303.96
64590				NRC	550.06	342.55
64595					481.93	269.70
64596				BR	TBD	TBD
64597				BR	TBD	TBD
64598				BR	TBD	TBD
64600					971.92	496.27
64605					1359.74	756.08
64610					1661.56	1049.14
64611				NRC	273.02	235.29
64612					287.96	250.90
64615					331.22	267.21
64616					292.54	234.60
64617					344.82	232.98
64620					442.32	376.96
64624					803.04	309.20
64625					977.37	412.78
64628					982.85	982.85
64629					459.79	459.79
64630				NRC	540.92	409.54
64632					189.67	142.51
64633					907.52	405.59
64634					529.37	142.64
64635					915.60	406.26
64636					497.22	126.00
64640					511.53	250.80

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
64642					318.82	227.86
64643					197.34	151.53
64644					372.14	248.84
64645					255.37	176.55
64646					339.21	249.61
64647					388.16	288.44
64650				NRC	185.10	87.41
64653				NRC	219.28	111.48
64680				NRC	721.61	342.98
64681				NRC	957.21	472.80
64702					1096.58	1096.58
64704					690.71	690.71
64708					1068.48	1068.48
64712					1275.28	1275.28
64713					1714.45	1714.45
64714					1632.26	1632.26
64716					1094.25	1094.25
64718					1289.56	1289.56
64719					872.83	872.83
64721					948.63	932.46
64722					783.59	783.59
64726					575.03	575.03
64727					383.26	383.26
64732					982.84	982.84
64734					1111.64	1111.64
64736					705.90	705.90
64738					956.11	956.11
64740					976.65	976.65
64742					1037.46	1037.46
64744					1098.59	1098.59
64746					927.25	927.25
64755					1996.81	1996.81
64760					1125.82	1125.82
64763					1114.74	1114.74
64766					1375.61	1375.61
64771					1239.43	1239.43
64772					1203.38	1203.38
64774					915.16	915.16
64776					852.68	852.68
64778					388.48	388.48
64782					974.05	974.05
64783					462.33	462.33
64784					1557.50	1557.50
64786					2178.30	2178.30
64787					506.86	506.86
64788					866.49	866.49
64790					1827.89	1827.89

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
64792					2296.15	2296.15
64795					417.91	417.91
64802					1843.73	1843.73
64804					2610.25	2610.25
64809					2387.56	2387.56
64818					1673.10	1673.10
64820					1638.35	1638.35
64821					1486.93	1486.93
64822					1499.83	1499.83
64823					1699.82	1699.82
64831					1484.26	1484.26
64832					711.73	711.73
64834					1577.49	1577.49
64835					1753.22	1753.22
64836					1753.22	1753.22
64837					778.95	778.95
64840					2065.75	2065.75
64856					2174.06	2174.06
64857					2259.35	2259.35
64858					2521.25	2521.25
64859					529.61	529.61
64861					3333.50	3333.50
64862					2945.24	2945.24
64864					1849.39	1849.39
64865					2325.16	2325.16
64866					2654.88	2654.88
64868					2132.73	2132.73
64872					247.82	247.82
64874					370.23	370.23
64876					419.47	419.47
64885					2304.76	2304.76
64886					2767.39	2767.39
64890					2316.18	2316.18
64891					2462.62	2462.62
64892					2254.66	2254.66
64893					2403.25	2403.25
64895					2843.12	2843.12
64896					3062.05	3062.05
64897					2715.52	2715.52
64898					2939.63	2939.63
64901					1270.90	1270.90
64902					1472.35	1472.35
64905					2155.82	2155.82
64907					2787.90	2787.90
64910					1622.78	1622.78
64911					2188.24	2188.24
64912					1908.26	1908.26

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
64913					371.04	371.04
64999				NRC	0.00	0.00
65091					1550.36	1550.36
65093					1537.48	1537.48
65101					1773.16	1773.16
65103					1827.42	1827.42
65105					1993.28	1993.28
65110					2757.83	2757.83
65112					3158.98	3158.98
65114					3301.13	3301.13
65125					938.97	607.50
65130					1779.33	1779.33
65135					1800.82	1800.82
65140					1935.09	1935.09
65150					1462.89	1462.89
65155					2014.71	2014.71
65175					1625.72	1625.72
65205					61.57	61.57
65210					81.22	75.83
65220					127.00	88.60
65222					140.65	104.95
65235					1519.51	1519.51
65260					2042.68	2042.68
65265					2300.62	2300.62
65270					589.27	295.52
65272					1093.04	733.95
65273					791.24	791.24
65275					1224.04	959.94
65280					1396.35	1396.35
65285					2302.08	2302.08
65286					1446.11	1031.09
65290					1019.55	1019.55
65400					1437.72	1251.10
65410					295.77	212.23
65420					1113.48	786.04
65426					1385.64	991.51
65430					239.85	210.88
65435					171.15	143.53
65436					806.21	767.81
65450					680.33	666.18
65600					905.83	704.38
65710					2373.43	2373.43
65730					2606.42	2606.42
65750					2625.71	2625.71
65755					2616.24	2616.24
65756					2457.00	2457.00
65757					290.31	290.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
65760				NRC	0.00	0.00
65765				NRC	0.00	0.00
65767				NRC	0.00	0.00
65770					2933.41	2933.41
65771				NRC	0.00	0.00
65772					946.87	839.74
65775					1192.14	1192.14
65778					2682.34	111.38
65779					2320.51	308.75
65780				NRC	1385.28	1385.28
65781				NRC	2757.51	2757.51
65782				NRC	2379.91	2379.91
65785				NRC	4394.62	918.83
65800				NRC	249.79	187.13
65810				NRC	962.39	962.39
65815					1329.39	987.81
65820				NRC	1709.98	1709.98
65850				NRC	1757.41	1757.41
65855				NRC	511.20	429.00
65860					638.77	517.50
65865					993.05	993.05
65870					1235.34	1235.34
65875					1317.23	1317.23
65880					1385.48	1385.48
65900					2062.70	2062.70
65920					1645.35	1645.35
65930					1337.17	1337.17
66020					407.48	272.06
66030					365.97	230.55
66130					1467.60	1175.20
66150				NRC	1818.98	1818.98
66155				NRC	1817.56	1817.56
66160				NRC	2047.66	2047.66
66170				NRC	2269.84	2269.84
66172				NRC	2475.90	2475.90
66174				NRC	1292.98	1292.98
66175				NRC	1505.15	1505.15
66179				NRC	2243.28	2243.28
66180				NRC	2366.56	2366.56
66183				NRC	2137.14	2137.14
66184				NRC	1641.56	1641.56
66185				NRC	1765.62	1765.62
66225					1946.25	1946.25
66250					1558.08	1154.52
66500					818.42	818.42
66505					888.55	888.55
66600					1883.46	1883.46

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
66605				NRC	2270.09	2270.09
66625				NRC	889.95	889.95
66630				NRC	1176.57	1176.57
66635					1187.38	1187.38
66680					1082.53	1082.53
66682					1480.19	1480.19
66700					938.43	812.45
66710					918.89	812.45
66711					1045.87	1045.87
66720					965.99	849.44
66740					912.83	812.45
66761				NRC	619.67	490.31
66762				NRC	990.86	881.04
66770					1098.70	998.31
66820				NRC	972.64	972.64
66821				NRC	691.34	644.18
66825					1731.06	1731.06
66830					1472.98	1472.98
66840					1439.99	1439.99
66850					1637.87	1637.87
66852				NRC	1744.07	1744.07
66920				NRC	1557.44	1557.44
66930				NRC	1782.53	1782.53
66940				NRC	1629.18	1629.18
66982				NRC	1550.02	1550.02
66983				NRC	1593.63	1593.63
66984				NRC	1131.21	1131.21
66985				NRC	1596.55	1596.55
66986				NRC	1876.70	1876.70
66987				NRC	1827.25	1827.25
66988				NRC	1330.45	1330.45
66989				NRC	1780.07	1780.07
66990					184.98	184.98
66991				NRC	1418.98	1418.98
66999				NRC	0.00	0.00
67005					986.42	986.42
67010					1132.02	1132.02
67015					1256.51	1256.51
67025					1539.38	1310.98
67027					1762.50	1762.50
67028					236.29	191.82
67030				NRC	1155.16	1155.16
67031				NRC	807.75	734.99
67036					1860.92	1860.92
67039					1994.31	1994.31
67040					2154.23	2154.23
67041				NRC	2379.24	2379.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
67042				NRC	2378.56	2378.56
67043				NRC	2508.13	2508.13
67101					692.76	590.35
67105					614.45	569.99
67107					2336.78	2336.78
67108					2475.28	2475.28
67110					1848.04	1687.01
67113					2767.58	2767.58
67115					1033.22	1033.22
67120				NRC	1391.00	1151.15
67121				NRC	1875.96	1875.96
67141				NRC	556.20	447.73
67145				NRC	502.31	447.73
67208					1252.08	1197.50
67210					1071.67	1034.61
67218					2904.65	2904.65
67220					1101.20	1033.83
67221				NRC	567.68	436.98
67225				NRC	61.44	58.07
67227					613.26	529.04
67228					707.52	632.74
67229				NRC	2408.58	2408.58
67250					1886.44	1886.44
67255					1428.06	1428.06
67299				NRC	0.00	0.00
67311				NRC	945.59	945.59
67312				NRC	1385.03	1385.03
67314				NRC	945.59	945.59
67316				NRC	1485.96	1485.96
67318				NRC	1433.01	1433.01
67320				NRC	424.96	424.96
67331				NRC	398.25	398.25
67332				NRC	440.78	440.78
67334				NRC	393.25	393.25
67335				NRC	394.34	394.34
67340				NRC	612.00	612.00
67343				NRC	1394.05	1394.05
67345					507.99	452.75
67346					399.75	399.75
67399				NRC	0.00	0.00
67400					2163.22	2163.22
67405					1886.68	1886.68
67412					2067.77	2067.77
67413					2017.85	2017.85
67414					3048.25	3048.25
67415					215.80	215.80
67420					3672.48	3672.48

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
67430					2890.25	2890.25
67440					2804.01	2804.01
67445					3198.09	3198.09
67450					2905.29	2905.29
67500					161.72	135.45
67505					181.26	152.29
67515					108.63	99.19
67516				BR	TBD	TBD
67550					2266.18	2266.18
67560					2312.08	2312.08
67570					2658.76	2658.76
67599				NRC	0.00	0.00
67700				NRC	585.02	241.42
67710				NRC	499.90	203.45
67715				NRC	545.88	226.53
67800					268.43	213.19
67801					341.75	276.39
67805					423.03	341.50
67808					763.57	763.57
67810					382.82	144.32
67820				NRC	40.71	46.10
67825				NRC	281.36	252.39
67830				NRC	557.31	285.80
67835				NRC	917.14	917.14
67840					581.53	328.21
67850					451.81	275.29
67875				NRC	377.30	198.76
67880				NRC	970.52	763.68
67882				NRC	1187.70	977.50
67900				NRC	1353.35	1052.87
67901				NRC	1655.25	1228.10
67902				NRC	1509.95	1509.95
67903				NRC	1255.34	998.65
67904				NRC	1541.38	1238.21
67906				NRC	1050.89	1050.89
67908				NRC	1125.08	896.69
67909				NRC	1144.57	911.46
67911				NRC	1162.28	1162.28
67912				NRC	1873.17	1015.51
67914				NRC	1010.14	679.34
67915				NRC	653.12	411.25
67916				NRC	1266.05	891.46
67917				NRC	1297.16	948.16
67921				NRC	987.66	644.73
67922				NRC	634.25	411.92
67923				NRC	1266.73	892.13
67924				NRC	1348.14	947.27

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
67930					770.87	493.97
67935					1247.51	917.38
67938					561.20	245.22
67950					1217.82	961.80
67961					1220.91	941.98
67966					1620.76	1360.70
67971					1497.82	1497.82
67973					1925.69	1925.69
67974					1920.33	1920.33
67975					1418.18	1418.18
67999				NRC	0.00	0.00
68020				NRC	252.89	229.31
68040					129.26	99.62
68100					372.47	198.65
68110					489.05	307.14
68115					687.48	380.25
68130					1142.99	852.61
68135					330.16	311.97
68200				NRC	86.50	71.00
68320				NRC	1539.37	1118.29
68325				NRC	1361.07	1361.07
68326				NRC	1336.80	1336.80
68328				NRC	1466.22	1466.22
68330				NRC	1290.91	953.37
68335				NRC	1340.32	1340.32
68340				NRC	1250.50	826.72
68360				NRC	1125.47	850.59
68362				NRC	1359.71	1359.71
68371				NRC	853.22	853.22
68399				NRC	0.00	0.00
68400				NRC	612.49	272.93
68420				NRC	686.41	346.85
68440				NRC	216.19	206.08
68500					2213.51	2213.51
68505					2203.44	2203.44
68510					939.98	600.42
68520				NRC	1540.02	1540.02
68525					542.20	542.20
68530					899.10	529.22
68540					2048.66	2048.66
68550					2550.96	2550.96
68700				NRC	1249.69	1249.69
68705				NRC	543.93	344.51
68720				NRC	1690.63	1690.63
68745				NRC	1697.09	1697.09
68750				NRC	1790.24	1790.24
68760				NRC	456.45	302.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
68761				NRC	303.13	243.17
68770				NRC	1303.50	1303.50
68801				NRC	198.46	162.76
68810				NRC	334.07	265.35
68811				NRC	280.34	280.34
68815				NRC	777.28	460.63
68816				NRC	1751.87	327.60
68840				NRC	276.36	242.68
68841				NRC	79.76	68.31
68850				NRC	123.21	109.06
68899				NRC	0.00	0.00
69000					391.52	264.85
69005					462.73	341.45
69020					490.75	305.47
69100					201.76	100.03
69105					302.63	134.87
69110					986.68	694.28
69120					824.46	824.46
69140					1904.92	1904.92
69145					861.93	545.95
69150					2159.72	2159.72
69155					3486.64	3486.64
69200					168.60	101.23
69205					203.91	203.91
69209					31.10	31.10
69210				NRC	100.53	70.21
69220				NRC	165.06	109.82
69222				NRC	452.28	288.56
69300				NRC	1373.20	999.96
69310					2368.51	2368.51
69320				NRC	3317.68	3317.68
69399				NRC	0.00	0.00
69420				NRC	400.51	254.98
69421				NRC	322.93	322.93
69424				NRC	266.70	127.91
69433				NRC	424.31	280.81
69436				NRC	339.47	339.47
69440				NRC	1474.65	1474.65
69450				NRC	1163.86	1163.86
69501				NRC	1521.66	1521.66
69502				NRC	2022.32	2022.32
69505				NRC	2612.20	2612.20
69511				NRC	2673.58	2673.58
69530				NRC	3573.14	3573.14
69535				NRC	5707.06	5707.06
69540					442.78	275.70
69550					2258.96	2258.96

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
69552					3388.09	3388.09
69554					5422.09	5422.09
69601				NRC	2181.37	2181.37
69602				NRC	2327.89	2327.89
69603				NRC	2732.29	2732.29
69604				NRC	2379.26	2379.26
69610				NRC	815.82	617.74
69620				NRC	1564.02	1054.00
69631				NRC	1897.22	1897.22
69632				NRC	2313.04	2313.04
69633				NRC	2242.68	2242.68
69635				NRC	2724.41	2724.41
69636				NRC	2995.51	2995.51
69637				NRC	2981.66	2981.66
69641				NRC	2229.38	2229.38
69642				NRC	2861.80	2861.80
69643				NRC	2619.93	2619.93
69644				NRC	3209.20	3209.20
69645				NRC	3146.76	3146.76
69646				NRC	3346.74	3346.74
69650				NRC	1715.60	1715.60
69660				NRC	1980.70	1980.70
69661				NRC	2581.31	2581.31
69662				NRC	2477.05	2477.05
69666				NRC	1725.73	1725.73
69667				NRC	1726.46	1726.46
69670				NRC	2017.04	2017.04
69676				NRC	1778.10	1778.10
69700				NRC	1423.24	1423.24
69705				NRC	5627.05	373.97
69706				NRC	5825.85	521.56
69710				NRC	0.00	0.00
69711				NRC	1793.91	1793.91
69714				NRC	1053.84	1053.84
69716				NRC	1328.14	1328.14
69717				NRC	1197.92	1197.92
69719				NRC	1377.31	1377.31
69720					2543.24	2543.24
69725					4009.33	4009.33
69726				NRC	1016.95	1016.95
69727				NRC	1136.42	1136.42
69728				NRC	1269.01	1269.01
69729				NRC	1439.79	1439.79
69730				NRC	1473.95	1473.95
69740					2488.36	2488.36
69745					2650.66	2650.66
69799				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
69801				NRC	480.83	266.58
69805				NRC	2205.38	2205.38
69806				NRC	1974.37	1974.37
69905				NRC	1962.00	1962.00
69910				NRC	2124.17	2124.17
69915				NRC	3228.09	3228.09
69930				NRC	2609.23	2609.23
69949				NRC	0.00	0.00
69950					3751.90	3751.90
69955					4219.08	4219.08
69960				NRC	4048.62	4048.62
69970					4565.13	4565.13
69979				NRC	0.00	0.00
69990					474.92	474.92
70010					81.62	81.62
70015					226.00	226.00
70015	26				79.08	79.08
70015	TC				146.92	146.92
70030					43.61	43.61
70030	26				12.16	12.16
70030	TC				31.45	31.45
70100					51.45	51.45
70100	26				12.16	12.16
70100	TC				39.29	39.29
70110					57.84	57.84
70110	26				16.38	16.38
70110	TC				41.47	41.47
70120					51.45	51.45
70120	26				12.16	12.16
70120	TC				39.29	39.29
70130					83.57	83.57
70130	26				22.93	22.93
70130	TC				60.64	60.64
70134					82.19	82.19
70134	26				23.73	23.73
70134	TC				58.46	58.46
70140					43.21	43.21
70140	26				13.51	13.51
70140	TC				29.70	29.70
70150					62.68	62.68
70150	26				17.29	17.29
70150	TC				45.39	45.39
70160					50.97	50.97
70160	26				11.68	11.68
70160	TC				39.29	39.29
70170					285.58	285.58
70170	26				20.14	20.14

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
70170	TC				265.43	265.43
70190					50.27	50.27
70190	26				14.90	14.90
70190	TC				35.37	35.37
70200					64.07	64.07
70200	26				18.68	18.68
70200	TC				45.39	45.39
70210					43.13	43.13
70210	26				11.68	11.68
70210	TC				31.45	31.45
70220					50.31	50.31
70220	26				14.51	14.51
70220	TC				35.80	35.80
70240					44.08	44.08
70240	26				12.64	12.64
70240	TC				31.45	31.45
70250					47.96	47.96
70250	26				12.16	12.16
70250	TC				35.80	35.80
70260					59.71	59.71
70260	26				18.68	18.68
70260	TC				41.03	41.03
70300					17.56	17.56
70300	26				7.03	7.03
70300	TC				10.53	10.53
70310					52.24	52.24
70310	26				10.77	10.77
70310	TC				41.47	41.47
70320					69.92	69.92
70320	26				14.94	14.94
70320	TC				54.98	54.98
70328					46.22	46.22
70328	26				12.16	12.16
70328	TC				34.06	34.06
70330					70.44	70.44
70330	26				15.90	15.90
70330	TC				54.54	54.54
70332					113.75	113.75
70332	26				36.55	36.55
70332	TC				77.20	77.20
70336					369.06	369.06
70336	26				97.44	97.44
70336	TC				271.62	271.62
70350				NRC	22.21	22.21
70350	26			NRC	11.68	11.68
70350	TC			NRC	10.53	10.53
70355					24.52	24.52

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
70355	26				13.55	13.55
70355	TC				10.97	10.97
70360					42.30	42.30
70360	26				12.16	12.16
70360	TC				30.14	30.14
70370				NRC	134.91	134.91
70370	26			NRC	20.66	20.66
70370	TC			NRC	114.24	114.24
70371				NRC	145.52	145.52
70371	26			NRC	56.98	56.98
70371	TC			NRC	88.53	88.53
70380				NRC	50.10	50.10
70380	26			NRC	11.25	11.25
70380	TC			NRC	38.85	38.85
70390				NRC	156.51	156.51
70390	26			NRC	25.27	25.27
70390	TC			NRC	131.24	131.24
70450					147.30	147.30
70450	26				56.15	56.15
70450	TC				91.15	91.15
70460					205.27	205.27
70460	26				74.91	74.91
70460	TC				130.37	130.37
70470					241.30	241.30
70470	26				84.28	84.28
70470	TC				157.02	157.02
70480					220.35	220.35
70480	26				85.20	85.20
70480	TC				135.16	135.16
70481					250.23	250.23
70481	26				74.91	74.91
70481	TC				175.32	175.32
70482					291.85	291.85
70482	26				83.85	83.85
70482	TC				208.00	208.00
70486					177.37	177.37
70486	26				56.59	56.59
70486	TC				120.78	120.78
70487					210.94	210.94
70487	26				74.91	74.91
70487	TC				136.03	136.03
70488					256.55	256.55
70488	26				84.28	84.28
70488	TC				172.27	172.27
70490					209.02	209.02
70490	26				85.20	85.20
70490	TC				123.83	123.83

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
70491					256.58	256.58
70491	26				91.72	91.72
70491	TC				164.86	164.86
70492					308.21	308.21
70492	26				106.74	106.74
70492	TC				201.47	201.47
70496					382.69	382.69
70496	26				116.15	116.15
70496	TC				266.54	266.54
70498					382.25	382.25
70498	26				116.15	116.15
70498	TC				266.10	266.10
70540					314.85	314.85
70540	26				88.98	88.98
70540	TC				225.87	225.87
70542					374.01	374.01
70542	26				107.18	107.18
70542	TC				266.83	266.83
70543					472.90	472.90
70543	26				141.87	141.87
70543	TC				331.03	331.03
70544					298.46	298.46
70544	26				79.56	79.56
70544	TC				218.90	218.90
70545					315.16	315.16
70545	26				79.12	79.12
70545	TC				236.04	236.04
70546					455.49	455.49
70546	26				97.87	97.87
70546	TC				357.61	357.61
70547					298.89	298.89
70547	26				79.56	79.56
70547	TC				219.33	219.33
70548					341.84	341.84
70548	26				99.27	99.27
70548	TC				242.57	242.57
70549					478.77	478.77
70549	26				119.41	119.41
70549	TC				359.36	359.36
70551					273.20	273.20
70551	26				98.31	98.31
70551	TC				174.88	174.88
70552					377.15	377.15
70552	26				118.45	118.45
70552	TC				258.70	258.70
70553					444.80	444.80
70553	26				151.68	151.68

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
70553	TC				293.12	293.12
70554					526.84	526.84
70554	26				140.03	140.03
70554	TC				386.81	386.81
70555					923.96	923.96
70555	26				165.81	165.81
70555	TC				758.16	758.16
70557	26				223.36	223.36
70558	26				229.30	229.30
70559	26				221.74	221.74
71045					34.89	34.89
71045	26				12.16	12.16
71045	TC				22.73	22.73
71046					45.08	45.08
71046	26				14.51	14.51
71046	TC				30.58	30.58
71047					56.62	56.62
71047	26				18.20	18.20
71047	TC				38.42	38.42
71048					62.02	62.02
71048	26				20.55	20.55
71048	TC				41.47	41.47
71100					49.44	49.44
71100	26				14.94	14.94
71100	TC				34.50	34.50
71101					56.62	56.62
71101	26				17.77	17.77
71101	TC				38.85	38.85
71110					58.88	58.88
71110	26				19.16	19.16
71110	TC				39.73	39.73
71111					70.41	70.41
71111	26				21.53	21.53
71111	TC				48.88	48.88
71120					45.00	45.00
71120	26				13.11	13.11
71120	TC				31.88	31.88
71130					55.10	55.10
71130	26				14.51	14.51
71130	TC				40.60	40.60
71250					185.02	185.02
71250	26				71.65	71.65
71250	TC				113.37	113.37
71260					231.18	231.18
71260	26				77.21	77.21
71260	TC				153.97	153.97
71270					272.08	272.08

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
71270	26				82.38	82.38
71270	TC				189.70	189.70
71271					191.12	191.12
71271	26				71.65	71.65
71271	TC				119.47	119.47
71275					389.95	389.95
71275	26				120.36	120.36
71275	TC				269.59	269.59
71550					470.22	470.22
71550	26				96.92	96.92
71550	TC				373.30	373.30
71551					520.30	520.30
71551	26				114.76	114.76
71551	TC				405.55	405.55
71552					657.33	657.33
71552	26				149.81	149.81
71552	TC				507.52	507.52
71555					463.56	463.56
71555	26				119.02	119.02
71555	TC				344.54	344.54
72020					33.06	33.06
72020	26				10.77	10.77
72020	TC				22.30	22.30
72040					52.93	52.93
72040	26				14.94	14.94
72040	TC				37.98	37.98
72050					71.00	71.00
72050	26				18.20	18.20
72050	TC				52.80	52.80
72052					82.97	82.97
72052	26				20.14	20.14
72052	TC				62.82	62.82
72070					44.13	44.13
72070	26				13.55	13.55
72070	TC				30.58	30.58
72072					52.53	52.53
72072	26				14.98	14.98
72072	TC				37.55	37.55
72074					59.15	59.15
72074	26				16.38	16.38
72074	TC				42.78	42.78
72080					46.35	46.35
72080	26				14.03	14.03
72080	TC				32.32	32.32
72081					57.02	57.02
72081	26				17.29	17.29
72081	TC				39.73	39.73

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
72082					93.47	93.47
72082	26				21.06	21.06
72082	TC				72.41	72.41
72083					104.89	104.89
72083	26				23.77	23.77
72083	TC				81.12	81.12
72084					131.87	131.87
72084	26				28.01	28.01
72084	TC				103.86	103.86
72100					53.36	53.36
72100	26				14.94	14.94
72100	TC				38.42	38.42
72110					68.34	68.34
72110	26				17.29	17.29
72110	TC				51.06	51.06
72114					82.53	82.53
72114	26				20.58	20.58
72114	TC				61.95	61.95
72120					54.23	54.23
72120	26				14.94	14.94
72120	TC				39.29	39.29
72125					179.74	179.74
72125	26				65.50	65.50
72125	TC				114.24	114.24
72126					234.05	234.05
72126	26				80.51	80.51
72126	TC				153.53	153.53
72127					273.55	273.55
72127	26				83.85	83.85
72127	TC				189.70	189.70
72128					179.74	179.74
72128	26				65.50	65.50
72128	TC				114.24	114.24
72129					235.86	235.86
72129	26				81.02	81.02
72129	TC				154.84	154.84
72130					276.16	276.16
72130	26				84.28	84.28
72130	TC				191.88	191.88
72131					178.87	178.87
72131	26				65.50	65.50
72131	TC				113.37	113.37
72132					234.48	234.48
72132	26				80.51	80.51
72132	TC				153.97	153.97
72133					274.42	274.42
72133	26				84.28	84.28

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
72133	TC				190.14	190.14
72141					265.79	265.79
72141	26				98.31	98.31
72141	TC				167.48	167.48
72142					383.54	383.54
72142	26				118.89	118.89
72142	TC				264.65	264.65
72146					265.79	265.79
72146	26				98.31	98.31
72146	TC				167.48	167.48
72147					380.49	380.49
72147	26				118.45	118.45
72147	TC				262.04	262.04
72148					266.66	266.66
72148	26				98.31	98.31
72148	TC				168.35	168.35
72149					377.01	377.01
72149	26				118.45	118.45
72149	TC				258.55	258.55
72156					446.98	446.98
72156	26				151.68	151.68
72156	TC				295.30	295.30
72157					447.85	447.85
72157	26				151.68	151.68
72157	TC				296.17	296.17
72158					446.11	446.11
72158	26				151.68	151.68
72158	TC				294.43	294.43
72159					480.51	480.51
72159	26				119.85	119.85
72159	TC				360.66	360.66
72170					37.46	37.46
72170	26				11.68	11.68
72170	TC				25.78	25.78
72190					56.54	56.54
72190	26				16.81	16.81
72190	TC				39.73	39.73
72191					423.03	423.03
72191	26				118.58	118.58
72191	TC				304.45	304.45
72192					185.06	185.06
72192	26				72.12	72.12
72192	TC				112.93	112.93
72193					318.77	318.77
72193	26				76.78	76.78
72193	TC				241.99	241.99
72194					351.27	351.27

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
72194	26				80.51	80.51
72194	TC				270.75	270.75
72195					319.30	319.30
72195	26				96.92	96.92
72195	TC				222.38	222.38
72196					375.05	375.05
72196	26				115.19	115.19
72196	TC				259.86	259.86
72197					470.93	470.93
72197	26				145.13	145.13
72197	TC				325.80	325.80
72198					469.18	469.18
72198	26				118.54	118.54
72198	TC				350.64	350.64
72200					44.00	44.00
72200	26				11.25	11.25
72200	TC				32.75	32.75
72202					52.53	52.53
72202	26				14.98	14.98
72202	TC				37.55	37.55
72220					43.56	43.56
72220	26				11.68	11.68
72220	TC				31.88	31.88
72240					154.74	154.74
72240	26				61.85	61.85
72240	TC				92.89	92.89
72255					161.93	161.93
72255	26				65.12	65.12
72255	TC				96.81	96.81
72265					147.22	147.22
72265	26				55.20	55.20
72265	TC				92.02	92.02
72270					221.44	221.44
72270	26				91.51	91.51
72270	TC				129.93	129.93
72285					173.44	173.44
72285	26				77.07	77.07
72285	TC				96.38	96.38
72295					148.96	148.96
72295	26				55.20	55.20
72295	TC				93.76	93.76
73000					43.09	43.09
73000	26				11.20	11.20
73000	TC				31.88	31.88
73010					31.80	31.80
73010	26				12.12	12.12
73010	TC				19.68	19.68

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
73020					29.10	29.10
73020	26				10.29	10.29
73020	TC				18.81	18.81
73030					46.22	46.22
73030	26				12.59	12.59
73030	TC				33.63	33.63
73040					175.19	175.19
73040	26				37.42	37.42
73040	TC				137.77	137.77
73050					38.38	38.38
73050	26				12.59	12.59
73050	TC				25.78	25.78
73060					43.09	43.09
73060	26				11.20	11.20
73060	TC				31.88	31.88
73070					39.16	39.16
73070	26				11.20	11.20
73070	TC				27.96	27.96
73080					43.56	43.56
73080	26				11.68	11.68
73080	TC				31.88	31.88
73085					149.05	149.05
73085	26				37.86	37.86
73085	TC				111.19	111.19
73090					39.16	39.16
73090	26				10.77	10.77
73090	TC				28.40	28.40
73092				NRC	42.21	42.21
73092	26			NRC	10.77	10.77
73092	TC			NRC	31.45	31.45
73100					45.26	45.26
73100	26				11.20	11.20
73100	TC				34.06	34.06
73110					54.46	54.46
73110	26				11.68	11.68
73110	TC				42.78	42.78
73115					180.42	180.42
73115	26				37.86	37.86
73115	TC				142.57	142.57
73120					41.78	41.78
73120	26				11.20	11.20
73120	TC				30.58	30.58
73130					49.23	49.23
73130	26				11.68	11.68
73130	TC				37.55	37.55
73140					50.37	50.37
73140	26				9.33	9.33

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
73140	TC				41.03	41.03
73200					223.75	223.75
73200	26				65.50	65.50
73200	TC				158.25	158.25
73201					279.11	279.11
73201	26				76.78	76.78
73201	TC				202.34	202.34
73202					345.17	345.17
73202	26				80.51	80.51
73202	TC				264.65	264.65
73206					412.57	412.57
73206	26				118.58	118.58
73206	TC				293.99	293.99
73218					422.62	422.62
73218	26				89.85	89.85
73218	TC				332.78	332.78
73219					462.18	462.18
73219	26				107.18	107.18
73219	TC				355.00	355.00
73220					571.82	571.82
73220	26				142.31	142.31
73220	TC				429.51	429.51
73221					281.73	281.73
73221	26				90.28	90.28
73221	TC				191.44	191.44
73222					435.89	435.89
73222	26				107.61	107.61
73222	TC				328.27	328.27
73223					540.45	540.45
73223	26				142.74	142.74
73223	TC				397.70	397.70
73225					475.86	475.86
73225	26				115.19	115.19
73225	TC				360.66	360.66
73501					44.04	44.04
73501	26				12.59	12.59
73501	TC				31.45	31.45
73502					62.51	62.51
73502	26				14.94	14.94
73502	TC				47.57	47.57
73503					78.85	78.85
73503	26				18.20	18.20
73503	TC				60.64	60.64
73521					55.10	55.10
73521	26				14.94	14.94
73521	TC				40.16	40.16
73522					71.52	71.52

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
73522	26				19.59	19.59
73522	TC				51.93	51.93
73523					82.57	82.57
73523	26				21.06	21.06
73523	TC				61.51	61.51
73525					173.89	173.89
73525	26				38.73	38.73
73525	TC				135.16	135.16
73551					39.16	39.16
73551	26				11.20	11.20
73551	TC				27.96	27.96
73552					47.53	47.53
73552	26				12.16	12.16
73552	TC				35.37	35.37
73560					45.70	45.70
73560	26				11.20	11.20
73560	TC				34.50	34.50
73562					54.06	54.06
73562	26				12.59	12.59
73562	TC				41.47	41.47
73564					62.08	62.08
73564	26				15.38	15.38
73564	TC				46.70	46.70
73565					53.11	53.11
73565	26				11.64	11.64
73565	TC				41.47	41.47
73580					170.32	170.32
73580	26				42.13	42.13
73580	TC				128.19	128.19
73590					42.21	42.21
73590	26				10.77	10.77
73590	TC				31.45	31.45
73592					42.21	42.21
73592	26				10.77	10.77
73592	TC				31.45	31.45
73600					43.52	43.52
73600	26				11.20	11.20
73600	TC				32.32	32.32
73610					49.23	49.23
73610	26				11.68	11.68
73610	TC				37.55	37.55
73615					172.58	172.58
73615	26				37.86	37.86
73615	TC				134.72	134.72
73620					37.86	37.86
73620	26				10.33	10.33
73620	TC				27.53	27.53

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
73630					45.74	45.74
73630	26				11.25	11.25
73630	TC				34.50	34.50
73650					38.29	38.29
73650	26				10.77	10.77
73650	TC				27.53	27.53
73660					39.04	39.04
73660	26				8.90	8.90
73660	TC				30.14	30.14
73700					179.31	179.31
73700	26				65.50	65.50
73700	TC				113.81	113.81
73701					231.18	231.18
73701	26				76.78	76.78
73701	TC				154.40	154.40
73702					270.21	270.21
73702	26				80.08	80.08
73702	TC				190.14	190.14
73706					448.25	448.25
73706	26				124.62	124.62
73706	TC				323.62	323.62
73718					311.36	311.36
73718	26				89.41	89.41
73718	TC				221.95	221.95
73719					365.73	365.73
73719	26				107.18	107.18
73719	TC				258.55	258.55
73720					471.16	471.16
73720	26				142.31	142.31
73720	TC				328.85	328.85
73721					281.29	281.29
73721	26				89.85	89.85
73721	TC				191.44	191.44
73722					436.32	436.32
73722	26				107.61	107.61
73722	TC				328.71	328.71
73723					538.70	538.70
73723	26				142.31	142.31
73723	TC				396.40	396.40
73725					465.78	465.78
73725	26				119.06	119.06
73725	TC				346.72	346.72
74018					40.12	40.12
74018	26				12.16	12.16
74018	TC				27.96	27.96
74019					49.48	49.48
74019	26				15.42	15.42

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
74019	TC				34.06	34.06
74021					57.49	57.49
74021	26				17.77	17.77
74021	TC				39.73	39.73
74022					66.93	66.93
74022	26				21.53	21.53
74022	TC				45.39	45.39
74150					190.27	190.27
74150	26				78.64	78.64
74150	TC				111.63	111.63
74160					324.97	324.97
74160	26				84.28	84.28
74160	TC				240.69	240.69
74170					364.30	364.30
74170	26				92.24	92.24
74170	TC				272.06	272.06
74174					527.22	527.22
74174	26				144.77	144.77
74174	TC				382.45	382.45
74175					425.25	425.25
74175	26				119.93	119.93
74175	TC				305.32	305.32
74176					255.69	255.69
74176	26				115.67	115.67
74176	TC				140.02	140.02
74177					423.36	423.36
74177	26				120.80	120.80
74177	TC				302.56	302.56
74178					473.84	473.84
74178	26				132.49	132.49
74178	TC				341.35	341.35
74181					273.98	273.98
74181	26				96.92	96.92
74181	TC				177.06	177.06
74182					422.26	422.26
74182	26				114.76	114.76
74182	TC				307.50	307.50
74183					472.68	472.68
74183	26				145.13	145.13
74183	TC				327.55	327.55
74185					468.31	468.31
74185	26				118.54	118.54
74185	TC				349.77	349.77
74190					296.35	296.35
74190	26				31.07	31.07
74190	TC				265.29	265.29
74210					130.08	130.08

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
74210	26				39.37	39.37
74210	TC				90.71	90.71
74220					133.18	133.18
74220	26				40.29	40.29
74220	TC				92.89	92.89
74221					149.72	149.72
74221	TC				103.35	103.35
74221	26				46.37	46.37
74230					169.05	169.05
74230	26				35.64	35.64
74230	TC				133.42	133.42
74235					177.46	177.46
74235	26				79.08	79.08
74235	TC				98.38	98.38
74240					166.70	166.70
74240	26				53.33	53.33
74240	TC				113.37	113.37
74246				NRC	188.91	188.91
74246	26			NRC	58.98	58.98
74246	TC			NRC	129.93	129.93
74248					112.68	112.68
74248	TC				66.31	66.31
74248	26				46.37	46.37
74250				NRC	165.87	165.87
74250	26			NRC	53.37	53.37
74250	TC			NRC	112.50	112.50
74251				NRC	494.79	494.79
74251	26			NRC	77.69	77.69
74251	TC			NRC	417.10	417.10
74261				NRC	579.92	579.92
74261	26			NRC	158.68	158.68
74261	TC			NRC	421.23	421.23
74262				NRC	652.24	652.24
74262	26			NRC	165.20	165.20
74262	TC			NRC	487.04	487.04
74263				NRC	906.09	906.09
74263	26			NRC	149.32	149.32
74263	TC			NRC	756.77	756.77
74270				NRC	208.23	208.23
74270	26			NRC	68.28	68.28
74270	TC			NRC	139.95	139.95
74280				NRC	299.22	299.22
74280	26			NRC	83.37	83.37
74280	TC			NRC	215.85	215.85
74283				NRC	344.90	344.90
74283	26			NRC	138.27	138.27
74283	TC			NRC	206.62	206.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
74290				NRC	115.73	115.73
74290	26			NRC	21.53	21.53
74290	TC			NRC	94.20	94.20
74300				NRC	170.19	170.19
74300	26			NRC	18.27	18.27
74300	TC			NRC	151.91	151.91
74301				NRC	165.94	165.94
74301	26			NRC	14.03	14.03
74301	TC			NRC	151.91	151.91
74328	26			NRC	31.75	31.75
74329	26			NRC	32.19	32.19
74330	26			NRC	38.38	38.38
74340					151.79	151.79
74340	26				36.11	36.11
74340	TC				115.68	115.68
74355					202.74	202.74
74355	26				50.55	50.55
74355	TC				152.20	152.20
74360				NRC	135.49	135.49
74360	26			NRC	36.98	36.98
74360	TC			NRC	98.50	98.50
74363				NRC	384.10	384.10
74363	26			NRC	57.59	57.59
74363	TC			NRC	326.51	326.51
74400				NRC	181.16	181.16
74400	26			NRC	32.85	32.85
74400	TC			NRC	148.30	148.30
74410				NRC	187.55	187.55
74410	26			NRC	31.84	31.84
74410	TC			NRC	155.71	155.71
74415				NRC	205.85	205.85
74415	26			NRC	32.27	32.27
74415	TC			NRC	173.58	173.58
74420				NRC	103.06	103.06
74420	26			NRC	33.71	33.71
74420	TC			NRC	69.36	69.36
74425					181.89	181.89
74425	26				33.23	33.23
74425	TC				148.67	148.67
74430					55.60	55.60
74430	26				21.10	21.10
74430	TC				34.50	34.50
74440				NRC	128.98	128.98
74440	26			NRC	24.33	24.33
74440	TC			NRC	104.66	104.66
74445				NRC	210.84	210.84
74445	26			NRC	73.50	73.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
74445	TC			NRC	137.33	137.33
74450					238.76	238.76
74450	26				22.01	22.01
74450	TC				216.75	216.75
74455					138.80	138.80
74455	26				21.50	21.50
74455	TC				117.29	117.29
74470					187.29	187.29
74470	26				35.24	35.24
74470	TC				152.05	152.05
74485					159.85	159.85
74485	26				54.33	54.33
74485	TC				105.53	105.53
74712				NRC	572.78	572.78
74712	26			NRC	199.48	199.48
74712	TC			NRC	373.30	373.30
74713				NRC	279.62	279.62
74713	26			NRC	123.11	123.11
74713	TC			NRC	156.51	156.51
74740				NRC	127.31	127.31
74740	26			NRC	25.27	25.27
74740	TC			NRC	102.04	102.04
74742				NRC	306.05	306.05
74742	26			NRC	40.76	40.76
74742	TC			NRC	265.29	265.29
74775				NRC	258.35	258.35
74775	26			NRC	41.68	41.68
74775	TC			NRC	216.67	216.67
75557				NRC	389.42	389.42
75557	26			NRC	153.53	153.53
75557	TC			NRC	235.89	235.89
75559				NRC	520.93	520.93
75559	26			NRC	189.61	189.61
75559	TC			NRC	331.32	331.32
75561				NRC	507.77	507.77
75561	26			NRC	169.91	169.91
75561	TC			NRC	337.86	337.86
75563				NRC	590.14	590.14
75563	26			NRC	192.87	192.87
75563	TC			NRC	397.27	397.27
75565					63.00	63.00
75565	26				16.38	16.38
75565	TC				46.63	46.63
75571					137.45	137.45
75571	26				38.90	38.90
75571	TC				98.55	98.55
75572					314.56	314.56

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
75572	26				114.70	114.70
75572	TC				199.87	199.87
75573				NRC	419.31	419.31
75573	26			NRC	167.15	167.15
75573	TC			NRC	252.16	252.16
75574					443.89	443.89
75574	26				157.30	157.30
75574	TC				286.58	286.58
75580				NRC	TBD	TBD
75600				NRC	244.19	244.19
75600	26			NRC	33.14	33.14
75600	TC			NRC	211.05	211.05
75605				NRC	163.04	163.04
75605	26			NRC	74.00	74.00
75605	TC			NRC	89.04	89.04
75625				NRC	172.22	172.22
75625	26			NRC	93.71	93.71
75625	TC			NRC	78.51	78.51
75630				NRC	214.30	214.30
75630	26			NRC	130.12	130.12
75630	TC			NRC	84.17	84.17
75635				NRC	565.97	565.97
75635	26			NRC	156.07	156.07
75635	TC			NRC	409.91	409.91
75705				NRC	336.76	336.76
75705	26			NRC	162.17	162.17
75705	TC			NRC	174.59	174.59
75710				NRC	205.18	205.18
75710	26			NRC	114.84	114.84
75710	TC			NRC	90.35	90.35
75716				NRC	221.65	221.65
75716	26			NRC	127.82	127.82
75716	TC			NRC	93.83	93.83
75726				NRC	233.54	233.54
75726	26			NRC	131.86	131.86
75726	TC			NRC	101.68	101.68
75731				NRC	205.53	205.53
75731	26			NRC	75.82	75.82
75731	TC			NRC	129.71	129.71
75733				NRC	226.58	226.58
75733	26			NRC	84.23	84.23
75733	TC			NRC	142.35	142.35
75736				NRC	192.31	192.31
75736	26			NRC	73.06	73.06
75736	TC			NRC	119.25	119.25
75741				NRC	177.19	177.19
75741	26			NRC	84.23	84.23

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
75741	TC			NRC	92.96	92.96
75743				NRC	201.47	201.47
75743	26			NRC	106.76	106.76
75743	TC			NRC	94.70	94.70
75746				NRC	181.56	181.56
75746	26			NRC	73.79	73.79
75746	TC			NRC	107.78	107.78
75756				NRC	216.86	216.86
75756	26			NRC	76.69	76.69
75756	TC			NRC	140.17	140.17
75774				NRC	131.70	131.70
75774	26			NRC	64.52	64.52
75774	TC			NRC	67.18	67.18
75801				NRC	323.95	323.95
75801	26			NRC	58.74	58.74
75801	TC			NRC	265.21	265.21
75803				NRC	342.90	342.90
75803	26			NRC	77.69	77.69
75803	TC			NRC	265.21	265.21
75805				NRC	319.01	319.01
75805	26			NRC	53.81	53.81
75805	TC			NRC	265.21	265.21
75807				NRC	338.68	338.68
75807	26			NRC	73.48	73.48
75807	TC			NRC	265.21	265.21
75809					109.97	109.97
75809	26				32.33	32.33
75809	TC				77.64	77.64
75810				NRC	919.77	919.77
75810	26			NRC	67.83	67.83
75810	TC			NRC	851.94	851.94
75820				NRC	147.56	147.56
75820	26			NRC	68.61	68.61
75820	TC			NRC	78.95	78.95
75822				NRC	180.59	180.59
75822	26			NRC	95.11	95.11
75822	TC			NRC	85.48	85.48
75825				NRC	154.91	154.91
75825	26			NRC	74.22	74.22
75825	TC			NRC	80.69	80.69
75827				NRC	161.88	161.88
75827	26			NRC	75.09	75.09
75827	TC			NRC	86.79	86.79
75831				NRC	162.97	162.97
75831	26			NRC	72.62	72.62
75831	TC			NRC	90.35	90.35
75833				NRC	199.44	199.44

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
75833	26			NRC	97.33	97.33
75833	TC			NRC	102.11	102.11
75840				NRC	174.45	174.45
75840	26			NRC	75.82	75.82
75840	TC			NRC	98.63	98.63
75842				NRC	214.85	214.85
75842	26			NRC	99.22	99.22
75842	TC			NRC	115.62	115.62
75860				NRC	170.38	170.38
75860	26			NRC	74.80	74.80
75860	TC			NRC	95.58	95.58
75870				NRC	211.04	211.04
75870	26			NRC	82.35	82.35
75870	TC			NRC	128.69	128.69
75872				NRC	174.45	174.45
75872	26			NRC	75.82	75.82
75872	TC			NRC	98.63	98.63
75880				NRC	145.00	145.00
75880	26			NRC	46.81	46.81
75880	TC			NRC	98.19	98.19
75885				NRC	185.15	185.15
75885	26			NRC	90.44	90.44
75885	TC			NRC	94.70	94.70
75887				NRC	187.76	187.76
75887	26			NRC	91.75	91.75
75887	TC			NRC	96.01	96.01
75889				NRC	167.18	167.18
75889	26			NRC	72.04	72.04
75889	TC			NRC	95.14	95.14
75891				NRC	167.98	167.98
75891	26			NRC	72.41	72.41
75891	TC			NRC	95.58	95.58
75893				NRC	138.23	138.23
75893	26			NRC	34.81	34.81
75893	TC			NRC	103.42	103.42
75894				NRC	854.69	854.69
75894	26			NRC	98.89	98.89
75894	TC			NRC	755.79	755.79
75898				NRC	278.53	278.53
75898	26			NRC	125.81	125.81
75898	TC			NRC	152.72	152.72
75901					304.91	304.91
75901	26				31.54	31.54
75901	TC				273.37	273.37
75902					120.53	120.53
75902	26				25.90	25.90
75902	TC				94.63	94.63

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
75956	26				465.06	465.06
75957	26				398.55	398.55
75958	26				264.51	264.51
75959	26			NRC	231.62	231.62
75970					615.41	615.41
75970	26				52.73	52.73
75970	TC				562.67	562.67
75984				NRC	129.35	129.35
75984	26			NRC	52.15	52.15
75984	TC			NRC	77.20	77.20
75989				NRC	152.94	152.94
75989	26			NRC	77.05	77.05
75989	TC			NRC	75.89	75.89
76000					58.27	58.27
76000	26				21.60	21.60
76000	TC				36.68	36.68
76010				NRC	40.12	40.12
76010	26			NRC	12.16	12.16
76010	TC			NRC	27.96	27.96
76080				NRC	81.07	81.07
76080	26			NRC	34.81	34.81
76080	TC			NRC	46.26	46.26
76098				NRC	56.43	56.43
76098	26			NRC	21.06	21.06
76098	TC			NRC	35.37	35.37
76100				NRC	120.46	120.46
76100	26			NRC	39.33	39.33
76100	TC			NRC	81.12	81.12
76120				NRC	155.35	155.35
76120	26			NRC	26.72	26.72
76120	TC			NRC	128.62	128.62
76125				NRC	81.29	81.29
76125	26			NRC	17.77	17.77
76125	TC			NRC	63.52	63.52
76140				NRC	0.00	0.00
76145				NRC	1193.31	1193.31
76376					32.36	32.36
76376	26				13.11	13.11
76376	TC				19.25	19.25
76377					102.60	102.60
76377	26				52.42	52.42
76377	TC				50.18	50.18
76380					182.42	182.42
76380	26				63.38	63.38
76380	TC				119.04	119.04
76390					559.57	559.57
76390	26				95.83	95.83

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
76390	TC				463.74	463.74
76391					281.04	281.04
76391	26				73.04	73.04
76391	TC				208.00	208.00
76496				NRC	0.00	0.00
76496	26			NRC	0.00	0.00
76496	TC			NRC	0.00	0.00
76497				NRC	0.00	0.00
76497	26			NRC	0.00	0.00
76497	TC			NRC	0.00	0.00
76498				NRC	0.00	0.00
76498	26			NRC	0.00	0.00
76498	TC			NRC	0.00	0.00
76499				NRC	0.00	0.00
76499	26			NRC	0.00	0.00
76499	TC			NRC	0.00	0.00
76506					151.60	151.60
76506	26				42.16	42.16
76506	TC				109.45	109.45
76510					92.85	92.85
76510	26				53.13	53.13
76510	TC				39.73	39.73
76511					76.91	76.91
76511	26				48.52	48.52
76511	TC				28.40	28.40
76512					64.81	64.81
76512	26				41.65	41.65
76512	TC				23.17	23.17
76513					100.28	100.28
76513	26				43.99	43.99
76513	TC				56.29	56.29
76514					15.55	15.55
76514	26				10.68	10.68
76514	TC				4.87	4.87
76516					62.40	62.40
76516	26				30.51	30.51
76516	TC				31.88	31.88
76519					90.00	90.00
76519	26				41.13	41.13
76519	TC				48.88	48.88
76529					114.10	114.10
76529	26				43.43	43.43
76529	TC				70.67	70.67
76536					148.70	148.70
76536	26				37.94	37.94
76536	TC				110.76	110.76
76604					76.92	76.92

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
76604	26				38.50	38.50
76604	TC				38.42	38.42
76641					138.95	138.95
76641	26				48.68	48.68
76641	TC				90.27	90.27
76642					114.78	114.78
76642	26				45.42	45.42
76642	TC				69.36	69.36
76700					156.72	156.72
76700	26				53.37	53.37
76700	TC				103.35	103.35
76705					118.32	118.32
76705	26				39.37	39.37
76705	TC				78.95	78.95
76706				NRC	142.55	142.55
76706	26			NRC	36.59	36.59
76706	TC			NRC	105.96	105.96
76770					145.97	145.97
76770	26				48.72	48.72
76770	TC				97.25	97.25
76775					79.93	79.93
76775	26				38.46	38.46
76775	TC				41.47	41.47
76776					197.98	197.98
76776	26				50.11	50.11
76776	TC				147.87	147.87
76800					210.93	210.93
76800	26				84.49	84.49
76800	TC				126.44	126.44
76801				NRC	158.78	158.78
76801	26			NRC	65.46	65.46
76801	TC			NRC	93.33	93.33
76802				NRC	83.52	83.52
76802	26			NRC	55.63	55.63
76802	TC			NRC	27.89	27.89
76805				NRC	182.39	182.39
76805	26			NRC	65.89	65.89
76805	TC			NRC	116.49	116.49
76810				NRC	119.96	119.96
76810	26			NRC	65.42	65.42
76810	TC			NRC	54.54	54.54
76811				NRC	238.21	238.21
76811	26			NRC	125.06	125.06
76811	TC			NRC	113.15	113.15
76812				NRC	258.48	258.48
76812	26			NRC	117.15	117.15
76812	TC			NRC	141.33	141.33

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
76813				NRC	158.71	158.71
76813	26			NRC	78.46	78.46
76813	TC			NRC	80.25	80.25
76814				NRC	101.99	101.99
76814	26			NRC	64.88	64.88
76814	TC			NRC	37.11	37.11
76815				NRC	109.86	109.86
76815	26			NRC	43.55	43.55
76815	TC			NRC	66.31	66.31
76816				NRC	147.16	147.16
76816	26			NRC	56.01	56.01
76816	TC			NRC	91.15	91.15
76817				NRC	125.09	125.09
76817	26			NRC	50.07	50.07
76817	TC			NRC	75.02	75.02
76818				NRC	157.36	157.36
76818	26			NRC	70.07	70.07
76818	TC			NRC	87.30	87.30
76819				NRC	113.27	113.27
76819	26			NRC	50.44	50.44
76819	TC			NRC	62.82	62.82
76820				NRC	60.64	60.64
76820	26			NRC	32.68	32.68
76820	TC			NRC	27.96	27.96
76821				NRC	119.07	119.07
76821	26			NRC	46.23	46.23
76821	TC			NRC	72.84	72.84
76825				NRC	350.54	350.54
76825	26			NRC	109.28	109.28
76825	TC			NRC	241.27	241.27
76826				NRC	209.02	209.02
76826	26			NRC	54.18	54.18
76826	TC			NRC	154.84	154.84
76827				NRC	93.73	93.73
76827	26			NRC	38.32	38.32
76827	TC			NRC	55.41	55.41
76828				NRC	66.56	66.56
76828	26			NRC	36.42	36.42
76828	TC			NRC	30.14	30.14
76830				NRC	160.57	160.57
76830	26			NRC	46.33	46.33
76830	TC			NRC	114.24	114.24
76831				NRC	155.76	155.76
76831	26			NRC	47.62	47.62
76831	TC			NRC	108.14	108.14
76856				NRC	141.83	141.83
76856	26			NRC	45.89	45.89

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
76856	TC			NRC	95.94	95.94
76857				NRC	65.94	65.94
76857	26			NRC	32.75	32.75
76857	TC			NRC	33.19	33.19
76870					135.52	135.52
76870	26				42.63	42.63
76870	TC				92.89	92.89
76872				NRC	265.95	265.95
76872	26			NRC	44.44	44.44
76872	TC			NRC	221.51	221.51
76873				NRC	235.00	235.00
76873	26			NRC	105.43	105.43
76873	TC			NRC	129.57	129.57
76881				NRC	74.30	74.30
76881	26			NRC	59.85	59.85
76881	TC			NRC	14.45	14.45
76882				NRC	58.17	58.17
76882	26			NRC	45.89	45.89
76882	TC			NRC	12.27	12.27
76883				NRC	99.28	99.28
76885				NRC	183.08	183.08
76885	26			NRC	49.16	49.16
76885	TC			NRC	133.92	133.92
76886				NRC	135.44	135.44
76886	26			NRC	41.68	41.68
76886	TC			NRC	93.76	93.76
76932					238.32	238.32
76932	26				49.73	49.73
76932	TC				188.59	188.59
76936				NRC	348.39	348.39
76936	26			NRC	130.23	130.23
76936	TC			NRC	218.17	218.17
76937					52.97	52.97
76937	26				19.85	19.85
76937	TC				33.12	33.12
76940				NRC	245.65	245.65
76940	26			NRC	138.91	138.91
76940	TC			NRC	106.74	106.74
76941				NRC	195.45	195.45
76941	26			NRC	88.72	88.72
76941	TC			NRC	106.74	106.74
76942					79.00	79.00
76942	26				42.32	42.32
76942	TC				36.68	36.68
76945				NRC	151.11	151.11
76945	26			NRC	43.85	43.85
76945	TC			NRC	107.26	107.26

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
76946				NRC	44.45	44.45
76946	26			NRC	25.20	25.20
76946	TC			NRC	19.25	19.25
76948				NRC	107.98	107.98
76948	26			NRC	43.85	43.85
76948	TC			NRC	64.13	64.13
76965					127.57	127.57
76965	26				92.20	92.20
76965	TC				35.37	35.37
76975				NRC	196.22	196.22
76975	26			NRC	56.42	56.42
76975	TC			NRC	139.79	139.79
76977				NRC	9.51	9.51
76977	26			NRC	3.77	3.77
76977	TC			NRC	5.74	5.74
76978					342.20	342.20
76978	26				107.18	107.18
76978	TC				235.02	235.02
76979					222.69	222.69
76979	26				56.15	56.15
76979	TC				166.53	166.53
76981					139.24	139.24
76981	26				39.81	39.81
76981	TC				99.43	99.43
76982					125.29	125.29
76982	26				39.81	39.81
76982	TC				85.48	85.48
76983					82.21	82.21
76983	26				34.64	34.64
76983	TC				47.57	47.57
76984				BR	TBD	TBD
76987				NRC	TBD	TBD
76988				NRC	TBD	TBD
76989				NRC	TBD	TBD
76998					225.90	225.90
76998	26				85.36	85.36
76998	TC				140.53	140.53
76999				NRC	0.00	0.00
76999	26			NRC	0.00	0.00
76999	TC			NRC	0.00	0.00
77001					133.56	133.56
77001	26				24.98	24.98
77001	TC				108.58	108.58
77002					155.15	155.15
77002	26				37.42	37.42
77002	TC				117.73	117.73
77003					141.46	141.46

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77003	26				39.85	39.85
77003	TC				101.60	101.60
77011				NRC	298.57	298.57
77011	26			NRC	85.41	85.41
77011	TC			NRC	213.16	213.16
77012					191.86	191.86
77012	26				97.67	97.67
77012	TC				94.20	94.20
77013				NRC	687.88	687.88
77013	26			NRC	253.89	253.89
77013	TC			NRC	433.98	433.98
77014					161.24	161.24
77014	26				61.82	61.82
77014	TC				99.43	99.43
77021					567.35	567.35
77021	26				97.89	97.89
77021	TC				469.46	469.46
77022				NRC	688.42	688.42
77022	26			NRC	280.65	280.65
77022	TC			NRC	407.77	407.77
77046					295.66	295.66
77046	26				95.50	95.50
77046	TC				200.16	200.16
77047					306.82	306.82
77047	26				105.79	105.79
77047	TC				201.03	201.03
77048					469.21	469.21
77048	26				139.04	139.04
77048	TC				330.16	330.16
77049					479.71	479.71
77049	26				152.16	152.16
77049	TC				327.55	327.55
77053					71.45	71.45
77053	26				23.88	23.88
77053	TC				47.57	47.57
77054					92.31	92.31
77054	26				29.49	29.49
77054	TC				62.82	62.82
77061				BR	0.00	0.00
77061	26			BR	0.00	0.00
77061	TC			BR	0.00	0.00
77062				BR	0.00	0.00
77062	26			BR	0.00	0.00
77062	TC			BR	0.00	0.00
77063					71.66	71.66
77063	26				40.29	40.29
77063	TC				31.37	31.37

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77065					167.61	167.61
77065	26				53.37	53.37
77065	TC				114.24	114.24
77066					211.12	211.12
77066	26				65.50	65.50
77066	TC				145.62	145.62
77067				NRC	171.32	171.32
77067	26			NRC	50.55	50.55
77067	TC			NRC	120.78	120.78
77071					73.69	73.69
77072				NRC	34.93	34.93
77072	26			NRC	12.64	12.64
77072	TC			NRC	22.30	22.30
77073				NRC	60.14	60.14
77073	26			NRC	18.23	18.23
77073	TC			NRC	41.91	41.91
77074				NRC	87.04	87.04
77074	26			NRC	29.01	29.01
77074	TC			NRC	58.03	58.03
77075				NRC	133.47	133.47
77075	26			NRC	37.03	37.03
77075	TC			NRC	96.45	96.45
77076				NRC	144.13	144.13
77076	26			NRC	46.81	46.81
77076	TC			NRC	97.32	97.32
77077				NRC	63.05	63.05
77077	26			NRC	22.88	22.88
77077	TC			NRC	40.16	40.16
77078				NRC	138.46	138.46
77078	26			NRC	16.38	16.38
77078	TC			NRC	122.09	122.09
77080				NRC	50.66	50.66
77080	26			NRC	13.11	13.11
77080	TC			NRC	37.55	37.55
77081				NRC	41.95	41.95
77081	26			NRC	13.55	13.55
77081	TC			NRC	28.40	28.40
77084					442.05	442.05
77084	26				106.22	106.22
77084	TC				335.83	335.83
77085					68.95	68.95
77085	26				20.07	20.07
77085	TC				48.88	48.88
77086					44.00	44.00
77086	26				11.25	11.25
77086	TC				32.75	32.75
77089				NRC	53.78	53.78

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77090				NRC	3.56	3.56
77091				NRC	36.68	36.68
77092				NRC	13.55	13.55
77261					97.55	97.55
77262					149.30	149.30
77263					233.76	233.76
77280					354.96	354.96
77280	26				52.47	52.47
77280	TC				302.49	302.49
77285					580.49	580.49
77285	26				78.35	78.35
77285	TC				502.14	502.14
77290					597.23	597.23
77290	26				113.83	113.83
77290	TC				483.40	483.40
77293					547.88	547.88
77293	26				144.94	144.94
77293	TC				402.93	402.93
77295					642.55	642.55
77295	26				311.30	311.30
77295	TC				331.25	331.25
77299				NRC	0.00	0.00
77299	26			NRC	0.00	0.00
77299	TC			NRC	0.00	0.00
77300					88.81	88.81
77300	26				45.60	45.60
77300	TC				43.21	43.21
77301					2432.36	2432.36
77301	26				580.32	580.32
77301	TC				1852.05	1852.05
77306					198.63	198.63
77306	26				101.75	101.75
77306	TC				96.88	96.88
77307					385.49	385.49
77307	26				210.46	210.46
77307	TC				175.03	175.03
77316					324.71	324.71
77316	26				101.75	101.75
77316	TC				222.96	222.96
77317					427.04	427.04
77317	26				132.90	132.90
77317	TC				294.14	294.14
77318					607.58	607.58
77318	26				210.02	210.02
77318	TC				397.56	397.56
77321					126.37	126.37
77321	26				69.21	69.21

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77321	TC				57.16	57.16
77331					88.12	88.12
77331	26				63.21	63.21
77331	TC				24.91	24.91
77332					51.79	51.79
77332	26				32.98	32.98
77332	TC				18.81	18.81
77333					183.05	183.05
77333	26				54.86	54.86
77333	TC				128.19	128.19
77334					167.74	167.74
77334	26				83.13	83.13
77334	TC				84.61	84.61
77336					113.00	113.00
77338					623.88	623.88
77338	26				311.30	311.30
77338	TC				312.58	312.58
77370					181.85	181.85
77371					9852.27	9852.27
77372					1262.47	1262.47
77373					1312.00	1312.00
77385				BR	0.00	0.00
77386				BR	0.00	0.00
77387				BR	0.00	0.00
77399				NRC	0.00	0.00
77399	26			NRC	0.00	0.00
77399	TC			NRC	0.00	0.00
77401					53.67	53.67
77402					183.83	183.83
77407					333.73	333.73
77412					316.81	316.81
77417					17.94	17.94
77423					85.38	85.37
77424				BR	0.00	0.00
77425				BR	0.00	0.00
77427					263.99	263.99
77431					147.63	147.63
77432					588.43	588.43
77435					888.35	888.35
77469					440.89	440.89
77470					190.24	190.24
77470	26				147.83	147.83
77470	TC				42.41	42.41
77499				NRC	0.00	0.00
77499	26			NRC	0.00	0.00
77499	TC			NRC	0.00	0.00
77520					1415.77	1415.77

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77522				BR	0.00	0.00
77523					1510.29	1510.29
77525				BR	0.00	0.00
77600				NRC	696.62	696.62
77600	26			NRC	97.89	97.89
77600	TC			NRC	598.73	598.73
77605				NRC	1266.49	1266.49
77605	26			NRC	140.05	140.05
77605	TC			NRC	1126.44	1126.44
77610				NRC	906.51	906.51
77610	26			NRC	94.69	94.69
77610	TC			NRC	811.82	811.82
77615				NRC	1418.00	1418.00
77615	26			NRC	133.38	133.38
77615	TC			NRC	1284.62	1284.62
77620				NRC	845.24	845.24
77620	26			NRC	117.08	117.08
77620	TC			NRC	728.16	728.16
77750					532.16	532.16
77750	26				362.80	362.80
77750	TC				169.36	169.36
77761					562.19	562.19
77761	26				280.18	280.18
77761	TC				282.01	282.01
77762					741.25	741.25
77762	26				417.63	417.63
77762	TC				323.62	323.62
77763					1047.72	1047.72
77763	26				628.52	628.52
77763	TC				419.20	419.20
77767					329.20	329.20
77767	26				76.17	76.17
77767	TC				253.03	253.03
77768					480.50	480.50
77768	26				101.75	101.75
77768	TC				378.75	378.75
77770					459.64	459.64
77770	26				141.25	141.25
77770	TC				318.40	318.40
77771					800.99	800.99
77771	26				276.48	276.48
77771	TC				524.51	524.51
77772					1191.18	1191.18
77772	26				389.03	389.03
77772	TC				802.16	802.16
77778					1228.19	1228.19
77778	26				635.64	635.64

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
77778	TC				592.56	592.56
77789					176.48	176.48
77789	26				82.65	82.65
77789	TC				93.83	93.83
77790					22.80	22.80
77799				NRC	0.00	0.00
77799	26			NRC	0.00	0.00
77799	TC			NRC	0.00	0.00
78012					106.61	NC
78012	26				12.20	12.20
78012	TC				94.41	NC
78013					234.69	NC
78013	26				24.36	24.36
78013	TC				210.33	NC
78014					292.75	NC
78014	26				32.31	32.31
78014	TC				260.44	NC
78015					285.33	285.33
78015	26				44.94	44.94
78015	TC				240.39	240.39
78016					340.80	340.80
78016	26				45.79	45.79
78016	TC				295.01	295.01
78018					383.31	383.31
78018	26				54.45	54.45
78018	TC				328.85	328.85
78020					105.22	105.22
78020	26				36.66	36.66
78020	TC				68.56	68.56
78070				NRC	360.83	360.83
78070	26			NRC	52.02	52.02
78070	TC			NRC	308.81	308.81
78071				NRC	431.94	NC
78071	26			NRC	77.82	77.82
78071	TC			NRC	354.13	NC
78072				NRC	538.64	NC
78072	26			NRC	101.72	101.72
78072	TC			NRC	436.92	NC
78075				NRC	545.56	545.56
78075	26			NRC	49.16	49.16
78075	TC			NRC	496.40	496.40
78099				NRC	0.00	0.00
78099	26			NRC	0.00	0.00
78099	TC			NRC	0.00	0.00
78102					214.53	214.53
78102	26				34.70	34.70
78102	TC				179.82	179.82

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78103					230.98	230.98
78103	26				41.57	41.57
78103	TC				189.41	189.41
78104					309.85	309.85
78104	26				51.59	51.59
78104	TC				258.26	258.26
78110				NRC	90.93	90.93
78110	26			NRC	10.89	10.89
78110	TC			NRC	80.03	80.03
78111				NRC	96.72	96.72
78111	26			NRC	12.76	12.76
78111	TC			NRC	83.95	83.95
78120				NRC	93.27	93.27
78120	26			NRC	13.24	13.24
78120	TC			NRC	80.03	80.03
78121				NRC	101.93	101.93
78121	26			NRC	17.98	17.98
78121	TC			NRC	83.95	83.95
78122					131.31	131.31
78122	26				28.62	28.62
78122	TC				102.69	102.69
78130					163.87	163.87
78130	26				34.01	34.01
78130	TC				129.85	129.85
78140					144.98	144.98
78140	26				34.01	34.01
78140	TC				110.97	110.97
78185					208.59	208.59
78185	26				22.67	22.67
78185	TC				185.92	185.92
78191					163.87	163.87
78191	26				34.01	34.01
78191	TC				129.85	129.85
78195					435.86	435.86
78195	26				77.38	77.38
78195	TC				358.49	358.49
78199				NRC	0.00	0.00
78199	26			NRC	0.00	0.00
78199	TC			NRC	0.00	0.00
78201					235.85	235.85
78201	26				28.14	28.14
78201	TC				207.71	207.71
78202					257.50	257.50
78202	26				32.36	32.36
78202	TC				225.14	225.14
78215					243.03	243.03
78215	26				31.84	31.84

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78215	TC				211.20	211.20
78216					170.74	170.74
78216	26				37.11	37.11
78216	TC				133.63	133.63
78226					398.93	398.93
78226	26				48.28	48.28
78226	TC				350.64	350.64
78227					535.77	535.77
78227	26				58.54	58.54
78227	TC				477.23	477.23
78230				NRC	219.33	219.33
78230	26			NRC	29.49	29.49
78230	TC			NRC	189.85	189.85
78231				NRC	137.63	137.63
78231	26			NRC	29.28	29.28
78231	TC			NRC	108.36	108.36
78232				NRC	135.24	135.24
78232	26			NRC	26.45	26.45
78232	TC			NRC	108.79	108.79
78258				NRC	265.58	265.58
78258	26			NRC	46.98	46.98
78258	TC			NRC	218.61	218.61
78261				NRC	248.60	248.60
78261	26			NRC	38.27	38.27
78261	TC			NRC	210.33	210.33
78262				NRC	304.11	304.11
78262	26			NRC	45.42	45.42
78262	TC			NRC	258.70	258.70
78264				NRC	405.67	405.67
78264	26			NRC	51.54	51.54
78264	TC			NRC	354.13	354.13
78265				NRC	480.26	480.26
78265	26			NRC	63.24	63.24
78265	TC			NRC	417.02	417.02
78266				NRC	545.68	545.68
78266	26			NRC	67.58	67.58
78266	TC			NRC	478.10	478.10
78267				NRC	13.83	13.83
78268				NRC	118.01	118.01
78278					428.30	428.30
78278	26				64.15	64.15
78278	TC				364.15	364.15
78282				NRC	348.38	348.38
78282	26			NRC	21.28	21.28
78282	TC			NRC	327.11	327.11
78290				NRC	404.77	404.77
78290	26			NRC	44.55	44.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78290	TC			NRC	360.23	360.23
78291				NRC	325.00	325.00
78291	26			NRC	58.02	58.02
78291	TC			NRC	266.98	266.98
78299				NRC	0.00	0.00
78299	26			NRC	0.00	0.00
78299	TC			NRC	0.00	0.00
78300					279.89	279.89
78300	26				41.24	41.24
78300	TC				238.65	238.65
78305					340.48	340.48
78305	26				54.33	54.33
78305	TC				286.15	286.15
78306					363.70	363.70
78306	26				55.76	55.76
78306	TC				307.94	307.94
78315					425.81	425.81
78315	26				66.02	66.02
78315	TC				359.79	359.79
78350					42.47	42.47
78350	26				14.94	14.94
78350	TC				27.53	27.53
78351					20.58	20.58
78399				NRC	0.00	0.00
78399	26			NRC	0.00	0.00
78399	TC			NRC	0.00	0.00
78414				NRC	126.04	126.04
78414	26			NRC	28.98	28.98
78414	TC			NRC	97.06	97.06
78428				NRC	233.07	233.07
78428	26			NRC	50.19	50.19
78428	TC			NRC	182.87	182.87
78429				NRC	1147.18	1147.18
78429	TC			NRC	1029.16	1029.16
78429	26			NRC	109.80	109.80
78430				NRC	1141.22	1141.22
78430	TC			NRC	1029.16	1029.16
78430	26			NRC	103.61	103.61
78431				NRC	1393.52	1393.52
78431	TC			NRC	1272.23	1272.23
78431	26			NRC	121.28	121.28
78432				NRC	1168.13	1168.13
78432	TC			NRC	1029.16	1029.16
78432	26			NRC	129.48	129.48
78433				NRC	1181.08	1181.08
78433	TC			NRC	1029.16	1029.16
78433	26			NRC	141.17	141.17

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78434				NRC	78.40	78.40
78434	TC			NRC	0.00	0.00
78434	26			NRC	40.27	40.27
78445					259.30	259.30
78445	26				33.72	33.72
78445	TC				225.58	225.58
78451					418.18	418.18
78451	26				88.45	88.45
78451	TC				329.72	329.72
78452					579.03	579.03
78452	26				104.86	104.86
78452	TC				474.18	474.18
78453					360.36	360.36
78453	26				64.19	64.19
78453	TC				296.17	296.17
78454					536.97	536.97
78454	26				88.50	88.50
78454	TC				448.47	448.47
78456					383.90	383.90
78456	26				64.63	64.63
78456	TC				319.27	319.27
78457					209.34	209.34
78457	26				50.87	50.87
78457	TC				158.47	158.47
78458					259.28	259.28
78458	26				59.41	59.41
78458	TC				199.87	199.87
78459				NRC	1167.95	1167.95
78459	26			NRC	100.31	100.31
78459	TC			NRC	1067.64	1067.64
78466				NRC	230.51	230.51
78466	26			NRC	45.89	45.89
78466	TC			NRC	184.62	184.62
78468				NRC	242.59	242.59
78468	26			NRC	51.01	51.01
78468	TC			NRC	191.59	191.59
78469				NRC	275.93	275.93
78469	26			NRC	59.50	59.50
78469	TC			NRC	216.43	216.43
78472				NRC	282.28	282.28
78472	26			NRC	63.24	63.24
78472	TC			NRC	219.04	219.04
78473				NRC	358.85	358.85
78473	26			NRC	94.06	94.06
78473	TC			NRC	264.80	264.80
78481				NRC	222.14	222.14
78481	26			NRC	63.67	63.67

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78481	TC			NRC	158.47	158.47
78483				NRC	299.59	299.59
78483	26			NRC	94.49	94.49
78483	TC			NRC	205.10	205.10
78491				NRC	1165.13	1165.13
78491	26			NRC	97.49	97.49
78491	TC			NRC	1067.64	1067.64
78492				NRC	1183.71	1183.71
78492	26			NRC	116.07	116.07
78492	TC			NRC	1067.64	1067.64
78494				NRC	284.90	284.90
78494	26			NRC	76.76	76.76
78494	TC			NRC	208.15	208.15
78496				NRC	56.79	56.79
78496	26			NRC	32.31	32.31
78496	TC			NRC	24.47	24.47
78499				NRC	0.00	0.00
78499	26			NRC	0.00	0.00
78499	TC			NRC	0.00	0.00
78579					232.58	232.58
78579	26				31.84	31.84
78579	TC				200.74	200.74
78580					292.16	292.16
78580	26				48.28	48.28
78580	TC				243.88	243.88
78582					408.59	408.59
78582	26				68.84	68.84
78582	TC				339.75	339.75
78597					249.06	249.06
78597	26				47.45	47.45
78597	TC				201.61	201.61
78598					371.93	371.93
78598	26				54.41	54.41
78598	TC				317.52	317.52
78599				NRC	0.00	0.00
78599	26			NRC	0.00	0.00
78599	TC			NRC	0.00	0.00
78600					224.52	224.52
78600	26				28.58	28.58
78600	TC				195.95	195.95
78601					267.09	267.09
78601	26				32.79	32.79
78601	TC				234.29	234.29
78605					249.45	249.45
78605	26				35.64	35.64
78605	TC				213.81	213.81
78606					400.68	400.68

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78606	26				41.76	41.76
78606	TC				358.92	358.92
78608				NRC	1344.15	1344.15
78608	26			NRC	95.64	95.64
78608	TC			NRC	1248.51	1248.51
78609				NRC	98.98	98.98
78609	26			NRC	98.98	98.98
78609	TC			NRC	0.00	0.00
78610					216.89	216.89
78610	26				19.64	19.64
78610	TC				197.25	197.25
78630					413.05	413.05
78630	26				44.55	44.55
78630	TC				368.51	368.51
78635					413.63	413.63
78635	26				40.76	40.76
78635	TC				372.87	372.87
78645					394.58	394.58
78645	26				36.09	36.09
78645	TC				358.49	358.49
78650					332.36	332.36
78650	26				34.01	34.01
78650	TC				298.35	298.35
78660					190.40	190.40
78660	26				29.75	29.75
78660	TC				160.65	160.65
78699				NRC	0.00	0.00
78699	26			NRC	0.00	0.00
78699	TC			NRC	0.00	0.00
78700					211.93	211.93
78700	26				29.05	29.05
78700	TC				182.87	182.87
78701					277.89	277.89
78701	26				32.27	32.27
78701	TC				245.62	245.62
78707				NRC	289.60	289.60
78707	26			NRC	61.41	61.41
78707	TC			NRC	228.19	228.19
78708				NRC	232.26	232.26
78708	26			NRC	77.28	77.28
78708	TC			NRC	154.98	154.98
78709				NRC	457.37	457.37
78709	26			NRC	90.90	90.90
78709	TC			NRC	366.47	366.47
78725					149.25	149.25
78725	26				24.33	24.33
78725	TC				124.92	124.92

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78730				NRC	89.60	89.60
78730	26			NRC	9.78	9.78
78730	TC			NRC	79.82	79.82
78740				NRC	268.64	268.64
78740	26			NRC	36.09	36.09
78740	TC			NRC	232.55	232.55
78761				NRC	264.58	264.58
78761	26			NRC	47.29	47.29
78761	TC			NRC	217.30	217.30
78799				NRC	0.00	0.00
78799	26			NRC	0.00	0.00
78799	TC			NRC	0.00	0.00
78800					310.48	310.48
78800	26				42.20	42.20
78800	TC				268.28	268.28
78801					337.00	337.00
78801	26				47.37	47.37
78801	TC				289.63	289.63
78802					380.44	380.44
78802	26				51.59	51.59
78802	TC				328.85	328.85
78803					468.38	468.38
78803	26				69.36	69.36
78803	TC				399.01	399.01
78804					790.79	790.79
78804	26				64.67	64.67
78804	TC				726.12	726.12
78808				NRC	52.32	52.32
78811				NRC	1346.06	1346.06
78811	26			NRC	97.55	97.55
78811	TC			NRC	1248.51	1248.51
78812				NRC	1373.69	1373.69
78812	26			NRC	125.19	125.19
78812	TC			NRC	1248.51	1248.51
78813				NRC	1374.72	1374.72
78813	26			NRC	126.21	126.21
78813	TC			NRC	1248.51	1248.51
78814				NRC	1528.83	1528.83
78814	26			NRC	142.01	142.01
78814	TC			NRC	1386.83	1386.83
78815				NRC	1544.30	1544.30
78815	26			NRC	157.47	157.47
78815	TC			NRC	1386.83	1386.83
78816				NRC	1545.36	1545.36
78816	26			NRC	158.52	158.52
78816	TC			NRC	1386.83	1386.83
78830					590.62	590.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
78830	TC				496.77	496.77
78830	26				93.85	93.85
78831					870.89	870.89
78831	TC				754.15	754.15
78831	26				116.73	116.73
78832					1114.58	1114.58
78832	TC				979.44	979.44
78832	26				135.14	135.14
78835					122.90	122.90
78835	TC				93.33	93.33
78835	26				29.57	29.57
78999				NRC	0.00	0.00
78999	26			NRC	0.00	0.00
78999	TC			NRC	0.00	0.00
79005					183.39	183.39
79005	26				116.58	116.58
79005	TC				66.82	66.82
79101					199.75	199.75
79101	26				129.89	129.89
79101	TC				69.87	69.87
79200					179.47	179.47
79200	26				110.48	110.48
79200	TC				68.99	68.99
79300	26				88.80	88.80
79403				NRC	269.60	269.60
79403	26			NRC	147.30	147.30
79403	TC			NRC	122.30	122.30
79440				NRC	162.48	162.48
79440	26			NRC	110.48	110.48
79440	TC			NRC	52.00	52.00
79445	26			NRC	152.29	152.29
79999				NRC	0.00	0.00
79999	26			NRC	0.00	0.00
79999	TC			NRC	0.00	0.00
80047					17.16	17.16
80048					10.58	10.58
80050					50.00	50.00
80051					8.76	8.76
80053					13.20	13.20
80055				NRC	59.76	59.76
80061					16.74	16.74
80069					10.85	10.85
80074					59.54	59.54
80076					10.21	10.21
80081				NRC	93.58	93.58
80143					23.30	23.30
80145					48.21	48.21

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
80150				NRC	18.85	18.85
80151				NRC	23.30	23.30
80155				NRC	48.21	48.21
80156				NRC	18.21	18.21
80157				NRC	16.56	16.56
80158					22.56	22.56
80159					25.19	25.19
80161				NRC	23.30	23.30
80162					16.60	16.60
80163					16.60	16.60
80164					16.93	16.93
80165					16.93	16.93
80167					23.30	23.30
80168					20.43	20.43
80169					17.16	17.16
80170					20.48	20.48
80171					27.09	27.09
80173					19.73	19.73
80175					16.56	16.56
80176					18.36	18.36
80177					16.56	16.56
80178					8.26	8.26
80179					23.30	23.30
80180					22.56	22.56
80181					23.30	23.30
80183					16.56	16.56
80184					19.13	19.13
80185					16.56	16.56
80186					17.20	17.20
80187					33.89	33.89
80188					20.74	20.74
80189					33.89	33.89
80190					75.00	75.00
80192					20.94	20.94
80193					48.21	48.21
80194					18.25	18.25
80195					17.16	17.16
80197					17.16	17.16
80198					17.68	17.68
80199					33.89	33.89
80200					20.16	20.16
80201					14.90	14.90
80202					16.93	16.93
80203					16.56	16.56
80204					48.21	48.21
80210					33.89	33.89
80220				NRC	23.30	23.30

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
80230					48.21	48.21
80235					33.89	33.89
80280					48.21	48.21
80285					33.89	33.89
80299					23.30	23.30
80305					15.75	15.75
80306					21.43	21.43
80307					77.68	77.68
80320				BR	0.00	0.00
80321				BR	0.00	0.00
80322				BR	0.00	0.00
80323				NRC	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				NRC	0.00	0.00
80339				NRC	0.00	0.00
80340				NRC	0.00	0.00
80341				NRC	0.00	0.00
80342				NRC	0.00	0.00
80343				NRC	0.00	0.00
80344				NRC	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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				NRC	0.00	0.00
80376				NRC	0.00	0.00
80377				NRC	0.00	0.00
80400				NRC	40.78	40.78
80402				NRC	108.70	108.70
80406				NRC	97.83	97.83
80408				NRC	156.88	156.88
80410				NRC	100.46	100.46
80412				NRC	1002.03	1002.03
80414				NRC	64.55	64.55
80415				NRC	69.86	69.86
80416				NRC	261.65	261.65
80417				NRC	54.99	54.99
80418				NRC	724.35	724.35
80420				NRC	202.35	202.35
80422				NRC	57.59	57.59
80424				NRC	63.13	63.13
80426				NRC	185.51	185.51
80428				NRC	83.38	83.38
80430				NRC	161.66	161.66
80432				NRC	207.01	207.01
80434				NRC	356.29	356.29
80435				NRC	128.75	128.75
80436				NRC	113.95	113.95
80438				NRC	63.01	63.01
80439				NRC	84.01	84.01
80503					36.81	30.28
80504					72.53	65.12
80505					131.67	123.82
80506					58.99	58.99
81000					5.03	5.03

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
81001					3.96	3.96
81002					4.35	4.35
81003					2.81	2.81
81005					2.71	2.71
81007					37.48	37.48
81015					3.81	3.81
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				NRC	2281.10	2281.10
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
81168				NRC	259.14	259.14
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					302.38	302.38
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				NRC	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
81191				NRC	259.14	259.14
81192				NRC	259.14	259.14
81193				NRC	259.14	259.14
81194				NRC	647.85	647.85
81201				NRC	975.00	975.00
81202				NRC	350.00	350.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
81203				NRC	250.00	250.00
81204					171.25	171.25
81206				NRC	204.95	204.95
81207				NRC	181.05	181.05
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	302.38	302.38
81219				NRC	152.04	152.04
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
81232				NRC	218.51	218.51
81233				NRC	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	81.70	81.70
81258				NRC	469.06	469.06
81259				NRC	750.00	750.00
81261				NRC	247.49	247.49
81262				NRC	85.69	85.69
81263				NRC	368.15	368.15
81264				NRC	215.91	215.91
81265				NRC	291.34	291.34
81266				NRC	381.01	381.01
81267				NRC	259.33	259.33
81268				NRC	325.99	325.99

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
81269				NRC	253.00	253.00
81270				NRC	114.58	114.58
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				NRC	1450.00	1450.00
81278				NRC	259.14	259.14
81279				NRC	231.50	231.50
81283				NRC	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					845.63	845.63
81308					376.69	376.69
81309					343.54	343.54
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	259.14	259.14
81316				NRC	259.14	259.14
81317				NRC	845.63	845.63
81318				NRC	413.75	413.75
81319				NRC	254.38	254.38
81320				NRC	364.20	364.20
81321				NRC	750.00	750.00
81322				NRC	58.25	58.25

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
81323				NRC	375.00	375.00
81324				NRC	947.95	947.95
81325				NRC	961.98	961.98
81326				NRC	58.25	58.25
81327				NRC	240.00	240.00
81328				NRC	218.51	218.51
81329				NRC	171.25	171.25
81332				NRC	54.56	54.56
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
81338				NRC	187.91	187.91
81339				NRC	231.50	231.50
81340				NRC	261.15	261.15
81341				NRC	61.99	61.99
81342				NRC	251.88	251.88
81343				NRC	171.25	171.25
81344				NRC	171.25	171.25
81345					231.50	231.50
81346				NRC	218.51	218.51
81347				NRC	241.56	241.56
81348				NRC	219.25	219.25
81350				NRC	292.50	292.50
81351				NRC	802.31	802.31
81352				NRC	411.89	411.89
81353				NRC	385.00	385.00
81355				NRC	110.25	110.25
81357				NRC	241.56	241.56
81360				NRC	241.56	241.56
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	502.65	502.65
81371				NRC	505.65	505.65
81372				NRC	504.49	504.49
81373				NRC	159.29	159.29
81374				NRC	92.91	92.91
81375				NRC	275.93	275.93
81376				NRC	152.78	152.78
81377				NRC	118.43	118.43
81378				NRC	431.96	431.96
81379				NRC	419.23	419.23
81380				NRC	221.56	221.56
81381				NRC	212.38	212.38

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
81382				NRC	154.60	154.60
81383				NRC	136.41	136.41
81410				NRC	630.00	630.00
81411				NRC	1687.74	1687.74
81412				NRC	3060.70	3060.70
81413				NRC	731.13	731.13
81414				NRC	731.13	731.13
81415				NRC	5975.00	5975.00
81416				NRC	15000.00	15000.00
81417				NRC	400.00	400.00
81418				NRC	0.00	0.00
81419				NRC	3060.70	3060.70
81420				NRC	948.81	948.81
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					848.81	848.81
81433				NRC	548.66	548.66
81434				NRC	747.39	747.39
81435					731.13	731.13
81436				NRC	731.13	731.13
81437					548.66	548.66
81438					548.66	548.66
81439				NRC	731.13	731.13
81440				NRC	4155.00	4155.00
81441				NRC	3060.70	3060.70
81442				NRC	2679.50	2679.50
81443				NRC	3060.70	3060.70
81445				NRC	747.39	747.39
81448				NRC	731.13	731.13
81449				NRC	747.39	747.39
81450				NRC	949.41	949.41
81451				NRC	949.41	949.41
81455				NRC	3649.50	3649.50
81456				NRC	3649.50	3649.50
81457				NRC	TBD	TBD
81458				NRC	TBD	TBD
81459				NRC	TBD	TBD
81460				NRC	1608.75	1608.75
81462				NRC	TBD	TBD
81463				NRC	TBD	TBD
81464				NRC	TBD	TBD
81465				NRC	1170.00	1170.00
81470				NRC	1142.50	1142.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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				NRC	1121.25	1121.25
81504					650.00	650.00
81506				NRC	86.15	86.15
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
81513				NRC	178.29	178.29
81514				NRC	328.74	328.74
81517				NRC	TBD	TBD
81518				NRC	4841.25	4841.25
81519				NRC	4841.25	4841.25
81520				NRC	3137.76	3137.76
81521				NRC	4841.25	4841.25
81522				NRC	4841.25	4841.25
81523				NRC	4841.25	4841.25
81525				NRC	3895.00	3895.00
81528					636.09	636.09
81529				NRC	8991.25	8991.25
81535					724.33	724.33
81536					221.95	221.95
81538				NRC	3588.75	3588.75
81539					950.00	950.00
81540				NRC	4687.50	4687.50
81541				NRC	4841.25	4841.25
81542				NRC	4841.25	4841.25
81546				NRC	4500.00	4500.00
81551				NRC	2537.50	2537.50
81552				NRC	9720.00	9720.00
81554				NRC	6900.00	6900.00
81560				NRC	800.91	800.91
81595				NRC	4050.00	4050.00
81596				NRC	90.24	90.24
81599				NRC	0.00	0.00
82009					5.65	5.65
82010					10.21	10.21
82013					15.36	15.36
82016					20.61	20.61
82017					21.09	21.09
82024				NRC	48.28	48.28

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
82030				NRC	32.25	32.25
82040					6.19	6.19
82042					9.73	9.73
82043					7.23	7.23
82044					7.79	7.79
82045					42.43	42.43
82075					37.50	37.50
82077				NRC	21.59	21.59
82085					12.14	12.14
82088				NRC	50.94	50.94
82103					16.80	16.80
82104					18.08	18.08
82105				NRC	20.96	20.96
82106				NRC	21.25	21.25
82107				NRC	80.51	80.51
82108				NRC	31.85	31.85
82120				NRC	7.49	7.49
82127					17.73	17.73
82128					17.34	17.34
82131					28.73	28.73
82135					20.56	20.56
82136					24.51	24.51
82139					21.09	21.09
82140					18.21	18.21
82143				NRC	11.69	11.69
82150					8.10	8.10
82154				NRC	36.04	36.04
82157				NRC	36.60	36.60
82160				NRC	31.94	31.94
82163				NRC	25.65	25.65
82164				NRC	18.25	18.25
82166				NRC	TBD	TBD
82172				NRC	26.36	26.36
82175				NRC	23.71	23.71
82180				NRC	12.36	12.36
82190				NRC	19.88	19.88
82232				NRC	20.23	20.23
82239				NRC	21.40	21.40
82240				NRC	33.23	33.23
82247					6.28	6.28
82248					6.28	6.28
82252					5.70	5.70
82261					21.09	21.09
82270					5.48	5.48
82271					6.65	6.65
82272					5.29	5.29
82274					19.90	19.90

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
82286				NRC	6.45	6.45
82300				NRC	29.55	29.55
82306				NRC	37.00	37.00
82308				NRC	33.49	33.49
82310				NRC	6.45	6.45
82330				NRC	17.10	17.10
82331				NRC	16.68	16.68
82340				NRC	7.54	7.54
82355				NRC	14.48	14.48
82360				NRC	16.09	16.09
82365				NRC	16.13	16.13
82370				NRC	15.65	15.65
82373				NRC	22.58	22.58
82374					6.10	6.10
82375					15.40	15.40
82376					17.59	17.59
82378				NRC	23.70	23.70
82379				NRC	21.09	21.09
82380				NRC	11.53	11.53
82382				NRC	34.13	34.13
82383				NRC	36.35	36.35
82384				NRC	31.56	31.56
82387				NRC	22.58	22.58
82390				NRC	13.43	13.43
82397				NRC	17.65	17.65
82415					15.84	15.84
82435				NRC	5.75	5.75
82436				NRC	7.19	7.19
82438				NRC	6.25	6.25
82441				NRC	7.51	7.51
82465				NRC	5.44	5.44
82480				NRC	9.84	9.84
82482				NRC	12.26	12.26
82485				NRC	25.81	25.81
82495				NRC	25.35	25.35
82507				NRC	34.75	34.75
82523				NRC	23.35	23.35
82525				NRC	15.51	15.51
82528					28.15	28.15
82530					20.89	20.89
82533					20.38	20.38
82540					5.80	5.80
82542					30.11	30.11
82550					8.14	8.14
82552					16.74	16.74
82553					14.44	14.44
82554					14.84	14.84

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
82565					6.40	6.40
82570					6.48	6.48
82575					11.83	11.83
82585					17.68	17.68
82595					8.09	8.09
82600				NRC	24.25	24.25
82607				NRC	18.85	18.85
82608				NRC	17.90	17.90
82610					23.15	23.15
82615					11.94	11.94
82626				NRC	31.59	31.59
82627				NRC	27.79	27.79
82633				NRC	38.73	38.73
82634				NRC	36.60	36.60
82638				NRC	15.31	15.31
82642					36.60	36.60
82652					48.13	48.13
82653					28.71	28.71
82656					14.41	14.41
82657					27.71	27.71
82658					55.04	55.04
82664				NRC	76.88	76.88
82668					23.49	23.49
82670				NRC	34.93	34.93
82671				NRC	40.38	40.38
82672				NRC	27.13	27.13
82677				NRC	30.23	30.23
82679				NRC	31.19	31.19
82681				NRC	34.93	34.93
82693					18.63	18.63
82696					32.80	32.80
82705				NRC	6.38	6.38
82710				NRC	21.00	21.00
82715				NRC	28.71	28.71
82725				NRC	23.46	23.46
82726				NRC	24.69	24.69
82728					17.04	17.04
82731				NRC	80.51	80.51
82735				NRC	23.18	23.18
82746					18.38	18.38
82747					22.06	22.06
82757				NRC	21.68	21.68
82759					26.85	26.85
82760					14.00	14.00
82775					26.34	26.34
82776					14.68	14.68
82777					55.31	55.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
82784					11.63	11.63
82785					20.58	20.58
82787					10.03	10.03
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	22.11	22.11
82941				NRC	22.04	22.04
82943					17.86	17.86
82945					4.91	4.91
82946					22.21	22.21
82947					4.91	4.91
82948					6.30	6.30
82950					5.94	5.94
82951					16.09	16.09
82952					4.90	4.90
82955					12.13	12.13
82960					7.56	7.56
82962					4.10	4.10
82963					26.85	26.85
82965					16.44	16.44
82977					9.00	9.00
82978					19.31	19.31
82979					11.80	11.80
82985					20.95	20.95
83001				NRC	23.23	23.23
83002				NRC	23.15	23.15
83003				NRC	20.84	20.84
83006				NRC	94.50	94.50
83009				NRC	84.20	84.20
83010					15.73	15.73
83012					33.61	33.61
83013				NRC	84.20	84.20
83014				NRC	9.83	9.83
83015					26.18	26.18
83018					27.45	27.45
83020					16.09	16.09
83020	26				24.29	24.29
83021					22.58	22.58
83026					5.01	5.01
83030				NRC	13.43	13.43
83033				NRC	10.00	10.00
83036					12.14	12.14
83037					12.14	12.14

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
83045					8.11	8.11
83050					10.25	10.25
83051					9.14	9.14
83060					11.00	11.00
83065					11.25	11.25
83068					11.84	11.84
83069					4.94	4.94
83070					5.94	5.94
83080					21.09	21.09
83088					36.91	36.91
83090					22.40	22.40
83150					28.01	28.01
83491					22.38	22.38
83497					16.13	16.13
83498				NRC	33.96	33.96
83500				NRC	28.31	28.31
83505					30.38	30.38
83516					14.41	14.41
83518					12.05	12.05
83519					23.00	23.00
83520					21.59	21.59
83521					21.59	21.59
83525				NRC	14.29	14.29
83527				NRC	16.19	16.19
83528				NRC	24.78	24.78
83529				NRC	21.59	21.59
83540					8.09	8.09
83550					10.93	10.93
83570					11.06	11.06
83582					19.34	19.34
83586					16.00	16.00
83593					35.63	35.63
83605					14.46	14.46
83615					7.55	7.55
83625					15.99	15.99
83630				NRC	24.63	24.63
83631				NRC	24.54	24.54
83632				NRC	25.28	25.28
83633					14.06	14.06
83655					15.14	15.14
83661				NRC	27.49	27.49
83662				NRC	23.64	23.64
83663				NRC	23.64	23.64
83664				NRC	24.15	24.15
83670					12.26	12.26
83690					8.61	8.61
83695					17.90	17.90

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
83698					57.89	57.89
83700					14.08	14.08
83701					42.33	42.33
83704					42.74	42.74
83718					10.24	10.24
83719					15.94	15.94
83721					13.13	13.13
83722					42.74	42.74
83727				NRC	21.49	21.49
83735					8.38	8.38
83775					9.21	9.21
83785					33.31	33.31
83789					30.14	30.14
83825					20.33	20.33
83835					21.18	21.18
83857					13.43	13.43
83861				NRC	28.10	28.10
83864					35.63	35.63
83872					7.33	7.33
83873					21.50	21.50
83874					16.15	16.15
83876				NRC	63.58	63.58
83880					49.08	49.08
83883					17.00	17.00
83885					30.64	30.64
83915				NRC	13.94	13.94
83916					34.24	34.24
83918					29.50	29.50
83919					20.56	20.56
83921					26.51	26.51
83930					8.26	8.26
83935					8.53	8.53
83937					37.31	37.31
83945					18.06	18.06
83950					80.51	80.51
83951					80.51	80.51
83970					51.60	51.60
83986					4.48	4.48
83987					4.48	4.48
83992				NRC	0.00	0.00
83993				NRC	24.54	24.54
84030				NRC	6.88	6.88
84035				NRC	4.98	4.98
84060				NRC	9.55	9.55
84066				NRC	12.08	12.08
84075					6.48	6.48
84078					10.33	10.33

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
84080					18.48	18.48
84081				NRC	20.65	20.65
84085					11.80	11.80
84087					13.41	13.41
84100					5.93	5.93
84105					7.23	7.23
84106					7.28	7.28
84110					10.55	10.55
84112				NRC	122.64	122.64
84119					16.70	16.70
84120					18.39	18.39
84126					48.89	48.89
84132					5.95	5.95
84133					5.91	5.91
84134					18.24	18.24
84135				NRC	26.59	26.59
84138				NRC	26.31	26.31
84140				NRC	25.84	25.84
84143				NRC	28.51	28.51
84144				NRC	26.08	26.08
84145					34.03	34.03
84146				NRC	24.23	24.23
84150				NRC	52.21	52.21
84152				NRC	22.99	22.99
84153				NRC	22.99	22.99
84154				NRC	22.99	22.99
84155					4.59	4.59
84156					4.59	4.59
84157					5.00	5.00
84160					7.01	7.01
84163				NRC	18.81	18.81
84165					13.43	13.43
84165	26				24.29	24.29
84166					22.29	22.29
84166	26				24.29	24.29
84181					21.29	21.29
84181	26				24.29	24.29
84182					36.51	36.51
84182	26				24.29	24.29
84202					17.94	17.94
84203					12.18	12.18
84206					33.36	33.36
84207					35.13	35.13
84210					18.10	18.10
84220					11.80	11.80
84228					14.54	14.54
84233				NRC	109.85	109.85

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
84234				NRC	81.10	81.10
84235				NRC	89.04	89.04
84238				NRC	45.71	45.71
84244					27.49	27.49
84252					25.30	25.30
84255					31.91	31.91
84260					38.73	38.73
84270				NRC	27.16	27.16
84275					16.80	16.80
84285					31.51	31.51
84295					6.01	6.01
84300					6.33	6.33
84302					6.08	6.08
84305					26.58	26.58
84307					22.85	22.85
84311					10.13	10.13
84315					4.10	4.10
84375					48.75	48.75
84376					6.88	6.88
84377					6.88	6.88
84378					14.41	14.41
84379					14.41	14.41
84392					6.86	6.86
84402				NRC	31.84	31.84
84403				NRC	32.26	32.26
84410				NRC	64.10	64.10
84425					26.54	26.54
84430					14.54	14.54
84431					43.89	43.89
84432					20.08	20.08
84433				NRC	27.71	27.71
84436				NRC	8.59	8.59
84437				NRC	8.09	8.09
84439				NRC	11.28	11.28
84442				NRC	18.48	18.48
84443				NRC	21.00	21.00
84445				NRC	63.58	63.58
84446					17.73	17.73
84449					22.50	22.50
84450					6.48	6.48
84460					6.63	6.63
84466					15.95	15.95
84478					7.18	7.18
84479				NRC	8.09	8.09
84480				NRC	17.73	17.73
84481				NRC	21.18	21.18
84482				NRC	19.70	19.70

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
84484					15.59	15.59
84485				NRC	9.00	9.00
84488				NRC	9.13	9.13
84490				NRC	12.41	12.41
84510					13.29	13.29
84512					12.61	12.61
84520					4.94	4.94
84525					6.41	6.41
84540					6.95	6.95
84545					9.00	9.00
84550					5.65	5.65
84560					6.35	6.35
84577					21.00	21.00
84578					5.59	5.59
84580					11.94	11.94
84583					7.56	7.56
84585					19.38	19.38
84586					44.16	44.16
84588					42.43	42.43
84590					14.51	14.51
84591				NRC	21.33	21.33
84597					17.15	17.15
84600					21.39	21.39
84620					16.14	16.14
84630					14.24	14.24
84681					26.01	26.01
84702					18.81	18.81
84703					9.40	9.40
84704				NRC	19.11	19.11
84830				NRC	15.88	15.88
84999				NRC	0.00	0.00
85002					6.03	6.03
85004					8.09	8.09
85007					4.75	4.75
85008					4.29	4.29
85009					6.34	6.34
85013					8.75	8.75
85014					2.96	2.96
85018					2.96	2.96
85025					9.71	9.71
85027					8.09	8.09
85032					5.39	5.39
85041					3.78	3.78
85044					5.39	5.39
85045					4.99	4.99
85046					6.96	6.96
85048					3.18	3.18

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
85049					5.60	5.60
85055					44.68	44.68
85060					33.12	33.12
85097					93.14	65.68
85130					14.86	14.86
85170					20.38	20.38
85175					25.46	25.46
85210					16.23	16.23
85220					22.06	22.06
85230					22.38	22.38
85240					22.38	22.38
85244					25.53	25.53
85245					28.68	28.68
85246					28.68	28.68
85247					28.68	28.68
85250					23.80	23.80
85260					22.38	22.38
85270					22.38	22.38
85280					24.19	24.19
85290					20.43	20.43
85291					11.39	11.39
85292					23.66	23.66
85293					23.66	23.66
85300					14.81	14.81
85301					13.51	13.51
85302					15.01	15.01
85303					17.30	17.30
85305					14.51	14.51
85306					19.15	19.15
85307					19.15	19.15
85335					16.09	16.09
85337					21.59	21.59
85345					5.86	5.86
85347					5.35	5.35
85348					5.61	5.61
85360					10.51	10.51
85362					8.61	8.61
85366					100.58	100.58
85370					15.54	15.54
85378					12.15	12.15
85379					12.73	12.73
85380					12.73	12.73
85384					12.15	12.15
85385					18.08	18.08
85390					19.35	19.35
85390	26				49.49	49.49
85396					26.54	26.54

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
85397					38.58	38.58
85400					9.64	9.64
85410					9.64	9.64
85415					21.49	21.49
85420					8.16	8.16
85421					12.73	12.73
85441					5.25	5.25
85445				NRC	8.53	8.53
85460				NRC	9.66	9.66
85461				NRC	11.70	11.70
85475					11.09	11.09
85520					16.36	16.36
85525					14.80	14.80
85530					16.36	16.36
85536					8.60	8.60
85540					10.75	10.75
85547					10.75	10.75
85549					23.44	23.44
85555					9.34	9.34
85557					16.70	16.70
85576					31.14	31.14
85576	26				24.29	24.29
85597					22.48	22.48
85598				NRC	22.48	22.48
85610					5.36	5.36
85611					4.93	4.93
85612				NRC	21.86	21.86
85613				NRC	11.98	11.98
85635				NRC	12.31	12.31
85651					5.34	5.34
85652					3.38	3.38
85660				NRC	6.89	6.89
85670					7.21	7.21
85675					8.56	8.56
85705					12.04	12.04
85730					7.51	7.51
85732					8.09	8.09
85810					14.59	14.59
85999				NRC	0.00	0.00
86000					8.73	8.73
86001					9.78	9.78
86003					6.53	6.53
86005					9.96	9.96
86008					22.41	22.41
86015				NRC	15.06	15.06
86021					18.81	18.81
86022					22.96	22.96

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
86023					15.58	15.58
86036				NRC	15.06	15.06
86037				NRC	15.06	15.06
86038					15.11	15.11
86039					13.95	13.95
86041				NRC	TBD	TBD
86042				NRC	TBD	TBD
86043				NRC	TBD	TBD
86051				NRC	14.41	14.41
86052				NRC	15.06	15.06
86053				NRC	47.16	47.16
86060				NRC	9.13	9.13
86063				NRC	7.21	7.21
86077					72.66	66.99
86078					72.66	66.99
86079				NRC	73.09	67.43
86140					6.48	6.48
86141					16.19	16.19
86146				NRC	31.81	31.81
86147				NRC	31.81	31.81
86148				NRC	20.09	20.09
86152				NRC	313.48	313.48
86153	26			NRC	45.75	45.75
86155				NRC	19.99	19.99
86156				NRC	10.09	10.09
86157				NRC	10.08	10.08
86160				NRC	15.00	15.00
86161				NRC	15.00	15.00
86162				NRC	25.40	25.40
86171				NRC	12.51	12.51
86200				NRC	16.19	16.19
86215				NRC	16.56	16.56
86225				NRC	17.18	17.18
86226				NRC	15.14	15.14
86231				NRC	15.11	15.11
86235				NRC	22.41	22.41
86255					15.06	15.06
86255	26			NRC	24.29	24.29
86256					15.06	15.06
86256	26			NRC	24.29	24.29
86258				NRC	15.06	15.06
86277				NRC	19.68	19.68
86280				NRC	10.24	10.24
86294					31.96	31.96
86300					26.01	26.01
86301					26.01	26.01
86304					26.01	26.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
86305				NRC	26.01	26.01
86308				NRC	6.48	6.48
86309				NRC	8.09	8.09
86310				NRC	9.21	9.21
86316					26.01	26.01
86317					18.74	18.74
86318					22.61	22.61
86320					37.40	37.40
86320	26			NRC	24.29	24.29
86325					28.91	28.91
86325	26			NRC	24.29	24.29
86327					37.40	37.40
86327	26			NRC	29.73	29.73
86328				NRC	56.60	56.60
86329				NRC	17.56	17.56
86331				NRC	14.98	14.98
86332				NRC	30.46	30.46
86334					27.93	27.93
86334	26			NRC	24.29	24.29
86335					36.69	36.69
86335	26			NRC	24.29	24.29
86336				NRC	19.49	19.49
86337				NRC	26.76	26.76
86340				NRC	18.85	18.85
86341				NRC	29.46	29.46
86343				NRC	15.58	15.58
86344				NRC	12.99	12.99
86352				NRC	169.83	169.83
86353				NRC	61.29	61.29
86355				NRC	47.16	47.16
86356				NRC	33.48	33.48
86357				NRC	47.16	47.16
86359				NRC	47.16	47.16
86360				NRC	58.73	58.73
86361				NRC	33.48	33.48
86362				NRC	15.06	15.06
86363				NRC	47.16	47.16
86364				NRC	14.41	14.41
86366				NRC	TBD	TBD
86367				NRC	97.23	97.23
86376					18.19	18.19
86381				NRC	31.81	31.81
86382				NRC	21.14	21.14
86384				NRC	17.01	17.01
86386					27.23	27.23
86403				NRC	14.43	14.43
86406				NRC	13.30	13.30

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
86408				NRC	52.66	52.66
86409				NRC	105.33	105.33
86413				NRC	42.13	42.13
86430					7.68	7.68
86431					7.09	7.09
86480				NRC	77.48	77.48
86481				NRC	125.00	125.00
86485					23.18	23.18
86486					8.35	8.35
86490					101.60	101.60
86510					9.66	9.66
86580					13.15	13.15
86590				NRC	15.83	15.83
86592					5.34	5.34
86593					5.50	5.50
86596					15.06	15.06
86602					12.73	12.73
86603					16.09	16.09
86606					18.81	18.81
86609					16.10	16.10
86611					12.73	12.73
86612					16.13	16.13
86615					16.49	16.49
86617					19.36	19.36
86618					21.29	21.29
86619					16.73	16.73
86622					11.16	11.16
86625					16.40	16.40
86628					15.01	15.01
86631				NRC	14.78	14.78
86632				NRC	15.85	15.85
86635					14.34	14.34
86638					15.15	15.15
86641					18.01	18.01
86644					17.99	17.99
86645					21.06	21.06
86648				NRC	19.01	19.01
86651					16.49	16.49
86652					16.49	16.49
86653					16.49	16.49
86654					16.49	16.49
86658					16.29	16.29
86663				NRC	16.40	16.40
86664				NRC	19.11	19.11
86665				NRC	22.68	22.68
86666				NRC	12.73	12.73
86668				NRC	17.70	17.70

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
86671					15.31	15.31
86674					18.40	18.40
86677				NRC	21.06	21.06
86682				NRC	16.26	16.26
86684					19.80	19.80
86687					11.36	11.36
86688					17.50	17.50
86689					24.19	24.19
86692					21.45	21.45
86694				NRC	17.99	17.99
86695				NRC	16.49	16.49
86696				NRC	24.19	24.19
86698					17.24	17.24
86701					11.11	11.11
86702					16.90	16.90
86703					17.14	17.14
86704					15.06	15.06
86705					14.71	14.71
86706					13.43	13.43
86707					14.46	14.46
86708					15.49	15.49
86709					14.08	14.08
86710					16.94	16.94
86711					21.11	21.11
86713				NRC	19.13	19.13
86717				NRC	15.31	15.31
86720				NRC	20.25	20.25
86723				NRC	16.49	16.49
86727				NRC	16.09	16.09
86732				NRC	18.75	18.75
86735				NRC	16.31	16.31
86738				NRC	16.55	16.55
86741				NRC	16.49	16.49
86744				NRC	19.99	19.99
86747				NRC	18.79	18.79
86750				NRC	16.49	16.49
86753				NRC	15.49	15.49
86756				NRC	19.86	19.86
86757				NRC	24.19	24.19
86759				NRC	22.79	22.79
86762				NRC	17.99	17.99
86765				NRC	16.10	16.10
86768				NRC	16.49	16.49
86769				NRC	52.66	52.66
86771				NRC	30.60	30.60
86774					18.50	18.50
86777				NRC	17.99	17.99

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
86778				NRC	18.01	18.01
86780				NRC	16.55	16.55
86784				NRC	15.70	15.70
86787				NRC	16.10	16.10
86788					21.06	21.06
86789					17.99	17.99
86790				NRC	16.10	16.10
86793				NRC	16.49	16.49
86794				NRC	21.06	21.06
86800				NRC	19.89	19.89
86803					17.84	17.84
86804					19.36	19.36
86805				NRC	236.89	236.89
86806				NRC	59.49	59.49
86807				NRC	98.31	98.31
86808				NRC	37.10	37.10
86812				NRC	32.26	32.26
86813				NRC	72.50	72.50
86816				NRC	37.71	37.71
86817				NRC	132.68	132.68
86821				NRC	45.70	45.70
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					446.95	446.95
86835					403.70	403.70
86849				NRC	0.00	0.00
86850					12.21	12.21
86860				NRC	0.00	0.00
86870				NRC	0.00	0.00
86880				NRC	6.74	6.74
86885				NRC	7.15	7.15
86886				NRC	6.48	6.48
86890					125.00	125.00
86891					56.00	56.00
86900					3.74	3.74
86901					3.74	3.74
86902					7.94	7.94
86904					20.43	20.43
86905					4.79	4.79
86906					9.69	9.69
86910				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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	10.96	10.96
86941				NRC	15.14	15.14
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
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	21.05	21.05
87015				NRC	8.35	8.35
87040					12.90	12.90
87045					11.80	11.80
87046					11.80	11.80
87070					10.78	10.78
87071					12.36	12.36
87073					12.08	12.08
87075					11.84	11.84
87076					10.10	10.10
87077					10.10	10.10
87081					8.29	8.29
87084					33.84	33.84
87086					10.09	10.09
87088					10.11	10.11
87101					9.64	9.64
87102					10.51	10.51
87103					25.58	25.58
87106					12.90	12.90
87107					12.90	12.90
87109					19.24	19.24
87110					24.50	24.50
87116					13.50	13.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
87118					18.26	18.26
87140					6.96	6.96
87143					15.65	15.65
87147					6.48	6.48
87149					25.06	25.06
87150					43.86	43.86
87152					9.68	9.68
87153					144.20	144.20
87154					272.58	272.58
87158					9.68	9.68
87164					13.43	13.43
87164	26				26.03	26.03
87166					14.13	14.13
87168				NRC	5.34	5.34
87169				NRC	5.39	5.39
87172				NRC	5.34	5.34
87176					7.35	7.35
87177				NRC	11.13	11.13
87181					5.94	5.94
87184					9.35	9.35
87185					5.94	5.94
87186					10.81	10.81
87187					50.21	50.21
87188					8.30	8.30
87190					9.14	9.14
87197					18.78	18.78
87205					5.34	5.34
87206					6.74	6.74
87207					7.49	7.49
87207	26				24.29	24.29
87209					22.48	22.48
87210					7.28	7.28
87220					5.34	5.34
87230					24.68	24.68
87250					24.45	24.45
87252					32.59	32.59
87253					25.25	25.25
87254					24.45	24.45
87255					42.33	42.33
87260					18.04	18.04
87265				NRC	14.98	14.98
87267					16.78	16.78
87269					17.01	17.01
87270				NRC	14.98	14.98
87271					16.78	16.78
87272				NRC	14.98	14.98
87273				NRC	14.98	14.98

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
87274				NRC	14.98	14.98
87275				NRC	15.31	15.31
87276				NRC	20.09	20.09
87278				NRC	19.50	19.50
87279				NRC	20.54	20.54
87280					16.78	16.78
87281					14.98	14.98
87283				NRC	76.00	76.00
87285				NRC	15.23	15.23
87290				NRC	16.78	16.78
87299					20.13	20.13
87300					14.98	14.98
87301					14.98	14.98
87305				NRC	14.98	14.98
87320				NRC	18.75	18.75
87324				NRC	14.98	14.98
87327				NRC	16.78	16.78
87328				NRC	17.28	17.28
87329				NRC	14.98	14.98
87332					14.98	14.98
87335					15.83	15.83
87336				NRC	20.00	20.00
87337				NRC	14.98	14.98
87338				NRC	17.98	17.98
87339					20.00	20.00
87340					12.91	12.91
87341					12.91	12.91
87350					14.41	14.41
87380					22.95	22.95
87385					16.56	16.56
87389					30.10	30.10
87390					30.08	30.08
87391					27.38	27.38
87400				NRC	17.66	17.66
87420					17.39	17.39
87425				NRC	14.98	14.98
87426				NRC	44.16	44.16
87427				NRC	14.98	14.98
87428				NRC	38.68	38.68
87430					21.01	21.01
87449					14.98	14.98
87451					13.14	13.14
87467					18.81	18.81
87468				NRC	43.86	43.86
87469				NRC	43.86	43.86
87471				NRC	43.86	43.86
87472				NRC	53.55	53.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
87475				NRC	25.06	25.06
87476				NRC	43.86	43.86
87478				NRC	43.86	43.86
87480					25.06	25.06
87481					43.86	43.86
87482					69.68	69.68
87483				NRC	520.98	520.98
87484				NRC	43.86	43.86
87485				NRC	25.06	25.06
87486				NRC	43.86	43.86
87487				NRC	53.55	53.55
87490				NRC	28.44	28.44
87491				NRC	43.86	43.86
87492				NRC	66.84	66.84
87493					46.59	46.59
87495					37.54	37.54
87496					43.86	43.86
87497					53.55	53.55
87498				NRC	43.86	43.86
87500					43.86	43.86
87501					64.14	64.14
87502					119.75	119.75
87503					36.53	36.53
87505					160.36	160.36
87506					328.74	328.74
87507					520.98	520.98
87510				NRC	25.06	25.06
87511				NRC	43.86	43.86
87512				NRC	52.20	52.20
87516					43.86	43.86
87517					53.55	53.55
87520					39.03	39.03
87521					43.86	43.86
87522					53.55	53.55
87523				BR	TBD	TBD
87525					37.25	37.25
87526					49.08	49.08
87527					52.20	52.20
87528				NRC	25.06	25.06
87529				NRC	43.86	43.86
87530				NRC	53.55	53.55
87531				NRC	72.50	72.50
87532				NRC	43.86	43.86
87533				NRC	52.20	52.20
87534					27.40	27.40
87535					43.86	43.86
87536					106.38	106.38

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
87537					27.40	27.40
87538					43.86	43.86
87539					73.28	73.28
87540				NRC	25.06	25.06
87541				NRC	43.86	43.86
87542				NRC	52.20	52.20
87550					25.06	25.06
87551					60.30	60.30
87552					53.55	53.55
87555				NRC	33.60	33.60
87556				NRC	52.10	52.10
87557				NRC	53.55	53.55
87560				NRC	34.11	34.11
87561				NRC	43.86	43.86
87562				NRC	53.55	53.55
87563				NRC	43.86	43.86
87580					25.06	25.06
87581					43.86	43.86
87582					378.28	378.28
87590					33.60	33.60
87591					43.86	43.86
87592					53.55	53.55
87593				NRC	TBD	TBD
87623				NRC	43.86	43.86
87624				NRC	43.86	43.86
87625				NRC	50.69	50.69
87631					178.29	178.29
87632					272.58	272.58
87633					520.98	520.98
87634				NRC	87.75	87.75
87635				NRC	64.14	64.14
87636				NRC	178.29	178.29
87637				NRC	178.29	178.29
87640					43.86	43.86
87641					43.86	43.86
87650					25.06	25.06
87651					43.86	43.86
87652					52.20	52.20
87653					43.86	43.86
87660				NRC	25.06	25.06
87661					43.86	43.86
87662				NRC	64.14	64.14
87797					37.54	37.54
87798					43.86	43.86
87799					53.55	53.55
87800					54.59	54.59
87801					87.75	87.75

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
87802					15.91	15.91
87803				NRC	20.00	20.00
87804				NRC	20.69	20.69
87806				NRC	40.96	40.96
87807					16.38	16.38
87808					19.11	19.11
87809					27.20	27.20
87810					44.11	44.11
87811				NRC	51.73	51.73
87850					30.70	30.70
87880					20.66	20.66
87899					20.09	20.09
87900					162.94	162.94
87901					321.81	321.81
87902					321.81	321.81
87903					610.83	610.83
87904					32.59	32.59
87905				NRC	15.28	15.28
87906					160.91	160.91
87910					321.81	321.81
87912					321.81	321.81
87913				NRC	321.81	321.81
87999				NRC	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				NRC	821.25	821.25
88045				NRC	46.25	46.25
88099				NRC	0.00	0.00
88104					92.34	92.34
88104	26				36.85	36.85
88104	TC				55.49	55.49
88106					92.34	92.34
88106	26				26.03	26.03
88106	TC				66.31	66.31
88108					87.84	87.84
88108	26				30.25	30.25

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
88108	TC				57.59	57.59
88112					89.22	89.22
88112	26				37.29	37.29
88112	TC				51.93	51.93
88120				NRC	782.01	782.01
88120	26			NRC	78.83	78.83
88120	TC			NRC	703.17	703.17
88121				NRC	550.00	550.00
88121	26			NRC	65.36	65.36
88121	TC			NRC	484.64	484.64
88125				NRC	37.84	37.84
88125	26			NRC	18.60	18.60
88125	TC			NRC	19.25	19.25
88130				NRC	22.48	22.48
88140				NRC	9.99	9.99
88141				NRC	30.80	30.80
88142				NRC	25.33	25.33
88143				NRC	28.80	28.80
88147				NRC	63.20	63.20
88148				NRC	21.64	21.64
88150				NRC	21.64	21.64
88152				NRC	34.55	34.55
88153				NRC	30.04	30.04
88155				NRC	18.31	18.31
88160				NRC	99.93	99.93
88160	26			NRC	34.86	34.86
88160	TC			NRC	65.07	65.07
88161				NRC	102.11	102.11
88161	26			NRC	34.42	34.42
88161	TC			NRC	67.69	67.69
88162				NRC	157.67	157.67
88162	26			NRC	52.94	52.94
88162	TC			NRC	104.73	104.73
88164				NRC	21.64	21.64
88165				NRC	52.78	52.78
88166				NRC	21.64	21.64
88167				NRC	21.64	21.64
88172				NRC	74.95	74.95
88172	26			NRC	47.86	47.86
88172	TC			NRC	27.09	27.09
88173				NRC	215.88	215.88
88173	26			NRC	94.45	94.45
88173	TC			NRC	121.43	121.43
88174				NRC	31.71	31.71
88175				NRC	33.26	33.26
88177				NRC	39.75	39.75
88177	26			NRC	29.29	29.29

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
88177	TC			NRC	10.46	10.46
88182				NRC	211.89	211.89
88182	26			NRC	52.55	52.55
88182	TC			NRC	159.34	159.34
88184				NRC	96.88	96.88
88185				NRC	30.94	30.94
88187				NRC	48.72	48.72
88188				NRC	84.79	84.79
88189				NRC	114.92	114.92
88199				NRC	0.00	0.00
88199	26			NRC	0.00	0.00
88199	TC			NRC	0.00	0.00
88230				NRC	145.61	145.61
88233					175.91	175.91
88235				NRC	187.88	187.88
88237					179.69	179.69
88239					184.40	184.40
88240				NRC	16.34	16.34
88241				NRC	15.11	15.11
88245				NRC	216.46	216.46
88248				NRC	216.46	216.46
88249				NRC	216.46	216.46
88261				NRC	330.43	330.43
88262				NRC	156.86	156.86
88263				NRC	187.86	187.86
88264				NRC	180.76	180.76
88267				NRC	235.71	235.71
88269				NRC	217.08	217.08
88271				NRC	26.78	26.78
88272				NRC	50.88	50.88
88273				NRC	43.51	43.51
88274				NRC	52.98	52.98
88275				NRC	63.99	63.99
88280				NRC	41.84	41.84
88283				NRC	85.75	85.75
88285				NRC	33.64	33.64
88289				NRC	43.04	43.04
88291				NRC	44.16	44.16
88299				NRC	0.00	0.00
88300					21.40	21.40
88300	26				6.07	6.07
88300	TC				15.32	15.32
88302					43.40	43.40
88302	26				9.33	9.33
88302	TC				34.06	34.06
88304					56.41	56.41
88304	26				15.38	15.38

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
88304	TC				41.03	41.03
88305					95.68	95.68
88305	26				50.29	50.29
88305	TC				45.39	45.39
88307					383.76	383.76
88307	26				111.12	111.12
88307	TC				272.64	272.64
88309					580.15	580.15
88309	26				195.08	195.08
88309	TC				385.07	385.07
88311					27.73	27.73
88311	26				16.77	16.77
88311	TC				10.97	10.97
88312					148.40	148.40
88312	26				35.90	35.90
88312	TC				112.50	112.50
88313					107.48	107.48
88313	26				16.33	16.33
88313	TC				91.15	91.15
88314					119.69	119.69
88314	26				28.11	28.11
88314	TC				91.58	91.58
88319					178.49	178.49
88319	26				36.29	36.29
88319	TC				142.20	142.20
88321					132.49	114.19
88323					155.13	155.13
88323	26				118.45	118.45
88323	TC				36.68	36.68
88325					213.74	183.67
88329					75.88	48.43
88331					137.26	137.26
88331	26				83.59	83.59
88331	TC				53.67	53.67
88332					73.65	73.65
88332	26				41.34	41.34
88332	TC				32.32	32.32
88333					125.53	125.53
88333	26				83.63	83.63
88333	TC				41.91	41.91
88334					75.91	75.91
88334	26				50.64	50.64
88334	TC				25.27	25.27
88341					114.42	114.42
88341	26				38.16	38.16
88341	TC				76.26	76.26
88342					132.94	132.94

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
88342	26				47.03	47.03
88342	TC				85.92	85.92
88344					221.70	221.70
88344	26				51.68	51.68
88344	TC				170.02	170.02
88346					200.66	200.66
88346	26				48.50	48.50
88346	TC				152.15	152.15
88348					621.50	621.50
88348	26				104.10	104.10
88348	TC				517.39	517.39
88350					153.83	153.83
88350	26				39.16	39.16
88350	TC				114.68	114.68
88355					190.58	190.58
88355	26				111.56	111.56
88355	TC				79.02	79.02
88356					314.63	314.63
88356	26				168.36	168.36
88356	TC				146.27	146.27
88358					185.05	185.05
88358	26				66.89	66.89
88358	TC				118.16	118.16
88360					157.11	157.11
88360	26				56.37	56.37
88360	TC				100.73	100.73
88361					157.53	157.53
88361	26				59.41	59.41
88361	TC				98.12	98.12
88362					306.02	306.02
88362	26				149.29	149.29
88362	TC				156.73	156.73
88363				NRC	31.33	26.54
88364					180.44	180.44
88364	26				46.16	46.16
88364	TC				134.29	134.29
88365					238.36	238.36
88365	26				58.24	58.24
88365	TC				180.11	180.11
88366					367.62	367.62
88366	26				83.80	83.80
88366	TC				283.83	283.83
88367				NRC	150.94	150.94
88367	26			NRC	45.41	45.41
88367	TC			NRC	105.53	105.53
88368				NRC	188.68	188.68
88368	26			NRC	56.50	56.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
88368	TC			NRC	132.18	132.18
88369					161.71	161.71
88369	26				44.85	44.85
88369	TC				116.86	116.86
88371					27.79	27.79
88371	26				26.03	26.03
88372					32.78	32.78
88372	26				24.29	24.29
88373					91.33	91.33
88373	26				34.25	34.25
88373	TC				57.08	57.08
88374					397.98	397.98
88374	26				58.02	58.02
88374	TC				339.97	339.97
88375					65.12	65.12
88377					520.74	520.74
88377	26				86.57	86.57
88377	TC				434.16	434.16
88380				NRC	164.50	164.50
88380	26			NRC	71.97	71.97
88380	TC			NRC	92.53	92.53
88381					264.92	264.92
88381	26				32.37	32.37
88381	TC				232.55	232.55
88387					46.76	46.76
88387	26				36.67	36.67
88387	TC				10.09	10.09
88388					49.53	49.53
88388	26				31.60	31.60
88388	TC				17.94	17.94
88399				NRC	0.00	0.00
88399	26			NRC	0.00	0.00
88399	TC			NRC	0.00	0.00
88720				NRC	6.28	6.28
88738					6.28	6.28
88740				NRC	11.71	11.71
88741				NRC	11.71	11.71
88749				NRC	0.00	0.00
89049				NRC	370.97	86.86
89050					5.90	5.90
89051					7.00	7.00
89055					5.34	5.34
89060					9.16	9.16
89060	26				24.29	24.29
89125					7.35	7.35
89160					6.06	6.06
89190					7.24	7.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
89220					23.60	23.60
89230					3.56	3.56
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
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	12.30	12.30
89310				NRC	10.76	10.76
89320				NRC	15.39	15.39
89321				NRC	15.06	15.06
89322				NRC	19.38	19.38
89325				NRC	13.34	13.34
89329				NRC	24.49	24.49
89330				NRC	12.98	12.98
89331				NRC	24.49	24.49
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
90371					158.11	158.11
90375					403.44	403.44
90376					356.09	356.09
90377					278.43	278.43
90378				NRC	0.00	0.00
90380				NRC	TBD	TBD
90381				NRC	TBD	TBD
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				NRC	0.00	0.00
90460					30.35	30.35
90461					13.90	13.90
90471					26.93	26.93
90472					19.44	19.44
90473					22.14	22.14
90474					15.95	15.95
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	172.47	172.47
90589				NRC	TBD	TBD
90611				NRC	TBD	TBD
90619				NRC	0.00	0.00
90620				NRC	247.23	247.23
90621				NRC	177.70	177.70
90622				NRC	TBD	TBD
90623				NRC	TBD	TBD
90625				NRC	0.00	0.00
90626				NRC	0.00	0.00
90627				NRC	0.00	0.00
90630				NRC	24.41	24.41
90632				NRC	84.12	84.12
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	71.43	71.43

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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	83.93	83.93
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	309.59	309.59
90671				NRC	295.43	295.43
90672				NRC	32.25	32.25
90673				NRC	48.74	48.74
90674				NRC	38.73	38.73
90675					410.67	410.67
90676					9.09	9.09
90677				NRC	346.40	346.40
90678				NRC	0.00	0.00
90679				NRC	TBD	TBD
90680				NRC	0.00	0.00
90681				NRC	0.00	0.00
90682				NRC	83.93	83.93
90683				NRC	TBD	TBD
90685				NRC	25.97	25.97
90686				NRC	25.82	25.82
90687				NRC	12.29	12.29
90688				NRC	24.58	24.58
90689				NRC	0.00	0.00
90690				NRC	0.00	0.00
90691				NRC	131.03	131.03
90694				NRC	86.02	86.02
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					35.12	35.12
90715					45.15	45.15
90716				NRC	0.00	0.00
90717				NRC	90.07	90.07
90723				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
90732				NRC	160.17	160.17
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	182.49	182.49
90740				NRC	182.55	182.55
90743				NRC	88.62	88.62
90744				NRC	37.26	37.26
90746					84.45	84.45
90747				NRC	172.87	172.87
90748				NRC	0.00	0.00
90749				NRC	0.00	0.00
90756				NRC	36.70	36.70
90758				NRC	0.00	0.00
90759					88.58	88.58
90785					20.63	18.45
90785	95				18.45	18.45
90785	95	93			18.45	18.45
90791					241.72	210.78
90791	95				210.78	210.78
90791	95	93			210.78	210.78
90792					271.53	240.16
90792	95				240.16	240.16
90792	95	93			240.16	240.16
90832					104.61	92.85
90832	95				92.85	92.85
90832	95	93			92.85	92.85
90833					96.07	86.48
90833	95				86.48	86.48
90833	95	93			86.48	86.48
90834					138.40	123.15
90834	95				123.15	123.15
90834	95	93			123.15	123.15
90836					121.86	109.66
90836	95				109.66	109.66
90836	95	93			109.66	109.66
90837					203.62	180.96
90837	95				180.96	180.96
90837	95	93			180.96	180.96
90838					161.21	145.52
90838	95				145.52	145.52
90838	95	93			145.52	145.52
90839				NRC	195.60	174.68
90839	95			NRC	174.68	174.68
90839	95	93		NRC	174.68	174.68
90840				NRC	97.09	87.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
90840	95			NRC	87.50	87.50
90840	95	93		NRC	87.50	87.50
90845					130.84	116.90
90845	95				116.90	116.90
90845	95	93			116.90	116.90
90846				NRC	133.48	133.05
90847				NRC	139.13	138.70
90849				NRC	50.56	39.66
90853					37.05	32.69
90863				NRC	34.99	33.25
90865				NRC	223.28	170.99
90867				NRC	276.64	167.51
90868				NRC	255.18	34.84
90869				NRC	249.09	139.93
90870					233.91	146.76
90875					81.81	80.94
90876					141.69	128.62
90880					143.86	122.07
90882				NRC	0.00	0.00
90885				NRC	65.95	65.95
90887				NRC	117.19	100.63
90889				NRC	0.00	0.00
90899				NRC	0.00	0.00
90901					54.96	26.20
90901	GP				54.96	26.20
90901	GO				54.96	26.20
90901	GN				54.96	26.20
90912					108.66	58.98
90912	GP				108.66	58.98
90912	GO				108.66	58.98
90913					44.22	33.77
90913	GP				44.22	33.77
90913	GO				44.22	33.77
90935				NRC	98.89	98.89
90937				NRC	140.47	140.47
90940				NRC	0.00	0.00
90945				NRC	117.09	117.09
90947				NRC	169.20	169.20
90951				NRC	1620.73	1620.73
90952				NRC	678.00	678.00
90953				NRC	583.40	583.40
90954				NRC	1391.01	1391.01
90955				NRC	716.11	716.11
90956				NRC	476.45	476.45
90957				NRC	1060.68	1060.68
90958				NRC	688.58	688.58
90959				NRC	446.23	446.23

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
90960				NRC	484.98	484.98
90961				NRC	403.03	403.03
90962				NRC	276.31	276.31
90963				NRC	836.26	836.26
90964				NRC	717.12	717.12
90965				NRC	686.47	686.47
90966				NRC	402.60	402.60
90967				NRC	24.28	24.28
90968				NRC	23.80	23.80
90969				NRC	23.32	23.32
90970				NRC	13.03	13.03
90989				NRC	0.00	0.00
90993				NRC	0.00	0.00
90997				NRC	121.39	121.39
90999				NRC	0.00	0.00
91010					294.87	294.87
91010	26				88.17	88.17
91010	TC				206.70	206.70
91013					34.38	34.38
91013	26				12.59	12.59
91013	TC				21.79	21.79
91020					365.12	365.12
91020	26				98.73	98.73
91020	TC				266.40	266.40
91022					230.03	230.03
91022	26				98.73	98.73
91022	TC				131.31	131.31
91030					192.51	192.51
91030	26				62.94	62.94
91030	TC				129.57	129.57
91034					256.09	256.09
91034	26				68.13	68.13
91034	TC				187.96	187.96
91035					611.59	611.59
91035	26				111.70	111.70
91035	TC				499.89	499.89
91037					224.57	224.57
91037	26				66.68	66.68
91037	TC				157.89	157.89
91038					539.30	539.30
91038	26				75.51	75.51
91038	TC				463.80	463.80
91040					693.16	693.16
91040	26				67.77	67.77
91040	TC				625.39	625.39
91065				NRC	110.80	110.80
91065	26			NRC	13.55	13.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
91065	TC			NRC	97.25	97.25
91110					983.05	983.05
91110	26				153.29	153.29
91110	TC				829.76	829.76
91111					1171.55	1171.55
91111	26				62.03	62.03
91111	TC				1109.52	1109.52
91112					2163.52	NC
91112	26				144.49	144.49
91112	TC				2019.03	NC
91113					1203.10	1203.10
91117				NRC	185.91	185.91
91120					672.03	672.03
91120	26				65.81	65.81
91120	TC				606.22	606.22
91122					366.50	366.50
91122	26				120.59	120.59
91122	TC				245.91	245.91
91132					584.58	584.58
91132	26				35.88	35.88
91132	TC				548.70	548.70
91133					615.67	615.67
91133	26				45.19	45.19
91133	TC				570.48	570.48
91200					40.68	40.68
91200	26				14.46	14.46
91200	TC				26.22	26.22
91299				NRC	0.00	0.00
91299	26			NRC	0.00	0.00
91299	TC			NRC	0.00	0.00
91300				NRC	0.00	0.00
91301				NRC	0.00	0.00
91302				NRC	0.00	0.00
91303				NRC	0.00	0.00
91304				NRC	0.00	0.00
91305				NRC	0.00	0.00
91306				NRC	0.00	0.00
91307				NRC	0.00	0.00
91308				NRC	0.00	0.00
91309				NRC	0.00	0.00
91310				NRC	0.00	0.00
91311				NRC	0.00	0.00
91312				NRC	TBD	TBD
91313				NRC	TBD	TBD
91314				NRC	TBD	TBD
91315				NRC	TBD	TBD
91316				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
91317				NRC	TBD	TBD
92002					114.53	62.67
92004					201.42	128.65
92012					120.51	69.09
92014					169.67	103.87
92015					26.58	25.71
92018					189.02	189.02
92019					97.74	97.74
92020					37.36	27.77
92025					48.68	48.68
92025	26				26.38	26.38
92025	TC				22.30	22.30
92060					84.97	84.97
92060	26				50.04	50.04
92060	TC				34.93	34.93
92065					56.29	56.29
92065	26				45.33	45.33
92065	TC				10.97	10.97
92066					33.63	33.63
92071					49.77	44.11
92072					171.84	129.57
92081					44.55	44.55
92081	26				21.81	21.81
92081	TC				22.73	22.73
92082					62.40	62.40
92082	26				28.34	28.34
92082	TC				34.06	34.06
92083					83.30	83.30
92083	26				36.60	36.60
92083	TC				46.70	46.70
92100					113.39	44.11
92132					42.37	42.37
92132	26				22.25	22.25
92132	TC				20.12	20.12
92133					49.32	49.32
92133	26				29.21	29.21
92133	TC				20.12	20.12
92134					54.33	54.33
92134	26				33.77	33.77
92134	TC				20.55	20.55
92136					63.42	63.42
92136	26				41.13	41.13
92136	TC				22.30	22.30
92145					17.12	17.12
92145	26				7.46	7.46
92145	TC				9.66	9.66
92201					33.64	30.59

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92202					21.21	19.90
92227				NRC	21.86	21.86
92228				NRC	39.40	39.40
92228	26			NRC	22.77	22.77
92228	TC			NRC	16.63	16.63
92229				NRC	58.90	58.90
92230					148.79	47.26
92235					181.52	181.52
92235	26				57.26	57.26
92235	TC				124.26	124.26
92240					251.96	251.96
92240	26				64.51	64.51
92240	TC				187.45	187.45
92242					340.76	340.76
92242	26				74.01	74.01
92242	TC				266.76	266.76
92250					50.20	50.20
92250	26				28.77	28.77
92250	TC				21.42	21.42
92260					26.62	14.42
92265					115.98	115.98
92265	26				61.87	61.87
92265	TC				54.11	54.11
92270					145.25	145.25
92270	26				57.08	57.08
92270	TC				88.17	88.17
92273					167.84	167.84
92273	26				49.60	49.60
92273	TC				118.24	118.24
92274					118.19	118.19
92274	26				44.91	44.91
92274	TC				73.28	73.28
92283				NRC	71.02	71.02
92283	26			NRC	12.12	12.12
92283	TC			NRC	58.90	58.90
92284				NRC	60.21	60.21
92285				NRC	30.42	30.42
92285	26			NRC	4.20	4.20
92285	TC			NRC	26.22	26.22
92286					52.37	52.37
92286	26				29.21	29.21
92286	TC				23.17	23.17
92287					189.64	189.64
92287	26				48.38	48.38
92287	TC				141.26	141.26
92310					135.28	79.07
92311					141.01	71.28

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92312					163.55	82.50
92313					133.36	59.28
92314					116.05	46.77
92315					109.16	28.98
92316					135.40	43.46
92317					114.83	28.98
92325					58.90	58.90
92326					50.62	50.62
92340					46.15	24.80
92341					53.68	32.33
92342					57.42	36.51
92352					59.22	24.80
92353					68.19	34.20
92354					17.50	17.50
92355					27.09	27.09
92358					14.45	14.45
92370					40.71	21.53
92371					15.32	15.32
92499				NRC	0.00	0.00
92499	26			NRC	0.00	0.00
92499	TC			NRC	0.00	0.00
92502					129.52	129.52
92504					38.74	13.03
92507	GO				105.11	105.11
92507	GN				105.11	105.11
92507	GO	95			105.11	105.11
92507	GN	95			105.11	105.11
92508	GO				32.40	32.40
92508	GN				32.40	32.40
92508	GO	95			32.40	32.40
92508	GN	95			32.40	32.40
92511					157.11	51.66
92512					84.96	37.90
92516					94.48	31.73
92517				NRC	104.31	58.12
92518				NRC	107.80	58.56
92519				NRC	178.33	87.69
92520					114.13	54.86
92520	GO				114.13	54.86
92520	GN				114.13	54.86
92521	GN				182.41	182.41
92521	GN	95			182.41	182.41
92522	GN				152.82	152.82
92522	GN	95			152.82	152.82
92523	GN				312.75	312.75
92523	GN	95			312.75	312.75
92524	GN				151.07	151.07

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92524	GN	95			151.07	151.07
92526	GO				116.17	116.17
92526	GN				116.17	116.17
92526	GO	95			116.17	116.17
92526	GN	95			116.17	116.17
92531					24.44	24.44
92532					28.18	28.18
92533					45.10	45.10
92534					20.19	20.19
92537					54.96	54.96
92537	26				42.25	42.25
92537	TC				12.71	12.71
92538					30.60	30.60
92538	26				21.81	21.81
92538	TC				8.79	8.79
92540					147.85	147.85
92540	26				106.39	106.39
92540	TC				41.47	41.47
92541					34.51	34.51
92541	26				28.77	28.77
92541	TC				5.74	5.74
92542					39.64	39.64
92542	26				33.90	33.90
92542	TC				5.74	5.74
92544					24.37	24.37
92544	26				19.51	19.51
92544	TC				4.87	4.87
92545					22.98	22.98
92545	26				18.12	18.12
92545	TC				4.87	4.87
92546					166.59	166.59
92546	26				20.47	20.47
92546	TC				146.12	146.12
92547					13.94	13.94
92548					64.48	64.48
92548	26				46.10	46.10
92548	TC				18.37	18.37
92549					87.90	87.90
92549	26				61.25	61.25
92549	TC				26.65	26.65
92550					30.30	30.30
92551					15.76	15.76
92552					46.26	46.26
92553					56.72	56.72
92555					35.80	35.80
92556					55.41	55.41
92557					50.60	43.63

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92558					12.99	11.68
92562					62.39	62.39
92563					43.21	43.21
92565					26.22	26.22
92567					22.27	14.86
92568					21.41	20.97
92570					44.29	39.93
92571					39.29	39.29
92572					61.51	61.51
92575					97.32	97.32
92576					51.93	51.93
92577					26.65	26.65
92579					61.48	51.02
92582				NRC	106.83	106.83
92583					70.67	70.67
92584					151.78	151.78
92587					29.94	29.94
92587	26				24.64	24.64
92587	TC				5.30	5.30
92588					46.47	46.47
92588	26				39.42	39.42
92588	TC				7.04	7.04
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					95.50	95.50
92597	GN			NRC	98.84	98.84
92601				NRC	219.27	168.29
92602				NRC	138.23	95.52
92603				NRC	205.99	163.72
92604				NRC	124.07	91.39
92605	GN			NRC	126.24	118.84
92606	GN			NRC	109.30	94.49
92607	GN			NRC	168.86	168.86
92608	GN			NRC	66.27	66.27
92609	GO			NRC	140.81	140.81
92609	GN			NRC	140.81	140.81
92610					116.00	96.39
92610	GO				116.00	96.39
92610	GN				116.00	96.39
92611					125.17	125.17
92611	GO				125.17	125.17
92611	GN				125.17	125.17
92612					262.00	91.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92612	GO				262.00	91.62
92612	GN				262.00	91.62
92613					50.77	50.77
92614					197.14	90.82
92614	GO				197.14	90.82
92614	GN				197.14	90.82
92615					45.21	45.21
92616					300.59	136.30
92616	GO				300.59	136.30
92616	GN				300.59	136.30
92617					56.34	55.90
92618	GO			NRC	44.42	43.98
92618	GN			NRC	44.42	43.98
92620					121.78	109.14
92621					29.87	25.51
92622				NRC	TBD	TBD
92623				NRC	TBD	TBD
92625					93.58	84.00
92626					119.04	102.48
92627					28.04	24.12
92630				NRC	0.00	0.00
92633				NRC	0.00	0.00
92640					150.18	128.40
92650				NRC	37.36	37.36
92651				NRC	114.74	114.74
92652				NRC	154.17	154.17
92653				NRC	114.66	114.66
92700				NRC	0.00	0.00
92920					NC	727.64
92921				NRC	0.00	0.00
92924					NC	869.63
92925				NRC	0.00	0.00
92928					NC	811.46
92929				NRC	0.00	0.00
92933					NC	909.34
92934				NRC	0.00	0.00
92937					NC	810.54
92938				NRC	0.00	0.00
92941					NC	910.15
92943					NC	911.24
92944				NRC	0.00	0.00
92950					443.99	254.00
92953				NRC	1.42	1.42
92960				NRC	210.96	148.64
92961				NRC	336.82	336.82
92970					259.69	259.69
92971					138.01	138.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
92972				BR	TBD	TBD
92973					242.10	242.10
92974					221.75	221.75
92975					517.88	517.88
92977					69.72	69.72
92978				NRC	410.06	410.06
92978	26			NRC	130.29	130.29
92978	TC			NRC	255.44	255.44
92979				NRC	250.01	250.01
92979	26			NRC	103.80	103.80
92979	TC			NRC	129.07	129.07
92986				NRC	1815.69	1815.69
92987				NRC	1878.37	1878.37
92990				NRC	1498.01	1498.01
92997				NRC	877.48	877.48
92998				NRC	438.23	438.23
93000					19.60	19.60
93005					8.35	8.35
93010					11.25	11.25
93015					94.95	94.95
93016					28.98	28.98
93017					46.77	46.77
93018					19.20	19.20
93024					147.99	147.99
93024	26				75.37	75.37
93024	TC				72.63	72.63
93025					161.19	161.19
93025	26				50.36	50.36
93025	TC				110.83	110.83
93040					17.33	17.33
93041					7.92	7.92
93042					9.42	9.42
93050					21.34	21.34
93050	26				11.25	11.25
93050	TC				10.09	10.09
93150				NRC	TBD	TBD
93151				NRC	TBD	TBD
93152				NRC	TBD	TBD
93153				NRC	TBD	TBD
93224					96.42	96.42
93225					24.04	24.04
93226					47.13	47.13
93227					25.24	25.24
93228					34.99	34.99
93229				NRC	1093.18	1093.18
93241				NRC	346.21	346.21
93242				NRC	15.76	15.76

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93243				NRC	298.13	298.13
93244				NRC	32.31	32.31
93245				NRC	364.72	364.72
93246				NRC	15.76	15.76
93247				NRC	313.39	313.39
93248				NRC	35.57	35.57
93260					103.72	103.72
93260	26				57.90	57.90
93260	TC				45.83	45.83
93261					94.84	94.84
93261	26				49.45	49.45
93261	TC				45.39	45.39
93264					68.81	48.77
93268					234.74	234.74
93270					10.97	10.97
93271					190.50	190.50
93272					33.27	33.27
93278					38.67	38.67
93278	26				16.81	16.81
93278	TC				21.86	21.86
93279					91.41	91.41
93279	26				42.97	42.97
93279	TC				48.44	48.44
93280					107.17	107.17
93280	26				50.88	50.88
93280	TC				56.29	56.29
93281					114.62	114.62
93281	26				57.46	57.46
93281	TC				57.16	57.16
93282					109.39	109.39
93282	26				57.46	57.46
93282	TC				51.93	51.93
93283					133.75	133.75
93283	26				77.02	77.02
93283	TC				56.72	56.72
93284					144.19	144.19
93284	26				83.55	83.55
93284	TC				60.64	60.64
93285					81.71	81.71
93285	26				35.01	35.01
93285	TC				46.70	46.70
93286					61.54	61.54
93286	26				20.07	20.07
93286	TC				41.47	41.47
93287					71.76	71.76
93287	26				30.29	30.29
93287	TC				41.47	41.47

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93288					75.60	75.60
93288	26				28.03	28.03
93288	TC				47.57	47.57
93289					98.51	98.51
93289	26				50.50	50.50
93289	TC				48.01	48.01
93290					72.18	72.18
93290	26				28.97	28.97
93290	TC				43.21	43.21
93291					66.63	66.63
93291	26				24.72	24.72
93291	TC				41.91	41.91
93292					68.70	68.70
93292	26				28.53	28.53
93292	TC				40.16	40.16
93293					60.71	60.71
93293	26				19.68	19.68
93293	TC				41.03	41.03
93294					41.16	41.16
93295					50.46	50.46
93296					29.27	29.27
93297					35.59	35.59
93298					36.03	36.03
93303				NRC	293.21	293.21
93303	26			NRC	84.19	84.19
93303	TC			NRC	209.02	209.02
93304				NRC	206.22	206.22
93304	26			NRC	49.63	49.63
93304	TC			NRC	156.58	156.58
93306					262.07	262.07
93306	26				94.02	94.02
93306	TC				168.06	168.06
93307					182.53	182.53
93307	26				59.93	59.93
93307	TC				122.59	122.59
93308					130.63	130.63
93308	26				34.18	34.18
93308	TC				96.45	96.45
93312					318.04	318.04
93312	26				146.21	146.21
93312	TC				171.83	171.83
93313					15.62	15.62
93314					305.98	305.98
93314	26				123.68	123.68
93314	TC				182.29	182.29
93315				NRC	733.86	733.86
93315	26			NRC	173.26	173.26

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93315	TC			NRC	560.60	560.60
93316				NRC	35.49	35.49
93317	26			NRC	120.88	120.88
93318					700.80	700.80
93318	26				140.20	140.20
93318	TC				560.60	560.60
93319				NRC	74.29	33.33
93320					67.54	67.54
93320	26				24.33	24.33
93320	TC				43.21	43.21
93321					33.39	33.39
93321	26				9.85	9.85
93321	TC				23.53	23.53
93325					30.80	30.80
93325	26				4.22	4.22
93325	TC				26.58	26.58
93350					247.98	247.98
93350	26				94.02	94.02
93350	TC				153.97	153.97
93351					310.06	310.06
93351	26				113.25	113.25
93351	TC				196.82	196.82
93352					44.96	44.96
93355					308.13	308.13
93356					49.52	15.97
93451					1146.76	1146.76
93451	26				179.51	179.51
93451	TC				967.25	967.25
93452					1201.54	1201.54
93452	26				323.63	323.63
93452	TC				877.91	877.91
93453					1529.89	1529.89
93453	26				433.22	433.22
93453	TC				1096.67	1096.67
93454					1206.72	1206.72
93454	26				327.06	327.06
93454	TC				879.66	879.66
93455					1345.53	1345.53
93455	26				381.34	381.34
93455	TC				964.19	964.19
93456					1502.71	1502.71
93456	26				426.09	426.09
93456	TC				1076.62	1076.62
93457					1638.36	1638.36
93457	26				478.51	478.51
93457	TC				1159.85	1159.85
93458					1388.67	1388.67

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93458	26				403.55	403.55
93458	TC				985.11	985.11
93459					1495.67	1495.67
93459	26				457.83	457.83
93459	TC				1037.84	1037.84
93460					1661.50	1661.50
93460	26				512.54	512.54
93460	TC				1148.96	1148.96
93461					1832.71	1832.71
93461	26				566.38	566.38
93461	TC				1266.32	1266.32
93462					287.85	287.85
93463					134.70	134.70
93464					293.42	293.42
93464	26				120.79	120.79
93464	TC				172.63	172.63
93503					122.13	122.13
93505					865.21	865.21
93505	26				310.34	310.34
93505	TC				554.87	554.87
93563				NRC	71.67	71.67
93564				NRC	76.15	76.15
93565					37.39	37.39
93566					36.81	36.81
93567					52.54	52.54
93568					65.21	65.21
93569					52.08	52.08
93571					365.40	365.40
93571	26				99.55	99.55
93571	TC				265.86	265.86
93572					206.71	206.71
93572	26				72.25	72.25
93572	TC				134.46	134.46
93573					86.80	86.80
93574					95.67	95.67
93575				NRC	128.05	128.05
93580				NRC	1341.26	1341.26
93581				NRC	1822.53	1822.53
93582					911.90	911.90
93583					1020.49	1020.49
93584				NRC	TBD	TBD
93585				NRC	TBD	TBD
93586				NRC	TBD	TBD
93587				NRC	TBD	TBD
93588				NRC	TBD	TBD
93590				NRC	1466.50	1466.50
93591				NRC	1208.19	1208.19

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93592				NRC	534.22	534.22
93593				NRC	0.00	0.00
93594				NRC	0.00	0.00
93595				NRC	0.00	0.00
93596				NRC	0.00	0.00
93597				NRC	0.00	0.00
93598				NRC	0.00	0.00
93600					277.30	277.30
93600	26				161.70	161.70
93600	TC				115.61	115.61
93602					222.82	222.82
93602	26				157.56	157.56
93602	TC				65.25	65.25
93603					256.56	256.56
93603	26				157.56	157.56
93603	TC				99.00	99.00
93609					537.83	537.83
93609	26				377.46	377.46
93609	TC				160.36	160.36
93610					303.38	303.38
93610	26				223.15	223.15
93610	TC				80.23	80.23
93612					314.57	314.57
93612	26				219.44	219.44
93612	TC				95.13	95.13
93613					405.04	405.04
93615					69.09	69.09
93615	26				50.32	50.32
93615	TC				18.77	18.77
93616	26				80.02	80.02
93618					532.39	532.39
93618	26				299.59	299.59
93618	TC				232.79	232.79
93619					983.77	983.77
93619	26				530.90	530.90
93619	TC				452.88	452.88
93620					1455.95	1455.95
93620	26				854.46	854.46
93621	26				113.27	113.27
93622	26				234.23	234.23
93623					229.07	229.07
93623	26				111.82	111.82
93623	TC				117.26	117.26
93624					458.45	458.45
93624	26				341.19	341.19
93624	TC				117.26	117.26
93631	26				546.33	546.33

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93640	26				242.82	242.82
93641	26				425.85	425.85
93642					455.12	455.12
93642	26				347.19	347.19
93642	TC				107.92	107.92
93644					261.09	261.09
93644	26				195.22	195.22
93644	TC				65.87	65.87
93650					809.02	809.02
93653					NC	1163.43
93654					NC	1402.37
93655					NC	426.66
93656					NC	1319.32
93657					426.66	426.66
93660					216.96	216.96
93660	26				125.16	125.16
93660	TC				91.80	91.80
93662	26				100.47	100.47
93668				NRC	18.81	18.81
93701					34.50	34.50
93702					167.48	167.48
93724				NRC	386.99	386.99
93724	26			NRC	326.34	326.34
93724	TC			NRC	60.64	60.64
93740				NRC	10.77	10.77
93745				NRC	111.32	111.32
93745	26			NRC	69.32	69.32
93745	TC			NRC	41.96	41.96
93750					69.38	55.44
93770				NRC	10.77	10.77
93784				NRC	61.08	61.08
93786				NRC	29.27	29.27
93788				NRC	7.04	7.04
93790				NRC	24.77	24.77
93792					91.80	91.80
93793					15.64	15.64
93797				NRC	22.62	12.16
93798				NRC	34.44	18.75
93799				NRC	0.00	0.00
93799	26			NRC	0.00	0.00
93799	TC			NRC	0.00	0.00
93880					253.85	253.85
93880	26				53.11	53.11
93880	TC				200.74	200.74
93882					164.86	164.86
93882	26				33.55	33.55
93882	TC				131.31	131.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93886					356.94	356.94
93886	26				62.51	62.51
93886	TC				294.43	294.43
93888					210.39	210.39
93888	26				34.64	34.64
93888	TC				175.76	175.76
93890					367.34	367.34
93890	26				68.99	68.99
93890	TC				298.35	298.35
93892					421.27	421.27
93892	26				80.66	80.66
93892	TC				340.62	340.62
93893					521.21	521.21
93893	26				82.11	82.11
93893	TC				439.10	439.10
93895				BR	0.00	0.00
93895	26			BR	0.00	0.00
93895	TC			BR	0.00	0.00
93922					108.68	108.68
93922	26				17.03	17.03
93922	TC				91.65	91.65
93923					169.80	169.80
93923	26				30.21	30.21
93923	TC				139.59	139.59
93924					208.50	208.50
93924	26				33.47	33.47
93924	TC				175.03	175.03
93925					317.83	317.83
93925	26				51.73	51.73
93925	TC				266.10	266.10
93926					189.04	189.04
93926	26				31.59	31.59
93926	TC				157.45	157.45
93930					260.02	260.02
93930	26				52.75	52.75
93930	TC				207.28	207.28
93931					163.77	163.77
93931	26				32.02	32.02
93931	TC				131.74	131.74
93970					249.87	249.87
93970	26				46.08	46.08
93970	TC				203.79	203.79
93971					158.33	158.33
93971	26				29.63	29.63
93971	TC				128.69	128.69
93975					353.63	353.63
93975	26				77.06	77.06

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
93975	TC				276.56	276.56
93976					210.78	210.78
93976	26				52.46	52.46
93976	TC				158.33	158.33
93978					240.12	240.12
93978	26				52.89	52.89
93978	TC				187.23	187.23
93979					155.49	155.49
93979	26				32.02	32.02
93979	TC				123.47	123.47
93980					156.39	156.39
93980	26				81.37	81.37
93980	TC				75.02	75.02
93981					93.72	93.72
93981	26				29.59	29.59
93981	TC				64.13	64.13
93985					328.73	328.73
93985	26				53.03	53.03
93985	TC				275.69	275.69
93986					195.79	195.79
93986	26				33.11	33.11
93986	TC				162.68	162.68
93990					194.12	194.12
93990	26				32.75	32.75
93990	TC				161.38	161.38
93998				NRC	0.00	0.00
94002					127.25	127.25
94003					88.91	88.91
94004					65.79	65.79
94005					123.38	123.38
94010					35.72	35.72
94010	26				11.25	11.25
94010	TC				24.47	24.47
94011				NRC	117.60	117.60
94012				NRC	190.71	190.71
94013				NRC	26.42	26.42
94014					73.87	73.87
94015					40.16	40.16
94016					33.71	33.71
94060					51.18	51.18
94060	26				14.07	14.07
94060	TC				37.11	37.11
94070					82.05	82.05
94070	26				37.96	37.96
94070	TC				44.08	44.08
94150					32.69	32.69
94150	26				5.16	5.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
94150	TC				27.53	27.53
94200					19.53	19.53
94200	26				3.77	3.77
94200	TC				15.76	15.76
94375					51.12	51.12
94375	26				19.68	19.68
94375	TC				31.45	31.45
94450					108.73	108.73
94450	26				27.10	27.10
94450	TC				81.63	81.63
94452					64.63	64.63
94452	26				19.24	19.24
94452	TC				45.39	45.39
94453					88.25	88.25
94453	26				25.36	25.36
94453	TC				62.89	62.89
94610					77.79	77.79
94617				NRC	116.46	116.46
94617	26			NRC	43.54	43.54
94617	TC			NRC	72.92	72.92
94618					45.81	45.81
94618	26				30.49	30.49
94618	TC				15.32	15.32
94619				NRC	101.70	101.70
94619	26			NRC	30.96	30.96
94619	TC			NRC	70.74	70.74
94621					205.54	205.54
94621	26				93.26	93.26
94621	TC				112.28	112.28
94625				NRC	77.19	23.59
94626				NRC	102.87	37.50
94640					11.84	11.84
94642				NRC	18.77	18.77
94644					77.64	77.64
94645					20.55	20.55
94660					85.55	51.13
94662					48.51	48.51
94664					22.30	22.30
94667					30.65	30.65
94668					47.64	47.64
94669					25.42	25.42
94680					69.80	69.80
94680	26				17.36	17.36
94680	TC				52.44	52.44
94681					62.06	62.06
94681	26				13.11	13.11
94681	TC				48.95	48.95

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
94690					62.32	62.32
94690	26				5.16	5.16
94690	TC				57.16	57.16
94726					71.90	71.90
94726	26				16.42	16.42
94726	TC				55.49	55.49
94727					57.89	57.89
94727	26				16.42	16.42
94727	TC				41.47	41.47
94728					52.66	52.66
94728	26				16.85	16.85
94728	TC				35.80	35.80
94729					74.59	74.59
94729	26				12.20	12.20
94729	TC				62.39	62.39
94760					3.12	3.12
94761					4.87	4.87
94762					33.19	33.19
94780					69.41	32.81
94781					27.37	11.25
94799				NRC	0.00	0.00
94799	26			NRC	0.00	0.00
94799	TC			NRC	0.00	0.00
95004					5.34	5.34
95012					24.47	24.47
95017					11.70	5.16
95018					26.81	9.81
95024					10.57	1.42
95027					6.65	6.65
95028					16.63	16.63
95044					6.61	6.61
95052					8.35	8.35
95056					66.38	66.38
95060					48.88	48.88
95065					36.24	36.24
95070					45.03	45.03
95076					163.61	101.30
95079					115.61	93.39
95115					13.15	13.15
95117					15.32	15.32
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95144					22.11	4.68
95145					43.46	4.25
95146					79.63	4.25
95147					77.02	4.25
95148					113.62	4.25
95149					150.23	4.25
95165					19.93	4.68
95170					15.14	4.25
95180					186.38	140.19
95199				NRC	0.00	0.00
95249				NRC	79.60	79.60
95250				NRC	189.41	189.41
95251				NRC	47.68	47.68
95700					323.27	323.27
95705					170.58	170.58
95706					512.56	512.56
95707					647.12	647.12
95708					249.91	249.91
95709					967.30	967.30
95710					1208.96	1208.96
95711					219.09	219.09
95712					645.84	645.84
95713					874.95	874.95
95714					319.25	319.25
95715					1149.36	1149.36
95716					1504.64	1504.64
95717					140.00	138.70
95718					184.88	181.83
95719					217.27	214.65
95720					285.95	281.16
95721					285.01	279.78
95722					347.07	340.97
95723					348.45	342.35
95724					438.89	431.92
95725					398.68	390.83
95726					558.10	548.51
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	197.92	197.92
95800	26			NRC	55.72	55.72
95800	TC			NRC	142.20	142.20
95801				NRC	124.71	124.71
95801	26			NRC	55.72	55.72

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95801	TC			NRC	68.99	68.99
95803				NRC	184.84	184.84
95803	26			NRC	58.40	58.40
95803	TC			NRC	126.44	126.44
95805					550.39	550.39
95805	26				78.11	78.11
95805	TC				472.29	472.29
95806					123.74	123.74
95806	26				60.41	60.41
95806	TC				63.33	63.33
95807					509.70	509.70
95807	26				81.06	81.06
95807	TC				428.64	428.64
95808					723.70	723.70
95808	26				113.64	113.64
95808	TC				610.06	610.06
95810					803.15	803.15
95810	26				162.44	162.44
95810	TC				640.71	640.71
95811					840.39	840.39
95811	26				168.53	168.53
95811	TC				671.86	671.86
95812					454.82	454.82
95812	26				76.73	76.73
95812	TC				378.09	378.09
95813					566.29	566.29
95813	26				116.30	116.30
95813	TC				450.00	450.00
95816					503.63	503.63
95816	26				76.73	76.73
95816	TC				426.90	426.90
95819					583.37	583.37
95819	26				76.73	76.73
95819	TC				506.64	506.64
95822					546.77	546.77
95822	26				77.17	77.17
95822	TC				469.60	469.60
95824	26				53.08	53.08
95829					2336.17	2336.17
95829	26				450.34	450.34
95829	TC				1885.83	1885.83
95830					911.49	125.38
95836					145.58	145.58
95851					28.20	10.77
95851	GP				28.20	10.77
95851	GO				28.20	10.77
95852					23.19	7.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95852	GP				23.19	7.51
95852	GO				23.19	7.51
95857				NRC	83.57	39.12
95860					150.38	150.38
95860	26				68.82	68.82
95860	TC				81.56	81.56
95861					215.78	215.78
95861	26				110.26	110.26
95861	TC				105.53	105.53
95863					279.56	279.56
95863	26				134.38	134.38
95863	TC				145.18	145.18
95864					312.89	312.89
95864	26				143.30	143.30
95864	TC				169.58	169.58
95865					201.46	201.46
95865	26				111.62	111.62
95865	TC				89.84	89.84
95866					170.33	170.33
95866	26				87.03	87.03
95866	TC				83.30	83.30
95867					143.13	143.13
95867	26				56.77	56.77
95867	TC				86.35	86.35
95868					186.60	186.60
95868	26				84.12	84.12
95868	TC				102.48	102.48
95869					126.84	126.84
95869	26				26.97	26.97
95869	TC				99.86	99.86
95870					110.28	110.28
95870	26				26.54	26.54
95870	TC				83.74	83.74
95872					269.64	269.64
95872	26				204.64	204.64
95872	TC				65.00	65.00
95873					95.32	95.32
95873	26				26.47	26.47
95873	TC				68.85	68.85
95874					102.29	102.29
95874	26				26.47	26.47
95874	TC				75.82	75.82
95875					182.78	182.78
95875	26				78.56	78.56
95875	TC				104.22	104.22
95885					82.16	82.16
95885	26				24.64	24.64

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95885	TC				57.52	57.52
95886					130.71	130.71
95886	26				61.86	61.86
95886	TC				68.85	68.85
95887					112.21	112.21
95887	26				50.77	50.77
95887	TC				61.44	61.44
95905					45.24	45.24
95905	26				3.77	3.77
95905	TC				41.47	41.47
95907					120.91	120.91
95907	26				71.60	71.60
95907	TC				49.31	49.31
95908					150.29	150.29
95908	26				89.21	89.21
95908	TC				61.08	61.08
95909					180.68	180.68
95909	26				107.40	107.40
95909	TC				73.28	73.28
95910					236.53	236.53
95910	26				142.77	142.77
95910	TC				93.76	93.76
95911					285.84	285.84
95911	26				178.13	178.13
95911	TC				107.71	107.71
95912					334.78	334.78
95912	26				213.49	213.49
95912	TC				121.29	121.29
95913					386.96	386.96
95913	26				253.03	253.03
95913	TC				133.92	133.92
95919					20.95	20.95
95921					117.88	117.88
95921	26				61.16	61.16
95921	TC				56.72	56.72
95922					130.40	130.40
95922	26				63.15	63.15
95922	TC				67.25	67.25
95923					164.51	164.51
95923	26				61.16	61.16
95923	TC				103.35	103.35
95924					205.54	NC
95924	26				119.55	119.55
95924	TC				85.99	85.99
95925					234.67	234.67
95925	26				38.73	38.73
95925	TC				195.95	195.95

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95926					204.90	204.90
95926	26				37.28	37.28
95926	TC				167.62	167.62
95927					218.84	218.84
95927	26				36.84	36.84
95927	TC				182.00	182.00
95928					313.73	313.73
95928	26				107.47	107.47
95928	TC				206.26	206.26
95929					318.45	318.45
95929	26				106.97	106.97
95929	TC				211.49	211.49
95930					87.90	87.90
95930	26				25.07	25.07
95930	TC				62.82	62.82
95933					110.04	110.04
95933	26				42.86	42.86
95933	TC				67.18	67.18
95937					140.36	140.36
95937	26				47.03	47.03
95937	TC				93.33	93.33
95938					478.30	478.30
95938	26				61.43	61.43
95938	TC				416.88	416.88
95939					721.20	721.20
95939	26				160.52	160.52
95939	TC				560.68	560.68
95940					NC	44.21
95941				NRC	184.20	184.20
95943					210.39	210.39
95954					537.13	537.13
95954	26				149.67	149.67
95954	TC				387.46	387.46
95955					255.17	255.17
95955	26				72.08	72.08
95955	TC				183.09	183.09
95957					367.39	367.39
95957	26				138.32	138.32
95957	TC				229.06	229.06
95958					892.17	892.17
95958	26				304.62	304.62
95958	TC				587.55	587.55
95961					420.86	420.86
95961	26				219.39	219.39
95961	TC				201.47	201.47
95962					366.96	366.96
95962	26				234.35	234.35

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
95962	TC				132.62	132.62
95965	26				562.09	562.09
95966	26				286.51	286.51
95967	26				251.21	251.21
95970					26.16	25.73
95971					65.66	53.90
95972					77.29	56.38
95976					54.99	53.69
95977					72.78	71.91
95980					63.56	63.56
95981					51.81	24.79
95982					79.86	50.66
95983					69.48	68.17
95984					60.15	59.72
95990					117.07	117.07
95991					147.76	55.81
95992				NRC	59.66	50.07
95992	GP			NRC	59.66	50.07
95992	GO			NRC	59.66	50.07
95992	GN			NRC	59.66	50.07
95999				NRC	0.00	0.00
96000				NRC	115.20	115.20
96001				NRC	152.33	152.33
96002				NRC	29.90	29.90
96003				NRC	22.98	22.98
96004				NRC	150.10	150.10
96020	26				218.93	218.93
96040				NRC	63.91	63.91
96105					134.45	134.45
96105	GO				134.45	134.45
96105	GN				134.45	134.45
96105	95				134.45	134.45
96105	GO	95			134.45	134.45
96105	GN	95			134.45	134.45
96110				NRC	14.02	14.02
96112				NRC	174.75	173.01
96113				NRC	82.44	77.65
96116					128.23	111.67
96116	95				111.67	111.67
96116	95	93			111.67	111.67
96121					105.09	93.76
96121	95				93.76	93.76
96125	GN				140.49	140.49
96125	GO				140.49	140.49
96125	GN	95			140.49	140.49
96125	GO	95			140.49	140.49
96127					6.17	6.17

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
96130					166.18	151.37
96131					120.08	107.01
96132					178.82	147.88
96133					135.77	107.01
96136					57.36	32.52
96137					52.55	25.10
96138					44.08	44.08
96139					45.39	45.39
96146					3.12	3.12
96156					131.71	117.77
96156	95				117.77	117.77
96158					90.05	80.03
96158	95				80.03	80.03
96159					30.93	27.45
96159	95				27.45	27.45
96160				NRC	3.49	3.49
96161				NC	0.00	0.00
96164				NRC	13.59	12.28
96165				NRC	6.09	5.65
96167				NRC	95.70	84.81
96168				NRC	33.76	29.84
96170				NRC	108.13	102.02
96171				NRC	39.16	36.98
96202				NRC	32.60	29.99
96203				NRC	8.42	8.42
96360					43.06	43.06
96361					17.01	17.01
96365					84.40	84.40
96366					27.41	27.41
96367					38.35	38.35
96368					26.50	26.50
96369					183.32	183.32
96370					20.87	20.87
96371					73.21	73.21
96372					19.09	19.09
96373					24.32	24.32
96374					49.27	49.27
96375					20.54	20.54
96376				BR	0.00	0.00
96377					24.75	24.75
96379				NRC	0.00	0.00
96401					95.73	95.73
96402					44.96	44.96
96405					111.85	39.95
96406					174.62	61.32
96409					132.61	132.61
96411					73.03	73.03

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
96413					171.63	171.63
96415					37.55	37.55
96416					168.28	168.28
96417					84.84	84.84
96420					134.93	134.93
96422					207.12	207.12
96423					96.00	96.00
96425					222.00	222.00
96440					992.13	181.61
96446					250.73	35.46
96450					222.27	106.36
96521					165.67	165.67
96522					153.03	153.03
96523					33.36	33.36
96542					172.23	57.62
96547				NRC	TBD	TBD
96548				NRC	TBD	TBD
96549				NRC	0.00	0.00
96567					183.53	183.53
96570					76.59	76.59
96571					34.85	34.85
96573					302.84	302.84
96574					371.88	371.88
96900				NRC	31.88	31.88
96902				NRC	30.19	27.58
96904				NRC	91.58	91.58
96910					153.97	153.97
96912					131.24	131.24
96913					198.85	198.85
96920					208.63	86.61
96921					229.45	98.28
96922					314.15	159.02
96931					227.27	227.27
96932					166.97	166.97
96933					60.30	60.30
96934					158.62	158.62
96935					101.53	101.53
96936					57.08	57.08
96999				NRC	0.00	0.00
97010				NC	0.00	0.00
97012	GP				19.86	19.86
97012	GO				19.86	19.86
97014	GP				16.95	16.95
97016	GP				16.08	16.08
97016	GO				16.08	16.08
97018	GP				7.73	7.73
97018	GO				7.73	7.73

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
97022	GP				23.01	23.01
97022	GO				23.01	23.01
97024	GP				9.91	9.91
97024	GO				9.91	9.91
97026	GP				9.04	9.04
97026	GO				9.04	9.04
97028	GP				11.30	11.30
97028	GO				11.30	11.30
97032	GP				19.86	19.86
97032	GO				19.86	19.86
97033	GP				26.88	26.88
97033	GO				26.88	26.88
97034	GP				19.69	19.69
97034	GO				19.69	19.69
97035	GP				19.69	19.69
97035	GO				19.69	19.69
97036	GP				46.57	46.57
97036	GO				46.57	46.57
97037				NRC	TBD	TBD
97037	GN			NRC	TBD	TBD
97037	GO			NRC	TBD	TBD
97037	GP			NRC	TBD	TBD
97039	GP			NRC	0.00	0.00
97039	GO			NRC	0.00	0.00
97110	GP				40.31	40.31
97110	GO				40.31	40.31
97110	GP	95			40.31	40.31
97110	GO	95			40.31	40.31
97112	GP				46.19	46.19
97112	GO				46.19	46.19
97112	GP	95			46.19	46.19
97112	GO	95			46.19	46.19
97113	GP				50.02	50.02
97113	GO				50.02	50.02
97116	GP				40.31	40.31
97116	GO				40.31	40.31
97124	GP				40.76	40.76
97124	GO				40.76	40.76
97129					31.37	30.93
97129	GP				31.37	30.93
97129	GO				31.37	30.93
97129	GN				31.37	30.93
97130					29.98	29.98
97130	GP				29.98	29.98
97130	GO				29.98	29.98
97130	GN				29.98	29.98
97139	GP			NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
97139	GO			NRC	0.00	0.00
97139	GN			NRC	0.00	0.00
97140	GP				37.18	37.18
97140	GO				37.18	37.18
97150	GP				24.39	24.39
97150	GO				24.39	24.39
97150	GN				24.39	24.39
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				137.49	137.49
97162	GP				137.49	137.49
97163	GP				137.49	137.49
97164	GP				94.96	94.96
97164	GP	95			94.96	94.96
97165	GO				137.49	137.49
97166	GO				137.49	137.49
97167	GO				137.49	137.49
97168	GO				94.53	94.53
97169					96.09	96.09
97170					96.09	96.09
97171					96.09	96.09
97172					52.97	52.97
97530	GP				50.29	50.29
97530	GO				50.29	50.29
97530	GN				50.29	50.29
97530	GP	95			50.29	50.29
97530	GO	95			50.29	50.29
97530	GN	95			50.29	50.29
97533	GP				84.89	84.89
97533	GO				84.89	84.89
97533	GN				84.89	84.89
97535	GP				44.67	44.67
97535	GO				44.67	44.67
97535	GP	95			44.67	44.67
97535	GO	95			44.67	44.67
97537	GP				43.49	43.49
97537	GO				43.49	43.49
97542	GP				43.49	43.49
97542	GO				43.49	43.49
97545				NC	0.00	0.00
97546				NC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
97550				NRC	TBD	TBD
97550	GN			NRC	TBD	TBD
97550	GO			NRC	TBD	TBD
97550	GP			NRC	TBD	TBD
97551				NRC	TBD	TBD
97551	GN			NRC	TBD	TBD
97551	GO			NRC	TBD	TBD
97551	GP			NRC	TBD	TBD
97552				NRC	TBD	TBD
97552	GN			NRC	TBD	TBD
97552	GO			NRC	TBD	TBD
97552	GP			NRC	TBD	TBD
97597					134.83	49.43
97597	GP				134.83	49.43
97597	GO				134.83	49.43
97598					60.93	34.35
97598	GP				60.93	34.35
97598	GO				60.93	34.35
97602					150.22	84.71
97602	GP				150.22	84.71
97602	GO				150.22	84.71
97605					57.73	34.20
97605	GP				57.73	34.20
97605	GO				57.73	34.20
97606					68.83	37.02
97606	GP				68.83	37.02
97606	GO				68.83	37.02
97607					479.82	30.55
97607	GP				479.82	30.55
97607	GO				479.82	30.55
97608					481.99	35.34
97608	GP				481.99	35.34
97608	GO				481.99	35.34
97610					582.19	24.85
97610	GP				582.19	24.85
97610	GO				582.19	24.85
97750					45.98	45.98
97750	GP				45.98	45.98
97750	GO				45.98	45.98
97755	GP				52.86	52.86
97755	GO				52.86	52.86
97755	GN				52.86	52.86
97760	GP				65.36	65.36
97760	GO				65.36	65.36
97760	GN				65.36	65.36
97761	GP				56.64	56.64
97761	GO				56.64	56.64

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
97761	GN				56.64	56.64
97763	GP				71.38	71.38
97763	GO				71.38	71.38
97763	GN				71.38	71.38
97799	GP			NRC	0.00	0.00
97799	GO			NRC	0.00	0.00
97799	GN			NRC	0.00	0.00
97802					49.80	44.13
97803					43.36	37.26
97804				NRC	22.91	21.17
97810					52.49	42.47
97811					39.87	35.94
97813					61.85	46.16
97814					50.54	39.21
98925					42.75	32.29
98926					61.23	48.16
98927					79.28	63.15
98928					97.97	80.54
98929					115.22	96.48
98940					37.74	30.33
98941					54.48	46.63
98942					70.78	62.94
98943					36.21	31.85
98960				NRC	38.06	38.06
98961				NRC	18.37	18.37
98962				NRC	13.58	13.58
98966				NC	0.00	0.00
98967				NC	0.00	0.00
98968				NC	0.00	0.00
98970				NRC	15.94	15.94
98971				NRC	28.07	27.63
98972				NRC	43.14	42.70
98975				NRC	24.98	24.98
98975	GP			NRC	24.98	24.98
98975	GO			NRC	24.98	24.98
98975	GN			NRC	24.98	24.98
98976				NRC	64.56	64.56
98976	GP			NRC	64.56	64.56
98976	GO			NRC	64.56	64.56
98976	GN			NRC	64.56	64.56
98977				NRC	64.56	64.56
98977	GP			NRC	64.56	64.56
98977	GO			NRC	64.56	64.56
98977	GN			NRC	64.56	64.56
98978				NRC	0.00	0.00
98980				NRC	66.52	42.55
98980	GP			NRC	66.52	42.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
98980	GO			NRC	66.52	42.55
98980	GN			NRC	66.52	42.55
98981				NRC	53.84	41.64
98981	GP			NRC	53.84	41.64
98981	GO			NRC	53.84	41.64
98981	GN			NRC	53.84	41.64
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
99072				NC	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					74.92	74.92
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	80.83	33.77
99152					66.70	17.46
99153					14.52	14.52
99155				NRC	115.76	115.76
99156					105.85	105.85
99157					85.79	85.79
99170				NRC	219.13	117.60
99172					10.25	10.25
99173					3.99	3.99
99174				NRC	7.92	7.92
99175				NRC	39.29	39.29
99177				NRC	6.17	6.17
99183					147.58	147.58
99184				NRC	296.92	296.92
99188				NRC	16.16	13.55
99190				NRC	0.00	0.00
99191				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
99192				NRC	0.00	0.00
99195					126.80	126.80
99199				NRC	0.00	0.00
99202					98.18	66.37
99202	95				66.37	66.37
99203					153.06	114.72
99203	95				114.72	114.72
99204					227.86	184.28
99204	95				184.28	184.28
99205					301.07	250.09
99205	95				250.09	250.09
99211					30.90	12.16
99211	95				12.16	12.16
99212					76.58	49.13
99212	95				49.13	49.13
99213					122.97	91.16
99213	95				91.16	91.16
99214					174.24	134.58
99214	95				134.58	134.58
99215					244.61	197.54
99215	95				197.54	197.54
99221					NC	115.35
99222					NC	180.29
99223					NC	240.14
99231					NC	68.98
99231	95				NC	68.98
99232					NC	109.52
99232	95				NC	109.52
99233					NC	164.78
99233	95				NC	164.78
99234					NC	136.95
99235					NC	220.53
99236					NC	289.11
99238					NC	111.25
99239					NC	157.99
99242					103.09	77.38
99242	95				77.38	77.38
99243					155.21	122.53
99243	95				122.53	122.53
99244					222.57	186.84
99244	95				186.84	186.84
99245					290.58	250.49
99245	95				250.49	250.49
99252					NC	99.41
99252	95				NC	99.41
99253					NC	138.26
99253	95				NC	138.26

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
99254					NC	192.20
99254	95				NC	192.20
99255					NC	258.36
99255	95				NC	258.36
99281					NC	16.59
99282					NC	58.67
99283					NC	100.84
99284					NC	169.47
99285					NC	246.88
99288					NC	141.74
99291					376.23	296.92
99292					165.74	149.18
99304					110.81	110.81
99305					183.50	183.50
99306					250.74	250.74
99307					54.22	54.22
99307	95				54.22	54.22
99308					102.06	102.06
99308	95				102.06	102.06
99309					146.20	146.20
99309	95				146.20	146.20
99310					210.54	210.54
99310	95				210.54	210.54
99315					112.05	112.05
99316					180.89	180.89
99341					67.24	NC
99342					107.74	NC
99344					198.57	NC
99345					278.70	NC
99347					61.59	NC
99348					104.93	NC
99349					175.77	NC
99350					256.61	NC
99358					127.83	126.09
99359					59.00	59.00
99360					NC	80.94
99366					56.46	55.16
99367					74.85	74.85
99368					48.64	48.64
99371					18.12	15.50
99372					33.19	30.57
99373					46.44	43.39
99374					92.72	74.85
99375					138.29	116.94
99377					92.72	74.85
99378					138.29	116.94
99379					92.72	74.85

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
99380					138.29	116.94
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				NRC	52.42	33.25
99402				NRC	85.61	66.43
99403				NRC	118.42	99.68
99404				NRC	151.12	132.39
99406				NRC	20.33	16.41
99407				NRC	38.12	34.64
99408					47.91	43.98
99409					91.89	87.97
99411				NRC	26.85	10.29
99412				NRC	33.88	17.32
99415				NRC	24.47	24.47
99416				NRC	11.40	11.40
99417					42.94	41.64
99417	95				41.64	41.64
99418					54.24	54.24
99418	95				54.24	54.24
99421				NRC	20.37	17.75
99422				NRC	40.30	35.07
99423				NRC	64.37	55.65
99424					111.40	101.38
99425					79.66	70.07
99426					83.65	67.97
99427					64.42	48.30
99429				NRC	0.00	0.00
99437					81.84	69.64
99439					64.24	48.12
99441				NC	0.00	0.00
99442				NC	0.00	0.00
99443				NC	0.00	0.00
99446					24.86	24.86
99447					49.13	49.13
99448					74.86	74.86

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
99449					99.06	99.06
99450				NC	0.00	0.00
99451					48.99	48.99
99452					45.94	45.94
99453					24.98	24.98
99454					64.56	64.56
99455				NC	0.00	0.00
99456				NC	0.00	0.00
99457					65.60	41.64
99458					53.84	41.64
99459				NRC	TBD	TBD
99460				NC	0.00	0.00
99461				NC	0.00	0.00
99462				NC	0.00	0.00
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				NRC	16.63	16.63
99474				NRC	20.44	12.16
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	368.81	267.71
99484				NRC	58.20	40.76
99485				NC	0.00	0.00
99486				NC	0.00	0.00
99487					179.73	NC
99489					95.35	NC
99490					85.33	69.64
99491					116.40	104.20
99492				NRC	202.68	128.17
99493				NRC	192.94	139.78
99494				NRC	78.40	56.17
99495					277.06	192.96
99495	95				192.96	192.96
99496					375.50	263.07
99496	95				263.07	263.07
99497				NRC	113.79	104.20

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
99498				NRC	98.99	98.55
99499				NRC	0.00	0.00
99605				NRC	0.00	0.00
99606				NRC	0.00	0.00
99607				NRC	0.00	0.00
0001A				NRC	56.40	56.40
0001U				NRC	900.00	900.00
0002A				NRC	56.40	56.40
0002U					31.25	31.25
0003A				NRC	56.40	56.40
0003U				NRC	1187.50	1187.50
0004A				NRC	56.40	56.40
0005U					950.00	950.00
0007U				NRC	143.04	143.04
0008U				NRC	747.39	747.39
0009U					133.75	133.75
0010U				NRC	534.08	534.08
0011A				NRC	56.40	56.40
0011U				NRC	143.04	143.04
0012A				NRC	56.40	56.40
0013A				NRC	56.40	56.40
0016U					204.95	204.95
0017U					114.58	114.58
0018U				NRC	3752.61	3752.61
0019U				NRC	4593.75	4593.75
0021A				NRC	56.40	56.40
0021U				NRC	950.00	950.00
0022A				NRC	56.40	56.40
0022U				NRC	2437.50	2437.50
0023U					310.64	310.64
0024U				NRC	42.74	42.74
0025U				NRC	107.21	107.21
0026U				NRC	4500.00	4500.00
0027U				NRC	152.39	152.39
0029U				NRC	927.84	927.84
0030U				NRC	167.66	167.66
0031A				NRC	56.40	56.40
0031U				NRC	218.51	218.51
0032U				NRC	218.51	218.51
0033U				NRC	437.03	437.03
0034A				NRC	56.40	56.40
0034U				NRC	582.71	582.71
0035U				NRC	676.24	676.24
0036U				NRC	5975.00	5975.00
0037U				NRC	4375.00	4375.00
0038U				NRC	37.00	37.00
0039U				NRC	17.18	17.18

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
0040U					512.38	512.38
0041A				NRC	56.40	56.40
0041U				NRC	21.51	21.51
0042A				NRC	56.40	56.40
0042U				NRC	21.51	21.51
0043U				NRC	18.58	18.58
0044A				NRC	TBD	TBD
0044U				NRC	18.58	18.58
0045U				NRC	4841.25	4841.25
0046U					509.29	509.29
0047U				NRC	4841.25	4841.25
0048U				NRC	3649.50	3649.50
0049U					509.29	509.29
0050U				NRC	3645.75	3645.75
0051A				NRC	56.40	56.40
0051U				NRC	242.14	242.14
0052A				NRC	56.40	56.40
0052U				NRC	42.33	42.33
0053A				NRC	56.40	56.40
0054A				NRC	56.40	56.40
0054U				NRC	186.20	186.20
0055U				NRC	4050.00	4050.00
0058U					403.70	403.70
0059U					403.70	403.70
0060U				NRC	948.81	948.81
0061U				NRC	31.38	31.38
0062U				NRC	475.90	475.90
0063U				NRC	937.50	937.50
0064A				NRC	56.40	56.40
0064U				NRC	39.16	39.16
0065U				NRC	22.61	22.61
0067U				NRC	2371.25	2371.25
0068U				NRC	178.29	178.29
0069U					475.00	475.00
0070U				NRC	845.46	845.46
0071A				NRC	56.40	56.40
0071U				NRC	750.00	750.00
0072A				NRC	56.40	56.40
0072U				NRC	563.64	563.64
0073A				NRC	56.40	56.40
0073U				NRC	563.64	563.64
0074A				NRC	56.40	56.40
0074U				NRC	563.64	563.64
0075U				NRC	563.64	563.64
0076U				NRC	563.64	563.64
0077U				NRC	54.29	54.29
0078U				NRC	563.64	563.64

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
0079U				NRC	0.00	0.00
0080U				NRC	4400.00	4400.00
0081A				NRC	56.40	56.40
0082A				NRC	56.40	56.40
0082U				NRC	308.65	308.65
0083A				NRC	56.40	56.40
0083U				NRC	209.19	209.19
0084U				NRC	900.00	900.00
0086U				NRC	250.00	250.00
0087U				NRC	3949.28	3949.28
0088U				NRC	3949.28	3949.28
0089U					950.00	950.00
0090U				NRC	2193.75	2193.75
0091U				NRC	0.00	0.00
0092U				NRC	3110.00	3110.00
0093U				NRC	77.68	77.68
0094A				NRC	56.40	56.40
0094U				NRC	9477.75	9477.75
0095U				NRC	964.98	964.98
0096U				NRC	43.86	43.86
0101U					2179.94	2179.94
0102U					1629.94	1629.94
0103U					2179.94	2179.94
0104A				NRC	56.40	56.40
0105U				NRC	1187.50	1187.50
0106U				NRC	1093.11	1093.11
0107U				NRC	20.00	20.00
0108U				NRC	6187.50	6187.50
0109U				NRC	178.29	178.29
0110U					33.89	33.89
0111A				NRC	56.40	56.40
0111U					852.86	852.86
0112A				NRC	56.40	56.40
0112U				NRC	445.16	445.16
0113A				NRC	TBD	TBD
0113U					950.00	950.00
0114U				NRC	2422.51	2422.51
0115U				NRC	344.19	344.19
0116U				NRC	308.65	308.65
0117U				NRC	1050.81	1050.81
0118U				NRC	3441.56	3441.56
0119U				NRC	104.70	104.70
0120U				NRC	3137.76	3137.76
0121A				NRC	TBD	TBD
0121U				NRC	636.50	636.50
0122U				NRC	657.79	657.79
0123U				NRC	447.04	447.04

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
0129U					1629.94	1629.94
0130U					731.13	731.13
0131U					887.50	887.50
0132U					927.05	927.05
0133U					862.86	862.86
0134U					935.49	935.49
0135U					875.70	875.70
0136U				NRC	509.29	509.29
0137U				NRC	353.60	353.60
0138U				NRC	585.41	585.41
0140U				NRC	195.94	195.94
0141A				NRC	TBD	TBD
0141U				NRC	195.94	195.94
0142A				NRC	TBD	TBD
0142U				NRC	195.94	195.94
0151A				NRC	TBD	TBD
0152U				NRC	2657.75	2657.75
0153U				NRC	3949.28	3949.28
0154U				NRC	602.68	602.68
0155U				NRC	343.54	343.54
0156U				NRC	2175.00	2175.00
0157U				NRC	353.60	353.60
0158U				NRC	353.60	353.60
0159U				NRC	353.60	353.60
0160U				NRC	353.60	353.60
0161U				NRC	353.60	353.60
0162U				NRC	608.18	608.18
0163U				NRC	488.44	488.44
0164U				NRC	140.03	140.03
0165U				NRC	579.70	579.70
0166U				NRC	629.25	629.25
0167U				NRC	9.40	9.40
0169U				NRC	582.71	582.71
0170U				NRC	2193.75	2193.75
0171A				NRC	TBD	TBD
0171U				NRC	1898.83	1898.83
0172A				NRC	TBD	TBD
0172U				NRC	3787.50	3787.50
0173U				NRC	582.71	582.71
0174U				NRC	1631.71	1631.71
0175U				NRC	1670.11	1670.11
0176U				NRC	80.24	80.24
0177U				NRC	343.54	343.54
0178U				NRC	574.83	574.83
0179U				NRC	2429.01	2429.01
0180U				NRC	343.54	343.54
0181U				NRC	231.50	231.50

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
0182U				NRC	376.69	376.69
0183U				NRC	231.50	231.50
0184U				NRC	231.50	231.50
0185U				NRC	231.50	231.50
0186U				NRC	231.50	231.50
0187U				NRC	343.54	343.54
0188U				NRC	343.54	343.54
0189U				NRC	343.54	343.54
0190U				NRC	343.54	343.54
0191U				NRC	343.54	343.54
0192U				NRC	343.54	343.54
0193U				NRC	353.60	353.60
0194U				NRC	231.50	231.50
0195U				NRC	469.06	469.06
0196U				NRC	231.50	231.50
0197U				NRC	231.50	231.50
0198U				NRC	353.60	353.60
0199U				NRC	343.54	343.54
0200U				NRC	343.54	343.54
0201U				NRC	231.50	231.50
0202U				NRC	520.98	520.98
0203U				NRC	950.00	950.00
0204U				NRC	3649.50	3649.50
0205U				NRC	58.75	58.75
0206U				NRC	2769.25	2769.25
0207U				NRC	639.00	639.00
0209U				NRC	983.94	983.94
0210U				NRC	23.29	23.29
0211U				NRC	10568.75	10568.75
0212U				NRC	6844.00	6844.00
0213U				NRC	3387.44	3387.44
0214U				NRC	6530.75	6530.75
0215U				NRC	3218.31	3218.31
0216U				NRC	1921.28	1921.28
0217U				NRC	2747.94	2747.94
0218U				NRC	2848.75	2848.75
0219U				NRC	906.25	906.25
0220U				NRC	882.81	882.81
0221U				NRC	343.54	343.54
0222U				NRC	353.60	353.60
0223U				NRC	520.98	520.98
0224U				NRC	64.29	64.29
0225U				NRC	520.98	520.98
0226U				NRC	52.85	52.85
0227U				NRC	77.68	77.68
0228U				NRC	216.29	216.29
0229U				NRC	480.00	480.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
0230U				NRC	376.69	376.69
0231U				NRC	1057.84	1057.84
0232U				NRC	343.54	343.54
0233U				NRC	343.54	343.54
0235U				NRC	750.00	750.00
0236U				NRC	753.38	753.38
0237U				NRC	731.13	731.13
0238U				NRC	731.13	731.13
0239U				NRC	4375.00	4375.00
0240U				NRC	178.29	178.29
0241U				NRC	178.29	178.29
0242U				NRC	6250.00	6250.00
0245U				NRC	1582.59	1582.59
0246U				NRC	900.00	900.00
0248U				NRC	3792.33	3792.33
0249U				NRC	2773.91	2773.91
0250U				NRC	3649.50	3649.50
0251U				NRC	21.59	21.59
0256U				NRC	199.94	199.94
0257U				NRC	890.59	890.59
0258U				NRC	4593.75	4593.75
0259U				NRC	65.89	65.89
0260U				NRC	1579.41	1579.41
0261U				NRC	6187.50	6187.50
0262U				NRC	4000.00	4000.00
0263U				NRC	937.50	937.50
0264U				NRC	1579.41	1579.41
0265U				NRC	6844.75	6844.75
0266U				NRC	4000.00	4000.00
0267U				NRC	8424.16	8424.16
0268U				NRC	760.21	760.21
0275U				NRC	22.96	22.96
0282U				NRC	900.00	900.00
0283U				NRC	23.00	23.00
0284U				NRC	21.59	21.59
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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					15.84	15.84
A0426					453.12	453.12
A0427					717.43	717.43
A0428					377.60	377.60
A0429					604.15	604.15
A0430					6200.87	6200.87
A0431					7209.44	7209.44
A0432				NRC	538.98	538.98
A0433					1038.38	1038.38
A0434					1227.19	1227.19
A0435					18.42	18.42
A0436					49.10	49.10
A0998					240.00	240.00
A0999				NRC	0.00	0.00
A2001				NRC	0.00	0.00
A2002				NRC	0.00	0.00
A2003				NRC	0.00	0.00
A2004				NRC	0.00	0.00
A2005				NRC	0.00	0.00
A2006				NRC	0.00	0.00
A2007				NRC	0.00	0.00
A2008				NRC	0.00	0.00
A2009				NRC	0.00	0.00
A2010				NRC	0.00	0.00
A2011				NRC	0.00	0.00
A2012				NRC	0.00	0.00
A2013				NRC	0.00	0.00
A2014				NRC	0.00	0.00
A2015				NRC	0.00	0.00
A2016				NRC	0.00	0.00
A2017				NRC	0.00	0.00
A2018				NRC	0.00	0.00
A2019				NRC	TBD	TBD
A2020				NRC	TBD	TBD
A2021				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A2022				NRC	TBD	TBD
A2023				NRC	TBD	TBD
A2024				NRC	TBD	TBD
A2025				NRC	TBD	TBD
A4100				NRC	0.00	0.00
A4206					0.32	0.32
A4207					0.38	0.38
A4208					0.46	0.46
A4209					0.93	0.93
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					0.60	0.60
A4217					5.00	5.00
A4218				NRC	0.00	0.00
A4220					25.00	25.00
A4221					32.36	32.36
A4222					62.99	62.99
A4223				NRC	50.00	50.00
A4224				NRC	32.36	32.36
A4225				NRC	4.01	4.01
A4226				NRC	0.00	0.00
A4230				NRC	14.61	14.61
A4231				NRC	0.00	0.00
A4232				NRC	4.80	4.80
A4233					0.61	0.61
A4234					2.83	2.83
A4235					1.20	1.20
A4236					1.39	1.39
A4238					314.34	314.34
A4239				NRC	TBD	TBD
A4244					1.75	1.75
A4245					3.88	3.88
A4246					5.00	5.00
A4247					4.36	4.36
A4248				NRC	0.00	0.00
A4250				NRC	0.00	0.00
A4252				NRC	0.00	0.00
A4253					9.98	9.98
A4255					6.24	6.24
A4256					4.06	4.06
A4257				NRC	20.36	20.36
A4258					2.54	2.54
A4259					1.70	1.70
A4261				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A4262				NRC	0.00	0.00
A4263				NRC	82.99	82.99
A4265				NRC	5.44	5.44
A4270				NRC	0.00	0.00
A4280				NRC	8.51	8.51
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					12.32	12.32
A4311					23.64	23.64
A4312					28.79	28.79
A4313					29.56	29.56
A4314					40.34	40.34
A4315					42.10	42.10
A4316					45.32	45.32
A4320					7.60	7.60
A4321				NRC	0.00	0.00
A4322					4.64	4.64
A4326					16.55	16.55
A4327					67.45	67.45
A4328					15.12	15.12
A4330					9.72	9.72
A4331					5.08	5.08
A4332					0.18	0.18
A4333					3.54	3.54
A4334					7.85	7.85
A4335				NRC	0.00	0.00
A4336					2.29	2.29
A4337				NRC	0.00	0.00
A4338					19.58	19.58
A4340					43.07	43.07
A4341				BR	TBD	TBD
A4342				BR	TBD	TBD
A4344					25.55	25.55
A4346					31.25	31.25
A4349					3.20	3.20
A4351					2.71	2.71
A4352					8.71	8.71
A4353					11.16	11.16
A4354					18.84	18.84
A4355					14.23	14.23
A4356					72.82	72.82
A4357					15.49	15.49
A4358					10.58	10.58
A4360					0.78	0.78

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A4361					29.30	29.30
A4362					5.42	5.42
A4363					3.78	3.78
A4364					3.98	3.98
A4366					2.06	2.06
A4367					11.75	11.75
A4368					0.40	0.40
A4369					3.88	3.88
A4371					5.82	5.82
A4372					6.70	6.70
A4373					10.00	10.00
A4375					27.41	27.41
A4376					75.92	75.92
A4377					6.84	6.84
A4378					49.07	49.07
A4379					23.96	23.96
A4380					59.58	59.58
A4381					7.38	7.38
A4382					39.29	39.29
A4383					44.99	44.99
A4384					15.34	15.34
A4385					8.12	8.12
A4387					3.59	3.59
A4388					6.96	6.96
A4389					9.91	9.91
A4390					15.32	15.32
A4391					11.28	11.28
A4392					13.04	13.04
A4393					14.42	14.42
A4394					4.14	4.14
A4395					0.06	0.06
A4396					64.60	64.60
A4398					22.06	22.06
A4399					16.64	16.64
A4400					77.99	77.99
A4402					2.54	2.54
A4404					2.46	2.46
A4405					5.45	5.45
A4406					9.13	9.13
A4407					13.98	13.98
A4408					15.76	15.76
A4409					9.91	9.91
A4410					14.42	14.42
A4411					8.12	8.12
A4412					4.32	4.32
A4413					8.80	8.80
A4414					7.85	7.85

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A4415					9.56	9.56
A4416					4.39	4.39
A4417					5.95	5.95
A4418					2.89	2.89
A4419					2.75	2.75
A4420					5.00	5.00
A4421				NRC	0.00	0.00
A4422					0.18	0.18
A4423					2.96	2.96
A4424					7.60	7.60
A4425					5.71	5.71
A4426					4.36	4.36
A4427					4.45	4.45
A4428					10.40	10.40
A4429					13.16	13.16
A4430					13.60	13.60
A4431					9.91	9.91
A4432					5.72	5.72
A4433					5.35	5.35
A4434					6.00	6.00
A4435					9.19	9.19
A4436					30.60	30.60
A4437					30.60	30.60
A4450					0.12	0.12
A4452					0.56	0.56
A4453				BR	0.00	0.00
A4455					2.27	2.27
A4456					0.38	0.38
A4457				BR	TBD	TBD
A4458					7.54	7.54
A4459					0.13	0.13
A4461					5.27	5.27
A4463					21.24	21.24
A4465					5.00	5.00
A4466				NRC	0.00	0.00
A4467				NRC	30.00	30.00
A4468				NRC	TBD	TBD
A4470				NRC	0.00	0.00
A4480				NRC	0.00	0.00
A4481					0.58	0.58
A4483				NRC	7.95	7.95
A4490					12.00	12.00
A4495					20.00	20.00
A4500					34.76	34.76
A4510					30.00	30.00
A4520					3.00	3.00
A4540				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A4541				NRC	TBD	TBD
A4542				NRC	TBD	TBD
A4550				NRC	5.00	5.00
A4553					3.68	3.68
A4554					0.35	0.35
A4556				NRC	19.38	19.38
A4557					24.58	24.58
A4558				NRC	8.70	8.70
A4559				NRC	0.16	0.16
A4560				NRC	TBD	TBD
A4561				NRC	32.71	32.71
A4562				NRC	81.26	81.26
A4563				NRC	1881.89	1881.89
A4565					12.29	12.29
A4566				NRC	0.00	0.00
A4570				NRC	12.00	12.00
A4575				NRC	0.00	0.00
A4580				NRC	0.00	0.00
A4590				NRC	0.00	0.00
A4595					30.72	30.72
A4596				NRC	45.98	45.98
A4600				BR	0.00	0.00
A4601					64.26	64.26
A4602					5.95	5.95
A4604					76.48	76.48
A4605					26.17	26.17
A4606					28.00	28.00
A4608					80.00	80.00
A4611				NRC	255.24	255.24
A4611	RR			NRC	25.50	25.50
A4612				NRC	88.28	88.28
A4612	RR			NRC	8.99	8.99
A4613				NRC	187.37	187.37
A4613	RR			NRC	18.73	18.73
A4614					37.96	37.96
A4615					1.16	1.16
A4616					0.10	0.10
A4617					4.94	4.94
A4618					12.07	12.07
A4618	RR				1.39	1.39
A4619					2.89	2.89
A4620					1.02	1.02
A4623					8.89	8.89
A4624					4.21	4.21
A4625					11.05	11.05
A4626					5.09	5.09
A4627					27.49	27.49

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A4628				NRC	5.98	5.98
A4629					7.43	7.43
A4630				NRC	8.46	8.46
A4633				NRC	65.50	65.50
A4634				NRC	0.00	0.00
A4635					7.02	7.02
A4635	RR				0.95	0.95
A4636					4.66	4.66
A4636	RR				0.47	0.47
A4637					2.69	2.69
A4637	RR				0.32	0.32
A4638				NRC	0.00	0.00
A4638	RR			NRC	0.00	0.00
A4639					458.50	458.50
A4639	RR				45.85	45.85
A4640				NRC	83.14	83.14
A4640	RR			NRC	8.36	8.36
A4641				NRC	0.00	0.00
A4642				BR	0.00	0.00
A4648				NRC	0.00	0.00
A4649				NRC	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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
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				NRC	7.50	7.50
A4928				NRC	3.02	3.02
A4929				NRC	0.00	0.00
A4930				NRC	0.75	0.75
A4931				NRC	10.00	10.00
A4932				NRC	10.00	10.00
A5051					3.29	3.29
A5052					2.38	2.38
A5053					2.75	2.75
A5054					2.87	2.87
A5055					2.10	2.10
A5056					7.46	7.46
A5057					15.32	15.32
A5061					5.64	5.64
A5062					3.31	3.31
A5063					4.32	4.32
A5071					9.59	9.59
A5072					5.64	5.64
A5073					4.99	4.99
A5081					5.29	5.29
A5082					19.00	19.00
A5083					1.03	1.03
A5093					2.65	2.65
A5102					35.75	35.75

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A5105					65.06	65.06
A5112					50.28	50.28
A5113					6.40	6.40
A5114					12.14	12.14
A5120					0.34	0.34
A5121					11.39	11.39
A5122					20.50	20.50
A5126					1.78	1.78
A5131					21.50	21.50
A5200					18.02	18.02
A5500				NRC	101.48	101.48
A5501				NRC	304.36	304.36
A5503				NRC	51.67	51.67
A5504				NRC	51.67	51.67
A5505				NRC	51.67	51.67
A5506				NRC	51.67	51.67
A5507				NRC	51.67	51.67
A5508				NRC	0.00	0.00
A5510				NRC	0.00	0.00
A5512				NRC	41.39	41.39
A5513				NRC	61.76	61.76
A5514				NRC	61.76	61.76
A6000				NRC	0.00	0.00
A6010					49.43	49.43
A6011					3.65	3.65
A6021					33.55	33.55
A6022					33.55	33.55
A6023					303.71	303.71
A6024					9.88	9.88
A6025					69.50	69.50
A6154					22.24	22.24
A6196					11.75	11.75
A6197					26.24	26.24
A6198					5.51	5.51
A6199					8.42	8.42
A6203					5.38	5.38
A6204					9.92	9.92
A6205					14.96	14.96
A6206					3.69	3.69
A6207					11.72	11.72
A6208					17.62	17.62
A6209					11.93	11.93
A6210					31.80	31.80
A6211					46.87	46.87
A6212					15.49	15.49
A6213					16.32	16.32
A6214					16.43	16.43

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A6215					2.61	2.61
A6216					0.06	0.06
A6217					0.76	0.76
A6218					1.00	1.00
A6219					1.52	1.52
A6220					4.14	4.14
A6221					5.17	5.17
A6222					3.41	3.41
A6223					3.88	3.88
A6224					5.75	5.75
A6228					4.08	4.08
A6229					5.75	5.75
A6230					2.20	2.20
A6231					7.46	7.46
A6232					10.96	10.96
A6233					30.60	30.60
A6234					10.45	10.45
A6235					26.84	26.84
A6236					43.49	43.49
A6237					12.62	12.62
A6238					36.38	36.38
A6239					13.69	13.69
A6240					19.55	19.55
A6241					4.10	4.10
A6242					9.66	9.66
A6243					19.67	19.67
A6244					62.69	62.69
A6245					11.60	11.60
A6246					15.85	15.85
A6247					37.96	37.96
A6248					25.93	25.93
A6250					12.00	12.00
A6251					3.17	3.17
A6252					5.20	5.20
A6253					10.10	10.10
A6254					1.91	1.91
A6255					4.85	4.85
A6256					9.85	9.85
A6257					2.45	2.45
A6258					6.88	6.88
A6259					17.45	17.45
A6260					20.00	20.00
A6261				NRC	0.00	0.00
A6262				NRC	0.00	0.00
A6266					3.05	3.05
A6402					0.18	0.18
A6403					0.66	0.66

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A6404					2.36	2.36
A6407					2.99	2.99
A6410					0.60	0.60
A6411				NRC	0.00	0.00
A6412					10.00	10.00
A6413				NRC	0.07	0.07
A6441					1.09	1.09
A6442					0.25	0.25
A6443					0.44	0.44
A6444					0.89	0.89
A6445					0.50	0.50
A6446					0.62	0.62
A6447					1.09	1.09
A6448					1.84	1.84
A6449					2.80	2.80
A6450					2.80	2.80
A6451					2.80	2.80
A6452					9.42	9.42
A6453					1.01	1.01
A6454					1.25	1.25
A6455					2.22	2.22
A6456					2.00	2.00
A6457					1.81	1.81
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
A6520				NRC	TBD	TBD
A6521				NRC	TBD	TBD
A6522				NRC	TBD	TBD
A6523				NRC	TBD	TBD
A6524				NRC	TBD	TBD
A6525				NRC	TBD	TBD
A6526				NRC	TBD	TBD
A6527				NRC	TBD	TBD
A6528				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A6529				NRC	TBD	TBD
A6530					45.00	45.00
A6531					69.04	69.04
A6532					97.28	97.28
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					135.95	135.95
A6549				NRC	40.00	40.00
A6550					37.74	37.74
A6552				NRC	TBD	TBD
A6553				NRC	TBD	TBD
A6554				NRC	TBD	TBD
A6555				NRC	TBD	TBD
A6556				NRC	TBD	TBD
A6557				NRC	TBD	TBD
A6558				NRC	TBD	TBD
A6559				NRC	TBD	TBD
A6560				NRC	TBD	TBD
A6561				NRC	TBD	TBD
A6562				NRC	TBD	TBD
A6563				NRC	TBD	TBD
A6564				NRC	TBD	TBD
A6565				NRC	TBD	TBD
A6566				NRC	TBD	TBD
A6567				NRC	TBD	TBD
A6568				NRC	TBD	TBD
A6569				NRC	TBD	TBD
A6570				NRC	TBD	TBD
A6571				NRC	TBD	TBD
A6572				NRC	TBD	TBD
A6573				NRC	TBD	TBD
A6574				NRC	TBD	TBD
A6575				NRC	TBD	TBD
A6576				NRC	TBD	TBD
A6577				NRC	TBD	TBD
A6578				NRC	TBD	TBD
A6579				NRC	TBD	TBD
A6580				NRC	TBD	TBD
A6581				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A6582				NRC	TBD	TBD
A6583				NRC	TBD	TBD
A6584				NRC	TBD	TBD
A6585				NRC	TBD	TBD
A6586				NRC	TBD	TBD
A6587				NRC	TBD	TBD
A6588				NRC	TBD	TBD
A6589				NRC	TBD	TBD
A6590				NRC	TBD	TBD
A6591				NRC	TBD	TBD
A6593				NRC	TBD	TBD
A6594				NRC	TBD	TBD
A6595				NRC	TBD	TBD
A6596				NRC	TBD	TBD
A6597				NRC	TBD	TBD
A6598				NRC	TBD	TBD
A6599				NRC	TBD	TBD
A6600				NRC	TBD	TBD
A6601				NRC	TBD	TBD
A6602				NRC	TBD	TBD
A6603				NRC	TBD	TBD
A6604				NRC	TBD	TBD
A6605				NRC	TBD	TBD
A6606				NRC	TBD	TBD
A6607				NRC	TBD	TBD
A6608				NRC	TBD	TBD
A6609				NRC	TBD	TBD
A6610				NRC	TBD	TBD
A7000					12.40	12.40
A7001					52.79	52.79
A7002					6.12	6.12
A7003					3.01	3.01
A7004					2.40	2.40
A7005					33.59	33.59
A7006					13.08	13.08
A7007					6.10	6.10
A7008					17.54	17.54
A7009					67.12	67.12
A7010					30.47	30.47
A7011				BR	0.00	0.00
A7012					4.69	4.69
A7013					1.08	1.08
A7014					6.05	6.05
A7015					2.27	2.27
A7016					11.58	11.58
A7017					195.02	195.02
A7017	RR				19.51	19.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A7018					0.55	0.55
A7020					23.10	23.10
A7023				NRC	TBD	TBD
A7025				NRC	694.20	694.20
A7025	RR			NRC	69.42	69.42
A7026				NRC	45.88	45.88
A7027				NRC	240.43	240.43
A7028				NRC	65.24	65.24
A7029				NRC	27.92	27.92
A7030					198.02	198.02
A7031					73.94	73.94
A7032					42.40	42.40
A7033					31.44	31.44
A7034					123.61	123.61
A7035					41.46	41.46
A7036					18.72	18.72
A7037					37.28	37.28
A7038					4.76	4.76
A7039					14.27	14.27
A7040					64.54	64.54
A7041					121.31	121.31
A7042				BR	0.00	0.00
A7043				BR	0.00	0.00
A7044					146.68	146.68
A7045					22.63	22.63
A7045	RR				2.26	2.26
A7046					23.60	23.60
A7047				NRC	192.95	192.95
A7048					67.56	67.56
A7049				BR	TBD	TBD
A7501					167.59	167.59
A7502					79.67	79.67
A7503					18.11	18.11
A7504					1.09	1.09
A7505					7.49	7.49
A7506					0.52	0.52
A7507					3.98	3.98
A7508					4.58	4.58
A7509					2.24	2.24
A7520					75.77	75.77
A7521					75.07	75.07
A7522					72.07	72.07
A7523					13.00	13.00
A7524					123.54	123.54
A7525					3.29	3.29
A7526					5.41	5.41
A7527					5.71	5.71

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A8000					244.75	244.75
A8000	RR				24.48	24.48
A8001					244.75	244.75
A8001	RR				24.48	24.48
A8002				NRC	0.00	0.00
A8002	RR			NRC	0.00	0.00
A8003				NRC	0.00	0.00
A8003	RR			NRC	0.00	0.00
A8004				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
A9156				BR	TBD	TBD
A9180				NRC	22.00	22.00
A9268				NRC	TBD	TBD
A9269				NRC	TBD	TBD
A9270				NRC	0.00	0.00
A9272				NRC	0.00	0.00
A9273				NRC	12.00	12.00
A9274				NRC	0.00	0.00
A9275				NRC	0.00	0.00
A9276				NRC	16.62	16.62
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					23.60	23.60
A9285					80.40	80.40
A9286				NRC	0.00	0.00
A9291				NRC	0.00	0.00
A9292				NRC	TBD	TBD
A9300				NRC	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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
A9544				NRC	0.00	0.00
A9545				NRC	0.00	0.00
A9546				NRC	0.00	0.00
A9547					345.57	345.57
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
A9570				NRC	0.00	0.00
A9571				NRC	0.00	0.00
A9572				NRC	0.00	0.00
A9573				NRC	TBD	TBD
A9575				NRC	0.20	0.20
A9576					1.72	1.72
A9577					2.20	2.20
A9578					2.21	2.21
A9579					1.92	1.92
A9580				BR	0.00	0.00
A9581				NRC	17.65	17.65
A9582				NRC	0.00	0.00
A9583					22.27	22.27
A9584				BR	0.00	0.00
A9585				NRC	0.41	0.41
A9586				BR	0.00	0.00
A9587				BR	0.00	0.00
A9588				NRC	0.00	0.00
A9589					1493.33	1493.33
A9590				NRC	0.00	0.00
A9591				NRC	0.00	0.00
A9592				NRC	1054.50	1054.50
A9593				BR	0.00	0.00
A9594				BR	0.00	0.00
A9595				NRC	624.15	624.15
A9596					1071.60	1071.60
A9597				NRC	0.00	0.00
A9598				NRC	0.00	0.00
A9599				NRC	0.00	0.00
A9600				NRC	0.00	0.00
A9601				NRC	0.00	0.00
A9602				NRC	578.71	578.71
A9603				NRC	TBD	TBD
A9604				BR	0.00	0.00
A9606				NRC	163.95	163.95
A9607					247.10	247.10
A9608				NRC	TBD	TBD
A9609				NRC	TBD	TBD
A9697				NRC	TBD	TBD
A9698				NRC	0.00	0.00
A9699				NRC	0.00	0.00
A9700				NRC	0.00	0.00
A9800					912.00	912.00
A9900				NRC	0.00	0.00
A9901				NRC	0.00	0.00
A9999				NRC	0.00	0.00
B4034					6.86	6.86

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
B4035					12.67	12.67
B4036					9.12	9.12
B4081					27.78	27.78
B4082					20.33	20.33
B4083					3.08	3.08
B4087					47.02	47.02
B4088					50.53	50.53
B4100				NRC	3.59	3.59
B4102				NRC	0.00	0.00
B4103				NRC	0.00	0.00
B4104				NRC	0.00	0.00
B4105				BR	0.00	0.00
B4148				BR	TBD	TBD
B4149				NRC	1.93	1.93
B4150					0.79	0.79
B4152					0.65	0.65
B4153					2.33	2.33
B4154					1.40	1.40
B4155					1.26	1.26
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	28.16	28.16
B4168				NRC	41.08	41.08
B4172				NRC	0.00	0.00
B4176				NRC	79.46	79.46
B4178				NRC	95.35	95.35
B4180				NRC	40.43	40.43
B4185				NRC	18.61	18.61
B4189				NRC	294.58	294.58
B4193				NRC	380.62	380.62
B4197				NRC	463.40	463.40
B4199				NRC	529.51	529.51
B4216				NRC	12.79	12.79
B4220				NRC	13.26	13.26
B4222				NRC	16.37	16.37
B4224				NRC	41.42	41.42
B5000				NRC	19.70	19.70
B5100				NRC	7.69	7.69
B5200				NRC	0.00	0.00
B9002				NRC	1381.06	1381.06
B9002	RR			NRC	135.26	135.26
B9004				NRC	4181.30	4181.30
B9004	RR			NRC	661.91	661.91

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
B9006				NRC	4181.30	4181.30
B9006	RR			NRC	661.91	661.91
B9998				NRC	0.00	0.00
B9999				NRC	0.00	0.00
D0120					45.00	45.00
D0140					65.00	65.00
D0145				NRC	50.00	50.00
D0150					70.00	70.00
D0160					83.00	83.00
D0170					47.10	47.10
D0171					47.10	47.10
D0180					82.00	82.00
D0190					37.00	37.00
D0191					35.00	35.00
D0210					125.00	125.00
D0220					29.00	29.00
D0230					24.00	24.00
D0240					29.41	29.41
D0250					27.06	27.06
D0251					27.06	27.06
D0270					18.82	18.82
D0272					41.00	41.00
D0273					47.09	47.09
D0274					60.00	60.00
D0277					84.88	84.88
D0310				NRC	0.00	0.00
D0320					188.23	188.23
D0321				NRC	0.00	0.00
D0322					63.53	63.53
D0330					110.00	110.00
D0340					80.00	80.00
D0350					39.00	39.00
D0364					200.00	200.00
D0365					225.00	225.00
D0366					250.00	250.00
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
D0372					92.00	92.00
D0373					18.00	18.00
D0374					19.00	19.00
D0380				BR	0.00	0.00
D0381				BR	0.00	0.00
D0382				BR	0.00	0.00
D0383				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D0384				BR	0.00	0.00
D0385				BR	0.00	0.00
D0386				BR	0.00	0.00
D0387					125.00	125.00
D0388					60.00	60.00
D0389					29.00	29.00
D0391				BR	0.00	0.00
D0393				BR	0.00	0.00
D0394				BR	0.00	0.00
D0395				BR	0.00	0.00
D0396				BR	TBD	TBD
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
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					90.00	90.00
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				NRC	15.00	15.00
D0602				NRC	15.00	15.00
D0603				NRC	15.00	15.00
D0604				NRC	75.00	75.00
D0605				NRC	90.00	90.00
D0701				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D0702				BR	0.00	0.00
D0703				BR	0.00	0.00
D0705				BR	0.00	0.00
D0706				BR	0.00	0.00
D0707				BR	0.00	0.00
D0708				BR	0.00	0.00
D0709				BR	0.00	0.00
D0801				BR	0.00	0.00
D0802				BR	0.00	0.00
D0803				BR	0.00	0.00
D0804				BR	0.00	0.00
D0999				NRC	0.00	0.00
D1110				NRC	80.00	80.00
D1120				NRC	59.00	59.00
D1206				NRC	35.05	35.05
D1208				NRC	33.00	33.00
D1301				NRC	TBD	TBD
D1310				NC	0.00	0.00
D1320				NC	0.00	0.00
D1321				NRC	15.00	15.00
D1330				NRC	15.00	15.00
D1351				NRC	47.00	47.00
D1352				NRC	75.00	75.00
D1353				NRC	0.00	0.00
D1354				NRC	30.00	30.00
D1355				NRC	0.00	0.00
D1510					300.00	300.00
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
D1575					119.93	119.93
D1781				NRC	0.00	0.00
D1782				NRC	0.00	0.00
D1783				NRC	0.00	0.00
D1999				NRC	0.00	0.00
D2140					120.00	120.00
D2150					147.00	147.00
D2160					174.14	174.14
D2161					205.36	205.36
D2330					146.00	146.00
D2331					175.00	175.00
D2332					210.00	210.00
D2335					251.36	251.36
D2390					375.00	375.00
D2391					160.00	160.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D2392					200.00	200.00
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	900.00	900.00
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	791.00	791.00
D2652				NRC	0.00	0.00
D2662				NRC	840.00	840.00
D2663				NRC	900.00	900.00
D2664				NRC	900.00	900.00
D2710					723.94	723.94
D2712					716.10	716.10
D2720				NRC	0.00	0.00
D2721					654.11	654.11
D2722				NRC	512.01	512.01
D2740				NRC	1048.00	1048.00
D2750				NRC	993.91	993.91
D2751					946.82	946.82
D2752				NRC	977.00	977.00
D2780				NRC	980.00	980.00
D2781				NRC	0.00	0.00
D2782				NRC	0.00	0.00
D2783				NRC	1016.00	1016.00
D2790				NRC	1050.00	1050.00
D2791				NRC	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					96.00	96.00
D2921				BR	0.00	0.00
D2928				NRC	239.00	239.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D2929					239.00	239.00
D2930				NRC	250.00	250.00
D2931					286.40	286.40
D2932					190.58	190.58
D2933					117.65	117.65
D2934				NRC	0.00	0.00
D2940					103.00	103.00
D2941				BR	0.00	0.00
D2949					107.00	107.00
D2950					254.00	254.00
D2951					43.48	43.48
D2952					362.52	362.52
D2953					204.60	204.60
D2954					315.00	315.00
D2955					102.30	102.30
D2957					118.67	118.67
D2960				NRC	0.00	0.00
D2961				NRC	792.39	792.39
D2962					1003.00	1003.00
D2971				BR	0.00	0.00
D2975					127.88	127.88
D2976				BR	TBD	TBD
D2980				NRC	171.00	171.00
D2981					158.00	158.00
D2982					170.00	170.00
D2983					163.00	163.00
D2989				BR	TBD	TBD
D2990					75.00	75.00
D2991				NRC	TBD	TBD
D2999				NRC	0.00	0.00
D3110					70.00	70.00
D3120					67.00	67.00
D3220					170.00	170.00
D3221				NRC	192.00	192.00
D3222				NRC	290.00	290.00
D3230				NRC	210.00	210.00
D3240				NRC	233.00	233.00
D3310					670.00	670.00
D3320					798.00	798.00
D3330					1195.00	1195.00
D3331					409.20	409.20
D3332					302.28	302.28
D3333					160.23	160.23
D3346					780.00	780.00
D3347					900.00	900.00
D3348					1045.00	1045.00
D3351				NRC	303.38	303.38

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D3352				NRC	213.00	213.00
D3353				NRC	423.31	423.31
D3355				NRC	206.00	206.00
D3356				NRC	175.00	175.00
D3357				BR	0.00	0.00
D3410					650.00	650.00
D3421				NRC	698.00	698.00
D3425				NRC	768.30	768.30
D3426				NRC	265.00	265.00
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
D3471				NRC	0.00	0.00
D3472				NRC	0.00	0.00
D3473				NRC	0.00	0.00
D3501				NRC	0.00	0.00
D3502				NRC	0.00	0.00
D3503				NRC	0.00	0.00
D3910				NRC	0.00	0.00
D3911				BR	0.00	0.00
D3920					214.83	214.83
D3921				NRC	151.00	151.00
D3950					102.30	102.30
D3999				NRC	409.20	409.20
D4210				NRC	499.97	499.97
D4211				NRC	235.00	235.00
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	420.00	420.00
D4245				NRC	0.00	0.00
D4249				NRC	640.00	640.00
D4260				NRC	847.15	847.15
D4261				NRC	725.00	725.00
D4263				NRC	500.00	500.00
D4264				NRC	304.00	304.00
D4265				NRC	0.00	0.00
D4266				NRC	379.00	379.00
D4267				NRC	500.00	500.00
D4268				NRC	0.00	0.00
D4270				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D4273				NRC	1124.00	1124.00
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
D4286				NRC	125.00	125.00
D4322				NRC	90.00	90.00
D4323				NRC	100.00	100.00
D4341				NRC	230.00	230.00
D4342				NRC	156.00	156.00
D4346				NRC	72.00	72.00
D4355				NRC	164.00	164.00
D4381				NRC	53.67	53.67
D4910				NRC	125.00	125.00
D4920				NRC	0.00	0.00
D4921				BR	0.00	0.00
D4999				NRC	0.00	0.00
D5110					1400.00	1400.00
D5120					1400.00	1400.00
D5130					1524.00	1524.00
D5140					1524.00	1524.00
D5211					1100.00	1100.00
D5212					1095.00	1095.00
D5213					1500.00	1500.00
D5214					1500.00	1500.00
D5221					1033.34	1033.34
D5222					1039.37	1039.37
D5223					1479.65	1479.65
D5224					1475.82	1475.82
D5225					1300.00	1300.00
D5226					1300.00	1300.00
D5227					585.00	585.00
D5228					585.00	585.00
D5282				BR	0.00	0.00
D5283				BR	0.00	0.00
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					150.00	150.00
D5611				BR	0.00	0.00
D5612				BR	0.00	0.00
D5621				BR	0.00	0.00
D5622				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D5630					153.45	153.45
D5640					150.00	150.00
D5650					195.00	195.00
D5660					230.00	230.00
D5670					767.25	767.25
D5671					767.25	767.25
D5710					470.95	470.95
D5711					450.00	450.00
D5720					511.50	511.50
D5721					511.50	511.50
D5725					297.00	297.00
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
D5765					180.00	180.00
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				NRC	0.00	0.00
D5911				NRC	0.00	0.00
D5912				NRC	0.00	0.00
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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	125.00	125.00
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
D5995				NRC	0.00	0.00
D5996				NRC	0.00	0.00
D5999				NRC	0.00	0.00
D6010					1850.00	1850.00
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
D6055					2154.00	2154.00
D6056					584.30	584.30
D6057					733.80	733.80
D6058					1023.00	1023.00
D6059				NRC	1268.00	1268.00
D6060				NRC	920.70	920.70
D6061				NRC	1176.45	1176.45
D6062				NRC	0.00	0.00
D6063				NRC	1023.00	1023.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D6064				NRC	1176.45	1176.45
D6065				NRC	1174.10	1174.10
D6066				NRC	1223.91	1223.91
D6067				NRC	0.00	0.00
D6068				NRC	1176.45	1176.45
D6069				NRC	1313.00	1313.00
D6070				NRC	1176.45	1176.45
D6071				NRC	1176.45	1176.45
D6072				NRC	0.00	0.00
D6073				NRC	1176.45	1176.45
D6074				NRC	1176.45	1176.45
D6075				NRC	1176.45	1176.45
D6076				NRC	1300.00	1300.00
D6077				NRC	0.00	0.00
D6080				NRC	135.26	135.26
D6081				NRC	141.83	141.83
D6085					262.86	262.86
D6089				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
D6100					351.00	351.00
D6101				BR	0.00	0.00
D6102				BR	0.00	0.00
D6103				BR	0.00	0.00
D6104					395.00	395.00
D6105					82.00	82.00
D6106				NRC	379.00	379.00
D6107				NRC	500.00	500.00
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
D6190					869.55	869.55
D6191				NRC	0.00	0.00
D6192				NRC	0.00	0.00
D6194				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D6197					101.00	101.00
D6198				BR	0.00	0.00
D6199				NRC	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	989.00	989.00
D6241					948.00	948.00
D6242				NRC	801.01	801.01
D6245				NRC	1045.00	1045.00
D6250				NRC	0.00	0.00
D6251					705.87	705.87
D6252				NRC	671.75	671.75
D6253					511.50	511.50
D6545					575.00	575.00
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	995.00	995.00
D6751					975.00	975.00
D6752				NRC	788.22	788.22
D6780				NRC	0.00	0.00
D6781					869.55	869.55

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D6782				NRC	869.55	869.55
D6783				NRC	869.55	869.55
D6790				NRC	985.00	985.00
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					146.00	146.00
D6940					188.23	188.23
D6950					329.41	329.41
D6980					371.35	371.35
D6985				NRC	0.00	0.00
D6999				NRC	0.00	0.00
D7111				NRC	110.00	110.00
D7140					150.00	150.00
D7210					260.00	260.00
D7220					292.00	292.00
D7230				NRC	362.00	362.00
D7240				NRC	430.00	430.00
D7241				NRC	0.00	0.00
D7250					242.00	242.00
D7251				NRC	463.00	463.00
D7260				NRC	0.00	0.00
D7261					588.23	588.23
D7270					255.75	255.75
D7272					294.11	294.11
D7280				NRC	0.00	0.00
D7282				NRC	0.00	0.00
D7283				NRC	0.00	0.00
D7284				NRC	TBD	TBD
D7285				NRC	0.00	0.00
D7286				NRC	275.00	275.00
D7287				NRC	129.29	129.29
D7288				NRC	181.00	181.00
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
D7298				BR	0.00	0.00
D7299				BR	0.00	0.00
D7300				BR	0.00	0.00
D7310					271.00	271.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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	339.00	339.00
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
D7509				NRC	743.00	743.00
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					2300.00	2300.00
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
D7760					1023.00	1023.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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				NRC	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
D7939				NRC	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					561.06	561.06
D7955				NRC	0.00	0.00
D7956				NRC	379.00	379.00
D7957				NRC	500.00	500.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D7961				NRC	119.13	119.13
D7962				NRC	119.13	119.13
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
D7993				NRC	0.00	0.00
D7994				NRC	0.00	0.00
D7995					2046.00	2046.00
D7996					2130.91	2130.91
D7997					252.51	252.51
D7998				NRC	0.00	0.00
D7999				NRC	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
D8070				NRC	4950.00	4950.00
D8080				NRC	4999.00	4999.00
D8090				NRC	5192.65	5192.65
D8210				NRC	0.00	0.00
D8220				NRC	0.00	0.00
D8660				NRC	94.00	94.00
D8670				NRC	280.00	280.00
D8680				NRC	0.00	0.00
D8681				NRC	50.00	50.00
D8695				NRC	0.00	0.00
D8999				NRC	0.00	0.00
D9110					86.00	86.00
D9120					260.87	260.87
D9130				BR	0.00	0.00
D9210					50.00	50.00
D9211				NRC	0.00	0.00
D9212				NRC	0.00	0.00
D9215				NRC	25.00	25.00
D9219				NRC	0.00	0.00
D9222					144.78	144.78
D9223					195.00	195.00
D9230					43.00	43.00
D9239				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
D9243					170.00	170.00
D9248					150.00	150.00
D9310					106.22	106.22
D9311					106.22	106.22
D9410					103.00	103.00
D9420					173.00	173.00
D9430					42.89	42.89
D9440					105.00	105.00
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
D9912				NRC	0.00	0.00
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
D9938				NRC	TBD	TBD
D9939				NRC	TBD	TBD
D9941				NRC	150.45	150.45
D9942				NRC	0.00	0.00
D9943					448.96	448.96
D9944				BR	0.00	0.00
D9945				BR	0.00	0.00
D9946				BR	0.00	0.00
D9947				NRC	0.00	0.00
D9948				NRC	0.00	0.00
D9949				NRC	0.00	0.00
D9950					306.90	306.90
D9951					125.00	125.00
D9952					414.32	414.32
D9953				NRC	0.00	0.00
D9954				NRC	TBD	TBD
D9955				NRC	TBD	TBD
D9956				NRC	TBD	TBD
D9957				NRC	TBD	TBD
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	215.00	215.00
D9975				NRC	175.00	175.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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
D9999				NRC	0.00	0.00
E0100					28.60	28.60
E0100	RR				9.46	9.46
E0105					73.98	73.98
E0105	RR				14.15	14.15
E0110					105.25	105.25
E0110	RR				25.51	25.51
E0111					78.65	78.65
E0111	RR				13.45	13.45
E0112					53.22	53.22
E0112	RR				15.86	15.86
E0113					28.68	28.68
E0113	RR				8.20	8.20
E0114					64.02	64.02
E0114	RR				13.67	13.67
E0116					37.64	37.64
E0116	RR				8.64	8.64
E0117					307.30	307.30
E0117	RR				30.73	30.73
E0118					900.00	900.00
E0118	RR				180.00	180.00
E0130					78.44	78.44
E0130	RR				14.98	14.98
E0135					86.95	86.95
E0135	RR				15.29	15.29
E0140					458.90	458.90
E0140	RR				45.89	45.89
E0141					103.09	103.09
E0141	RR				16.66	16.66
E0143					105.97	105.97
E0143	RR				17.70	17.70
E0144					408.40	408.40
E0144	RR				40.84	40.84
E0147					702.11	702.11
E0147	RR				70.22	70.22
E0148					149.57	149.57
E0148	RR				14.96	14.96
E0149					241.70	241.70
E0149	RR				24.17	24.17
E0153					94.14	94.14
E0153	RR				10.64	10.64
E0154					78.04	78.04

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0154	RR				8.69	8.69
E0155					34.14	34.14
E0155	RR				3.82	3.82
E0156					27.28	27.28
E0156	RR				3.16	3.16
E0157					90.05	90.05
E0157	RR				9.48	9.48
E0158					35.06	35.06
E0158	RR				3.71	3.71
E0159					23.32	23.32
E0159	RR				2.38	2.38
E0160				NRC	44.14	44.14
E0160	RR			NRC	5.64	5.64
E0161				NRC	39.53	39.53
E0161	RR			NRC	4.72	4.72
E0162					223.26	223.26
E0162	RR				24.41	24.41
E0163					121.84	121.84
E0163	RR				23.45	23.45
E0165					109.10	109.10
E0165	RR				21.82	21.82
E0167					17.72	17.72
E0167	RR				1.79	1.79
E0168					208.46	208.46
E0168	RR				20.83	20.83
E0170	RR			NRC	251.04	251.04
E0171	RR			NRC	46.12	46.12
E0172					100.00	100.00
E0175					97.01	97.01
E0175	RR				9.68	9.68
E0181					324.80	324.80
E0181	RR				32.48	32.48
E0182	RR				34.33	34.33
E0183					32.48	32.48
E0184					253.08	253.08
E0184	RR				31.70	31.70
E0185					344.42	344.42
E0185	RR				47.95	47.95
E0186	RR				30.26	30.26
E0187	RR				34.52	34.52
E0188					39.62	39.62
E0188	RR				4.33	4.33
E0189					70.49	70.49
E0189	RR				8.23	8.23
E0190				NRC	50.00	50.00
E0191					15.86	15.86
E0191	RR				1.64	1.64

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0193	RR				1143.58	1143.58
E0194				NRC	47504.80	47504.80
E0194	RR			NRC	4750.48	4750.48
E0196	RR				49.76	49.76
E0197					380.40	380.40
E0197	RR				38.04	38.04
E0198					353.60	353.60
E0198	RR				35.36	35.36
E0199					43.49	43.49
E0199	RR				4.33	4.33
E0200				NRC	126.52	126.52
E0200	RR			NRC	17.18	17.18
E0202	RR			NRC	99.94	99.94
E0203				NRC	0.00	0.00
E0205				NRC	309.70	309.70
E0205	RR			NRC	34.07	34.07
E0210					52.12	52.12
E0210	RR				4.91	4.91
E0215					113.05	113.05
E0215	RR				11.83	11.83
E0217				NRC	673.44	673.44
E0217	RR			NRC	74.98	74.98
E0218	RR				75.00	75.00
E0221				NRC	0.00	0.00
E0225				NRC	527.18	527.18
E0225	RR			NRC	51.97	51.97
E0231				NRC	0.00	0.00
E0232				NRC	0.00	0.00
E0235				NRC	0.00	0.00
E0235	RR			NRC	23.40	23.40
E0236	RR				60.01	60.01
E0239				NRC	610.19	610.19
E0239	RR			NRC	61.03	61.03
E0240					200.00	200.00
E0241					30.00	30.00
E0242					50.00	50.00
E0243					38.00	38.00
E0244					56.00	56.00
E0245					100.00	100.00
E0246					51.89	51.89
E0247					100.00	100.00
E0248					200.00	200.00
E0249					135.11	135.11
E0249	RR				14.84	14.84
E0250	RR				112.97	112.97
E0251	RR				92.41	92.41
E0255	RR				126.88	126.88

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0256	RR				93.59	93.59
E0260	RR				142.72	142.72
E0261	RR				140.26	140.26
E0265	RR				238.80	238.80
E0266	RR				207.23	207.23
E0270				NRC	0.00	0.00
E0271					222.83	222.83
E0271	RR				22.79	22.79
E0272					236.63	236.63
E0272	RR				25.09	25.09
E0274				NRC	0.00	0.00
E0275					22.73	22.73
E0275	RR				2.33	2.33
E0276					18.46	18.46
E0276	RR				2.16	2.16
E0277	RR				628.64	628.64
E0280					44.68	44.68
E0280	RR				4.76	4.76
E0290	RR				86.59	86.59
E0291	RR				63.49	63.49
E0292	RR				94.39	94.39
E0293	RR				83.62	83.62
E0294	RR				134.99	134.99
E0295	RR				133.64	133.64
E0296	RR				175.04	175.04
E0297	RR				151.99	151.99
E0300				NRC	3713.90	3713.90
E0300	RR			NRC	371.39	371.39
E0301	RR				307.25	307.25
E0302	RR			NRC	846.02	846.02
E0303	RR				331.79	331.79
E0304	RR				893.74	893.74
E0305	RR				19.73	19.73
E0310					199.13	199.13
E0310	RR				24.06	24.06
E0315					236.36	236.36
E0316	RR			NRC	275.16	275.16
E0325					13.73	13.73
E0325	RR				1.72	1.72
E0326					15.72	15.72
E0326	RR				1.58	1.58
E0328				NRC	0.00	0.00
E0329				NRC	0.00	0.00
E0350				BR	0.00	0.00
E0352					55.80	55.80
E0370					38.95	38.95
E0371	RR				450.37	450.37

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0372	RR				515.76	515.76
E0373	RR				567.43	567.43
E0424	RR				197.38	197.38
E0425				NRC	0.00	0.00
E0430				NRC	0.00	0.00
E0431	RR				35.21	35.21
E0433	RR				60.53	60.53
E0434	RR				60.53	60.53
E0435				NRC	0.00	0.00
E0439	RR				197.38	197.38
E0440				NRC	0.00	0.00
E0441					87.35	87.35
E0442					87.35	87.35
E0443					83.57	83.57
E0444					83.57	83.57
E0445					400.00	400.00
E0446				NRC	0.00	0.00
E0447					126.89	126.89
E0450				NRC	0.00	0.00
E0455				NRC	0.00	0.00
E0457				NRC	798.41	798.41
E0457	RR			NRC	79.85	79.85
E0459	RR			NRC	66.12	66.12
E0460				NRC	0.00	0.00
E0461				NRC	0.00	0.00
E0462				NRC	4597.40	4597.40
E0462	RR			NRC	459.74	459.74
E0463				NRC	0.00	0.00
E0464				NRC	0.00	0.00
E0465	RR				1523.28	1523.28
E0466	RR				1523.28	1523.28
E0467	RR				1811.94	1811.94
E0470				NRC	2585.40	2585.40
E0470	RR			NRC	258.54	258.54
E0471				NRC	6457.70	6457.70
E0471	RR			NRC	645.77	645.77
E0472				NRC	7470.60	7470.60
E0472	RR			NRC	747.06	747.06
E0480	RR				70.14	70.14
E0481				NRC	0.00	0.00
E0482	RR			NRC	686.27	686.27
E0483	RR				1696.61	1696.61
E0484				NRC	58.94	58.94
E0484	RR			NRC	5.89	5.89
E0485				NRC	0.00	0.00
E0486				NRC	0.00	0.00
E0487				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0490				NRC	TBD	TBD
E0491				NRC	TBD	TBD
E0492				NRC	TBD	TBD
E0493				NRC	TBD	TBD
E0500	RR			NRC	175.16	175.16
E0530				NRC	TBD	TBD
E0550	RR				68.02	68.02
E0555				NRC	0.00	0.00
E0560				NRC	235.90	235.90
E0560	RR			NRC	27.64	27.64
E0561				NRC	128.53	128.53
E0561	RR			NRC	12.84	12.84
E0562					312.12	312.12
E0562	RR				31.20	31.20
E0565	RR				76.08	76.08
E0570	RR				17.20	17.20
E0572	RR				52.10	52.10
E0574	RR				64.24	64.24
E0575	RR				164.03	164.03
E0580					184.14	184.14
E0580	RR				18.42	18.42
E0585	RR				49.40	49.40
E0600	RR				73.07	73.07
E0601	RR			NRC	108.13	108.13
E0602				NRC	47.10	47.10
E0602	RR			NRC	4.75	4.75
E0603				NRC	0.00	0.00
E0604				NRC	0.00	0.00
E0605					39.95	39.95
E0605	RR				4.91	4.91
E0606	RR				36.62	36.62
E0607					106.63	106.63
E0607	RR				10.66	10.66
E0610				NRC	379.57	379.57
E0610	RR			NRC	40.03	40.03
E0615				NRC	708.59	708.59
E0615	RR			NRC	93.36	93.36
E0617	RR			NRC	485.20	485.20
E0618	RR			NRC	447.42	447.42
E0619	RR			NRC	0.00	0.00
E0620				NRC	1395.20	1395.20
E0620	RR			NRC	139.52	139.52
E0621					139.54	139.54
E0621	RR				13.67	13.67
E0625				NRC	0.00	0.00
E0627					461.46	461.46
E0627	RR				46.15	46.15

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0628				NRC	0.00	0.00
E0629					459.22	459.22
E0629	RR				45.92	45.92
E0630	RR				125.53	125.53
E0635	RR				165.97	165.97
E0636	RR			NRC	1584.73	1584.73
E0637				NRC	0.00	0.00
E0638				NRC	0.00	0.00
E0639	RR			NRC	158.60	158.60
E0640	RR			NRC	158.60	158.60
E0641				NRC	0.00	0.00
E0642				NRC	0.00	0.00
E0650					1052.77	1052.77
E0650	RR				139.48	139.48
E0651					1245.79	1245.79
E0651	RR				127.27	127.27
E0652					8361.62	8361.62
E0652	RR				836.11	836.11
E0655					146.41	146.41
E0655	RR				17.21	17.21
E0656					922.20	922.20
E0656	RR				92.22	92.22
E0657					866.30	866.30
E0657	RR				86.63	86.63
E0660					216.70	216.70
E0660	RR				22.55	22.55
E0665					185.83	185.83
E0665	RR				19.08	19.08
E0666					187.32	187.32
E0666	RR				19.28	19.28
E0667					516.66	516.66
E0667	RR				51.71	51.71
E0668					599.39	599.39
E0668	RR				59.15	59.15
E0669					277.74	277.74
E0669	RR				27.77	27.77
E0670					2006.06	2006.06
E0670	RR				200.59	200.59
E0671					662.84	662.84
E0671	RR				66.32	66.32
E0672					515.00	515.00
E0672	RR				51.54	51.54
E0673					427.94	427.94
E0673	RR				42.79	42.79
E0675	RR				613.67	613.67
E0676				NRC	0.00	0.00
E0677				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0678				NRC	TBD	TBD
E0679				NRC	TBD	TBD
E0680				NRC	TBD	TBD
E0681				NRC	TBD	TBD
E0682				NRC	TBD	TBD
E0691				NRC	1434.00	1434.00
E0691	RR			NRC	143.39	143.39
E0692				NRC	1800.72	1800.72
E0692	RR			NRC	180.05	180.05
E0693				NRC	2219.77	2219.77
E0693	RR			NRC	221.99	221.99
E0694				NRC	7065.36	7065.36
E0694	RR			NRC	706.52	706.52
E0700					25.00	25.00
E0705					72.17	72.17
E0705	RR				7.28	7.28
E0710				NRC	0.00	0.00
E0711				NRC	TBD	TBD
E0720					343.45	343.45
E0720	RR				34.35	34.35
E0730					343.54	343.54
E0730	RR				34.35	34.35
E0731					304.96	304.96
E0732				NRC	TBD	TBD
E0733				NRC	TBD	TBD
E0734				NRC	TBD	TBD
E0735				NRC	TBD	TBD
E0740				NRC	834.50	834.50
E0740	RR			NRC	83.45	83.45
E0744	RR			NRC	124.85	124.85
E0745	RR			NRC	142.86	142.86
E0746				NRC	0.00	0.00
E0747					6249.44	6249.44
E0747	RR				621.00	621.00
E0748					6208.97	6208.97
E0748	RR				620.86	620.86
E0749					3857.30	3857.30
E0749	RR				385.73	385.73
E0755				NRC	0.00	0.00
E0760					5159.53	5159.53
E0760	RR				515.95	515.95
E0761				NRC	0.00	0.00
E0762				NRC	1491.60	1491.60
E0762	RR			NRC	149.16	149.16
E0764	RR				1766.06	1766.06
E0765					134.26	134.26
E0765	RR				13.45	13.45

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0766	RR				18347.33	18347.33
E0769				NRC	0.00	0.00
E0770				NRC	0.00	0.00
E0776					215.80	215.80
E0776	RR				25.03	25.03
E0779	RR			NRC	26.52	26.52
E0780				NRC	16.55	16.55
E0781	RR				382.36	382.36
E0782					6465.00	6465.00
E0782	RR				646.49	646.49
E0783					13065.01	13065.01
E0783	RR				1306.52	1306.52
E0784	RR			NRC	641.46	641.46
E0785				NRC	754.06	754.06
E0786					12744.12	12744.12
E0786	RR				1274.40	1274.40
E0787				NRC	0.00	0.00
E0791	RR			NRC	417.61	417.61
E0830				NRC	0.00	0.00
E0840					116.74	116.74
E0840	RR				26.06	26.06
E0849					822.50	822.50
E0849	RR				82.25	82.25
E0850					167.64	167.64
E0850	RR				23.03	23.03
E0855					788.80	788.80
E0855	RR				78.88	78.88
E0856					245.60	245.60
E0856	RR				24.56	24.56
E0860					61.50	61.50
E0860	RR				10.40	10.40
E0870					185.63	185.63
E0870	RR				20.64	20.64
E0880					200.34	200.34
E0880	RR				31.45	31.45
E0890					163.32	163.32
E0890	RR				52.39	52.39
E0900					183.16	183.16
E0900	RR				37.48	37.48
E0910	RR				21.64	21.64
E0911	RR				65.94	65.94
E0912	RR				140.17	140.17
E0920	RR				73.66	73.66
E0930	RR				72.89	72.89
E0935	RR				36.30	36.30
E0936	RR				27.28	27.28
E0940	RR				39.73	39.73

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0941	RR				61.07	61.07
E0942					26.92	26.92
E0942	RR				3.19	3.19
E0944					62.22	62.22
E0944	RR				6.26	6.26
E0945					70.73	70.73
E0945	RR				7.07	7.07
E0946	RR				80.26	80.26
E0947					822.64	822.64
E0947	RR				85.30	85.30
E0948					795.67	795.67
E0948	RR				79.54	79.54
E0950					117.18	117.18
E0950	RR				11.74	11.74
E0951					20.82	20.82
E0951	RR				2.11	2.11
E0952					22.03	22.03
E0952	RR				2.28	2.28
E0953	RR				12.44	12.44
E0953					124.43	124.43
E0954	RR				7.68	7.68
E0954					75.78	75.78
E0955					246.60	246.60
E0955	RR				24.66	24.66
E0956					124.43	124.43
E0956	RR				12.44	12.44
E0957					183.97	183.97
E0957	RR				18.40	18.40
E0958	RR				65.58	65.58
E0959					59.96	59.96
E0959	RR				6.04	6.04
E0960					116.28	116.28
E0960	RR				11.64	11.64
E0961					35.34	35.34
E0961	RR				3.62	3.62
E0966					103.34	103.34
E0966	RR				10.36	10.36
E0967					104.81	104.81
E0967	RR				10.50	10.50
E0968	RR			NRC	28.60	28.60
E0969					212.46	212.46
E0969	RR				21.04	21.04
E0970				NRC	0.00	0.00
E0971					57.01	57.01
E0971	RR				5.71	5.71
E0973					106.78	106.78
E0973	RR				10.36	10.36

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E0974					116.95	116.95
E0974	RR				12.07	12.07
E0978					46.99	46.99
E0978	RR				4.69	4.69
E0980					51.00	51.00
E0980	RR				5.08	5.08
E0981					55.13	55.13
E0981	RR				5.60	5.60
E0982					60.24	60.24
E0982	RR				6.02	6.02
E0983	RR				398.86	398.86
E0984					2591.40	2591.40
E0984	RR				259.14	259.14
E0985					321.60	321.60
E0985	RR				32.16	32.16
E0986				NRC	7762.80	7762.80
E0986	RR			NRC	776.28	776.28
E0988	RR				477.72	477.72
E0990					120.66	120.66
E0990	RR				12.94	12.94
E0992					135.19	135.19
E0992	RR				13.31	13.31
E0994					28.14	28.14
E0994	RR				2.84	2.84
E0995					35.54	35.54
E0995	RR				3.56	3.56
E1002					5339.50	5339.50
E1002	RR				533.95	533.95
E1003					6007.20	6007.20
E1003	RR				600.72	600.72
E1004					6631.80	6631.80
E1004	RR				663.18	663.18
E1005					7216.20	7216.20
E1005	RR				721.62	721.62
E1006					8868.10	8868.10
E1006	RR				886.81	886.81
E1007					11508.70	11508.70
E1007	RR				1150.87	1150.87
E1008					11650.60	11650.60
E1008	RR				1165.06	1165.06
E1009				NRC	0.00	0.00
E1009	RR			NRC	0.00	0.00
E1010					1552.90	1552.90
E1010	RR				155.29	155.29
E1011				NRC	0.00	0.00
E1011	RR			NRC	0.00	0.00
E1012	RR				155.29	155.29

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E1014					583.00	583.00
E1014	RR				58.30	58.30
E1015					179.75	179.75
E1015	RR				17.96	17.96
E1016					173.11	173.11
E1016	RR				17.33	17.33
E1017				NRC	0.00	0.00
E1017	RR			NRC	0.00	0.00
E1018				NRC	0.00	0.00
E1018	RR			NRC	0.00	0.00
E1020					300.40	300.40
E1020	RR				30.04	30.04
E1028					241.70	241.70
E1028	RR				24.17	24.17
E1029					508.10	508.10
E1029	RR				50.81	50.81
E1030					1602.80	1602.80
E1030	RR				160.28	160.28
E1031	RR				72.01	72.01
E1035	RR			NRC	926.48	926.48
E1036	RR			NRC	1322.02	1322.02
E1037	RR				166.03	166.03
E1038	RR				25.26	25.26
E1039	RR			NRC	51.71	51.71
E1050	RR				162.54	162.54
E1060	RR				201.17	201.17
E1070	RR				148.58	148.58
E1083	RR				125.65	125.65
E1084	RR				156.55	156.55
E1085				NRC	0.00	0.00
E1086				NRC	0.00	0.00
E1087	RR				196.39	196.39
E1088	RR				215.06	215.06
E1089				NRC	0.00	0.00
E1092	RR				178.55	178.55
E1093	RR				158.89	158.89
E1100	RR				140.80	140.80
E1110	RR				143.03	143.03
E1130				NRC	0.00	0.00
E1140				NRC	0.00	0.00
E1150	RR				130.18	130.18
E1160	RR				99.76	99.76
E1161				NRC	3775.80	3775.80
E1161	RR			NRC	377.58	377.58
E1170	RR				121.16	121.16
E1171	RR				108.72	108.72
E1172	RR				132.91	132.91

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E1180	RR				142.75	142.75
E1190	RR				164.17	164.17
E1195	RR				170.40	170.40
E1200	RR			NRC	118.02	118.02
E1220				NRC	0.00	0.00
E1221	RR			NRC	75.83	75.83
E1222	RR			NRC	101.56	101.56
E1223	RR			NRC	118.12	118.12
E1224	RR			NRC	129.50	129.50
E1225	RR				64.02	64.02
E1226					650.68	650.68
E1226	RR				66.14	66.14
E1227				NRC	376.42	376.42
E1227	RR			NRC	37.64	37.64
E1228	RR			NRC	44.72	44.72
E1230				NRC	3534.98	3534.98
E1230	RR			NRC	355.01	355.01
E1231				NRC	0.00	0.00
E1231	RR			NRC	0.00	0.00
E1232				NRC	3412.90	3412.90
E1232	RR			NRC	341.29	341.29
E1233				NRC	3535.80	3535.80
E1233	RR			NRC	353.58	353.58
E1234				NRC	3078.40	3078.40
E1234	RR			NRC	307.84	307.84
E1235				NRC	2964.40	2964.40
E1235	RR			NRC	296.44	296.44
E1236				NRC	2615.20	2615.20
E1236	RR			NRC	261.52	261.52
E1237				NRC	2637.80	2637.80
E1237	RR			NRC	263.78	263.78
E1238				NRC	2615.20	2615.20
E1238	RR			NRC	261.52	261.52
E1240	RR				164.42	164.42
E1250				NRC	0.00	0.00
E1260				NRC	0.00	0.00
E1270	RR				125.98	125.98
E1280	RR				191.66	191.66
E1285				NRC	0.00	0.00
E1290				NRC	0.00	0.00
E1295	RR			NRC	179.29	179.29
E1296				NRC	666.91	666.91
E1296	RR			NRC	67.76	67.76
E1297				NRC	141.89	141.89
E1297	RR			NRC	15.77	15.77
E1298					574.68	574.68
E1298	RR				58.79	58.79

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E1300				NC	0.00	0.00
E1301				NC	TBD	TBD
E1310				NC	0.00	0.00
E1310	RR			NC	0.00	0.00
E1352				BR	0.00	0.00
E1353					45.19	45.19
E1354				NRC	0.00	0.00
E1355					34.06	34.06
E1356				NRC	0.00	0.00
E1357				NRC	0.00	0.00
E1358				NRC	0.00	0.00
E1372					203.63	203.63
E1372	RR				25.38	25.38
E1390	RR				197.38	197.38
E1391	RR				197.38	197.38
E1392	RR				60.53	60.53
E1399				NRC	0.00	0.00
E1405	RR				246.78	246.78
E1406	RR				214.57	214.57
E1629				NRC	0.00	0.00
E1700					467.90	467.90
E1700	RR				46.79	46.79
E1701					16.91	16.91
E1702					36.00	36.00
E1800	RR				195.49	195.49
E1801	RR				205.88	205.88
E1802	RR				521.54	521.54
E1805	RR				201.64	201.64
E1806	RR				169.06	169.06
E1810	RR				198.83	198.83
E1811	RR				214.02	214.02
E1812	RR				137.23	137.23
E1815	RR				201.64	201.64
E1816	RR				217.43	217.43
E1818	RR				221.95	221.95
E1820					123.06	123.06
E1820	RR				12.32	12.32
E1821					167.94	167.94
E1821	RR				16.75	16.75
E1825	RR				201.64	201.64
E1830	RR				201.64	201.64
E1831	RR				105.43	105.43
E1840	RR				610.76	610.76
E1841	RR				722.90	722.90
E1902				NRC	0.00	0.00
E1905				NRC	TBD	TBD
E2000				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2000	RR			NRC	82.72	82.72
E2001				NRC	TBD	TBD
E2100				NRC	1026.41	1026.41
E2100	RR			NRC	102.67	102.67
E2101				NRC	300.90	300.90
E2101	RR			NRC	30.10	30.10
E2102				NRC	267.88	267.88
E2103				NRC	TBD	TBD
E2120	RR			NRC	452.46	452.46
E2201					524.62	524.62
E2201	RR				52.46	52.46
E2202					708.77	708.77
E2202	RR				70.88	70.88
E2203					691.48	691.48
E2203	RR				69.14	69.14
E2204					1190.20	1190.20
E2204	RR				119.03	119.03
E2205					51.65	51.65
E2205	RR				5.15	5.15
E2206					60.50	60.50
E2206	RR				6.04	6.04
E2207					68.15	68.15
E2207	RR				6.83	6.83
E2208					138.05	138.05
E2208	RR				13.80	13.80
E2209					135.18	135.18
E2209	RR				13.54	13.54
E2210					8.44	8.44
E2210	RR				0.85	0.85
E2211					52.76	52.76
E2211	RR				5.22	5.22
E2212					9.28	9.28
E2212	RR				0.96	0.96
E2213					46.13	46.13
E2213	RR				4.62	4.62
E2214					48.48	48.48
E2214	RR				5.09	5.09
E2215					15.20	15.20
E2215	RR				1.51	1.51
E2216				NRC	68.50	68.50
E2216	RR			NRC	6.98	6.98
E2217				NRC	60.61	60.61
E2217	RR			NRC	6.18	6.18
E2218				NRC	68.50	68.50
E2218	RR			NRC	6.98	6.98
E2219					60.61	60.61
E2219	RR				6.18	6.18

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2220					38.70	38.70
E2220	RR				3.86	3.86
E2221					39.94	39.94
E2221	RR				4.02	4.02
E2222					33.14	33.14
E2222	RR				3.29	3.29
E2224					133.01	133.01
E2224	RR				13.92	13.92
E2225					27.66	27.66
E2225	RR				2.76	2.76
E2226					59.16	59.16
E2226	RR				5.92	5.92
E2227				NRC	2985.50	2985.50
E2227	RR			NRC	298.55	298.55
E2228				NRC	1446.40	1446.40
E2228	RR			NRC	144.64	144.64
E2230				BR	0.00	0.00
E2231					224.80	224.80
E2231	RR				22.49	22.49
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	2500.00	2500.00
E2301				NRC	0.00	0.00
E2310					1552.00	1552.00
E2310	RR				155.20	155.20
E2311					3137.40	3137.40
E2311	RR				313.74	313.74
E2312					3218.20	3218.20
E2312	RR				321.82	321.82
E2313					511.30	511.30
E2313	RR				51.13	51.13
E2321					2108.40	2108.40
E2321	RR				210.84	210.84
E2322					1929.10	1929.10
E2322	RR				192.91	192.91
E2323					94.33	94.33
E2323	RR				9.43	9.43
E2324					60.28	60.28
E2324	RR				6.00	6.00
E2325					1843.20	1843.20
E2325	RR				184.32	184.32
E2326					477.60	477.60
E2326	RR				47.76	47.76
E2327					3590.00	3590.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2327	RR				359.00	359.00
E2328					6793.00	6793.00
E2328	RR				679.30	679.30
E2329					2429.30	2429.30
E2329	RR				242.93	242.93
E2330					4700.40	4700.40
E2330	RR				470.04	470.04
E2331				NRC	0.00	0.00
E2340					571.87	571.87
E2340	RR				57.22	57.22
E2341					857.89	857.89
E2341	RR				85.78	85.78
E2342					714.92	714.92
E2342	RR				71.48	71.48
E2343					1143.89	1143.89
E2343	RR				114.37	114.37
E2351				NRC	961.28	961.28
E2351	RR			NRC	96.13	96.13
E2358				NRC	0.00	0.00
E2358	RR			NRC	0.00	0.00
E2359					262.03	262.03
E2359	RR				26.21	26.21
E2360					163.04	163.04
E2360	RR				16.31	16.31
E2361					180.79	180.79
E2361	RR				18.08	18.08
E2362					147.96	147.96
E2362	RR				14.80	14.80
E2363					235.22	235.22
E2363	RR				23.52	23.52
E2364					163.04	163.04
E2364	RR				16.31	16.31
E2365					133.73	133.73
E2365	RR				13.37	13.37
E2366					269.52	269.52
E2366	RR				27.00	27.00
E2367					565.78	565.78
E2367	RR				56.58	56.58
E2368					656.60	656.60
E2368	RR				65.66	65.66
E2369					595.00	595.00
E2369	RR				59.50	59.50
E2370					943.00	943.00
E2370	RR				94.30	94.30
E2371					206.68	206.68
E2371	RR				20.68	20.68
E2372				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2372	RR			NRC	0.00	0.00
E2373					1105.20	1105.20
E2373	RR				110.52	110.52
E2374					711.70	711.70
E2374	RR				71.17	71.17
E2375					1086.80	1086.80
E2375	RR				108.68	108.68
E2376					1778.60	1778.60
E2376	RR				177.86	177.86
E2377					650.90	650.90
E2377	RR				65.09	65.09
E2378					813.40	813.40
E2378	RR				81.34	81.34
E2381					97.26	97.26
E2381	RR				9.74	9.74
E2382					26.83	26.83
E2382	RR				2.68	2.68
E2383					198.62	198.62
E2383	RR				19.86	19.86
E2384					100.91	100.91
E2384	RR				10.10	10.10
E2385					64.16	64.16
E2385	RR				6.43	6.43
E2386					179.02	179.02
E2386	RR				17.90	17.90
E2387					80.89	80.89
E2387	RR				8.10	8.10
E2388					67.42	67.42
E2388	RR				6.74	6.74
E2389					37.14	37.14
E2389	RR				3.72	3.72
E2390					57.79	57.79
E2390	RR				5.77	5.77
E2391					27.10	27.10
E2391	RR				2.71	2.71
E2392					68.15	68.15
E2392	RR				6.84	6.84
E2394					95.68	95.68
E2394	RR				9.58	9.58
E2395					69.62	69.62
E2395	RR				6.97	6.97
E2396					77.50	77.50
E2396	RR				8.03	8.03
E2397					658.34	658.34
E2397	RR				65.83	65.83
E2398				BR	0.00	0.00
E2402	RR				1676.33	1676.33

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2500				NRC	624.05	624.05
E2500	RR			NRC	62.41	62.41
E2502				NRC	1908.29	1908.29
E2502	RR			NRC	190.85	190.85
E2504				NRC	2517.32	2517.32
E2504	RR			NRC	251.76	251.76
E2506				NRC	3691.12	3691.12
E2506	RR			NRC	369.10	369.10
E2508				NRC	5707.70	5707.70
E2508	RR			NRC	570.77	570.77
E2510					10801.08	10801.08
E2510	RR				1080.11	1080.11
E2511				NRC	0.00	0.00
E2511	RR			NRC	0.00	0.00
E2512				NRC	762.07	762.07
E2512	RR			NRC	76.20	76.20
E2599				NRC	0.00	0.00
E2601					70.76	70.76
E2601	RR				7.09	7.09
E2602					144.02	144.02
E2602	RR				14.41	14.41
E2603					180.13	180.13
E2603	RR				18.02	18.02
E2604					237.04	237.04
E2604	RR				23.70	23.70
E2605					339.97	339.97
E2605	RR				34.01	34.01
E2606					537.10	537.10
E2606	RR				53.71	53.71
E2607					349.26	349.26
E2607	RR				34.93	34.93
E2608					428.27	428.27
E2608	RR				42.82	42.82
E2609				NRC	0.00	0.00
E2610				NRC	0.00	0.00
E2611					330.20	330.20
E2611	RR				33.01	33.01
E2612					515.80	515.80
E2612	RR				51.58	51.58
E2613					498.22	498.22
E2613	RR				49.82	49.82
E2614					710.35	710.35
E2614	RR				71.04	71.04
E2615					571.04	571.04
E2615	RR				57.11	57.11
E2616					768.68	768.68
E2616	RR				76.87	76.87

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
E2617				NRC	656.94	656.94
E2619					69.04	69.04
E2619	RR				6.90	6.90
E2620					655.31	655.31
E2620	RR				65.53	65.53
E2621					725.34	725.34
E2621	RR				72.54	72.54
E2622					442.03	442.03
E2622	RR				44.21	44.21
E2623					560.78	560.78
E2623	RR				56.09	56.09
E2624					447.37	447.37
E2624	RR				44.75	44.75
E2625					560.18	560.18
E2625	RR				56.02	56.02
E2626					964.38	964.38
E2626	RR				96.44	96.44
E2627					1344.42	1344.42
E2627	RR				134.47	134.47
E2628					1012.80	1012.80
E2628	RR				101.28	101.28
E2629					1470.25	1470.25
E2629	RR				147.01	147.01
E2630					896.27	896.27
E2630	RR				89.63	89.63
E2631					358.52	358.52
E2631	RR				35.86	35.86
E2632					227.98	227.98
E2632	RR				22.79	22.79
E2633					193.37	193.37
E2633	RR				19.36	19.36
E3000				NRC	TBD	TBD
E8000				NRC	0.00	0.00
E8001				NRC	0.00	0.00
E8002				NRC	0.00	0.00
G0339					4677.05	4677.05
G0340					3436.66	3436.66
G0480					143.04	143.04
G0481					195.74	195.74
G0482				NC	0.00	0.00
G0483				NC	0.00	0.00
G2012					19.50	17.32
G6001					237.53	237.53
G6001	26				43.54	43.54
G6001	TC				193.99	193.99
G6002					99.03	99.03
G6002	26				28.37	28.37

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
G6002	TC				70.67	70.67
G6003					199.22	199.22
G6004					168.28	168.28
G6005					168.71	168.71
G6006					167.84	167.84
G6007					310.33	310.33
G6008					232.41	232.41
G6009					231.53	231.53
G6010					230.23	230.23
G6011					309.97	309.97
G6012					306.49	306.49
G6013					307.36	307.36
G6014					305.61	305.61
G6015					469.60	469.60
G6016					468.08	468.08
G6017				BR	0.00	0.00
J0120					12.50	12.50
J0121					4.35	4.35
J0122					1.28	1.28
J0129				NRC	51.31	51.31
J0130					1714.88	1714.88
J0131					0.12	0.12
J0132				NRC	0.91	0.91
J0133				NRC	0.05	0.05
J0134				BR	TBD	TBD
J0135				NRC	1091.06	1091.06
J0136				BR	TBD	TBD
J0137				BR	TBD	TBD
J0150				NRC	0.00	0.00
J0151				NRC	0.00	0.00
J0153					0.60	0.60
J0171					0.89	0.89
J0172				NRC	7.17	7.17
J0173				BR	TBD	TBD
J0174				NRC	TBD	TBD
J0178				NRC	1072.26	1072.26
J0179				NRC	377.83	377.83
J0180				NRC	249.80	249.80
J0184				NRC	TBD	TBD
J0185					2.17	2.17
J0190				NRC	0.00	0.00
J0200				NRC	0.00	0.00
J0202				NRC	2682.46	2682.46
J0205				NRC	50.43	50.43
J0206				NRC	TBD	TBD
J0207					1176.17	1176.17
J0208				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J0210					50.88	50.88
J0215				NRC	49.97	49.97
J0216				BR	TBD	TBD
J0217				NRC	TBD	TBD
J0218				NRC	TBD	TBD
J0219				NRC	86.94	86.94
J0220				NRC	248.04	248.04
J0221				NRC	225.90	225.90
J0222				NRC	120.89	120.89
J0223				NRC	131.68	131.68
J0224				NRC	372.92	372.92
J0225				NRC	TBD	TBD
J0248				NRC	6.61	6.61
J0256				NRC	5.73	5.73
J0257				NRC	6.18	6.18
J0270				NRC	0.81	0.81
J0275				NRC	30.87	30.87
J0278					1.15	1.15
J0280					10.72	10.72
J0282				NRC	0.32	0.32
J0283				NRC	TBD	TBD
J0285					55.59	55.59
J0287					13.36	13.36
J0288					16.80	16.80
J0289					32.22	32.22
J0290					1.10	1.10
J0291				NRC	4.06	4.06
J0295					2.60	2.60
J0300				NRC	0.00	0.00
J0330				BR	0.00	0.00
J0348					0.49	0.49
J0349				NRC	TBD	TBD
J0350				BR	0.00	0.00
J0360					6.60	6.60
J0364				NRC	39.23	39.23
J0365				NRC	3.18	3.18
J0380				NRC	1.70	1.70
J0390				NRC	4.90	4.90
J0391				NRC	TBD	TBD
J0395				NRC	0.00	0.00
J0400				NRC	0.91	0.91
J0401				NRC	7.70	7.70
J0402				NRC	TBD	TBD
J0456					3.11	3.11
J0457				BR	TBD	TBD
J0461					0.12	0.12
J0470					71.77	71.77

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J0475					214.14	214.14
J0476					73.79	73.79
J0480				NRC	5173.16	5173.16
J0485					4.55	4.55
J0490					60.25	60.25
J0491				NRC	19.47	19.47
J0500				NRC	27.33	27.33
J0515					19.04	19.04
J0517					200.54	200.54
J0520					5.34	5.34
J0558					17.30	17.30
J0561					22.31	22.31
J0565				NRC	47.83	47.83
J0567				NRC	0.00	0.00
J0570				NRC	1542.93	1542.93
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
J0576				NRC	TBD	TBD
J0583				NRC	0.22	0.22
J0584				NRC	497.66	497.66
J0585					7.58	7.58
J0586					10.44	10.44
J0587					15.24	15.24
J0588					6.24	6.24
J0591				NRC	0.00	0.00
J0592					4.82	4.82
J0593				NRC	0.00	0.00
J0594				NRC	2.25	2.25
J0595					4.07	4.07
J0596				NRC	37.93	37.93
J0597				NRC	72.88	72.88
J0598				NRC	72.88	72.88
J0599				NRC	0.00	0.00
J0600				NRC	6850.31	6850.31
J0604				NRC	1.09	1.09
J0606				NRC	4.16	4.16
J0612				BR	TBD	TBD
J0613				BR	TBD	TBD
J0620					12.32	12.32
J0630				NRC	1593.59	1593.59
J0636				NRC	0.91	0.91
J0637					5.86	5.86
J0638				NRC	143.79	143.79
J0640					4.09	4.09

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J0641					0.12	0.12
J0642					1.87	1.87
J0665				NRC	TBD	TBD
J0670				NRC	4.17	4.17
J0688				NRC	TBD	TBD
J0689				BR	TBD	TBD
J0690					0.92	0.92
J0691					0.87	0.87
J0692					1.49	1.49
J0694					6.19	6.19
J0695					8.06	8.06
J0696					0.62	0.62
J0697					2.69	2.69
J0698					2.80	2.80
J0699					7.63	7.63
J0701				BR	TBD	TBD
J0702					7.68	7.68
J0703				BR	TBD	TBD
J0706				NRC	0.66	0.66
J0710				NRC	0.00	0.00
J0712					4.52	4.52
J0713					2.23	2.23
J0714					109.01	109.01
J0715					5.34	5.34
J0716				BR	0.00	0.00
J0717				NRC	5.97	5.97
J0720					48.33	48.33
J0725				NRC	26.77	26.77
J0735					27.47	27.47
J0736				BR	TBD	TBD
J0737				BR	TBD	TBD
J0739				NRC	12.76	12.76
J0740					729.99	729.99
J0741				NRC	25.87	25.87
J0742				NRC	2.86	2.86
J0743					8.54	8.54
J0744					1.61	1.61
J0745					1.62	1.62
J0750				NRC	TBD	TBD
J0751				NRC	TBD	TBD
J0760				NRC	0.00	0.00
J0770					18.72	18.72
J0775				NRC	78.00	78.00
J0780					3.57	3.57
J0791				NRC	150.34	150.34
J0795				NRC	11.61	11.61
J0801				NRC	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J0802				NRC	TBD	TBD
J0833				NRC	0.00	0.00
J0834				NRC	29.73	29.73
J0840				NRC	2493.35	2493.35
J0841				NRC	519.83	519.83
J0850					2177.54	2177.54
J0873				NRC	TBD	TBD
J0874				BR	TBD	TBD
J0875					18.38	18.38
J0877				BR	TBD	TBD
J0878					0.05	0.05
J0879				NRC	5.63	5.63
J0881					3.71	3.71
J0882					3.71	3.71
J0883					2.23	2.23
J0884					2.23	2.23
J0885					9.51	9.51
J0886				NRC	0.00	0.00
J0887				NRC	2.36	2.36
J0888				NRC	2.36	2.36
J0889				NRC	TBD	TBD
J0890					9.84	9.84
J0891				BR	TBD	TBD
J0892				BR	TBD	TBD
J0893				BR	TBD	TBD
J0894					2.91	2.91
J0895				NRC	9.86	9.86
J0896				NRC	46.15	46.15
J0897					27.62	27.62
J0898				BR	TBD	TBD
J0899				BR	TBD	TBD
J0945					1.00	1.00
J1000				NRC	35.10	35.10
J1020					5.53	5.53
J1030					9.70	9.70
J1040					15.30	15.30
J1050					0.16	0.16
J1071					0.03	0.03
J1094					0.28	0.28
J1095				NRC	0.00	0.00
J1096				NRC	0.00	0.00
J1097				NRC	0.00	0.00
J1100					0.15	0.15
J1105				NRC	TBD	TBD
J1110					69.36	69.36
J1120					34.81	34.81
J1130					0.25	0.25

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J1160					8.83	8.83
J1162				NRC	5512.29	5512.29
J1165					0.50	0.50
J1170					4.62	4.62
J1180					8.54	8.54
J1190					200.30	200.30
J1200					1.35	1.35
J1201				NRC	18.12	18.12
J1205				NRC	92.25	92.25
J1212				NRC	766.44	766.44
J1230					20.02	20.02
J1240					8.69	8.69
J1245					4.56	4.56
J1246				NRC	TBD	TBD
J1250					7.83	7.83
J1260					8.40	8.40
J1265					0.80	0.80
J1267					1.06	1.06
J1270				NRC	0.84	0.84
J1290				NRC	624.60	624.60
J1300				NRC	271.45	271.45
J1301				NRC	25.69	25.69
J1302				NRC	20.41	20.41
J1303				NRC	266.79	266.79
J1304				NRC	TBD	TBD
J1305				NRC	206.70	206.70
J1306				NRC	14.33	14.33
J1320					2.40	2.40
J1322				NRC	315.25	315.25
J1324				NRC	0.00	0.00
J1325					18.93	18.93
J1327				NRC	33.09	33.09
J1330				NRC	0.00	0.00
J1335					15.39	15.39
J1364					102.65	102.65
J1380				NRC	12.06	12.06
J1410				NRC	426.94	426.94
J1411				NRC	TBD	TBD
J1412				NRC	TBD	TBD
J1413				NRC	TBD	TBD
J1426				NRC	197.35	197.35
J1427				NRC	73.03	73.03
J1429				NRC	0.00	0.00
J1430				NRC	550.77	550.77
J1435				NRC	0.00	0.00
J1436				NRC	0.00	0.00
J1437				NRC	26.04	26.04

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J1438				NRC	454.97	454.97
J1439				NRC	1.36	1.36
J1440				NRC	TBD	TBD
J1442					1.18	1.18
J1443				NRC	0.00	0.00
J1444				NRC	0.00	0.00
J1445				NRC	5.57	5.57
J1446				NRC	0.00	0.00
J1447					0.46	0.46
J1448					6.13	6.13
J1449				NRC	TBD	TBD
J1450					2.94	2.94
J1451				NRC	8.04	8.04
J1452				NRC	0.00	0.00
J1453					0.23	0.23
J1454					471.20	471.20
J1455				NRC	15.98	15.98
J1456				BR	TBD	TBD
J1457				NRC	2.49	2.49
J1458				NRC	519.48	519.48
J1459				NRC	56.63	56.63
J1460					57.98	57.98
J1551				NRC	16.98	16.98
J1554				NRC	578.73	578.73
J1555				NRC	17.89	17.89
J1556				NRC	85.14	85.14
J1557					64.81	64.81
J1558				NRC	16.35	16.35
J1559				NRC	15.14	15.14
J1560					579.83	579.83
J1561					57.24	57.24
J1562					8.70	8.70
J1566				NRC	87.81	87.81
J1568					50.19	50.19
J1569					55.80	55.80
J1570					56.79	56.79
J1571					80.81	80.81
J1572					53.45	53.45
J1573					61.55	61.55
J1574				BR	TBD	TBD
J1575				NRC	19.05	19.05
J1576				NRC	TBD	TBD
J1580					3.04	3.04
J1590				NRC	0.00	0.00
J1595				NRC	0.00	0.00
J1596				NRC	TBD	TBD
J1599				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J1600				NRC	36.18	36.18
J1602				NRC	16.62	16.62
J1610				NRC	228.31	228.31
J1611				NRC	TBD	TBD
J1620				NRC	0.00	0.00
J1626					0.48	0.48
J1627					7.08	7.08
J1628				NRC	0.00	0.00
J1630					1.38	1.38
J1631					9.18	9.18
J1632				NRC	0.00	0.00
J1640				NRC	34.83	34.83
J1642					0.02	0.02
J1643				BR	TBD	TBD
J1644					0.31	0.31
J1645					16.76	16.76
J1650					0.92	0.92
J1652					1.28	1.28
J1655					5.39	5.39
J1670					654.74	654.74
J1675				NRC	0.00	0.00
J1700					1.25	1.25
J1710					2.49	2.49
J1720					21.49	21.49
J1730				NRC	0.00	0.00
J1738				NRC	3.75	3.75
J1740				NRC	37.02	37.02
J1741				BR	0.00	0.00
J1742				NRC	314.89	314.89
J1743				NRC	651.54	651.54
J1744				BR	0.00	0.00
J1745				NRC	40.85	40.85
J1746				NRC	83.53	83.53
J1747				NRC	TBD	TBD
J1750					19.89	19.89
J1756					0.25	0.25
J1786				NRC	53.19	53.19
J1790					2.57	2.57
J1800					3.43	3.43
J1805				BR	TBD	TBD
J1806				BR	TBD	TBD
J1810				NRC	0.00	0.00
J1811				NRC	TBD	TBD
J1812				NRC	TBD	TBD
J1813				NRC	TBD	TBD
J1814				NRC	TBD	TBD
J1815				NRC	1.08	1.08

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J1817				NRC	10.48	10.48
J1823				NRC	555.44	555.44
J1826				BR	0.00	0.00
J1830				NRC	0.00	0.00
J1833					0.84	0.84
J1835					50.74	50.74
J1836				NRC	TBD	TBD
J1840					9.22	9.22
J1850					1.38	1.38
J1885					0.58	0.58
J1890					7.70	7.70
J1920				BR	TBD	TBD
J1921				BR	TBD	TBD
J1930					68.90	68.90
J1931				NRC	43.26	43.26
J1932					72.59	72.59
J1939				NRC	TBD	TBD
J1940					0.69	0.69
J1941				BR	TBD	TBD
J1943				NRC	3.54	3.54
J1944				NRC	3.57	3.57
J1945				NRC	684.65	684.65
J1950				NRC	1777.06	1777.06
J1951				NRC	158.40	158.40
J1952				NRC	118.11	118.11
J1953				NRC	0.10	0.10
J1954				NRC	TBD	TBD
J1955				NRC	41.00	41.00
J1956					1.00	1.00
J1960				NRC	3.76	3.76
J1961				NRC	TBD	TBD
J1980					37.97	37.97
J1990					25.26	25.26
J2001				NRC	0.03	0.03
J2010					11.78	11.78
J2020					4.11	4.11
J2021				BR	TBD	TBD
J2060					1.41	1.41
J2062				NRC	0.00	0.00
J2150					3.64	3.64
J2170				NRC	0.00	0.00
J2175					8.43	8.43
J2180					4.61	4.61
J2182				NRC	35.25	35.25
J2184				BR	TBD	TBD
J2185					0.59	0.59
J2186				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J2210				NRC	25.03	25.03
J2212				BR	0.00	0.00
J2247				BR	TBD	TBD
J2248					1.00	1.00
J2249				BR	TBD	TBD
J2250					0.20	0.20
J2251				BR	TBD	TBD
J2260					2.55	2.55
J2265				BR	0.00	0.00
J2270					4.00	4.00
J2271				NRC	0.00	0.00
J2272				BR	TBD	TBD
J2274					20.05	20.05
J2275				NRC	0.00	0.00
J2278					10.88	10.88
J2280					12.47	12.47
J2281				BR	TBD	TBD
J2300					3.43	3.43
J2305				BR	TBD	TBD
J2310					9.69	9.69
J2311				BR	TBD	TBD
J2315				NRC	4.47	4.47
J2320				NRC	0.00	0.00
J2323				NRC	28.78	28.78
J2325				NRC	72.29	72.29
J2327				NRC	TBD	TBD
J2329				NRC	TBD	TBD
J2350				NRC	70.76	70.76
J2353					245.44	245.44
J2354					1.39	1.39
J2355				NRC	512.30	512.30
J2356				NRC	21.36	21.36
J2357					45.50	45.50
J2358				NRC	3.50	3.50
J2359				NRC	TBD	TBD
J2360					6.45	6.45
J2371				BR	TBD	TBD
J2372				BR	TBD	TBD
J2401				BR	TBD	TBD
J2402				BR	TBD	TBD
J2403				BR	TBD	TBD
J2404				NRC	TBD	TBD
J2405					0.11	0.11
J2406					50.56	50.56
J2407					32.00	32.00
J2410					3.50	3.50
J2425					30.15	30.15

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J2426				NRC	16.38	16.38
J2427				NRC	TBD	TBD
J2430					12.68	12.68
J2440					1.53	1.53
J2460					1.16	1.16
J2469					1.56	1.56
J2501				NRC	0.82	0.82
J2502				BR	0.00	0.00
J2503				NRC	942.60	942.60
J2504				NRC	441.55	441.55
J2506				NRC	131.62	131.62
J2507				NRC	3842.23	3842.23
J2508				NRC	TBD	TBD
J2510					47.20	47.20
J2513					13.74	13.74
J2515					29.17	29.17
J2540					0.91	0.91
J2543					1.60	1.60
J2545				NRC	106.04	106.04
J2547				NRC	0.00	0.00
J2550					3.73	3.73
J2560					46.84	46.84
J2561				NRC	TBD	TBD
J2562				NRC	481.89	481.89
J2590				NRC	0.63	0.63
J2597				NRC	8.49	8.49
J2598				NRC	TBD	TBD
J2599				NRC	TBD	TBD
J2650					0.21	0.21
J2670				NRC	0.00	0.00
J2675				NRC	1.15	1.15
J2679				NRC	TBD	TBD
J2680					11.52	11.52
J2690				NRC	197.25	197.25
J2700					1.29	1.29
J2704					0.15	0.15
J2710				NRC	0.11	0.11
J2720					1.04	1.04
J2724				NRC	18.11	18.11
J2725				NRC	0.00	0.00
J2730					110.28	110.28
J2760				NRC	542.90	542.90
J2765					1.28	1.28
J2770					513.99	513.99
J2777				NRC	44.91	44.91
J2778				NRC	297.18	297.18
J2779				NRC	98.32	98.32

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J2780					4.60	4.60
J2781				NRC	TBD	TBD
J2783					411.44	411.44
J2785					74.39	74.39
J2786				NRC	12.19	12.19
J2787				NRC	0.00	0.00
J2788				NRC	30.57	30.57
J2790				NRC	92.19	92.19
J2791				NRC	5.93	5.93
J2792				NRC	41.06	41.06
J2793				NRC	0.00	0.00
J2794					13.90	13.90
J2795					0.10	0.10
J2796				NRC	108.74	108.74
J2797				BR	0.00	0.00
J2798				NRC	13.43	13.43
J2799				NRC	TBD	TBD
J2800					6.37	6.37
J2805				NRC	139.53	139.53
J2806				NRC	TBD	TBD
J2810					0.45	0.45
J2820					68.50	68.50
J2840				NRC	636.00	636.00
J2850				NRC	41.74	41.74
J2860				NRC	167.07	167.07
J2910				NRC	0.00	0.00
J2916				NRC	2.64	2.64
J2920					4.96	4.96
J2930					6.56	6.56
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					105.08	105.08
J2998				NRC	41.35	41.35
J3000					50.71	50.71
J3010					1.17	1.17
J3030				NRC	74.87	74.87
J3031				NRC	0.00	0.00
J3032				NRC	20.41	20.41
J3060				NRC	51.50	51.50
J3070				NRC	130.06	130.06
J3090					1.99	1.99
J3095				NRC	8.34	8.34
J3101					172.43	172.43
J3105					1.01	1.01

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J3110				NRC	0.00	0.00
J3111				NRC	11.88	11.88
J3121					0.06	0.06
J3145				NRC	2.21	2.21
J3230					36.36	36.36
J3240				NRC	2312.09	2312.09
J3241				NRC	393.60	393.60
J3243					0.74	0.74
J3244				BR	TBD	TBD
J3245				NRC	165.39	165.39
J3246					11.17	11.17
J3250					53.93	53.93
J3260					2.80	2.80
J3262				NRC	7.03	7.03
J3265				NRC	0.00	0.00
J3280					13.36	13.36
J3285				NRC	66.38	66.38
J3299				NRC	57.13	57.13
J3300					5.02	5.02
J3301					1.35	1.35
J3302					0.34	0.34
J3303					2.18	2.18
J3304				NRC	20.23	20.23
J3305					158.90	158.90
J3310				NRC	0.00	0.00
J3315					437.57	437.57
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	184.52	184.52
J3358				NRC	14.70	14.70
J3360					8.55	8.55
J3364					10.99	10.99
J3365					549.28	549.28
J3370					2.98	2.98
J3371				BR	TBD	TBD
J3372				BR	TBD	TBD
J3380				NRC	26.21	26.21
J3385				NRC	428.82	428.82
J3396				NRC	13.65	13.65
J3397				NRC	0.00	0.00
J3398				NRC	0.00	0.00
J3399				NC	0.00	0.00
J3400				NRC	0.00	0.00
J3401				NRC	TBD	TBD
J3410					15.73	15.73

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J3411					2.64	2.64
J3415					6.75	6.75
J3420					1.93	1.93
J3425				NRC	TBD	TBD
J3430					3.59	3.59
J3465					1.13	1.13
J3470					25.44	25.44
J3471					0.57	0.57
J3472					165.36	165.36
J3473					0.43	0.43
J3475					0.95	0.95
J3480					0.13	0.13
J3485				NRC	1.81	1.81
J3486				NRC	12.14	12.14
J3489					9.72	9.72
J3490				NRC	0.00	0.00
J3520				NRC	0.00	0.00
J3530				NRC	0.00	0.00
J3535				NRC	0.00	0.00
J3570				NRC	0.00	0.00
J3590				NRC	0.00	0.00
J3591				NRC	0.00	0.00
J7030					3.10	3.10
J7040					1.55	1.55
J7042					1.50	1.50
J7050					0.78	0.78
J7060					2.03	2.03
J7070					4.05	4.05
J7100					27.73	27.73
J7110					17.43	17.43
J7120					3.07	3.07
J7121				NRC	0.00	0.00
J7131				BR	0.00	0.00
J7168				NRC	8.62	8.62
J7169				NRC	0.00	0.00
J7170				NRC	59.93	59.93
J7175				NRC	10.34	10.34
J7177				NRC	1.32	1.32
J7178				NRC	1.66	1.66
J7179				NRC	2.24	2.24
J7180				NRC	11.63	11.63
J7181				NRC	19.81	19.81
J7182					1.50	1.50
J7183					1.51	1.51
J7185					1.56	1.56
J7186					1.41	1.41
J7187					1.62	1.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J7188					3.86	3.86
J7189					2.81	2.81
J7190					1.35	1.35
J7191				NRC	2.04	2.04
J7192					1.73	1.73
J7193					1.48	1.48
J7194					1.89	1.89
J7195					1.97	1.97
J7196				BR	0.00	0.00
J7197					4.46	4.46
J7198					2.68	2.68
J7199				NRC	0.00	0.00
J7200					1.88	1.88
J7201					4.05	4.05
J7202				NRC	5.94	5.94
J7203				NRC	5.19	5.19
J7204				NRC	2.48	2.48
J7205				NRC	2.61	2.61
J7207				NRC	2.32	2.32
J7208				NRC	2.62	2.62
J7209				NRC	1.62	1.62
J7210				NRC	1.72	1.72
J7211				NRC	1.61	1.61
J7212				NRC	2.29	2.29
J7213				NRC	TBD	TBD
J7214				NRC	TBD	TBD
J7308				NRC	470.03	470.03
J7309				NRC	100.42	100.42
J7310				NRC	20352.00	20352.00
J7311				NRC	405.22	405.22
J7312					239.80	239.80
J7313				NRC	589.14	589.14
J7314				NRC	628.53	628.53
J7315				BR	0.00	0.00
J7316				NRC	1256.31	1256.31
J7318					8.12	8.12
J7320					8.95	8.95
J7321					87.02	87.02
J7322					19.99	19.99
J7323					155.36	155.36
J7324					161.35	161.35
J7325					11.58	11.58
J7326				NRC	626.96	626.96
J7327					863.19	863.19
J7328					0.90	0.90
J7329					11.60	11.60
J7330				NRC	38286.65	38286.65

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J7331					15.90	15.90
J7332					11.88	11.88
J7335				NRC	0.00	0.00
J7336				NRC	3.93	3.93
J7340				NRC	263.71	263.71
J7342				NRC	36.01	36.01
J7345				NRC	1.98	1.98
J7351				NRC	247.53	247.53
J7352				NRC	0.00	0.00
J7353				BR	TBD	TBD
J7402				NRC	13.61	13.61
J7500				NRC	17.55	17.55
J7501				NRC	260.76	260.76
J7502				NRC	2.72	2.72
J7503					1.94	1.94
J7504				NRC	3601.55	3601.55
J7505				NRC	1387.29	1387.29
J7506				NRC	0.00	0.00
J7507					0.42	0.42
J7508					0.63	0.63
J7509					0.33	0.33
J7510					0.32	0.32
J7511				NRC	1063.65	1063.65
J7512					0.01	0.01
J7513					631.61	631.61
J7515				NRC	0.89	0.89
J7516				NRC	74.83	74.83
J7517				NRC	0.24	0.24
J7518				NRC	0.77	0.77
J7519				NRC	TBD	TBD
J7520				NRC	3.52	3.52
J7525				NRC	280.70	280.70
J7527					3.74	3.74
J7599				NRC	0.00	0.00
J7604				NRC	0.00	0.00
J7605					3.48	3.48
J7606					7.59	7.59
J7607				NRC	0.00	0.00
J7608					7.43	7.43
J7609				NRC	0.00	0.00
J7610				NRC	0.00	0.00
J7611					0.16	0.16
J7612					0.33	0.33
J7613					0.04	0.04
J7614					0.05	0.05
J7615				NRC	0.00	0.00
J7620				NRC	0.16	0.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J7622				NRC	0.00	0.00
J7624				NRC	0.00	0.00
J7626				NRC	1.08	1.08
J7627				NRC	0.00	0.00
J7628				NRC	0.00	0.00
J7629				NRC	0.00	0.00
J7631				NRC	1.39	1.39
J7632				NRC	0.00	0.00
J7633				NRC	0.06	0.06
J7634				NRC	0.06	0.06
J7635				NRC	0.00	0.00
J7636				NRC	0.00	0.00
J7637				NRC	0.00	0.00
J7638				NRC	0.00	0.00
J7639				NRC	60.09	60.09
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	0.28	0.28
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				NRC	0.06	0.06
J7674				NRC	0.99	0.99
J7676				NRC	0.00	0.00
J7677				NRC	0.23	0.23
J7680				NRC	0.00	0.00
J7681				NRC	0.00	0.00
J7682					30.31	30.31
J7683				NRC	0.00	0.00
J7684				NRC	0.00	0.00
J7685				NRC	0.00	0.00
J7686				NRC	886.98	886.98
J7699				NRC	0.00	0.00
J7799				NRC	0.00	0.00
J7999				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J8498				NRC	0.00	0.00
J8499				NRC	0.00	0.00
J8501					3.59	3.59
J8510					29.01	29.01
J8515					4.55	4.55
J8520					0.45	0.45
J8521					1.77	1.77
J8530					1.07	1.07
J8540					0.13	0.13
J8560					91.87	91.87
J8562					98.13	98.13
J8565				BR	0.00	0.00
J8597				NRC	0.00	0.00
J8600					14.40	14.40
J8610					0.47	0.47
J8650				BR	0.00	0.00
J8655					530.53	530.53
J8670					2.16	2.16
J8700					0.24	0.24
J8705					125.24	125.24
J8999				NRC	0.00	0.00
J9000					2.95	2.95
J9010				NRC	0.00	0.00
J9015					2200.73	2200.73
J9017					16.44	16.44
J9019					512.72	512.72
J9020					77.48	77.48
J9021				NRC	57.88	57.88
J9022					97.28	97.28
J9023					107.01	107.01
J9025					0.60	0.60
J9027					38.67	38.67
J9029				NRC	TBD	TBD
J9030					3.45	3.45
J9032					56.54	56.54
J9033					17.25	17.25
J9034					20.29	20.29
J9035					85.62	85.62
J9036					18.07	18.07
J9037					51.79	51.79
J9039					163.28	163.28
J9040					29.14	29.14
J9041					7.46	7.46
J9042					256.56	256.56
J9043					239.50	239.50
J9045					2.84	2.84
J9046				BR	TBD	TBD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J9047					53.72	53.72
J9048				BR	TBD	TBD
J9049				BR	TBD	TBD
J9050					365.54	365.54
J9051				BR	TBD	TBD
J9052				NRC	TBD	TBD
J9055					84.17	84.17
J9056				NRC	TBD	TBD
J9057				BR	0.00	0.00
J9058				NRC	TBD	TBD
J9059				NRC	TBD	TBD
J9060					2.02	2.02
J9061				NRC	23.62	23.62
J9063				NRC	TBD	TBD
J9064				BR	TBD	TBD
J9065					22.65	22.65
J9070					25.96	25.96
J9071					4.64	4.64
J9072				NRC	TBD	TBD
J9098					754.04	754.04
J9100					1.12	1.12
J9118				NRC	84.91	84.91
J9119					32.57	32.57
J9120					655.93	655.93
J9130					4.61	4.61
J9144				NRC	57.85	57.85
J9145					72.92	72.92
J9150					44.60	44.60
J9151					69.20	69.20
J9153					262.97	262.97
J9155					4.88	4.88
J9165				BR	0.00	0.00
J9171					0.55	0.55
J9172				NRC	TBD	TBD
J9173					94.29	94.29
J9175					4.99	4.99
J9176					8.47	8.47
J9177				NRC	40.58	40.58
J9178					1.56	1.56
J9179					152.30	152.30
J9181					1.04	1.04
J9185					194.10	194.10
J9190					2.85	2.85
J9196				BR	TBD	TBD
J9198				NRC	29.60	29.60
J9200					4216.28	4216.28
J9201					3.99	3.99

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J9202					673.90	673.90
J9203					260.99	260.99
J9204					259.51	259.51
J9205					71.94	71.94
J9206					2.59	2.59
J9207					146.25	146.25
J9208					31.65	31.65
J9209					2.14	2.14
J9210				NRC	453.74	453.74
J9211					53.26	53.26
J9212					5.76	5.76
J9213				BR	0.00	0.00
J9214					39.09	39.09
J9215				BR	0.00	0.00
J9216					517.12	517.12
J9217					207.07	207.07
J9218					9.61	9.61
J9219					5783.78	5783.78
J9223				NRC	225.96	225.96
J9225					6199.55	6199.55
J9226				NRC	52249.20	52249.20
J9227				NRC	86.04	86.04
J9228					198.54	198.54
J9229				NRC	2975.95	2975.95
J9230					386.07	386.07
J9245					223.82	223.82
J9246				NRC	20.16	20.16
J9247					596.68	596.68
J9250					0.29	0.29
J9255				NRC	TBD	TBD
J9258				NRC	TBD	TBD
J9259				BR	TBD	TBD
J9260					2.94	2.94
J9261					155.80	155.80
J9262				NRC	4.40	4.40
J9263					0.09	0.09
J9264					14.14	14.14
J9265				NRC	0.00	0.00
J9266				NRC	28292.41	28292.41
J9267					0.21	0.21
J9268					3102.50	3102.50
J9269				NRC	386.62	386.62
J9270				BR	0.00	0.00
J9271					66.50	66.50
J9272				NRC	268.71	268.71
J9273				NRC	194.35	194.35
J9274					238.63	238.63

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J9280					28.83	28.83
J9281				NRC	347.41	347.41
J9285					62.48	62.48
J9286				NRC	TBD	TBD
J9293					59.19	59.19
J9294				BR	TBD	TBD
J9295					6.88	6.88
J9296				BR	TBD	TBD
J9297				BR	TBD	TBD
J9298				NRC	216.41	216.41
J9299					35.89	35.89
J9300				NRC	0.00	0.00
J9301					80.29	80.29
J9302					76.75	76.75
J9303					170.91	170.91
J9304				NRC	93.06	93.06
J9305					20.57	20.57
J9306					17.31	17.31
J9307					422.34	422.34
J9308					80.22	80.22
J9309					141.74	141.74
J9310				NRC	0.00	0.00
J9311					44.99	44.99
J9312					97.42	97.42
J9313					28.07	28.07
J9314				BR	TBD	TBD
J9316				NRC	82.13	82.13
J9317				NRC	39.06	39.06
J9318					43.74	43.74
J9319					37.79	37.79
J9320					444.22	444.22
J9321				NRC	TBD	TBD
J9322				BR	TBD	TBD
J9323				BR	TBD	TBD
J9324				NRC	TBD	TBD
J9325					74.83	74.83
J9328					12.50	12.50
J9330					38.60	38.60
J9331				NRC	125.44	125.44
J9332				NRC	37.83	37.83
J9333				NRC	TBD	TBD
J9334				NRC	TBD	TBD
J9340					356.72	356.72
J9345				NRC	TBD	TBD
J9347				BR	TBD	TBD
J9348				NRC	637.78	637.78
J9349					15.78	15.78

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
J9350				NRC	TBD	TBD
J9351					1.42	1.42
J9352					398.20	398.20
J9353				NRC	54.05	54.05
J9354					43.49	43.49
J9355					96.30	96.30
J9356					78.09	78.09
J9357					1731.04	1731.04
J9358				NRC	30.76	30.76
J9359					229.71	229.71
J9360					4.79	4.79
J9370					5.82	5.82
J9371					4104.94	4104.94
J9380				NRC	TBD	TBD
J9381				NRC	TBD	TBD
J9390					8.94	8.94
J9393				BR	TBD	TBD
J9394				BR	TBD	TBD
J9395					14.50	14.50
J9400					8.87	8.87
J9600					3696.92	3696.92
J9999				NRC	0.00	0.00
K0001	RR				59.77	59.77
K0002	RR				95.10	95.10
K0003	RR				97.39	97.39
K0004	RR				122.54	122.54
K0005					2950.37	2950.37
K0005	RR				295.01	295.01
K0006	RR				136.34	136.34
K0007	RR				208.93	208.93
K0008				NC	0.00	0.00
K0009	RR				118.64	118.64
K0010					7657.44	7657.44
K0010	RR				638.12	638.12
K0011					9810.12	9810.12
K0011	RR				817.51	817.51
K0012	RR				518.52	518.52
K0013				NC	0.00	0.00
K0014				BR	0.00	0.00
K0015					275.04	275.04
K0015	RR				22.92	22.92
K0017					67.63	67.63
K0017	RR				6.77	6.77
K0018					37.99	37.99
K0018	RR				3.79	3.79
K0019					21.06	21.06
K0019	RR				2.11	2.11

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
K0020					63.78	63.78
K0020	RR				6.38	6.38
K0037					56.30	56.30
K0037	RR				5.02	5.02
K0038					32.93	32.93
K0038	RR				3.29	3.29
K0039					71.92	71.92
K0039	RR				7.21	7.21
K0040					90.07	90.07
K0040	RR				9.00	9.00
K0041					69.71	69.71
K0041	RR				7.00	7.00
K0042					45.23	45.23
K0042	RR				4.54	4.54
K0043					26.63	26.63
K0043	RR				2.66	2.66
K0044					22.88	22.88
K0044	RR				2.30	2.30
K0045					76.75	76.75
K0045	RR				7.67	7.67
K0046					26.72	26.72
K0046	RR				2.66	2.66
K0047					99.59	99.59
K0047	RR				9.97	9.97
K0050					44.15	44.15
K0050	RR				4.40	4.40
K0051					70.67	70.67
K0051	RR				7.09	7.09
K0052					115.99	115.99
K0052	RR				11.59	11.59
K0053					132.56	132.56
K0053	RR				13.25	13.25
K0056					145.45	145.45
K0056	RR				14.54	14.54
K0065					70.07	70.07
K0065	RR				7.01	7.01
K0069					149.65	149.65
K0069	RR				15.30	15.30
K0070					316.08	316.08
K0070	RR				26.34	26.34
K0071					167.81	167.81
K0071	RR				16.79	16.79
K0072					102.58	102.58
K0072	RR				10.26	10.26
K0073					52.93	52.93
K0073	RR				5.32	5.32
K0077					86.62	86.62

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
K0077	RR				8.65	8.65
K0098					35.93	35.93
K0098	RR				3.60	3.60
K0105					152.89	152.89
K0105	RR				15.29	15.29
K0108				NRC	0.00	0.00
K0195	RR				22.57	22.57
K0455	RR				422.68	422.68
K0462				NRC	0.00	0.00
K0552					4.01	4.01
K0601					1.75	1.75
K0602					9.97	9.97
K0603					0.89	0.89
K0604					9.59	9.59
K0605					22.96	22.96
K0606	RR				4018.79	4018.79
K0607				NRC	310.10	310.10
K0607	RR			NRC	31.01	31.01
K0608				NRC	193.43	193.43
K0608	RR			NRC	19.38	19.38
K0609				NRC	1286.38	1286.38
K0669				NRC	0.00	0.00
K0672					116.71	116.71
K0730					2751.10	2751.10
K0730	RR				275.11	275.11
K0733					41.56	41.56
K0733	RR				4.19	4.19
K0738	RR				60.53	60.53
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					1511.66	1511.66
K0800	RR				151.18	151.18
K0801					2571.92	2571.92
K0801	RR				257.17	257.17
K0802					3139.36	3139.36
K0802	RR				313.93	313.93
K0806					2038.60	2038.60
K0806	RR				203.86	203.86
K0807					3124.52	3124.52
K0807	RR				312.46	312.46
K0808					4832.23	4832.23
K0808	RR				483.23	483.23
K0812				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
K0813	RR				444.76	444.76
K0814	RR				521.17	521.17
K0815	RR				586.28	586.28
K0816	RR				554.69	554.69
K0820	RR				467.05	467.05
K0821	RR				548.89	548.89
K0822	RR				635.71	635.71
K0823	RR				622.92	622.92
K0824	RR				819.88	819.88
K0825	RR				754.13	754.13
K0826	RR				1189.08	1189.08
K0827	RR				1023.78	1023.78
K0828	RR				1384.76	1384.76
K0829	RR				1307.77	1307.77
K0830				NRC	0.00	0.00
K0831				NRC	0.00	0.00
K0835					7992.12	7992.12
K0835	RR				666.01	666.01
K0836					8288.64	8288.64
K0836	RR				690.72	690.72
K0837					9803.40	9803.40
K0837	RR				816.95	816.95
K0838					8738.52	8738.52
K0838	RR				728.21	728.21
K0839					12820.32	12820.32
K0839	RR				1068.36	1068.36
K0840					19525.20	19525.20
K0840	RR				1627.10	1627.10
K0841					8692.44	8692.44
K0841	RR				724.37	724.37
K0842					8687.64	8687.64
K0842	RR				723.97	723.97
K0843					10403.40	10403.40
K0843	RR				866.95	866.95
K0848					13083.60	13083.60
K0848	RR				1090.30	1090.30
K0849					12578.88	12578.88
K0849	RR				1048.24	1048.24
K0850					15176.04	15176.04
K0850	RR				1264.67	1264.67
K0851					14592.00	14592.00
K0851	RR				1216.00	1216.00
K0852					17535.00	17535.00
K0852	RR				1461.25	1461.25
K0853					18013.08	18013.08
K0853	RR				1501.09	1501.09
K0854					23863.20	23863.20

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
K0854	RR				1988.60	1988.60
K0855					22542.36	22542.36
K0855	RR				1878.53	1878.53
K0856					14043.36	14043.36
K0856	RR				1170.28	1170.28
K0857					14325.00	14325.00
K0857	RR				1193.75	1193.75
K0858					17423.88	17423.88
K0858	RR				1451.99	1451.99
K0859					16617.00	16617.00
K0859	RR				1384.75	1384.75
K0860					24892.32	24892.32
K0860	RR				2074.36	2074.36
K0861					14065.92	14065.92
K0861	RR				1172.16	1172.16
K0862					17423.88	17423.88
K0862	RR				1451.99	1451.99
K0863					24892.32	24892.32
K0863	RR				2074.36	2074.36
K0864					29621.76	29621.76
K0864	RR				2468.48	2468.48
K0868				NRC	0.00	0.00
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
K0898				NRC	0.00	0.00
K0899				NC	0.00	0.00
K0900				NRC	0.00	0.00
K1004	RR			NRC	0.00	0.00
K1007	RR			NRC	0.00	0.00
L0112					1926.10	1926.10
L0113					392.46	392.46
L0120					36.40	36.40
L0130					210.06	210.06
L0140					82.38	82.38
L0150					147.30	147.30
L0160					215.09	215.09
L0170					1106.47	1106.47
L0172					194.90	194.90
L0174					383.24	383.24

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L0180					620.87	620.87
L0190					732.24	732.24
L0200					849.35	849.35
L0220					177.78	177.78
L0450					194.12	194.12
L0452				NRC	0.00	0.00
L0454					477.28	477.28
L0455					391.43	391.43
L0456					1368.71	1368.71
L0457					1122.49	1122.49
L0458					1227.35	1227.35
L0460					1381.45	1381.45
L0462					1718.27	1718.27
L0464					2045.60	2045.60
L0466					522.12	522.12
L0467					432.42	432.42
L0468					654.32	654.32
L0469					545.50	545.50
L0470					905.45	905.45
L0472					557.16	557.16
L0480					2078.64	2078.64
L0482					2321.86	2321.86
L0484					2507.50	2507.50
L0486					2816.03	2816.03
L0488					1381.45	1381.45
L0490					389.28	389.28
L0491					1056.89	1056.89
L0492					688.21	688.21
L0621					102.72	102.72
L0622					367.82	367.82
L0623				NRC	199.56	199.56
L0624				NRC	0.00	0.00
L0625					62.18	62.18
L0626					107.27	107.27
L0627					565.63	565.63
L0628					94.68	94.68
L0629				NRC	0.00	0.00
L0630					222.90	222.90
L0631					1412.71	1412.71
L0632				NRC	0.00	0.00
L0633					394.62	394.62
L0634				NRC	0.00	0.00
L0635					1375.12	1375.12
L0636					1865.80	1865.80
L0637					1782.84	1782.84
L0638					1815.06	1815.06
L0639					1782.84	1782.84

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L0640					1440.00	1440.00
L0641					87.98	87.98
L0642					463.94	463.94
L0643					182.81	182.81
L0648					1158.70	1158.70
L0649					323.66	323.66
L0650					1414.80	1414.80
L0651					1414.80	1414.80
L0700					2739.62	2739.62
L0710					3011.57	3011.57
L0810					3678.38	3678.38
L0820					2893.54	2893.54
L0830					4427.53	4427.53
L0859					1567.57	1567.57
L0861					296.62	296.62
L0970					147.07	147.07
L0972					133.86	133.86
L0974					240.49	240.49
L0976					205.75	205.75
L0978				NRC	258.96	258.96
L0980					23.51	23.51
L0982					21.53	21.53
L0984					93.12	93.12
L0999				NRC	0.00	0.00
L1000				NRC	2790.55	2790.55
L1005				NRC	4404.62	4404.62
L1010				NRC	115.14	115.14
L1020				NRC	148.30	148.30
L1025				NRC	213.95	213.95
L1030				NRC	107.76	107.76
L1040				NRC	122.02	122.02
L1050				NRC	138.08	138.08
L1060				NRC	149.04	149.04
L1070				NRC	154.39	154.39
L1080				NRC	72.00	72.00
L1085				NRC	241.06	241.06
L1090				NRC	138.48	138.48
L1100				NRC	261.35	261.35
L1110				NRC	438.18	438.18
L1120				NRC	52.34	52.34
L1200					2462.68	2462.68
L1210					336.70	336.70
L1220					327.72	327.72
L1230					918.06	918.06
L1240					125.16	125.16
L1250					108.84	108.84
L1260					129.79	129.79

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L1270				NRC	114.06	114.06
L1280				NRC	120.24	120.24
L1290				NRC	106.93	106.93
L1300				NRC	2371.78	2371.78
L1310				NRC	2470.40	2470.40
L1499				NRC	0.00	0.00
L1600				NRC	177.34	177.34
L1610				NRC	75.32	75.32
L1620				NRC	216.23	216.23
L1630				NRC	290.72	290.72
L1640				NRC	651.47	651.47
L1650				NRC	339.38	339.38
L1652					490.56	490.56
L1660					248.69	248.69
L1680					1567.82	1567.82
L1681				BR	TBD	TBD
L1685					1530.59	1530.59
L1686					1289.50	1289.50
L1690					2661.17	2661.17
L1700				NRC	2141.08	2141.08
L1710				NRC	2726.44	2726.44
L1720				NRC	2030.09	2030.09
L1730				NRC	1713.85	1713.85
L1755				NRC	2464.02	2464.02
L1810					141.67	141.67
L1812					119.45	119.45
L1820					195.58	195.58
L1830					101.04	101.04
L1831					405.02	405.02
L1832					947.90	947.90
L1833					789.49	789.49
L1834					998.87	998.87
L1836					153.74	153.74
L1840					1294.15	1294.15
L1843					1234.80	1234.80
L1844					2095.68	2095.68
L1845					1152.78	1152.78
L1846					1610.16	1610.16
L1847					791.53	791.53
L1848					791.53	791.53
L1850					338.69	338.69
L1851					1033.88	1033.88
L1852					973.72	973.72
L1860					1716.06	1716.06
L1900					392.63	392.63
L1902					102.72	102.72
L1904					621.16	621.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L1906					154.75	154.75
L1907					774.38	774.38
L1910					385.93	385.93
L1920					565.33	565.33
L1930					346.69	346.69
L1932					1228.00	1228.00
L1940					670.16	670.16
L1945					1544.72	1544.72
L1950					1058.35	1058.35
L1951					1155.71	1155.71
L1960					853.06	853.06
L1970					952.49	952.49
L1971					645.10	645.10
L1980					555.65	555.65
L1990					643.09	643.09
L2000					1539.48	1539.48
L2005					5639.15	5639.15
L2006				NRC	44273.84	44273.84
L2010					1200.78	1200.78
L2020					1516.55	1516.55
L2030					1490.64	1490.64
L2034					2795.64	2795.64
L2035				NRC	238.42	238.42
L2036					2551.34	2551.34
L2037					2282.14	2282.14
L2038					1839.73	1839.73
L2040				NRC	278.41	278.41
L2050				NRC	670.62	670.62
L2060				NRC	838.81	838.81
L2070				NRC	213.60	213.60
L2080				NRC	513.56	513.56
L2090				NRC	684.26	684.26
L2106					1084.72	1084.72
L2108					1582.09	1582.09
L2112					694.28	694.28
L2114					869.62	869.62
L2116					1060.67	1060.67
L2126					1757.21	1757.21
L2128					2206.46	2206.46
L2132					1339.28	1339.28
L2134					1585.88	1585.88
L2136					1735.51	1735.51
L2180					182.45	182.45
L2182					157.26	157.26
L2184					159.40	159.40
L2186					211.99	211.99
L2188					385.37	385.37

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L2190					117.38	117.38
L2192					458.81	458.81
L2200					69.14	69.14
L2210					86.50	86.50
L2220					111.35	111.35
L2230					131.64	131.64
L2232					133.68	133.68
L2240					131.03	131.03
L2250					459.67	459.67
L2260					257.94	257.94
L2265					184.99	184.99
L2270					84.83	84.83
L2275					179.38	179.38
L2280					776.88	776.88
L2300					346.45	346.45
L2310					158.30	158.30
L2320					265.48	265.48
L2330					505.26	505.26
L2335					386.84	386.84
L2340					575.10	575.10
L2350					1146.58	1146.58
L2360					70.96	70.96
L2370					440.42	440.42
L2375					169.33	169.33
L2380					177.60	177.60
L2385					202.21	202.21
L2387					262.70	262.70
L2390					140.86	140.86
L2395					201.34	201.34
L2397					167.96	167.96
L2405					119.98	119.98
L2415					167.18	167.18
L2425					197.28	197.28
L2430					197.28	197.28
L2492					161.41	161.41
L2500					430.64	430.64
L2510					1109.90	1109.90
L2520					739.70	739.70
L2525					1568.56	1568.56
L2526					881.36	881.36
L2530					330.04	330.04
L2540					624.50	624.50
L2550					468.24	468.24
L2570					612.90	612.90
L2580					597.20	597.20
L2600					293.52	293.52
L2610					324.34	324.34

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L2620					344.05	344.05
L2622					437.90	437.90
L2624					536.96	536.96
L2627					2941.20	2941.20
L2628					2155.84	2155.84
L2630					318.64	318.64
L2640					432.42	432.42
L2650					190.43	190.43
L2660					246.58	246.58
L2670					219.49	219.49
L2680					201.36	201.36
L2750					107.54	107.54
L2755					179.81	179.81
L2760					78.18	78.18
L2768					179.29	179.29
L2780					87.08	87.08
L2785					40.78	40.78
L2795					112.86	112.86
L2800					138.59	138.59
L2810					112.39	112.39
L2820					111.74	111.74
L2830					120.89	120.89
L2840					59.36	59.36
L2850					83.24	83.24
L2861				BR	0.00	0.00
L2999				NRC	0.00	0.00
L3000					432.30	432.30
L3001					182.03	182.03
L3002					222.25	222.25
L3003					239.76	239.76
L3010					239.76	239.76
L3020					273.04	273.04
L3030					105.00	105.00
L3031					168.54	168.54
L3040					64.78	64.78
L3050					64.78	64.78
L3060					101.51	101.51
L3070					43.75	43.75
L3080					43.75	43.75
L3090					56.02	56.02
L3100				NRC	59.53	59.53
L3140				NRC	122.52	122.52
L3150				NRC	112.03	112.03
L3160				NRC	0.00	0.00
L3161				NRC	TBD	TBD
L3170					70.00	70.00
L3201				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L3202				NRC	0.00	0.00
L3203				NRC	0.00	0.00
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					92.99	92.99
L3225					101.57	101.57
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					71.77	71.77
L3310					112.03	112.03
L3320					69.10	69.10
L3330					778.82	778.82
L3332					101.51	101.51
L3334					52.48	52.48
L3340					117.29	117.29
L3350					31.48	31.48
L3360					49.00	49.00
L3370					68.26	68.26
L3380					68.26	68.26
L3390					68.26	68.26
L3400					56.02	56.02
L3410					127.75	127.75
L3420					75.26	75.26
L3430					220.52	220.52
L3440					105.00	105.00
L3450					145.22	145.22
L3455					56.02	56.02
L3460					47.28	47.28
L3465					80.56	80.56
L3470					85.74	85.74

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L3480					85.74	85.74
L3485					64.48	64.48
L3500					40.24	40.24
L3510					40.24	40.24
L3520					43.75	43.75
L3530					43.75	43.75
L3540					70.00	70.00
L3550					12.30	12.30
L3560					31.48	31.48
L3570					117.29	117.29
L3580					89.26	89.26
L3590					73.52	73.52
L3595					57.72	57.72
L3600					105.00	105.00
L3610					138.26	138.26
L3620					105.00	105.00
L3630					138.26	138.26
L3640					59.53	59.53
L3649				NRC	0.00	0.00
L3650					90.25	90.25
L3660					129.42	129.42
L3670					142.38	142.38
L3671					1128.50	1128.50
L3674					1480.42	1480.42
L3675					219.83	219.83
L3677					300.00	300.00
L3678				BR	0.00	0.00
L3702					361.66	361.66
L3710					178.84	178.84
L3720					855.77	855.77
L3730					1135.07	1135.07
L3740					1345.73	1345.73
L3760					626.36	626.36
L3761					626.36	626.36
L3762					134.65	134.65
L3763					937.25	937.25
L3764					980.86	980.86
L3765					1605.94	1605.94
L3766					1700.58	1700.58
L3806					568.88	568.88
L3807					313.16	313.16
L3808					446.15	446.15
L3809					313.16	313.16
L3891				NRC	0.00	0.00
L3900					2028.88	2028.88
L3901					2658.96	2658.96
L3904					4227.44	4227.44

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L3905					1242.01	1242.01
L3906					634.69	634.69
L3908					91.82	91.82
L3912					131.95	131.95
L3913					339.18	339.18
L3915					665.76	665.76
L3916					665.76	665.76
L3917					132.25	132.25
L3918					132.25	132.25
L3919					339.18	339.18
L3921					402.31	402.31
L3923					120.98	120.98
L3924					120.98	120.98
L3925					82.27	82.27
L3927					43.84	43.84
L3929					114.40	114.40
L3930					114.40	114.40
L3931					261.13	261.13
L3933					267.23	267.23
L3935					276.67	276.67
L3956					37.99	37.99
L3960					998.90	998.90
L3961					2104.26	2104.26
L3962					903.44	903.44
L3967					2484.38	2484.38
L3971					2358.26	2358.26
L3973					2484.38	2484.38
L3975					2104.26	2104.26
L3976					2104.26	2104.26
L3977					2358.26	2358.26
L3978					2484.38	2484.38
L3980					484.52	484.52
L3981					1260.66	1260.66
L3982					491.98	491.98
L3984					433.39	433.39
L3995					51.42	51.42
L3999				NRC	0.00	0.00
L4000					1818.49	1818.49
L4002				NRC	0.00	0.00
L4010					1105.31	1105.31
L4020					1327.76	1327.76
L4030					843.77	843.77
L4040					571.40	571.40
L4045					422.10	422.10
L4050					565.91	565.91
L4055					343.99	343.99
L4060					447.14	447.14

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L4070					362.12	362.12
L4080					136.72	136.72
L4090					116.32	116.32
L4100					139.75	139.75
L4110					109.12	109.12
L4130					659.60	659.60
L4205					25.99	25.99
L4210					99.98	99.98
L4350					133.15	133.15
L4360					356.29	356.29
L4361					356.29	356.29
L4370					323.90	323.90
L4386					218.20	218.20
L4387					218.20	218.20
L4392					32.38	32.38
L4394					23.63	23.63
L4396					230.94	230.94
L4397					230.94	230.94
L4398					106.30	106.30
L4631					2028.68	2028.68
L5000					790.24	790.24
L5010					2208.01	2208.01
L5020					3459.24	3459.24
L5050					3778.14	3778.14
L5060					4657.36	4657.36
L5100					3761.98	3761.98
L5105					5308.97	5308.97
L5150					5902.31	5902.31
L5160					6480.46	6480.46
L5200					5012.16	5012.16
L5210					3979.64	3979.64
L5220					4383.85	4383.85
L5230					6575.10	6575.10
L5250					7709.48	7709.48
L5270					8589.88	8589.88
L5280					8349.68	8349.68
L5301					3694.18	3694.18
L5312					5820.43	5820.43
L5321					4926.07	4926.07
L5331					7214.89	7214.89
L5341					7669.33	7669.33
L5400					2199.89	2199.89
L5410					607.76	607.76
L5420					2778.37	2778.37
L5430					754.18	754.18
L5450					652.10	652.10
L5460					855.31	855.31

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L5500					2033.34	2033.34
L5505					2860.36	2860.36
L5510					2428.15	2428.15
L5520					2176.55	2176.55
L5530					2861.22	2861.22
L5535					2667.26	2667.26
L5540					2825.00	2825.00
L5560					3218.95	3218.95
L5570					3124.10	3124.10
L5580					3877.48	3877.48
L5585					4540.82	4540.82
L5590					4042.64	4042.64
L5595					6317.62	6317.62
L5600					7190.38	7190.38
L5610					3467.88	3467.88
L5611					2208.74	2208.74
L5613					3359.64	3359.64
L5614					2326.78	2326.78
L5615				BR	TBD	TBD
L5616					2025.76	2025.76
L5617					771.48	771.48
L5618					460.72	460.72
L5620					408.76	408.76
L5622					550.70	550.70
L5624					550.49	550.49
L5626					871.49	871.49
L5628					882.50	882.50
L5629					435.66	435.66
L5630					756.98	756.98
L5631					602.34	602.34
L5632					371.26	371.26
L5634					464.28	464.28
L5636					354.88	354.88
L5637					528.05	528.05
L5638					889.54	889.54
L5639					1537.01	1537.01
L5640					1010.28	1010.28
L5642					936.49	936.49
L5643					2762.20	2762.20
L5644					809.70	809.70
L5645					1343.26	1343.26
L5646					851.26	851.26
L5647					1090.49	1090.49
L5648					1005.83	1005.83
L5649					3379.66	3379.66
L5650					669.25	669.25
L5651					1960.81	1960.81

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L5652					597.68	597.68
L5653					932.56	932.56
L5654					540.60	540.60
L5655					390.31	390.31
L5656					592.97	592.97
L5658					625.90	625.90
L5661					898.02	898.02
L5665					798.37	798.37
L5666					105.71	105.71
L5668					157.46	157.46
L5670					371.99	371.99
L5671					681.90	681.90
L5672					492.25	492.25
L5673					1083.74	1083.74
L5676					496.78	496.78
L5677					760.81	760.81
L5678					54.43	54.43
L5679					903.10	903.10
L5680					417.26	417.26
L5681					1813.75	1813.75
L5682					857.34	857.34
L5683					1813.75	1813.75
L5684					65.99	65.99
L5685					176.64	176.64
L5686					79.36	79.36
L5688					84.29	84.29
L5690					172.06	172.06
L5692					182.16	182.16
L5694					248.70	248.70
L5695					223.56	223.56
L5696					270.06	270.06
L5697					128.24	128.24
L5698					164.52	164.52
L5699					281.18	281.18
L5700					4229.40	4229.40
L5701					5246.96	5246.96
L5702					6613.00	6613.00
L5703					3478.63	3478.63
L5704					862.36	862.36
L5705					1581.02	1581.02
L5706					1542.08	1542.08
L5707					2071.84	2071.84
L5710					493.06	493.06
L5711					827.48	827.48
L5712					590.71	590.71
L5714					601.06	601.06
L5716					1188.49	1188.49

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L5718					1270.86	1270.86
L5722					1545.47	1545.47
L5724					2382.08	2382.08
L5726					2835.96	2835.96
L5728					3323.44	3323.44
L5780					1829.80	1829.80
L5781					5517.05	5517.05
L5782					5816.22	5816.22
L5785					712.25	712.25
L5790					1027.96	1027.96
L5795					1471.91	1471.91
L5810					784.22	784.22
L5811					1082.23	1082.23
L5812					814.43	814.43
L5814					5120.90	5120.90
L5816					1165.87	1165.87
L5818					1316.50	1316.50
L5822					2415.08	2415.08
L5824					2282.96	2282.96
L5826					4306.03	4306.03
L5828					4063.12	4063.12
L5830					2739.62	2739.62
L5840					5377.15	5377.15
L5845					2471.41	2471.41
L5848					1482.72	1482.72
L5850					175.37	175.37
L5855					423.37	423.37
L5856					33100.54	33100.54
L5857					11745.31	11745.31
L5858					25626.28	25626.28
L5859					20006.18	20006.18
L5910					496.50	496.50
L5920					727.39	727.39
L5925					460.63	460.63
L5926				BR	TBD	TBD
L5930					4641.11	4641.11
L5940					687.65	687.65
L5950					1066.56	1066.56
L5960					1594.79	1594.79
L5961					6581.64	6581.64
L5962					805.80	805.80
L5964					1545.67	1545.67
L5966					1991.10	1991.10
L5968					5010.60	5010.60
L5969					16730.64	16730.64
L5970					299.51	299.51
L5971					299.51	299.51

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L5972					545.59	545.59
L5973					24343.54	24343.54
L5974					319.46	319.46
L5975					639.24	639.24
L5976					810.31	810.31
L5978					429.37	429.37
L5979					3437.86	3437.86
L5980					5237.88	5237.88
L5981					4704.89	4704.89
L5982					883.85	883.85
L5984					886.58	886.58
L5985					389.38	389.38
L5986					1069.48	1069.48
L5987					9919.15	9919.15
L5988					2754.53	2754.53
L5990					2501.45	2501.45
L5991				BR	TBD	TBD
L5999				NRC	0.00	0.00
L6000					2428.66	2428.66
L6010					2702.70	2702.70
L6020					2519.83	2519.83
L6025				NRC	0.00	0.00
L6026					5997.84	5997.84
L6050					3427.48	3427.48
L6055					4371.94	4371.94
L6100					3468.49	3468.49
L6110					3669.43	3669.43
L6120					4150.14	4150.14
L6130					4378.48	4378.48
L6200					4510.36	4510.36
L6205					6221.94	6221.94
L6250					4437.40	4437.40
L6300					6120.40	6120.40
L6310					5546.82	5546.82
L6320					2890.82	2890.82
L6350					6706.06	6706.06
L6360					5822.04	5822.04
L6370					3376.39	3376.39
L6380					1952.81	1952.81
L6382					2324.72	2324.72
L6384					2940.91	2940.91
L6386					644.66	644.66
L6388					709.93	709.93
L6400					3752.03	3752.03
L6450					4903.70	4903.70
L6500					4815.35	4815.35
L6550					6236.87	6236.87

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L6570					6962.64	6962.64
L6580					2783.82	2783.82
L6582					2338.03	2338.03
L6584					3462.00	3462.00
L6586					3084.85	3084.85
L6588					4913.03	4913.03
L6590					4281.89	4281.89
L6600					312.74	312.74
L6605					321.91	321.91
L6610					304.32	304.32
L6611					567.70	567.70
L6615					295.40	295.40
L6616					88.92	88.92
L6620					516.41	516.41
L6621					3153.86	3153.86
L6623					983.76	983.76
L6624					5192.87	5192.87
L6625					729.11	729.11
L6628					784.82	784.82
L6629					267.42	267.42
L6630					393.94	393.94
L6632					89.06	89.06
L6635					284.71	284.71
L6637					557.42	557.42
L6638					3448.15	3448.15
L6640					464.23	464.23
L6641					270.32	270.32
L6642					397.46	397.46
L6645					502.06	502.06
L6646					4348.90	4348.90
L6647					715.98	715.98
L6648					4485.28	4485.28
L6650					544.54	544.54
L6655					105.64	105.64
L6660					141.36	141.36
L6665					63.13	63.13
L6670					65.75	65.75
L6672					301.70	301.70
L6675					164.64	164.64
L6676					172.25	172.25
L6677					409.02	409.02
L6680					424.07	424.07
L6682					468.88	468.88
L6684					637.14	637.14
L6686					945.43	945.43
L6687					790.74	790.74
L6688					875.15	875.15

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L6689					1043.02	1043.02
L6690					1227.98	1227.98
L6691					484.73	484.73
L6692					881.86	881.86
L6693					3914.58	3914.58
L6694					1083.74	1083.74
L6695					903.10	903.10
L6696					1813.75	1813.75
L6697					1813.75	1813.75
L6698					681.90	681.90
L6703					482.28	482.28
L6704					930.94	930.94
L6706					577.70	577.70
L6707					2043.65	2043.65
L6708					1350.92	1350.92
L6709					1917.31	1917.31
L6711					927.01	927.01
L6712					1706.87	1706.87
L6713					2154.18	2154.18
L6714					1824.58	1824.58
L6715					4353.26	4353.26
L6721					3243.05	3243.05
L6722					2795.70	2795.70
L6805					528.83	528.83
L6810					281.14	281.14
L6880					32944.24	32944.24
L6881					5637.12	5637.12
L6882					4276.02	4276.02
L6883					2739.06	2739.06
L6884					3747.66	3747.66
L6885					5822.04	5822.04
L6890					275.39	275.39
L6895					920.83	920.83
L6900					2674.02	2674.02
L6905					2646.53	2646.53
L6910					2601.72	2601.72
L6915					1117.86	1117.86
L6920					11550.56	11550.56
L6925					12339.86	12339.86
L6930					11124.82	11124.82
L6935					12281.87	12281.87
L6940					14365.78	14365.78
L6945					16026.89	16026.89
L6950					14339.14	14339.14
L6955					16628.89	16628.89
L6960					17492.95	17492.95
L6965					20723.11	20723.11

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L6970					22181.80	22181.80
L6975					24449.57	24449.57
L7007					5036.28	5036.28
L7008				NRC	7809.76	7809.76
L7009					5152.72	5152.72
L7040					4193.98	4193.98
L7045				NRC	2215.81	2215.81
L7170					8294.09	8294.09
L7180				NRC	53659.98	53659.98
L7181				NRC	55248.04	55248.04
L7185				NRC	8719.79	8719.79
L7186				NRC	14659.19	14659.19
L7190				NRC	11570.33	11570.33
L7191				NRC	15419.15	15419.15
L7259					5650.87	5650.87
L7260				NRC	0.00	0.00
L7261				NRC	0.00	0.00
L7360					364.78	364.78
L7362					398.50	398.50
L7364					705.11	705.11
L7366					969.71	969.71
L7367					536.84	536.84
L7368					695.89	695.89
L7400					422.59	422.59
L7401					473.05	473.05
L7402					510.92	510.92
L7403					507.80	507.80
L7404					766.43	766.43
L7405					1002.29	1002.29
L7499				NRC	0.00	0.00
L7510					250.00	250.00
L7520					35.32	35.32
L7600					65.10	65.10
L7700					206.29	206.29
L7900				NRC	595.72	595.72
L7902				NRC	21.30	21.30
L8000					58.38	58.38
L8001					172.99	172.99
L8002					227.48	227.48
L8010				NRC	0.00	0.00
L8015					82.64	82.64
L8020					311.75	311.75
L8030					481.94	481.94
L8031					481.94	481.94
L8032					54.00	54.00
L8033				NRC	0.00	0.00
L8035					5051.57	5051.57

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L8039				NRC	0.00	0.00
L8040					3418.40	3418.40
L8041					4119.91	4119.91
L8042					4629.10	4629.10
L8043					5184.61	5184.61
L8044					5740.09	5740.09
L8045					4494.88	4494.88
L8046					3703.32	3703.32
L8047					1897.94	1897.94
L8048				NRC	0.00	0.00
L8049					50.00	50.00
L8300					115.64	115.64
L8310					204.86	204.86
L8320					85.00	85.00
L8330					67.68	67.68
L8400					21.58	21.58
L8410					28.40	28.40
L8415					29.39	29.39
L8417					103.70	103.70
L8420					28.76	28.76
L8430					32.57	32.57
L8435					30.95	30.95
L8440					64.27	64.27
L8460					91.37	91.37
L8465					84.44	84.44
L8470					9.14	9.14
L8480					12.62	12.62
L8485					16.98	16.98
L8499				NRC	0.00	0.00
L8500					907.38	907.38
L8501					165.60	165.60
L8505					28.97	28.97
L8507					57.73	57.73
L8509					150.59	150.59
L8510					348.44	348.44
L8511					100.27	100.27
L8512					3.00	3.00
L8513					7.16	7.16
L8514					130.03	130.03
L8515					87.05	87.05
L8600				NRC	1141.39	1141.39
L8603				NRC	600.30	600.30
L8604				NRC	0.00	0.00
L8605					987.58	987.58
L8606				NRC	283.16	283.16
L8607				NRC	59.14	59.14
L8608				NRC	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
L8609				NRC	8983.85	8983.85
L8610				NRC	937.28	937.28
L8612				NRC	1091.32	1091.32
L8613				NRC	468.58	468.58
L8614				NRC	26997.76	26997.76
L8615				NRC	621.88	621.88
L8616				NRC	144.83	144.83
L8617				NRC	126.50	126.50
L8618				NRC	36.17	36.17
L8619				NRC	11589.83	11589.83
L8621				NRC	0.85	0.85
L8622				NRC	0.44	0.44
L8623				NRC	89.20	89.20
L8624				NRC	222.36	222.36
L8625					260.44	260.44
L8627				NRC	9837.19	9837.19
L8628				NRC	1752.61	1752.61
L8629				NRC	246.89	246.89
L8630				NRC	615.82	615.82
L8631				NRC	3033.20	3033.20
L8641				NRC	479.88	479.88
L8642				NRC	429.08	429.08
L8658				NRC	418.40	418.40
L8659				NRC	2660.76	2660.76
L8670				NRC	763.13	763.13
L8678				BR	TBD	TBD
L8679					11814.88	11814.88
L8680				NRC	0.00	0.00
L8681					1572.60	1572.60
L8682					8441.47	8441.47
L8683					7430.45	7430.45
L8684					1165.93	1165.93
L8689					2378.45	2378.45
L8690				NRC	6559.39	6559.39
L8691				NRC	2374.58	2374.58
L8692				NRC	0.00	0.00
L8693					2090.78	2090.78
L8694					1302.17	1302.17
L8695					22.99	22.99
L8696					298.84	298.84
L8698				NRC	0.00	0.00
L8699				NRC	0.00	0.00
L8701				NRC	0.00	0.00
L8702				NRC	0.00	0.00
L9900				NRC	0.00	0.00
Q0138					0.57	0.57
Q0139				NRC	0.57	0.57

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
Q0144				NRC	0.00	0.00
Q0162					0.01	0.01
Q0163					0.33	0.33
Q0164					0.51	0.51
Q0166					1.66	1.66
Q0167					0.94	0.94
Q0169					0.04	0.04
Q0173					0.99	0.99
Q0174				NRC	0.00	0.00
Q0175					0.53	0.53
Q0177					0.05	0.05
Q0180					116.29	116.29
Q0181				NRC	0.00	0.00
Q0243				NRC	0.00	0.00
Q0477				NRC	1069.79	1069.79
Q0478				NRC	253.38	253.38
Q0479				NRC	16551.40	16551.40
Q0480				NRC	119999.94	119999.94
Q0481				NRC	20035.99	20035.99
Q0482				NRC	6275.64	6275.64
Q0483				NRC	25852.79	25852.79
Q0484				NRC	5020.52	5020.52
Q0485				NRC	484.75	484.75
Q0486				NRC	403.44	403.44
Q0487				NRC	470.65	470.65
Q0489				NRC	22412.98	22412.98
Q0490				NRC	969.48	969.48
Q0491				NRC	1524.13	1524.13
Q0492				NRC	122.81	122.81
Q0493				NRC	349.62	349.62
Q0494				NRC	295.84	295.84
Q0495				NRC	5759.57	5759.57
Q0496				NRC	2067.22	2067.22
Q0497				NRC	645.48	645.48
Q0498				NRC	708.24	708.24
Q0499				NRC	230.12	230.12
Q0500				NRC	42.08	42.08
Q0501				NRC	704.16	704.16
Q0502				NRC	896.54	896.54
Q0503				NRC	1792.99	1792.99
Q0504				NRC	946.16	946.16
Q0506				NRC	1177.68	1177.68
Q0515				NRC	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
Q2037				NRC	21.22	21.22
Q2038				NRC	14.45	14.45
Q2039				NRC	0.00	0.00
Q2041				NRC	539095.03	539095.03
Q2042				NRC	0.00	0.00
Q2043				NRC	64356.44	64356.44
Q2049					3.20	3.20
Q2050					93.68	93.68
Q2053				NRC	538502.88	538502.88
Q2054				NRC	98472.00	98472.00
Q2055				NRC	0.00	0.00
Q2056				NRC	111600.00	111600.00
Q3014					34.37	34.37
Q3027					63.69	63.69
Q4001					69.84	69.84
Q4002					263.87	263.87
Q4003					50.14	50.14
Q4004					173.60	173.60
Q4005					18.49	18.49
Q4006					41.66	41.66
Q4009					12.35	12.35
Q4010					27.77	27.77
Q4013					22.48	22.48
Q4014					37.90	37.90
Q4017					12.98	12.98
Q4018					20.70	20.70
Q4021					9.61	9.61
Q4022					17.35	17.35
Q4025					53.88	53.88
Q4026					168.32	168.32
Q4029					41.23	41.23
Q4030					108.53	108.53
Q4033					38.47	38.47
Q4034					95.63	95.63
Q4037					23.42	23.42
Q4038					58.76	58.76
Q4041					28.52	28.52
Q4042					48.70	48.70
Q4045					16.56	16.56
Q4046					26.63	26.63
Q4049					3.00	3.00
Q4050				NRC	0.00	0.00
Q4051				NRC	0.00	0.00
Q4074					167.73	167.73
Q4081					0.95	0.95
Q4100				NRC	0.00	0.00
Q4101				NRC	36.52	36.52

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
Q4102					15.25	15.25
Q4103				NRC	15.53	15.53
Q4104				NRC	57.15	57.15
Q4105				NRC	28.62	28.62
Q4106				NRC	35.06	35.06
Q4107				NRC	108.14	108.14
Q4108				NRC	50.43	50.43
Q4110				NRC	48.84	48.84
Q4111					8.79	8.79
Q4112				NRC	973.40	973.40
Q4113				NRC	973.40	973.40
Q4114				NRC	1824.15	1824.15
Q4115					19.64	19.64
Q4116				NRC	37.72	37.72
Q4117					23.14	23.14
Q4118				NRC	2.99	2.99
Q4121				NRC	55.15	55.15
Q4122				NRC	0.00	0.00
Q4123				NRC	26.70	26.70
Q4124					12.17	12.17
Q4125				NRC	0.00	0.00
Q4126				NRC	103.58	103.58
Q4127				NRC	107.27	107.27
Q4128				NRC	37.45	37.45
Q4130				NRC	0.00	0.00
Q4132				NRC	407.03	407.03
Q4133				NRC	159.34	159.34
Q4134				BR	0.00	0.00
Q4135				BR	0.00	0.00
Q4136				BR	0.00	0.00
Q4137				NRC	114.49	114.49
Q4150				NRC	96.22	96.22
Q4151				NRC	159.45	159.45
Q4152				NRC	55.53	55.53
Q4153				NRC	197.04	197.04
Q4154				NRC	165.75	165.75
Q4155				NRC	0.00	0.00
Q4156				NRC	0.00	0.00
Q4157				NRC	0.00	0.00
Q4158				NRC	0.00	0.00
Q4159				NRC	504.63	504.63
Q4160				NRC	115.21	115.21
Q4161				NRC	152.55	152.55
Q4162				NRC	0.00	0.00
Q4163				NRC	151.86	151.86
Q4164				NRC	0.00	0.00
Q4165				BR	0.00	0.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
Q4166					39.48	39.48
Q4167				NRC	17.69	17.69
Q4168				NRC	0.00	0.00
Q4169				NRC	315.94	315.94
Q4170				NRC	53.60	53.60
Q4171				NRC	0.00	0.00
Q4173				NRC	251.79	251.79
Q4174				NRC	349.52	349.52
Q4175				NRC	76.94	76.94
Q4176				NRC	139.83	139.83
Q4177				NRC	0.00	0.00
Q4178				NRC	111.74	111.74
Q4179				NRC	0.00	0.00
Q4180				NRC	217.64	217.64
Q4181				NRC	0.00	0.00
Q4182				NRC	0.00	0.00
Q4183				NRC	0.00	0.00
Q4184				NRC	0.00	0.00
Q4185				NRC	0.00	0.00
Q4186				NRC	180.44	180.44
Q4187				NRC	288.48	288.48
Q4188				NRC	0.00	0.00
Q4189				BR	0.00	0.00
Q4190				NRC	687.61	687.61
Q4191				BR	0.00	0.00
Q4192				BR	0.00	0.00
Q4193				NRC	0.00	0.00
Q4194				NRC	0.00	0.00
Q4195				NRC	87.90	87.90
Q4196				NRC	130.00	130.00
Q4197				NRC	215.42	215.42
Q4198				NRC	0.00	0.00
Q4199				NRC	402.19	402.19
Q4200				NRC	0.00	0.00
Q4201				NRC	197.36	197.36
Q4202				BR	0.00	0.00
Q4203				NRC	333.34	333.34
Q4204				BR	0.00	0.00
Q5101					0.27	0.27
Q5103				NRC	24.71	24.71
Q5104				NRC	43.72	43.72
Q5105				NRC	1.02	1.02
Q5106					10.22	10.22
Q5107				NRC	34.28	34.28
Q5108					159.02	159.02
Q5109				NRC	0.00	0.00
Q5110					0.40	0.40

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
Q5111					169.40	169.40
Q5112					59.82	59.82
Q5113					35.43	35.43
Q5114					56.56	56.56
Q5115					57.36	57.36
Q5116					32.69	32.69
Q5117					31.11	31.11
Q5118					37.28	37.28
Q5119				NRC	35.97	35.97
Q5120				NRC	96.07	96.07
Q5121				NRC	34.15	34.15
Q5122				NRC	150.38	150.38
Q5123				NRC	54.25	54.25
Q5124				NRC	267.80	267.80
Q5125					0.70	0.70
Q9950					22.31	22.31
Q9951					0.35	0.35
Q9953					37.23	37.23
Q9954					13.99	13.99
Q9955				NRC	0.00	0.00
Q9956				NRC	39.32	39.32
Q9957				NRC	58.87	58.87
Q9958					0.09	0.09
Q9959					0.12	0.12
Q9960					0.24	0.24
Q9961					0.24	0.24
Q9962					0.22	0.22
Q9963					0.25	0.25
Q9964					0.35	0.35
Q9965					1.85	1.85
Q9966					0.61	0.61
Q9967					0.20	0.20
Q9968				NRC	0.00	0.00
Q9969				NRC	0.00	0.00
Q9991				NRC	2152.62	2152.62
Q9992				NRC	2152.62	2152.62
S0209					8.33	8.33
U0001				NRC	44.90	44.90
U0002				NRC	64.14	64.14
V2020					103.13	103.13
V2025				NRC	0.00	0.00
V2100					63.73	63.73
V2101					61.24	61.24
V2102					105.89	105.89
V2103					53.65	53.65
V2104					55.31	55.31
V2105					65.78	65.78

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
V2106					72.86	72.86
V2107					64.88	64.88
V2108					65.06	65.06
V2109					90.62	90.62
V2110					73.19	73.19
V2111					88.70	88.70
V2112					100.20	100.20
V2113					101.33	101.33
V2114					120.06	120.06
V2115					121.01	121.01
V2118					131.68	131.68
V2121					118.74	118.74
V2199				NRC	0.00	0.00
V2200					71.77	71.77
V2201					76.90	76.90
V2202					95.33	95.33
V2203					73.92	73.92
V2204					76.06	76.06
V2205					84.32	84.32
V2206					98.99	98.99
V2207					83.66	83.66
V2208					82.21	82.21
V2209					96.52	96.52
V2210					104.00	104.00
V2211					101.24	101.24
V2212					105.97	105.97
V2213					111.43	111.43
V2214					116.46	116.46
V2215					145.40	145.40
V2218					148.18	148.18
V2219					68.35	68.35
V2220					60.71	60.71
V2221					121.09	121.09
V2299				BR	0.00	0.00
V2300					98.11	98.11
V2301					120.34	120.34
V2302					112.42	112.42
V2303					94.44	94.44
V2304					95.54	95.54
V2305					106.74	106.74
V2306					109.91	109.91
V2307					104.64	104.64
V2308					114.14	114.14
V2309					119.45	119.45
V2310					124.76	124.76
V2311					144.06	144.06
V2312					132.05	132.05

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
V2313					144.14	144.14
V2314					147.34	147.34
V2315					163.57	163.57
V2318					201.10	201.10
V2319					90.78	90.78
V2320					95.76	95.76
V2321					161.23	161.23
V2399				BR	0.00	0.00
V2410					140.96	140.96
V2430					149.21	149.21
V2499				BR	0.00	0.00
V2500					126.13	126.13
V2501					178.99	178.99
V2502					242.53	242.53
V2503					234.24	234.24
V2510					168.19	168.19
V2511					249.29	249.29
V2512					286.94	286.94
V2513					289.08	289.08
V2520					167.59	167.59
V2521					331.88	331.88
V2522					242.88	242.88
V2523					255.00	255.00
V2524				NRC	192.04	192.04
V2525				NRC	0.00	0.00
V2526				NRC	TBD	TBD
V2530					407.68	407.68
V2531					746.57	746.57
V2599				NRC	0.00	0.00
V2600					33.60	33.60
V2610					80.00	80.00
V2615				NRC	0.00	0.00
V2623					1292.70	1292.70
V2624					83.46	83.46
V2625					660.95	660.95
V2626					273.50	273.50
V2627					1960.80	1960.80
V2628					417.10	417.10
V2629				NRC	0.00	0.00
V2630					163.18	163.18
V2631					163.18	163.18
V2632					163.18	163.18
V2700					61.48	61.48
V2702				NRC	0.00	0.00
V2710				NRC	100.78	100.78
V2715				NRC	19.75	19.75
V2718				NRC	42.67	42.67

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
V2730				NRC	35.72	35.72
V2744				NRC	24.44	24.44
V2745					14.08	14.08
V2750				NRC	27.44	27.44
V2755					22.97	22.97
V2760					22.64	22.64
V2761				NRC	0.00	0.00
V2762					82.19	82.19
V2770					26.76	26.76
V2780					17.17	17.17
V2781					204.97	204.97
V2782					88.76	88.76
V2783					100.10	100.10
V2784					65.09	65.09
V2785				NRC	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				NRC	0.00	0.00
V2799				NRC	0.00	0.00
V5008					34.50	34.50
V5010					132.00	132.00
V5011					50.00	50.00
V5014					185.86	185.86
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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				NRC	0.00	0.00
V5299				NRC	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 service requiring the scope of practice of an RN only, 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; initial assessment or re-evaluation; with skilled care, minimum 61 minutes up to 2 hours		108.00	108.00
W0110			Home health agency service that may be performed by an RN or LPN, requiring only the scope of practice of an LPN, per 15 minutes.		15.00	15.00
W0120			Home health agency service that may be performed by an RN, LPN or home health aide, requiring only the scope of practice of a HHA, per hour. A full 60 minutes must be performed to bill, except for the final hour for the day which requires at least 45 minutes of service.		28.20	28.20
W0168			Intermediate care facil. loa		126.00	126.00
W0169			Skilled nursing facility loa		165.00	165.00
W0171			Post acute, short term skilled nursing stay, max 30 days, per diem (date span eligible code)		450.00	450.00
W0177			Post-acute brain injury freestanding facility residential all inclusive daily rate (date span eligible code)		760.00	760.00
W0178			Neurobehavioral brain injury freestanding facility residential all inclusive daily rate (date span eligible code)		1050.00	1050.00
W0179			Post-acute brain injury facility outpatient (full day/6 hr minimum) all inclusive daily rate (date span eligible code)		569.00	569.00
W0181			Post-acute brain injury facility outpatient (half day/3 hr minimum) all inclusive daily rate (date span eligible code)		406.00	406.00
W0182			Lifelong living placement post acute facility, all inclusive daily rate (date span eligible code)		250.00	250.00
W0183			Tbi in house pharmacy services		500.00	500.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
W0184			Tbi therapeutic leave of absence, 25% of daily rate		See daily rate	See daily rate
W0185			Trans. living placement post acute fac (date span eligible code)		300.00	300.00
W0200			Long term nursing home , intermediate level nursing home services, all inclusive per diem rate (date span eligible code)		225.00	225.00
W0201			Long term nursing home services - Level 1 reduced physical function, all inclusive per diem rate (date span eligible code)		295.00	295.00
W0202			Long term nursing home services - Level 2 behavioral symptoms and cognitive performance, all inclusive per diem rate (date span eligible code)		310.00	310.00
W0203			Long term nursing home services - Level 3 special care, all inclusive per diem rate (date span eligible code)		350.00	350.00
W0204			Long term nursing home services - Level 4 extensive, all inclusive per diem rate (date span eligible code)		425.00	425.00
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 (includes permanent ramp), total amount up to the established fee, limited to one house per lifetime		50000.00	50000.00
W0676			Portable ramp for home	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
W0687			Home modification repair	BR	0.00	0.00
W0688			Vehicle modification repair	BR	0.00	0.00
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		0.58	0.58
W2703			Social worker home health visit		110.00	110.00
W2704			Mileage hh worker begin 51st mile, per mi		0.58	0.58

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
W2705			Travel time hh prof worker each 6 min, beginning at the 51st mile		4.00	4.00
W2706			Travel time hh non-prof worker ea 6 min, beginning at the 51st mile		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, beginning at the 51st mile		0.58	0.58
W5000			Smoking cessation program with fda drugs		1150.00	1150.00
W5001			Smoking cessation program w/o fda drugs		575.00	575.00
W5650			Medication therapy management program	NRC	0.00	0.00
W5655			Adult day care (full day 8-10 hrs) level 1: behavioral supervision, including transportation to and from, all-inclusive per diem, only authorized in lieu of home health services. (date span eligible code)	BR	75.00	75.00
W5660			Adult day care (full day 8-10 hrs) level 2: skilled medical needs, including transportation to and from, all-inclusive per diem, only authorized in lieu of home health services. (date span eligible code)	BR	115.00	115.00
W5670			Genium all inclusive prosthetic device, includes L5828, L5845, L5848, L5856 and L5999.	NRC	57366.00	57366.00
W9006			Sharps container needle disposal each		6.90	6.90
W9010			Parenteral nutrition therapy, all-inclusive per diem rate	BR	0.00	0.00
W9020			Enteral nutrition therapy, all-inclusive per diem rate	BR	0.00	0.00
W9030			Antibiotic home infusion therapy, all-inclusive per diem rate	BR	0.00	0.00
W9040			Pain management home infusion therapy, all-inclusive per diem rate	BR	0.00	0.00
W9050			Fluid replacement home infusion therapy, all-inclusive per diem rate	BR	0.00	0.00
W9060			Chemotherapy home infusion therapy, all-inclusive per diem rate	BR	0.00	0.00
W9070			Multiple home infusion therapies, all-inclusive per diem rate	BR	0.00	0.00
W9075			Home infusion therapy, includes nursing services and medical supplies, only	BR	0.00	0.00
Z0100			Mileage, taxi, per mile (bill with a0100)	NRC	2.00	2.00
Z0180			Residential care/assisted living facility, per diem (date span eligible code)		150.00	150.00
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	DESCRIPTION	COV FLAG	NON-FAC FEE	FACILITY FEE
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 all-inclusive per diem. Not billable with Z0550, Z0560, or Z0570. (date span eligible code)		253.61	253.61
Z0550			Inpatient Hospice respite care all-inclusive per diem, limited duration up to 8 days. Not billable on the same day as Z0500, Z0560, or Z0570. (date span eligible code)		590.52	590.52
Z0560			Hospice acute/uncontrolled pain mgmt in hospital all-inclusive, short term, not billable on the same day as Z0500, Z0550, or Z0570. (date span eligible code)		1332.91	1332.91
Z0570			In home hospice continuous health care all-inclusive, RN, per hour during period of crisis to remain at home. Must require at least 8 hours of RN-CC during the day billed. Z0500, Z0550, Z0560 not billable with this code.		76.10	76.10
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
2024 Professional Provider Medical Services Fee Schedule

ALWAYS OR SOMETIMES THERAPY	CPT	MOD	MOD 2	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
ST	90901	GP		54.96	26.20	37.53	23.15
ST	90901	GO		54.96	26.20	37.53	23.15
ST	90901	GN		54.96	26.20	37.53	23.15
ST	90912	GP		108.66	58.98	76.85	52.01
ST	90912	GO		108.66	58.98	76.85	52.01
ST	90913	GP		44.22	33.77	35.07	29.84
ST	90913	GO		44.22	33.77	35.07	29.84
AT	92507	GO		105.11	105.11	84.63	84.63
AT	92507	GN		105.11	105.11	84.63	84.63
AT	92507	GO	95	105.11	105.11	84.63	84.63
AT	92507	GN	95	105.11	105.11	84.63	84.63
AT	92508	GO		32.40	32.40	24.34	24.34
AT	92508	GN		32.40	32.40	24.34	24.34
AT	92508	GO	95	32.40	32.40	24.34	24.34
AT	92508	GN	95	32.40	32.40	24.34	24.34
ST	92520	GO		114.13	54.86	76.00	46.36
ST	92520	GN		114.13	54.86	76.00	46.36
AT	92521	GN		182.41	182.41	146.25	146.25
AT	92521	GN	95	182.41	182.41	146.25	146.25
AT	92522	GN		152.82	152.82	124.06	124.06
AT	92522	GN	95	152.82	152.82	124.06	124.06
AT	92523	GN		312.75	312.75	250.65	250.65
AT	92523	GN	95	312.75	312.75	250.65	250.65
AT	92524	GN		151.07	151.07	123.18	123.18
AT	92524	GN	95	151.07	151.07	123.18	123.18
AT	92526	GO		116.17	116.17	91.11	91.11
AT	92526	GN		116.17	116.17	91.11	91.11
AT	92526	GO	95	116.17	116.17	91.11	91.11
AT	92526	GN	95	116.17	116.17	91.11	91.11
AT	92597	GN		98.84	98.84	80.54	80.54
AT	92605	GN		126.24	118.84	107.72	104.02
AT	92606	GN		109.30	94.49	90.13	82.72
AT	92607	GN		168.86	168.86	129.65	129.65
AT	92608	GN		66.27	66.27	50.37	50.37
AT	92609	GO		140.81	140.81	107.26	107.26
AT	92609	GN		140.81	140.81	107.26	107.26
ST	92610	GO		116.00	96.39	90.07	80.27
ST	92610	GN		116.00	96.39	90.07	80.27
ST	92611	GO		125.17	125.17	96.63	96.63
ST	92611	GN		125.17	125.17	96.63	96.63
ST	92612	GO		262.00	91.62	162.87	77.67
ST	92612	GN		262.00	91.62	162.87	77.67
ST	92614	GO		197.14	90.82	130.69	77.53
ST	92614	GN		197.14	90.82	130.69	77.53
ST	92616	GO		300.59	136.30	197.75	115.61
ST	92616	GN		300.59	136.30	197.75	115.61
AT	92618	GO		44.42	43.98	38.75	38.54
AT	92618	GN		44.42	43.98	38.75	38.54

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

ALWAYS OR SOMETIMES THERAPY	CPT	MOD	MOD 2	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
ST	95851	GP		28.20	10.77	18.18	9.46
ST	95851	GO		28.20	10.77	18.18	9.46
ST	95852	GP		23.19	7.51	14.48	6.64
ST	95852	GO		23.19	7.51	14.48	6.64
ST	95992	GP		59.66	50.07	48.76	43.97
ST	95992	GO		59.66	50.07	48.76	43.97
ST	95992	GN		59.66	50.07	48.76	43.97
ST	96105	GO		134.45	134.45	111.57	111.57
ST	96105	GN		134.45	134.45	111.57	111.57
ST	96105	GO	95	134.45	134.45	111.57	111.57
ST	96105	GN	95	134.45	134.45	111.57	111.57
AT	96125	GN		140.49	140.49	112.38	112.38
AT	96125	GO		140.49	140.49	112.38	112.38
AT	96125	GN	95	140.49	140.49	112.38	112.38
AT	96125	GO	95	140.49	140.49	112.38	112.38
AT	97012	GP		19.86	19.86	16.16	16.16
AT	97012	GO		19.86	19.86	16.16	16.16
AT	97014	GP		16.95	16.95	13.03	13.03
AT	97016	GP		16.08	16.08	12.59	12.59
AT	97016	GO		16.08	16.08	12.59	12.59
AT	97018	GP		7.73	7.73	5.55	5.55
AT	97018	GO		7.73	7.73	5.55	5.55
AT	97022	GP		23.01	23.01	15.82	15.82
AT	97022	GO		23.01	23.01	15.82	15.82
AT	97024	GP		9.91	9.91	6.64	6.64
AT	97024	GO		9.91	9.91	6.64	6.64
AT	97026	GP		9.04	9.04	6.21	6.21
AT	97026	GO		9.04	9.04	6.21	6.21
AT	97028	GP		11.30	11.30	7.82	7.82
AT	97028	GO		11.30	11.30	7.82	7.82
AT	97032	GP		19.86	19.86	16.16	16.16
AT	97032	GO		19.86	19.86	16.16	16.16
AT	97033	GP		26.88	26.88	19.90	19.90
AT	97033	GO		26.88	26.88	19.90	19.90
AT	97034	GP		19.69	19.69	15.12	15.12
AT	97034	GO		19.69	19.69	15.12	15.12
AT	97035	GP		19.69	19.69	15.12	15.12
AT	97035	GO		19.69	19.69	15.12	15.12
AT	97036	GP		46.57	46.57	30.23	30.23
AT	97036	GO		46.57	46.57	30.23	30.23
ST	97037	GN		TBD	TBD	TBD	TBD
ST	97037	GO		TBD	TBD	TBD	TBD
ST	97037	GP		TBD	TBD	TBD	TBD
AT	97039	GP		0.00	0.00	0.00	0.00
AT	97039	GO		0.00	0.00	0.00	0.00
AT	97110	GP		40.31	40.31	31.16	31.16
AT	97110	GO		40.31	40.31	31.16	31.16
AT	97110	GP	95	40.31	40.31	31.16	31.16

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

ALWAYS OR SOMETIMES THERAPY	CPT	MOD	MOD 2	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
AT	97110	GO	95	40.31	40.31	31.16	31.16
AT	97112	GP		46.19	46.19	35.29	35.29
AT	97112	GO		46.19	46.19	35.29	35.29
AT	97112	GP	95	46.19	46.19	35.29	35.29
AT	97112	GO	95	46.19	46.19	35.29	35.29
AT	97113	GP		50.02	50.02	36.73	36.73
AT	97113	GO		50.02	50.02	36.73	36.73
AT	97116	GP		40.31	40.31	31.16	31.16
AT	97116	GO		40.31	40.31	31.16	31.16
AT	97124	GP		40.76	40.76	29.00	29.00
AT	97124	GO		40.76	40.76	29.00	29.00
ST	97129	GP		31.37	30.93	27.88	27.67
ST	97129	GO		31.37	30.93	27.88	27.67
ST	97129	GN		31.37	30.93	27.88	27.67
ST	97130	GP		29.98	29.98	26.71	26.71
ST	97130	GO		29.98	29.98	26.71	26.71
ST	97130	GN		29.98	29.98	26.71	26.71
AT	97139	GP		0.00	0.00	0.00	0.00
AT	97139	GO		0.00	0.00	0.00	0.00
AT	97139	GN		0.00	0.00	0.00	0.00
AT	97140	GP		37.18	37.18	29.12	29.12
AT	97140	GO		37.18	37.18	29.12	29.12
AT	97150	GP		24.39	24.39	19.38	19.38
AT	97150	GO		24.39	24.39	19.38	19.38
AT	97150	GN		24.39	24.39	19.38	19.38
AT	97161	GP		137.49	137.49	106.55	106.55
AT	97162	GP		137.49	137.49	106.55	106.55
AT	97163	GP		137.49	137.49	106.55	106.55
AT	97164	GP		94.96	94.96	71.43	71.43
AT	97164	GP	95	94.96	94.96	71.43	71.43
AT	97165	GO		137.49	137.49	106.55	106.55
AT	97166	GO		137.49	137.49	106.55	106.55
AT	97167	GO		137.49	137.49	106.55	106.55
AT	97168	GO		94.53	94.53	71.21	71.21
AT	97530	GP		50.29	50.29	35.91	35.91
AT	97530	GO		50.29	50.29	35.91	35.91
AT	97530	GN		50.29	50.29	35.91	35.91
AT	97530	GP	95	50.29	50.29	35.91	35.91
AT	97530	GO	95	50.29	50.29	35.91	35.91
AT	97530	GN	95	50.29	50.29	35.91	35.91
AT	97533	GP		84.89	84.89	54.16	54.16
AT	97533	GO		84.89	84.89	54.16	54.16
AT	97533	GN		84.89	84.89	54.16	54.16
AT	97535	GP		44.67	44.67	33.34	33.34
AT	97535	GO		44.67	44.67	33.34	33.34
AT	97535	GP	95	44.67	44.67	33.34	33.34
AT	97535	GO	95	44.67	44.67	33.34	33.34
AT	97537	GP		43.49	43.49	33.47	33.47

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

ALWAYS OR SOMETIMES THERAPY	CPT	MOD	MOD 2	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
AT	97537	GO		43.49	43.49	33.47	33.47
AT	97542	GP		43.49	43.49	33.47	33.47
AT	97542	GO		43.49	43.49	33.47	33.47
ST	97550	GN		TBD	TBD	TBD	TBD
ST	97550	GO		TBD	TBD	TBD	TBD
ST	97550	GP		TBD	TBD	TBD	TBD
ST	97551	GN		TBD	TBD	TBD	TBD
ST	97551	GO		TBD	TBD	TBD	TBD
ST	97551	GP		TBD	TBD	TBD	TBD
ST	97552	GN		TBD	TBD	TBD	TBD
ST	97552	GO		TBD	TBD	TBD	TBD
ST	97552	GP		TBD	TBD	TBD	TBD
ST	97597	GP		134.83	49.43	87.34	44.63
ST	97597	GO		134.83	49.43	87.34	44.63
ST	97598	GP		60.93	34.35	43.93	30.64
ST	97598	GO		60.93	34.35	43.93	30.64
ST	97602	GP		150.22	84.71	113.31	76.92
ST	97602	GO		150.22	84.71	113.31	76.92
ST	97605	GP		57.73	34.20	42.26	30.49
ST	97605	GO		57.73	34.20	42.26	30.49
ST	97606	GP		68.83	37.02	49.00	33.10
ST	97606	GO		68.83	37.02	49.00	33.10
ST	97607	GP		479.82	30.55	251.49	26.85
ST	97607	GO		479.82	30.55	251.49	26.85
ST	97608	GP		481.99	35.34	254.53	31.20
ST	97608	GO		481.99	35.34	254.53	31.20
ST	97610	GP		582.19	24.85	300.90	22.23
ST	97610	GO		582.19	24.85	300.90	22.23
AT	97750	GP		45.98	45.98	33.99	33.99
AT	97750	GO		45.98	45.98	33.99	33.99
AT	97755	GP		52.86	52.86	41.75	41.75
AT	97755	GO		52.86	52.86	41.75	41.75
AT	97755	GN		52.86	52.86	41.75	41.75
AT	97760	GP		65.36	65.36	44.88	44.88
AT	97760	GO		65.36	65.36	44.88	44.88
AT	97760	GN		65.36	65.36	44.88	44.88
AT	97761	GP		56.64	56.64	40.52	40.52
AT	97761	GO		56.64	56.64	40.52	40.52
AT	97761	GN		56.64	56.64	40.52	40.52
AT	97763	GP		71.38	71.38	47.41	47.41
AT	97763	GO		71.38	71.38	47.41	47.41
AT	97763	GN		71.38	71.38	47.41	47.41
AT	97799	GP		0.00	0.00	0.00	0.00
AT	97799	GO		0.00	0.00	0.00	0.00
AT	97799	GN		0.00	0.00	0.00	0.00
ST	98975	GP		24.98	24.98	13.00	13.00
ST	98975	GO		24.98	24.98	13.00	13.00
ST	98975	GN		24.98	24.98	13.00	13.00

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

ALWAYS OR SOMETIMES THERAPY	CPT	MOD	MOD 2	INITIAL UNIT NON-FAC FEE	INITIAL UNIT FACILITY FEE	SUBSEQUENT NON-FAC FEE	SUBSEQUENT FACILITY FEE
ST	98976	GP		64.56	64.56	32.54	32.54
ST	98976	GO		64.56	64.56	32.54	32.54
ST	98976	GN		64.56	64.56	32.54	32.54
ST	98977	GP		64.56	64.56	32.54	32.54
ST	98977	GO		64.56	64.56	32.54	32.54
ST	98977	GN		64.56	64.56	32.54	32.54
ST	98980	GP		66.52	42.55	49.09	37.10
ST	98980	GO		66.52	42.55	49.09	37.10
ST	98980	GN		66.52	42.55	49.09	37.10
ST	98981	GP		53.84	41.64	42.51	36.41
ST	98981	GO		53.84	41.64	42.51	36.41
ST	98981	GN		53.84	41.64	42.51	36.41

* All always therapy codes on this tab require the use of a discipline specific modifier -GP, GO or GN as permitted by scope of practice and clinical editing, except when 97750 is authorized by the MCO for an occupationally focused FCE.

** Sometimes therapy codes require the use of a discipline specific modifier when performed by a physical therapist, athletic trainer, occupational therapist or speech therapist.

Ohio Bureau of Workers' Compensation
2024 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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
00404	5
00406	13
00410	4
00450	5
00454	3
00470	6
00472	10
00474	13
00500	15
00520	6
00522	4
00524	4
00528	8
00529	11
00530	4
00532	4
00534	7
00537	10
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
00635	4
00640	3
00670	13
00700	4
00702	4
00730	5
00731	5
00732	6
00750	4
00752	6
00754	7
00756	7
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
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
01758	5
01760	7
01770	6
01772	6
01780	3
01782	4
01810	3
01820	3
01829	3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE UNIT
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
01937	4
01938	4
01939	4
01940	4
01941	5
01942	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CODE	BASE
	UNIT
01992	5
01996	3
01999	0

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
10004			3
10005			1
10006			3
10007			1
10008			2
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			3
10121			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
11057			1
11102			1
11103			6
11104			1
11105			3
11106			1
11107			2
11200			1
11201			1
11300			5
11301			6
11302			4
11303			3
11305			4
11306			4
11307			3
11308			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
11451			1
11462			1
11463			1
11470			3
11471			2
11600			2
11601			2
11602			3
11603			2
11604			2
11606			2
11620			2
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			4
11740			2
11750			6
11755			2
11760			4
11762			2
11765			4
11770			1
11771			1
11772			1
11900			1
11901			1
11920			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
11921			1
11922			1
11950			1
11951			1
11952			1
11954			1
11960			2
11970			2
11971			2
11976			1
11980			1
11981			1
11982			1
11983			1
12001			1
12002			1
12004			1
12005			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			2
14021			2
14040			2
14041			3
14060			2
14061			2
14301			2
14302			8
14350			2
15002			1
15003			60
15004			1
15005			19
15040			1
15050			1
15100			1
15101			40

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			7
15220			1
15221			9
15240			1
15241			9
15260			1
15261			6
15271			1
15272			3
15273			1
15274			60
15275			1
15276			3
15277			1
15278			15
15570			2
15572			2
15574			2
15576			2
15600			2
15610			2
15620			2
15630			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
15650			1
15730			1
15731			1
15733			2
15734			4
15736			2
15738			3
15740			2
15750			2
15756			2
15757			2
15758			2
15760			2
15769			1
15770			2
15771			1
15772			9
15773			1
15774			3
15775			1
15776			1
15777			1
15778			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
15823			1
15824			1
15825			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
15826			1
15828			1
15829			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
15851			1
15852			1
15853			1
15854			1
15860			1
15876			1
15877			1
15878			1
15879			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
15951			2
15952			2
15953			2
15956			2
15958			2
15999			1
16000			1
16020			1
16025			1
16030			1
16035			1
16036			8
17000			1
17003			13
17004			1
17106			1
17107			1
17108			1
17110			1
17111			1
17250			4
17260			7
17261			7
17262			6
17263			3
17264			3
17266			2
17270			6
17271			4
17272			5
17273			4
17274			2
17276			2
17280			6
17281			5
17282			4
17283			4
17284			2
17286			2
17311			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
17312			6
17313			3
17314			4
17315			15
17340			1
17360			1
17380			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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
19302			1
19303			1
19305			1
19306			1
19307			1
19316			1
19318			1
19325			1
19328			1
19330			1
19340			1
19342			1
19350			1
19355			1
19357			1
19361			1
19364			1
19367			1
19368			1
19369			1
19370			1
19371			1
19380			1
19396			1
19499			1
20100			2
20101			2
20102			3
20103			3
20150			2
20200			2
20205			3
20206			3
20220			3
20225			2
20240			4
20245			3
20250			1
20251			2
20500			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
20501			2
20520			2
20525			4
20526			1
20527			2
20550			5
20551			5
20552			1
20553			1
20555			1
20560			1
20561			1
20600			6
20604			4
20605			2
20606			2
20610			2
20611			2
20612			2
20615			1
20650			4
20660			1
20661			1
20662			1
20663			1
20664			1
20665			1
20670			3
20680			3
20690			2
20692			2
20693			2
20694			2
20696			2
20697			4
20700			1
20701			1
20702			1
20703			1
20704			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
20705			1
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
20979			1
20982			1
20983			1
20985			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
20999			1
21010			1
21011			4
21012			3
21013			2
21014			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
21110			2
21116			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
21209			1
21210			2
21215			2
21230			2
21235			2
21240			1
21242			1
21243			1
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
21315			1
21320			1
21325			1
21330			1
21335			1
21336			1
21337			1
21338			1
21339			1
21340			1
21343			1
21344			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
21490			1
21497			1
21499			1
21501			3
21502			1
21510			1
21550			2
21552			2
21554			2
21555			2
21556			2
21557			1
21558			1
21600			5
21601			2
21602			1
21603			1
21610			1
21615			1
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			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
21925			2
21930			5
21931			3
21932			2
21933			2
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			5
22210			1
22212			1
22214			1
22216			6
22220			1
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			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
22513			1
22514			1
22515			4
22526			1
22527			1
22532			1
22533			1
22534			3
22548			1
22551			1
22552			5
22554			1
22556			1
22558			1
22585			5
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
22812			1
22818			1
22819			1
22830			1
22836			1
22837			1
22838			1
22840			1
22841			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
22842			1
22843			1
22844			1
22845			1
22846			1
22847			1
22848			1
22849			1
22850			1
22852			1
22853			4
22854			4
22855			1
22856			1
22857			1
22858			1
22859			4
22860			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
23044			1
23065			2
23066			2
23071			2
23073			2
23075			2
23076			2
23077			1
23078			1
23100			1
23101			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
23397			1
23400			1
23405			2
23406			1
23410			1
23412			1
23415			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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			2
24073			2
24075			5
24076			4
24077			1
24079			1
24100			1
24101			1
24102			1
24105			1
24110			1
24115			1
24116			1
24120			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
24301			2
24305			4
24310			2
24320			2
24330			1
24331			1
24332			1
24340			1
24341			2
24342			2
24343			1
24344			1
24345			1
24346			1
24357			1
24358			1
24359			2
24360			1
24361			1
24362			1
24363			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			2
25066			2
25071			3
25073			2
25075			6
25076			3
25077			1
25078			1
25085			1
25100			1
25101			1
25105			1
25107			1
25109			4
25110			2
25111			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			10
25295			9
25300			1
25301			1
25310			5
25312			4
25315			1
25316			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
25520			1
25525			1
25526			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
25900			1
25905			1
25907			1
25909			1
25915			1
25920			1
25922			1
25924			1
25927			1
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			3
26080			3
26100			1
26105			2
26110			2
26111			4
26113			3
26115			4
26116			2
26117			2
26118			1
26121			1
26123			1
26125			4
26130			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
26135			4
26140			2
26145			6
26160			4
26170			4
26180			4
26185			1
26200			2
26205			1
26210			2
26215			2
26230			2
26235			2
26236			2
26250			2
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			3
26426			4
26428			2
26432			2
26433			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			2
26478			6
26479			4
26480			4
26483			4
26485			4
26489			2
26490			3
26492			2
26494			1
26496			1
26497			2
26498			1
26499			2
26500			3
26502			2
26508			1
26510			4
26516			1
26517			1
26518			1
26520			4
26525			4
26530			4
26531			4
26535			3
26536			4
26540			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			2
26567			3
26568			2
26580			1
26587			2
26590			2
26591			4
26593			8
26596			1
26600			2
26605			3
26607			2
26608			4
26615			3
26641			1
26645			1
26650			1
26665			1
26670			2
26675			1
26676			2
26685			3
26686			3
26700			2
26705			3
26706			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
26715			3
26720			4
26725			3
26727			3
26735			4
26740			3
26742			3
26746			3
26750			3
26755			2
26756			2
26765			3
26770			3
26775			2
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			2
26910			4
26951			8
26952			4
26989			1
26990			2
26991			1
26992			2
27000			1
27001			1
27003			1
27005			1
27006			1
27025			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
27027			1
27030			1
27033			1
27035			1
27036			1
27040			2
27041			3
27043			2
27045			3
27047			2
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
27105			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
27230			1	
27232			1	
27235			1	
27236			1	
27238			1	
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	
27278			1	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
27324			3
27325			1
27326			1
27327			5
27328			3
27329			1
27330			1
27331			1
27332			1
27333			1
27334			1
27335			1
27337			3
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			1
27372			2
27380			1
27381			1
27385			2
27386			2
27390			1
27391			1
27392			1
27393			1
27394			1
27395			1
27396			1
27397			1
27400			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			3
27614			3
27615			1
27616			1
27618			3
27619			2
27620			1
27625			1
27626			1
27630			2
27632			3
27634			2
27635			1
27637			1
27638			1
27640			1
27641			1
27645			1
27646			1
27647			1
27648			1
27650			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
27652			1
27654			1
27656			1
27658			2
27659			2
27664			2
27665			2
27675			1
27676			1
27680			2
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
27732			1
27734			1
27740			1
27742			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
27871			1
27880			1
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			3
28024			4
28035			1
28039			2
28041			2
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			3
28086			2
28088			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
28090			2
28092			2
28100			1
28102			1
28103			1
28104			2
28106			1
28107			1
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			3
28150			4
28153			4
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
28286			1
28288			4
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
28606			3
28615			5
28630			2
28635			2
28636			4
28645			4
28660			4
28665			3
28666			4
28675			3
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			5
28820			6
28825			8
28890			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
29705			1
29710			1
29720			1
29730			1
29740			1
29750			1
29799			1
29800			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
29870			1
29871			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
30117			2
30118			1
30120			1
30124			2
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
30468			1
30469			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
30915			1	
30920			1	
30930			1	
30999			1	
31000			1	
31002			1	
31020			1	
31030			1	
31032			1	
31040			1	
31050			1	
31051			1	
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	
31242			1	
31243			1	
31253			1	
31254			1	
31255			1	
31256			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
31654			1
31660			1
31661			1
31717			1
31720			1
31725			1
31730			1
31750			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
32408			2
32440			1
32442			1
32445			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
32662			1
32663			1
32664			1
32665			1
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			1
33017			1
33018			1
33019			1
33020			1
33025			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
33030			1
33031			1
33050			1
33120			1
33130			1
33140			1
33141			1
33202			1
33203			1
33206			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
33265			1
33266			1
33267			1
33268			1
33269			1
33270			1
33271			1
33272			1
33273			1
33274			1
33275			1
33276			1
33277			1
33278			1
33279			1
33280			1
33281			1
33285			1
33286			1
33287			1
33288			1
33289			1
33300			1
33305			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
33370			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
33422			1
33425			1
33426			1
33427			1
33430			1
33440			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
33460			1
33463			1
33464			1
33465			1
33468			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
33509			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
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 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
33724			1
33726			1
33730			1
33732			1
33735			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
33736			1
33737			1
33741			1
33745			2
33746			1
33750			1
33755			1
33762			1
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			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
33859			1
33863			1
33864			1
33866			1
33871			1
33875			1
33877			1
33880			1
33881			1
33883			1
33884			2
33886			1
33889			1
33891			1
33894			1
33895			1
33897			1
33900			1
33901			1
33902			1
33903			1
33904			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
33978			1
33979			1
33980			1
33981			1
33982			1
33983			1
33984			1
33985			1
33986			1
33987			1
33988			1
33989			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
33990			1
33991			1
33992			1
33993			1
33995			1
33997			1
33999			1
34001			1
34051			1
34101			1
34111			2
34151			1
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
34713			1
34714			1
34715			1
34716			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
34717			2	
34718			2	
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			1	
35081			1	
35082			1	
35091			1	
35092			1	
35102			1	
35103			1	
35111			1	
35112			1	
35121			1	
35122			1	
35131			1	
35132			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
35141			1
35142			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
35355			1
35361			1
35363			1
35371			1
35372			1
35390			1
35400			1
35500			2
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			1
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			1
35572			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
35583			1
35585			2
35587			1
35600			2
35601			1
35606			1
35612			1
35616			1
35621			1
35623			1
35626			3
35631			4
35632			1
35633			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
35700			2
35701			1
35702			2
35703			2
35800			2
35820			2
35840			2
35860			2
35870			1
35875			2
35876			2
35879			2
35881			1
35883			1
35884			1
35901			1
35903			2
35905			1
35907			1
36000			4
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
36225			1
36226			1
36227			2
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
36450			1
36455			1
36456			1
36460			2
36465			1
36466			1
36468			2
36470			1
36471			1
36473			1
36474			1
36475			1
36476			2
36478			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
36572			1
36573			1
36575			2
36576			2
36578			2
36580			2
36581			2
36582			2
36583			2
36584			2
36585			2
36589			2
36590			2
36591			2
36592			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
36836			1	
36837			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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
37145			1
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			1
37221			1
37222			2
37223			2
37224			1
37225			1
37226			1
37227			1
37228			1
37229			1
37230			1
37231			1
37232			2
37233			2
37234			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
37235			2
37236			1
37237			2
37238			1
37239			2
37241			2
37242			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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			2
38510			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
39541			1
39545			1
39560			1
39561			1
39599			1
40490			2
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			1
40805			2
40806			2
40808			2
40810			2
40812			2
40814			4
40816			2
40818			2
40819			2
40820			2
40830			2
40831			2
40840			1
40842			1
40843			1
40844			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
40845			1
40899			1
41000			1
41005			1
41006			2
41007			2
41008			2
41009			2
41010			1
41015			2
41016			1
41017			2
41018			2
41019			1
41100			2
41105			2
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
41250			2
41251			2
41252			2
41510			1
41512			1
41520			1
41530			1
41599			1
41800			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
41805			1
41806			1
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			2
42104			2
42106			2
42107			2
42120			1
42140			1
42145			1
42160			1
42180			1
42182			1
42200			1
42205			1
42210			1
42215			1
42220			1
42225			1
42226			1
42227			1
42235			1
42260			1
42280			1
42281			1
42299			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
42300			2
42305			2
42310			2
42320			2
42330			1
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			1
42500			2
42505			2
42507			1
42509			1
42510			1
42550			2
42600			1
42650			2
42660			2
42665			2
42699			1
42700			2
42720			1
42725			1
42800			3
42804			1
42806			1
42808			2
42809			1
42810			1
42815			1
42820			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
42821			1
42825			1
42826			1
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
42975			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
43122			1
43123			1
43124			1
43130			1
43135			1
43180			1
43191			1
43192			1
43193			1
43194			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
43287			1	
43288			1	
43289			1	
43290			1	
43291			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	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
43497			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
43755			1
43756			1
43757			1
43761			2
43762			2
43763			2
43770			1
43771			1
43772			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
44100			1
44110			1
44111			1
44120			1
44121			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
44125			1
44126			1
44127			1
44128			2
44130			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
44227			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
44403			1
44404			1
44405			1
44406			1
44407			1
44408			1
44500			1
44602			1
44603			1
44604			1
44605			1
44615			3
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
46922			1
46924			1
46930			1
46940			1
46942			1
46945			1
46946			1
46947			1
46948			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
46999			1
47000			3
47001			3
47010			1
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			2
47147			1
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
47480			1
47490			1
47531			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
47780			1
47785			1
47800			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
49010			1
49013			1
49014			1
49020			2
49040			2
49060			2
49062			1
49082			1
49083			2
49084			1
49180			2
49185			2
49203			1
49204			1
49205			1
49215			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
49591			1
49592			1
49593			1
49594			1
49595			1
49596			1
49600			1
49605			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
49606			1
49610			1
49611			1
49613			1
49614			1
49615			1
49616			1
49617			1
49618			1
49621			1
49622			1
49623			1
49650			1
49651			1
49659			1
49900			1
49904			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
50610			1
50620			1
50630			1
50650			1
50660			1
50684			1
50686			2
50688			2
50690			2
50693			2
50694			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
50953			1
50955			1
50957			1
50961			1
50970			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
51715			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
51845			1
51860			1
51865			1
51880			1
51900			1
51920			1
51925			1
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
52284			1
52285			1
52287			1
52290			1
52300			1
52301			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
53451			1
53452			1
53453			2
53454			1
53460			1
53500			1
53502			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
54111			1
54112			1
54115			1
54120			1
54125			1
54130			1
54135			1
54150			1
54160			1
54161			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
54401			1	
54405			1	
54406			1	
54408			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
55000			1
55040			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
55862			1
55865			1
55866			1
55867			1
55870			1
55873			1
55874			1
55875			1
55876			1
55880			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
57022			1
57023			1
57061			1
57065			1
57100			2
57105			2
57106			1
57107			1
57109			1
57110			1
57111			1
57120			1
57130			1
57135			2
57150			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
57454			1
57455			1
57456			1
57460			1
57461			1
57465			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
58294			1
58300			1
58301			1
58321			1
58322			1
58323			1
58340			1
58345			1
58346			1
58350			1
58353			1
58356			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
58580			1
58600			1
58605			1
58611			1
58615			1
58660			1
58661			1
58662			1
58670			1
58671			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
58974			1
58976			2
58999			1
59000			2
59001			2
59012			2
59015			2
59020			2
59020	26		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
59020	TC		2
59025			2
59025	26		2
59025	TC		2
59030			2
59050			2
59051			2
59070			2
59072			2
59074			2
59076			2
59100			1
59120			1
59121			1
59130			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
59618			1
59620			1
59622			1
59812			1
59820			1
59821			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
60512			1
60520			1
60521			1
60522			1
60540			1
60545			1
60600			1
60605			1
60650			1
60659			1
60699			1
61000			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
61623			2
61624			2
61626			2
61630			1
61635			2
61640			1
61641			1
61642			1
61645			1
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
61736			1
61737			1
61750			2
61751			2
61760			1
61770			1
61781			1
61782			1
61783			1
61790			1
61791			1
61796			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
61797			4
61798			1
61799			4
61800			1
61850			1
61860			1
61863			1
61864			1
61867			1
61868			2
61880			1
61885			1
61886			1
61888			1
61889			1
61891			1
61892			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
62164			1
62165			1
62180			1
62190			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
62326			1
62327			1
62328			2
62329			1
62350			1
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
63052			1
63053			4
63055			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
63088			3
63090			1
63091			3
63101			1
63102			1
63103			3
63170			1
63172			1
63173			1
63185			1
63190			1
63191			1
63197			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
63277			1
63278			1
63280			1
63281			1
63282			1
63283			1
63285			1
63286			1
63287			1
63290			1
63295			1
63300			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
63741			1
63744			1
63746			1
64400			4
64405			1
64408			1
64415			1
64416			1
64417			1
64418			1
64420			2
64421			4
64425			1
64430			1
64435			1
64445			1
64446			1
64447			1
64448			1
64449			1
64450			10
64451			2
64454			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
64582			1
64583			1
64584			1
64585			2
64590			1
64595			1
64596			1
64597			1
64598			1
64600			2
64605			1
64610			1
64611			1
64612			1
64615			1
64616			1
64617			1
64620			5
64624			2
64625			2
64628			1
64629			1
64630			1
64632			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
64763			1
64766			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
64874			1
64876			1
64885			1
64886			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
65235			1
65260			1
65265			1
65270			1
65272			1
65273			1
65275			1
65280			1
65285			1
65286			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
66987			2
66988			2
66989			1
66990			1
66991			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
67320			2	
67331			1	
67332			1	
67334			1	
67335			1	
67340			2	
67343			1	
67345			1	
67346			1	
67399			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
67516			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			3
67850			3
67875			1
67880			1
67882			1
67900			1
67901			1
67902			1
67903			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
67904			1
67906			1
67908			1
67909			1
67911			2
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			2
67966			2
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			1
68328			1
68330			1
68335			1
68340			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
68360			1
68362			1
68371			1
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
68841			4
68850			1
68899			1
69000			1
69005			1
69020			1
69100			3
69105			1
69110			1
69120			1
69140			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
69145			1
69150			1
69155			1
69200			1
69205			1
69209			1
69210			1
69220			1
69222			1
69300			1
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
69610			1
69620			1
69631			1
69632			1
69633			1
69635			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
69676			1
69700			1
69705			1
69706			1
69710			1
69711			1
69714			1
69716			1
69717			1
69719			1
69720			1
69725			1
69726			1
69727			1
69728			1
69729			1
69730			1
69740			1
69745			1
69799			1
69801			1
69805			1
69806			1
69905			1
69910			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
70120	26		1
70120	TC		1
70130			1
70130	26		1
70130	TC		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
70328	26		1
70328	TC		1
70330			1
70330	26		1
70330	TC		1
70332			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
70545			1
70545	26		1
70545	TC		1
70546			1
70546	26		1
70546	TC		1
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			4
71045	26		4
71045	TC		4
71046			2
71046	26		2
71046	TC		2
71047			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
71047	26		1
71047	TC		1
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
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
71271			1
71271	26		1
71271	TC		1
71275			1
71275	26		1
71275	TC		1
71550			1
71550	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
72159	26		1
72159	TC		1
72170			2
72170	26		2
72170	TC		2
72190			1
72190	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
72255	TC		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
72265			1
72265	26		1
72265	TC		1
72270			1
72270	26		1
72270	TC		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
73085	26		2
73085	TC		2
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			2
73120	26		2
73120	TC		2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
73218	TC		2
73219			2
73219	26		2
73219	TC		2
73220			2
73220	26		2
73220	TC		2
73221			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			3
73562	26		3
73562	TC		3
73564			4
73564	26		4
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			2
73600	26		2
73600	TC		2
73610			3
73610	26		3
73610	TC		3
73615			2
73615	26		2
73615	TC		2
73620			2
73620	26		2
73620	TC		2
73630			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
73725	TC		2
74018			3
74018	26		3
74018	TC		3
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
74221	TC		1
74221	26		1
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
74246	TC		1
74248			1
74248	TC		1
74248	26		1
74250			1
74250	26		1
74250	TC		1
74251			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
74712			1
74712	26		1
74712	TC		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
75574	26		1
75574	TC		1
75580			1
75600			1
75600	26		1
75600	TC		1
75605			1
75605	26		1
75605	TC		1
75625			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
76100			2
76100	26		2
76100	TC		2
76120			1
76120	26		1
76120	TC		1
76125			1
76125	26		1
76125	TC		1
76140			1
76145			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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
76642	26		2
76642	TC		2
76700			1
76700	26		1
76700	TC		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
76814	26		2
76814	TC		2
76815			1
76815	26		1
76815	TC		1
76816			2
76816	26		2
76816	TC		2
76817			1
76817	26		1
76817	TC		1
76818			2
76818	26		2
76818	TC		2
76819			2
76819	26		2
76819	TC		2
76820			3
76820	26		3
76820	TC		3
76821			2
76821	26		2
76821	TC		2
76825			2
76825	26		2
76825	TC		2
76826			2
76826	26		2
76826	TC		2
76827			2
76827	26		2
76827	TC		2
76828			2
76828	26		2
76828	TC		2
76830			1
76830	26		1
76830	TC		1
76831			1
76831	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
76831	TC		1
76856			1
76856	26		1
76856	TC		1
76857			1
76857	26		1
76857	TC		1
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
76883			4
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
76948	26		1
76948	TC		1
76965			2
76965	26		2
76965	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			2
76983	26		2
76983	TC		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
76984			1
76987			1
76988			1
76989			1
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
77089			1
77090			1
77091			1
77092			1
77261			1
77262			1
77263			1
77280			2
77280	26		2
77280	TC		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
77331	26		3
77331	TC		3
77332			4
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
77470	TC		1
77499			1
77499	26		1
77499	TC		1
77520			2
77522			2
77523			2
77525			2
77600			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
78130			1
78130	26		1
78130	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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
78429	TC		1
78429	26		1
78430			1
78430	TC		1
78430	26		1
78431			1
78431	TC		1
78431	26		1
78432			1
78432	TC		1
78432	26		1
78433			1
78433	TC		1
78433	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
78434			1
78434	TC		1
78434	26		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
78472	26		1
78472	TC		1
78473			1
78473	26		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
78815	26		1
78815	TC		1
78816			1
78816	26		1
78816	TC		1
78830			1
78830	TC		1
78830	26		1
78831			1
78831	TC		1
78831	26		1
78832			1
78832	TC		1
78832	26		1
78835			4
78835	TC		4
78835	26		4
78999			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
80074			1
80076			1
80081			1
80143			2
80145			1
80150			2
80151			1
80155			1
80156			2
80157			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
80158			1
80159			2
80161			1
80162			2
80163			1
80164			2
80165			1
80167			1
80168			2
80169			1
80170			2
80171			1
80173			2
80175			1
80176			1
80177			1
80178			2
80179			2
80180			1
80181			1
80183			1
80184			2
80185			2
80186			2
80187			1
80188			2
80189			2
80190			2
80192			2
80193			1
80194			2
80195			2
80197			2
80198			2
80199			1
80200			2
80201			2
80202			2
80203			1
80204			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
80210			1
80220			1
80230			1
80235			1
80280			1
80285			1
80299			3
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
80422			1
80424			1
80426			1
80428			1
80430			1
80432			1
80434			1
80435			1
80436			1
80438			1
80439			1
80503			1
80504			1
80505			1
80506			1
81000			2
81001			2
81002			2
81003			2
81005			2
81007			1
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
81168			1
81170			1
81171			1
81172			1
81173			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
81191			1
81192			1
81193			1
81194			1
81201			1
81202			1
81203			1
81204			1
81206			1
81207			1
81208			1
81210			1
81212			1
81215			1
81216			1
81217			1
81218			1
81219			1
81225			1
81226			1
81227			1
81230			1
81231			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
81277			1
81278			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
81279			1
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			1
81308			1
81309			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
81326			1	
81327			1	
81328			1	
81329			1	
81332			1	
81333			1	
81334			1	
81335			1	
81336			1	
81337			1	
81338			1	
81339			1	
81340			1	
81341			1	
81342			1	
81343			1	
81344			1	
81345			1	
81346			1	
81347			1	
81348			1	
81350			1	
81351			1	
81352			1	
81353			1	
81355			1	
81357			1	
81360			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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
81418			1	
81419			1	
81420			1	
81422			1	
81425			1	
81426			2	
81427			1	
81430			1	
81431			1	
81432			1	
81433			1	
81434			1	
81435			1	
81436			1	
81437			1	
81438			1	
81439			1	
81440			1	
81441			1	
81442			1	
81443			1	
81445			1	
81448			1	
81449			1	
81450			1	
81451			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
81455			1
81456			1
81457			1
81458			1
81459			1
81460			1
81462			1
81463			1
81464			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
81513			1
81514			1
81517			1
81518			1
81519			1
81520			1
81521			1
81522			1
81523			1
81525			1
81528			1
81529			1
81535			1
81536			11
81538			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
81539			1
81540			1
81541			1
81542			1
81546			2
81551			1
81552			1
81554			1
81560			1
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
82077			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
82139			2
82140			2
82143			2
82150			2
82154			1
82157			1
82160			1
82163			1
82164			1
82166			1
82172			2
82175			2
82180			1
82190			2
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			1
82375			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
82610			1	
82615			1	
82626			1	
82627			1	
82633			1	
82634			1	
82638			1	
82642			1	
82652			1	
82653			1	
82656			1	
82657			2	
82658			2	
82664			2	
82668			1	
82670			2	
82671			1	
82672			1	
82677			1	
82679			1	
82681			1	
82693			2	
82696			1	
82705			1	
82710			1	
82715			3	
82725			1	
82726			1	
82728			1	
82731			1	
82735			1	
82746			1	
82747			1	
82757			1	
82759			1	
82760			1	
82775			1	
82776			1	
82777			1	
82784			6	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
83013			1
83014			1
83015			1
83018			4
83020			2
83020	26		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			9
83521			2
83525			4
83527			1
83528			1
83529			1
83540			2
83550			1
83570			1
83582			1
83586			1
83593			1
83605			1
83615			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
83625			1
83630			1
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			4
83885			2
83915			1
83916			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
83918			2
83919			1
83921			2
83930			2
83935			2
83937			1
83945			2
83950			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
84433			1
84436			1
84437			1
84439			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
85345			1
85347			3
85348			1
85360			1
85362			2
85366			1
85370			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
85378			1
85379			2
85380			1
85384			2
85385			1
85390			3
85390	26		3
85396			1
85397			2
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
85660			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
85670			2
85675			1
85705			1
85730			4
85732			4
85810			2
85999			1
86000			6
86001			20
86003			70
86005			2
86008			20
86015			1
86021			1
86022			1
86023			3
86036			3
86037			3
86038			1
86039			1
86041			1
86042			1
86043			1
86051			1
86052			1
86053			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
86157			1
86160			4
86161			2
86162			1
86171			2
86200			1
86215			1
86225			1
86226			1
86231			3
86235			10
86255			5
86255	26		5
86256			9
86256	26		9
86258			3
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
86328			3
86329			3
86331			12
86332			1
86334			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
86334	26		2
86335			2
86335	26		2
86336			1
86337			1
86340			1
86341			4
86343			1
86344			1
86352			1
86353			7
86355			1
86356			7
86357			1
86359			1
86360			1
86361			1
86362			1
86363			1
86364			3
86366			1
86367			1
86376			2
86381			4
86382			3
86384			1
86386			1
86403			2
86406			2
86408			1
86409			1
86413			3
86430			2
86431			2
86480			1
86481			1
86485			1
86486			2
86490			1
86510			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
86580			1
86590			1
86592			2
86593			2
86596			3
86602			3
86603			2
86606			3
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
86677			3
86682			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
86769			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
86771			2
86774			2
86777			2
86778			2
86780			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
86886			3
86890			1
86891			1
86900			1
86901			1
86902			6
86904			2
86905			8
86906			1
86910			1
86911			1
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			3
87040			2
87045			3
87046			6
87070			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
87071			2
87073			2
87075			6
87076			2
87077			4
87081			2
87084			1
87086			3
87088			3
87101			2
87102			4
87103			2
87106			3
87107			4
87109			2
87110			2
87116			2
87118			3
87140			3
87143			2
87147			4
87149			4
87150			12
87152			1
87153			3
87154			12
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
87188			6
87190			9
87197			1
87205			3
87206			6
87207			3
87207	26		3
87209			4
87210			4
87220			3
87230			2
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
87426			3
87427			2
87428			3
87430			1
87449			3
87451			2
87467			1
87468			1
87469			1
87471			1
87472			1
87475			1
87476			1
87478			1
87480			1
87481			5
87482			1
87483			1
87484			1
87485			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
87523			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
87539			1
87540			1
87541			1
87542			1
87550			1
87551			2
87552			1
87555			1
87556			1
87557			1
87560			1
87561			1
87562			1
87563			3
87580			1
87581			1
87582			1
87590			1
87591			3
87592			1
87593			4
87623			1
87624			1
87625			1
87631			1
87632			1
87633			1
87634			1
87635			2
87636			3
87637			3
87640			1
87641			1
87650			1
87651			1
87652			1
87653			1
87660			1
87661			1
87662			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
87811			3
87850			1
87880			2
87899			4
87900			1
87901			1
87902			1
87903			1
87904			17
87905			2
87906			2
87910			1
87912			1
87913			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			35
88187			2
88188			2
88189			2
88199			1
88199	26		1
88199	TC		1
88230			2
88233			2
88235			2
88237			4
88239			3
88240			1
88241			3
88245			1
88248			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
88309			3
88309	26		3
88309	TC		3
88311			4
88311	26		4
88311	TC		4
88312			9

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			4
88342	26		4
88342	TC		4
88344			6
88344	26		6
88344	TC		6
88346			2
88346	26		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
88346	TC		2
88348			1
88348	26		1
88348	TC		1
88350			9
88350	26		9
88350	TC		9
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			4
88365	26		4
88365	TC		4
88366			2
88366	26		2
88366	TC		2
88367			3
88367	26		3
88367	TC		3
88368			3
88368	26		3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
88368	TC		3
88369			3
88369	26		3
88369	TC		3
88371			1
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			2
88387	26		2
88387	TC		2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
89051			2
89055			2
89060			2
89060	26		2
89125			2
89160			1
89190			1
89220			2
89230			1
89240			1
89250			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
90377			20
90378			4
90380			1
90381			1
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
90589			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
90611			1
90619			1
90620			1
90621			1
90622			1
90623			1
90625			1
90626			1
90627			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
90668			1
90670			1
90671			1
90672			1
90673			1
90674			1
90675			1
90676			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
90677			1
90678			1
90679			1
90680			1
90681			1
90682			1
90683			1
90685			1
90686			1
90687			1
90688			1
90689			1
90690			1
90691			1
90694			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
90749			1
90756			1
90758			1
90759			1
90785			3
90785	95		3
90785	95	93	3
90791			1
90791	95		1
90791	95	93	1
90792			1
90792	95		1
90792	95	93	1
90832			2
90832	95		2
90832	95	93	2
90833			2
90833	95		2
90833	95	93	2
90834			2
90834	95		2
90834	95	93	2
90836			2
90836	95		2
90836	95	93	2
90837			2
90837	95		2
90837	95	93	2
90838			2
90838	95		2
90838	95	93	2
90839			1
90839	95		1
90839	95	93	1
90840			3
90840	95		3
90840	95	93	3
90845			1
90845	95		1
90845	95	93	1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
90901	GP		1
90901	GO		1
90901	GN		1
90912			1
90912	GP		1
90912	GO		1
90913			3
90913	GP		3
90913	GO		3
90935			1
90937			1
90940			1
90945			1
90947			1
90951			1
90952			1
90953			1
90954			1
90955			1
90956			1
90957			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
91037	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
91113			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
91300			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
91301			1
91302			1
91303			1
91304			1
91305			1
91306			1
91307			1
91308			1
91309			1
91310			1
91311			1
91312			1
91313			1
91314			1
91315			1
91316			1
91317			1
92002			1
92004			1
92012			1
92014			1
92015			1
92018			1
92019			1
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
92066			1
92071			2
92072			1
92081			1
92081	26		1
92081	TC		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
92202			1
92227			1
92228			1
92228	26		1
92228	TC		1
92229			1
92230			2
92235			1
92235	26		1
92235	TC		1
92240			1
92240	26		1
92240	TC		1
92242			1
92242	26		1
92242	TC		1
92250			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
92325			1
92326			2
92340			1
92341			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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	GO		1
92507	GN		1
92507	GO	95	1
92507	GN	95	1
92508	GO		1
92508	GN		1
92508	GO	95	1
92508	GN	95	1
92511			1
92512			1
92516			1
92517			1
92518			1
92519			1
92520			1
92520	GO		1
92520	GN		1
92521	GN		1
92521	GN	95	1
92522	GN		1
92522	GN	95	1
92523	GN		1
92523	GN	95	1
92524	GN		1
92524	GN	95	1
92526	GO		1
92526	GN		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
92526	GO	95	1
92526	GN	95	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
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			1
92549	26		1
92549	TC		1
92550			1
92551			1
92552			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
92553			1
92555			1
92556			1
92557			1
92558			1
92562			1
92563			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
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	GN		1
92601			1
92602			1
92603			1
92604			1
92605	GN		1
92606	GN		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
92607	GN		1
92608	GN		4
92609	GO		1
92609	GN		1
92610			1
92610	GO		1
92610	GN		1
92611			1
92611	GO		1
92611	GN		1
92612			1
92612	GO		1
92612	GN		1
92613			1
92614			1
92614	GO		1
92614	GN		1
92615			1
92616			1
92616	GO		1
92616	GN		1
92617			1
92618	GO		1
92618	GN		1
92620			1
92621			2
92622			1
92623			1
92625			1
92626			1
92627			6
92630			1
92633			1
92640			1
92650			1
92651			1
92652			1
92653			1
92700			1
92920			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
92921			6
92924			2
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
92972			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
92997			1
92998			2
93000			3
93005			3
93010			5
93015			1
93016			1
93017			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
93018			1
93024			1
93024	26		1
93024	TC		1
93025			1
93025	26		1
93025	TC		1
93040			3
93041			2
93042			3
93050			1
93050	26		1
93050	TC		1
93150			1
93151			1
93152			1
93153			1
93224			1
93225			1
93226			1
93227			1
93228			1
93229			1
93241			1
93242			1
93243			1
93244			1
93245			1
93246			1
93247			1
93248			1
93260			1
93260	26		1
93260	TC		1
93261			1
93261	26		1
93261	TC		1
93264			1
93268			1
93270			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
93312	26		1
93312	TC		1
93313			1
93314			1
93314	26		1
93314	TC		1
93315			1
93315	26		1
93315	TC		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
93316			1
93317	26		1
93318			1
93318	26		1
93318	TC		1
93319			1
93320			2
93320	26		2
93320	TC		2
93321			1
93321	26		1
93321	TC		1
93325			2
93325	26		2
93325	TC		2
93350			1
93350	26		1
93350	TC		1
93351			1
93351	26		1
93351	TC		1
93352			1
93355			1
93356			1
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
93455	TC		1
93456			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
93563			1
93564			1
93565			1
93566			1
93567			1
93568			1
93569			1
93571			1
93571	26		1
93571	TC		1
93572			2
93572	26		2
93572	TC		2
93573			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
93574			4
93575			4
93580			1
93581			1
93582			1
93583			1
93584			1
93585			1
93586			1
93587			1
93588			1
93590			1
93591			1
93592			2
93593			1
93594			1
93595			1
93596			1
93597			1
93598			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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			2
93660			1
93660	26		1
93660	TC		1
93662	26		1
93668			1
93701			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
93985	26		1
93985	TC		1
93986			1
93986	26		1
93986	TC		1
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
94150	26		1
94150	TC		1
94200			1
94200	26		1
94200	TC		1
94375			1
94375	26		1
94375	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
94619			1
94619	26		1
94619	TC		1
94621			1
94621	26		1
94621	TC		1
94625			2
94626			2
94640			4
94642			1
94644			1
94645			2
94660			1
94662			1
94664			1
94667			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
94668			2
94669			2
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
94760			1
94761			1
94762			1
94780			1
94781			2
94799			1
94799	26		1
94799	TC		1
95004			80
95012			2
95017			27
95018			19
95024			40
95027			90
95028			30
95044			90
95052			36

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
95056			1
95060			1
95065			1
95070			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/month
95250			1/month
95251			1/month
95700			1
95705			1
95706			1
95707			1
95708			4
95709			4
95710			4
95711			1
95712			1
95713			1
95714			4
95715			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
95716			4
95717			1
95718			1
95719			1
95720			1
95721			1
95722			1
95723			1
95724			1
95725			1
95726			1
95782			NC
95782	26		NC
95782	TC		NC
95783			NC
95783	26		NC
95783	TC		NC
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
95851	GP		3
95851	GO		3
95852			1
95852	GP		1
95852	GO		1
95857			1
95860			1
95860	26		1
95860	TC		1
95861			1
95861	26		1
95861	TC		1
95863			1
95863	26		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
95919			1
95921			1
95921	26		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
95955			1
95955	26		1
95955	TC		1
95957			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
95992	GP		1
95992	GO		1
95992	GN		1
95999			1
96000			1
96001			1
96002			1
96003			1
96004			1
96020	26		1
96040			4
96105			3
96105	GO		3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
96105	GN		3
96105	95		3
96105	GO	95	3
96105	GN	95	3
96110			3
96112			1
96113			6
96116			1
96116	95		1
96116	95	93	1
96121			3
96121	95		3
96125	GN		2
96125	GO		2
96125	GN	95	2
96125	GO	95	2
96127			3
96130			1
96131			7
96132			1
96133			7
96136			1
96137			11
96138			1
96139			11
96146			1
96156			1
96156	95		1
96158			1
96158	95		1
96159			4
96159	95		4
96160			3
96161			NC
96164			1
96165			6
96167			1
96168			6
96170			1
96171			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
96202			1
96203			4
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
96417			3
96420			1
96422			2
96423			1
96425			1
96440			1
96446			1
96450			1
96521			2
96522			1
96523			1
96542			1
96547			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
96548			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
97010			NC
97012	GP		1
97012	GO		1
97014	GP		1
97016	GP		1
97016	GO		1
97018	GP		1
97018	GO		1
97022	GP		1
97022	GO		1
97024	GP		1
97024	GO		1
97026	GP		1
97026	GO		1
97028	GP		1
97028	GO		1
97032	GP		4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
97032	GO		4
97033	GP		4
97033	GO		4
97034	GP		2
97034	GO		2
97035	GP		2
97035	GO		2
97036	GP		3
97036	GO		3
97037			1
97037	GN		2
97037	GO		3
97037	GP		4
97039	GP		1
97039	GO		1
97110	GP		6
97110	GO		6
97110	GP	95	6
97110	GO	95	6
97112	GP		4
97112	GO		4
97112	GP	95	4
97112	GO	95	4
97113	GP		6
97113	GO		6
97116	GP		4
97116	GO		4
97124	GP		4
97124	GO		4
97129			1
97129	GP		1
97129	GO		1
97129	GN		1
97130			7
97130	GP		7
97130	GO		7
97130	GN		7
97139	GP		1
97139	GO		1
97139	GN		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
97140	GP		6
97140	GO		6
97150	GP		1
97150	GO		1
97150	GN		1
97151			NC
97152			NC
97153			NC
97154			NC
97155			NC
97156			NC
97157			NC
97158			NC
97161	GP		1
97162	GP		1
97163	GP		1
97164	GP		1
97164	GP	95	1
97165	GO		1
97166	GO		1
97167	GO		1
97168	GO		1
97169			1
97170			1
97171			1
97172			1
97530	GP		6
97530	GO		6
97530	GN		6
97530	GP	95	6
97530	GO	95	6
97530	GN	95	6
97533	GP		4
97533	GO		4
97533	GN		4
97535	GP		8
97535	GO		8
97535	GP	95	8
97535	GO	95	8
97537	GP		6

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
97537	GO		6
97542	GP		8
97542	GO		8
97545			NC
97546			NC
97550			5
97550	GN		6
97550	GO		7
97550	GP		8
97551			9
97551	GN		10
97551	GO		11
97551	GP		12
97552			13
97552	GN		14
97552	GO		15
97552	GP		16
97597			1
97597	GP		1
97597	GO		1
97598			8
97598	GP		8
97598	GO		8
97602			1
97602	GP		1
97602	GO		1
97605			1
97605	GP		1
97605	GO		1
97606			1
97606	GP		1
97606	GO		1
97607			1
97607	GP		1
97607	GO		1
97608			1
97608	GP		1
97608	GO		1
97610			1
97610	GP		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
97610	GO		1
97750			24
97750	GP		24
97750	GO		24
97755	GP		8
97755	GO		8
97755	GN		8
97760	GP		6
97760	GO		6
97760	GN		6
97761	GP		6
97761	GO		6
97761	GN		6
97763	GP		6
97763	GO		6
97763	GN		6
97799	GP		1
97799	GO		1
97799	GN		1
97802			12
97803			11
97804			6
97810			1
97811			2
97813			1
97814			2
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			NC
98967			NC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
98968			NC
98970			1
98971			1
98972			1
98975			1
98975	GP		1
98975	GO		1
98975	GN		1
98976			1/month
98976	GP		1/month
98976	GO		1/month
98976	GN		1/month
98977			1/month
98977	GP		1/month
98977	GO		1/month
98977	GN		1/month
98978			1
98980			1
98980	GP		1
98980	GO		1
98980	GN		1
98981			3
98981	GP		3
98981	GO		3
98981	GN		3
99000			NC
99001			1
99002			1
99024			1
99026			1
99027			1
99050			1
99051			1
99053			1
99056			1
99058			1
99060			1
99070			NC
99071			1
99072			NC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99075			1
99078			1
99080			1
99082			1
99091			1
99100			1
99116			1
99135			1
99140			1
99151			1
99152			2
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
99202			1
99202	95		1
99203			1
99203	95		1
99204			1
99204	95		1
99205			1
99205	95		1
99211			1
99211	95		1
99212			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99212	95		2
99213			2
99213	95		2
99214			2
99214	95		2
99215			1
99215	95		1
99221			1
99222			1
99223			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
99242			1
99242	95		1
99243			1
99243	95		1
99244			1
99244	95		1
99245			1
99245	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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99284			1
99285			1
99288			1
99291			1
99292			8
99304			1
99305			1
99306			1
99307			1
99307	95		1
99308			1
99308	95		1
99309			1
99309	95		1
99310			1
99310	95		1
99315			1
99316			1
99341			1
99342			1
99344			1
99345			1
99347			1
99348			1
99349			1
99350			1
99358			1
99359			2
99360			1
99366			1
99367			1
99368			1
99371			1
99372			1
99373			1
99374			1
99375			1
99377			1
99378			1
99379			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99380			1
99381			NC
99382			NC
99383			NC
99384			NC
99385			NC
99386			NC
99387			NC
99391			NC
99392			NC
99393			NC
99394			NC
99395			NC
99396			NC
99397			NC
99401			1
99402			1
99403			1
99404			1
99406			1
99407			1
99408			1
99409			1
99411			1
99412			1
99415			1
99416			3
99417			6
99417	95		6
99418			4
99418	95		4
99421			1
99422			1
99423			1
99424			1
99425			2
99426			1
99427			2
99429			1
99437			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99439			2
99441			NC
99442			NC
99443			NC
99446			1
99447			1
99448			1
99449			1
99450			NC
99451			1
99452			1
99453			1
99454			1
99455			NC
99456			NC
99457			1
99458			3
99459			1
99460			NC
99461			NC
99462			NC
99463			NC
99464			NC
99465			NC
99466			NC
99467			NC
99468			NC
99469			NC
99471			NC
99472			NC
99473			1
99474			1
99475			NC
99476			NC
99477			NC
99478			NC
99479			NC
99480			NC
99483			1
99484			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
99485			NC
99486			NC
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
99499			1
99605			1
99606			1
99607			3
0001A			1
0001U			1
0002A			1
0002U			1
0003A			1
0003U			1
0004A			1
0005U			1
0007U			1
0008U			1
0009U			2
0010U			2
0011A			1
0011U			1
0012A			1
0013A			1
0016U			1
0017U			1
0018U			2
0019U			1
0021A			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
0021U			1	
0022A			1	
0022U			2	
0023U			1	
0024U			1	
0025U			1	
0026U			2	
0027U			1	
0029U			1	
0030U			1	
0031A			1	
0031U			1	
0032U			1	
0033U			1	
0034A			1	
0034U			1	
0035U			1	
0036U			1	
0037U			1	
0038U			1	
0039U			1	
0040U			1	
0041A			1	
0041U			1	
0042A			1	
0042U			1	
0043U			1	
0044A			1	
0044U			1	
0045U			1	
0046U			1	
0047U			1	
0048U			1	
0049U			1	
0050U			1	
0051A			1	
0051U			1	
0052A			1	
0052U			1	
0053A			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
0054A			1
0054U			1
0055U			1
0058U			1
0059U			1
0060U			1
0061U			2
0062U			1
0063U			1
0064A			1
0064U			2
0065U			2
0067U			2
0068U			1
0069U			1
0070U			1
0071A			1
0071U			1
0072A			1
0072U			1
0073A			1
0073U			1
0074A			1
0074U			1
0075U			1
0076U			1
0077U			2
0078U			1
0079U			1
0080U			1
0081A			1
0082A			1
0082U			1
0083A			1
0083U			1
0084U			1
0086U			1
0087U			1
0088U			1
0089U			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
0090U			1	
0091U			1	
0092U			1	
0093U			1	
0094A			1	
0094U			1	
0095U			1	
0096U			1	
0101U			1	
0102U			1	
0103U			1	
0104A			1	
0105U			1	
0106U			1	
0107U			1	
0108U			1	
0109U			1	
0110U			1	
0111A			1	
0111U			1	
0112A			1	
0112U			1	
0113A			1	
0113U			1	
0114U			1	
0115U			1	
0116U			1	
0117U			1	
0118U			1	
0119U			1	
0120U			1	
0121A			1	
0121U			1	
0122U			1	
0123U			1	
0129U			1	
0130U			1	
0131U			1	
0132U			1	
0133U			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
0134U			1
0135U			1
0136U			1
0137U			1
0138U			1
0140U			1
0141A			1
0141U			1
0142A			1
0142U			1
0151A			1
0152U			1
0153U			1
0154U			1
0155U			1
0156U			1
0157U			1
0158U			1
0159U			1
0160U			1
0161U			1
0162U			1
0163U			1
0164U			1
0165U			1
0166U			1
0167U			1
0169U			1
0170U			1
0171A			1
0171U			1
0172A			1
0172U			1
0173U			1
0174U			1
0175U			1
0176U			1
0177U			1
0178U			1
0179U			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
0180U			1
0181U			1
0182U			1
0183U			1
0184U			1
0185U			1
0186U			1
0187U			1
0188U			1
0189U			1
0190U			1
0191U			1
0192U			1
0193U			1
0194U			1
0195U			1
0196U			1
0197U			1
0198U			1
0199U			1
0200U			1
0201U			1
0202U			1
0203U			1
0204U			1
0205U			1
0206U			1
0207U			1
0209U			1
0210U			2
0211U			2
0212U			1
0213U			1
0214U			1
0215U			1
0216U			1
0217U			1
0218U			1
0219U			1
0220U			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
0221U			1	
0222U			1	
0223U			1	
0224U			3	
0225U			1	
0226U			1	
0227U			1	
0228U			1	
0229U			1	
0230U			1	
0231U			1	
0232U			1	
0233U			1	
0235U			1	
0236U			1	
0237U			1	
0238U			1	
0239U			1	
0240U			1	
0241U			1	
0242U			1	
0245U			2	
0246U			1	
0248U			1	
0249U			1	
0250U			1	
0251U			1	
0256U			1	
0257U			1	
0258U			1	
0259U			1	
0260U			1	
0261U			1	
0262U			1	
0263U			1	
0264U			1	
0265U			1	
0266U			1	
0267U			1	
0268U			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
0275U			1
0282U			1
0283U			1
0284U			1
A0021			NC
A0080			NC
A0090			NC
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			2
A0429			2
A0430			1
A0431			1
A0432			1
A0433			1
A0434			2
A0435			999
A0436			300

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A0998			1
A0999			1
A2001			1
A2002			1
A2003			1
A2004			1
A2005			1
A2006			1
A2007			1
A2008			1
A2009			1
A2010			1
A2011			1
A2012			1
A2013			1
A2014			1
A2015			1
A2016			1
A2017			1
A2018			1
A2019			1
A2020			1
A2021			1
A2022			1
A2023			1
A2024			1
A2025			1
A4100			1
A4206			100
A4207			100
A4208			100
A4209			100
A4210			1
A4211			1
A4212			100
A4213			100
A4215			100
A4216			120
A4217			100
A4218			56

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A4220			1
A4221			4
A4222			100
A4223			1
A4224			13
A4225			1
A4226			4/month
A4230			1
A4231			1
A4232			1
A4233			2
A4234			3
A4235			2
A4236			2
A4238			1
A4239			1/month
A4244			10
A4245			3
A4246			10
A4247			3
A4248			8
A4250			1
A4252			1
A4253			1
A4255			1
A4256			2
A4257			1
A4258			1
A4259			1
A4261			1
A4262			1
A4263			2
A4265			6
A4270			1
A4280			60
A4290			2
A4300			1
A4301			1
A4305			1
A4306			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A4310			3
A4311			3
A4312			3
A4313			3
A4314			3
A4315			3
A4316			3
A4320			1
A4321			1
A4322			12
A4326			90
A4327			4
A4328			93
A4330			100
A4331			6
A4332			600
A4333			108
A4334			3
A4335			1
A4336			100
A4337			180
A4338			3
A4340			3
A4341			4
A4342			4
A4344			3
A4346			3
A4349			105
A4351			600
A4352			600
A4353			600
A4354			3
A4355			100
A4356			1
A4357			6
A4358			6
A4360			100
A4361			2
A4362			100
A4363			10

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A4364			20
A4366			100
A4367			3
A4368			1
A4369			10
A4371			10
A4372			100
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
A4398			1
A4399			1
A4400			30
A4402			10
A4404			30
A4405			10
A4406			10
A4407			30
A4408			30
A4409			30
A4410			30

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
A4411			30	
A4412			30	
A4413			30	
A4414			30	
A4415			30	
A4416			100	
A4417			100	
A4418			100	
A4419			100	
A4420			100	
A4421			100	
A4422			100	
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	
A4436			1	
A4437			1	
A4450			700	
A4452			700	
A4453			1	
A4455			10	
A4456			100	
A4457			1	
A4458			2	
A4459			1	
A4461			2	
A4463			3	
A4465			1	
A4466			1	
A4467			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A4468			1
A4470			1
A4480			1
A4481			186
A4483			30
A4490			4
A4495			4
A4500			4
A4510			4
A4520			150
A4540			1
A4541			1/month
A4542			1
A4550			1
A4553			1
A4554			300
A4556			1
A4557			2
A4558			1
A4559			6
A4560			1
A4561			1
A4562			1
A4563			1
A4565			2
A4566			1
A4570			2
A4575			1
A4580			1
A4590			1
A4595	*Two-lead machine		2/month
A4595	*Four-lead machine		4/month
A4596			1
A4600			1
A4601			1
A4602			6
A4604			1
A4605			300
A4606			1
A4608			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A4611			2
A4611	RR		2
A4612			2
A4612	RR		2
A4613			1
A4613	RR		1
A4614			1
A4615			10
A4616			25
A4617			2
A4618			12
A4618	RR		12
A4619			3
A4620			2
A4623			200
A4624			300
A4625			100
A4626			6
A4627			2
A4628			50
A4629			100
A4630			10
A4633			6
A4634			1
A4635			2
A4635	RR		2
A4636			2
A4636	RR		2
A4637			4
A4637	RR		4
A4638			2
A4638	RR		2
A4639			1
A4639	RR		1
A4640			1
A4640	RR		1
A4641			1
A4642			1
A4648			5
A4649			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A5126			100
A5131			3
A5200			2
A5500			2
A5501			2
A5503			2
A5504			2
A5505			2
A5506			2
A5507			2
A5508			2
A5510			2
A5512			6
A5513			6
A5514			6
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
A6215			100	
A6216			200	
A6217			100	
A6218			100	
A6219			100	
A6220			100	
A6221			100	
A6222			100	
A6223			100	
A6224			100	
A6228			100	
A6229			100	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A6509			2
A6510			2
A6511			2
A6512			10
A6513			2
A6520			1
A6521			1
A6522			1
A6523			1
A6524			1
A6525			1
A6526			1
A6527			1
A6528			1
A6529			1
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
A6552			1
A6553			1
A6554			1
A6555			1
A6556			1
A6557			1
A6558			1
A6559			1
A6560			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A6561			1
A6562			1
A6563			1
A6564			1
A6565			1
A6566			1
A6567			1
A6568			1
A6569			1
A6570			1
A6571			1
A6572			1
A6573			1
A6574			1
A6575			1
A6576			1
A6577			1
A6578			1
A6579			1
A6580			1
A6581			1
A6582			1
A6583			1
A6584			1
A6585			1
A6586			1
A6587			1
A6588			1
A6589			1
A6590			1/month
A6591			1/month
A6593			1
A6594			1
A6595			1
A6596			1
A6597			1
A6598			1
A6599			1
A6600			1
A6601			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A6602			1
A6603			1
A6604			1
A6605			1
A6606			1
A6607			1
A6608			1
A6609			1
A6610			1
A7000			100
A7001			3
A7002			100
A7003			100
A7004			100
A7005			1
A7006			100
A7007			100
A7008			100
A7009			2
A7010			2
A7011			1
A7012			6
A7013			100
A7014			1
A7015			3
A7016			2
A7017			1
A7017	RR		1
A7018			10
A7020			1
A7023			1
A7025			1
A7025	RR		1
A7026			1
A7027			1
A7028			6
A7029			6
A7030			1
A7031			3
A7032			6

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A7033			6
A7034			1
A7035			1
A7036			1
A7037			10
A7038			6
A7039			1
A7040			2
A7041			2
A7042			1
A7043			1
A7044			1
A7045			2
A7045	RR		2
A7046			1
A7047			1
A7048			10
A7049			1
A7501			3
A7502			3
A7503			1
A7504			200
A7505			6
A7506			200
A7507			200
A7508			200
A7509			200
A7520			1
A7521			1
A7522			1
A7523			2
A7524			1
A7525			8
A7526			100
A7527			2
A8000			1
A8000	RR		1
A8001			1
A8001	RR		1
A8002			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A8002	RR		1
A8003			1
A8003	RR		1
A8004			1
A8004	RR		1
A9150			1
A9152			1
A9153			1
A9155			1
A9156			1
A9180			1
A9268			1
A9269			1/month
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			1
A9285			1
A9286			1
A9291			1
A9292			1
A9300			1
A9500			3
A9501			1
A9502			3
A9503			1
A9504			1
A9505			4
A9507			1
A9508			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
A9544			1
A9545			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A9560			2
A9561			1
A9562			2
A9563			10
A9564			20
A9566			1
A9567			2
A9568			1
A9569			1
A9570			1
A9571			1
A9572			1
A9573			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			675
A9591			6
A9592			4
A9593			7
A9594			7
A9595			10
A9596			7
A9597			1
A9598			1
A9599			1
A9600			7
A9601			10

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
A9602			5
A9603			1
A9604			1
A9606			224
A9607			216
A9608			1
A9609			1
A9697			1
A9698			2
A9699			1
A9700			2
A9800			7
A9900			1
A9901			1
A9999			1
B4034			1
B4035			1
B4036			1
B4081			3
B4082			3
B4083			3
B4087			1
B4088			1
B4100			1
B4102			1
B4103			1
B4104			1
B4105			1
B4148			1
B4149			30
B4150			1100
B4152			1300
B4153			700
B4154			1000
B4155			200
B4157			10
B4158			1
B4159			1
B4160			1
B4161			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
B4162			1
B4164			2
B4168			4
B4172			4
B4176			4
B4178			4
B4180			4
B4185			15
B4189			1
B4193			1
B4197			1
B4199			1
B4216			1
B4220			1
B4222			1
B4224			1
B5000			31
B5100			120
B5200			225
B9002			1
B9002	RR		1
B9004			1
B9004	RR		1
B9006			1
B9006	RR		1
B9998			1
B9999			1
D0120			1
D0140			1
D0145			1
D0150			1
D0160			1
D0170			1
D0171			1
D0180			1
D0190			1
D0191			1
D0210			1
D0220			1
D0230			13

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D0240			1
D0250			2
D0251			4
D0270			1
D0272			1
D0273			1
D0274			1
D0277			1
D0310			1
D0320			12
D0321			2
D0322			12
D0330			1
D0340			1
D0350			1
D0364			1
D0365			1
D0366			1
D0367			1
D0368			1
D0369			1
D0370			1
D0371			1
D0372			1
D0373			1
D0374			1
D0380			1
D0381			1
D0382			1
D0383			1
D0384			1
D0385			1
D0386			1
D0387			1
D0388			1
D0389			1
D0391			1
D0393			1
D0394			1
D0395			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D0396			1
D0411			1
D0412			1
D0414			1
D0415			12
D0416			1
D0417			1
D0418			1
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
D0604			1
D0605			1
D0701			1
D0702			1
D0703			1
D0705			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
D0706			1	
D0707			1	
D0708			1	
D0709			1	
D0801			1	
D0802			1	
D0803			1	
D0804			1	
D0999			1	
D1110			1	
D1120			1	
D1206			1	
D1208			1	
D1301			1	
D1310			NC	
D1320			NC	
D1321			1	
D1330			1	
D1351			1	
D1352			1	
D1353			1	
D1354			32	
D1355			32	
D1510			2	
D1516			1	
D1517			1	
D1520			2	
D1526			1	
D1527			1	
D1575			4	
D1781			1	
D1782			1	
D1783			1	
D1999			1	
D2140			1	
D2150			1	
D2160			1	
D2161			1	
D2330			1	
D2331			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D2710			1
D2712			1
D2720			1
D2721			1
D2722			1
D2740			1
D2750			12
D2751			12
D2752			12
D2780			1
D2781			1
D2782			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D2783			1
D2790			1
D2791			12
D2792			1
D2794			1
D2799			1
D2910			1
D2915			1
D2920			1
D2921			1
D2928			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
D2976			1
D2980			12
D2981			1
D2982			1
D2983			1
D2989			1
D2990			1
D2991			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D3428			1
D3429			1
D3430			1
D3431			1
D3432			1
D3450			1
D3460			1
D3470			12
D3471			4
D3472			4
D3473			4
D3501			4
D3502			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D3503			4
D3910			1
D3911			1
D3920			1
D3921			1
D3950			1
D3999			1
D4210			4
D4211			4
D4212			1
D4230			1
D4231			1
D4240			4
D4241			4
D4245			1
D4249			12
D4260			4
D4261			4
D4263			4
D4264			3
D4265			1
D4266			1
D4267			1
D4268			1
D4270			4
D4273			1
D4274			1
D4275			1
D4276			1
D4277			1
D4278			3
D4286			1
D4322			1
D4323			1
D4341			4
D4342			4
D4346			1
D4355			1
D4381			12
D4910			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D5225			1
D5226			1
D5227			1
D5228			1
D5282			1
D5283			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D5720			1
D5721			12
D5725			1
D5730			1
D5731			12
D5740			1
D5741			12
D5750			1
D5751			12
D5760			1
D5761			12
D5765			1
D5810			1
D5811			1
D5820			1
D5821			1
D5850			1
D5851			12
D5862			2
D5863			1
D5864			1
D5865			1
D5866			1
D5867			1
D5875			1
D5876			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D5995			1
D5996			1
D5999			12
D6010			1
D6011			1
D6012			1
D6013			1
D6040			1
D6050			1
D6051			1
D6055			12
D6056			1
D6057			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
D6085			1	
D6089			1	
D6090			1	
D6091			1	
D6092			1	
D6093			1	
D6094			1	
D6095			1	
D6096			1	
D6100			1	
D6101			1	
D6102			1	
D6103			12	
D6104			1	
D6105			1	
D6106			1	
D6107			1	
D6110			1	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D6111			1
D6112			1
D6113			1
D6114			1
D6115			1
D6116			1
D6117			1
D6118			1
D6119			1
D6190			1
D6191			1
D6192			1
D6194			1
D6197			1
D6198			1
D6199			1
D6205			1
D6210			1
D6211			1
D6212			1
D6214			1
D6240			1
D6241			1
D6242			1
D6245			1
D6250			1
D6251			1
D6252			1
D6253			1
D6545			1
D6548			1
D6549			1
D6600			1
D6601			1
D6602			1
D6603			1
D6604			1
D6605			1
D6606			1
D6607			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D6780			1
D6781			1
D6782			1
D6783			1
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
D7230			6
D7240			6

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D7241			6
D7250			32
D7251			1
D7260			1
D7261			1
D7270			1
D7272			1
D7280			1
D7282			1
D7283			4
D7284			1
D7285			5
D7286			5
D7287			1
D7288			2
D7290			1
D7291			12
D7292			1
D7293			1
D7294			1
D7295			1
D7296			1
D7297			1
D7298			1
D7299			1
D7300			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D7450			1
D7451			1
D7460			1
D7461			1
D7465			1
D7471			1
D7472			1
D7473			1
D7485			1
D7490			1
D7509			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
D7877			1
D7880			12
D7881			1
D7899			1
D7910			1
D7911			5
D7912			1
D7920			1
D7921			1
D7939			1
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
D7956			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D7957			1
D7961			1
D7962			1
D7963			1
D7970			1
D7971			12
D7972			1
D7979			1
D7980			1
D7981			1
D7982			1
D7983			1
D7990			1
D7991			1
D7993			1
D7994			1
D7995			1
D7996			1
D7997			1
D7998			1
D7999			1
D8010			1
D8020			1
D8030			1
D8040			1
D8070			1
D8080			1
D8090			1
D8210			1
D8220			1
D8660			1
D8670			1
D8680			1
D8681			1
D8695			1
D8999			1
D9110			1
D9120			1
D9130			1
D9210			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			4
D9630			1
D9910			1
D9911			1
D9912			1
D9920			12
D9930			1
D9932			1
D9933			1
D9934			1
D9935			1
D9938			1
D9939			1
D9941			4
D9942			1
D9943			1
D9944			2
D9945			2
D9946			2
D9947			1
D9948			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
D9949			1
D9950			1
D9951			1
D9952			1
D9953			1
D9954			1
D9955			1
D9956			1
D9957			1
D9970			1
D9971			1
D9972			1
D9973			1
D9974			1
D9975			1
D9985			1
D9991			1
D9992			1
D9993			1
D9994			1
D9999			1
E0100			1
E0100	RR		1
E0105			1
E0105	RR		1
E0110			1
E0110	RR		1
E0111			2
E0111	RR		2
E0112			1
E0112	RR		1
E0113			2
E0113	RR		2
E0114			1
E0114	RR		1
E0116			2
E0116	RR		2
E0117			2
E0117	RR		2
E0118			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0118	RR		1
E0130			1
E0130	RR		1
E0135			1
E0135	RR		1
E0140			1
E0140	RR		1
E0141			1
E0141	RR		1
E0143			1
E0143	RR		1
E0144			1
E0144	RR		1
E0147			1
E0147	RR		1
E0148			1
E0148	RR		1
E0149			1
E0149	RR		1
E0153			2
E0153	RR		2
E0154			2
E0154	RR		2
E0155			1
E0155	RR		1
E0156			1
E0156	RR		1
E0157			2
E0157	RR		2
E0158			1
E0158	RR		1
E0159			2
E0159	RR		2
E0160			1
E0160	RR		1
E0161			1
E0161	RR		1
E0162			1
E0162	RR		1
E0163			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0163	RR		1
E0165			1
E0165	RR		1
E0167			1
E0167	RR		1
E0168			1
E0168	RR		1
E0170	RR		1
E0171	RR		1
E0172			1
E0175			2
E0175	RR		2
E0181			1
E0181	RR		1
E0182	RR		1
E0183			1
E0184			1
E0184	RR		1
E0185			1
E0185	RR		1
E0186	RR		1
E0187	RR		1
E0188			1
E0188	RR		1
E0189			1
E0189	RR		1
E0190			1
E0191			4
E0191	RR		4
E0193	RR		1
E0194			1
E0194	RR		1
E0196	RR		1
E0197			1
E0197	RR		1
E0198			1
E0198	RR		1
E0199			1
E0199	RR		1
E0200			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0200	RR		1
E0202	RR		1
E0203			1
E0205			1
E0205	RR		1
E0210			1
E0210	RR		1
E0215			1
E0215	RR		1
E0217			1
E0217	RR		1
E0218	RR		1/month
E0221			1
E0225			1
E0225	RR		1
E0231			1
E0232			1
E0235			1
E0235	RR		1
E0236	RR		1
E0239			1
E0239	RR		1
E0240			1
E0241			2
E0242			1
E0243			2
E0244			1
E0245			1
E0246			1
E0247			1
E0248			1
E0249			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0266	RR		1
E0270			1
E0271			1
E0271	RR		1
E0272			1
E0272	RR		1
E0274			1
E0275			1
E0275	RR		1
E0276			1
E0276	RR		1
E0277	RR		1
E0280			1
E0280	RR		1
E0290	RR		1
E0291	RR		1
E0292	RR		1
E0293	RR		1
E0294	RR		1
E0295	RR		1
E0296	RR		1
E0297	RR		1
E0300			1
E0300	RR		1
E0301	RR		1
E0302	RR		1
E0303	RR		1
E0304	RR		1
E0305	RR		2
E0310			2
E0310	RR		2
E0315			1
E0316	RR		1
E0325			1
E0325	RR		1
E0326			1
E0326	RR		1
E0328			1
E0329			1
E0350			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
E0450			1
E0455			1
E0457			1
E0457	RR		1
E0459	RR		1
E0460			1
E0461			1
E0462			1
E0462	RR		1
E0463			1
E0464			1
E0465	RR		2
E0466	RR		2
E0467	RR		2
E0470			1
E0470	RR		1
E0471			1
E0471	RR		1
E0472			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0472	RR		1
E0480	RR		1
E0481			1
E0482	RR		1
E0483	RR		1
E0484			1
E0484	RR		1
E0485			1
E0486			1
E0487			1
E0490			1
E0491			1
E0492			1
E0493			1
E0500	RR		1
E0530			1
E0550	RR		1
E0555			1
E0560			1
E0560	RR		1
E0561			1
E0561	RR		1
E0562			1
E0562	RR		1
E0565	RR		1
E0570	RR		1
E0572	RR		1
E0574	RR		1
E0575	RR		1
E0580			1
E0580	RR		1
E0585	RR		1
E0600	RR		1
E0601	RR		1
E0602			1
E0602	RR		1
E0603			1
E0604			1
E0605			1
E0605	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0606	RR		1
E0607			1
E0607	RR		1
E0610			1
E0610	RR		1
E0615			1
E0615	RR		1
E0617	RR		1
E0618	RR		1
E0619	RR		1
E0620			1
E0620	RR		1
E0621			1
E0621	RR		1
E0625			1
E0627			1
E0627	RR		1
E0628			1
E0629			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			1
E0650	RR		1
E0651			1
E0651	RR		1
E0652			1
E0652	RR		1
E0655			2
E0655	RR		2
E0656			1
E0656	RR		1
E0657			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0657	RR		1
E0660			2
E0660	RR		2
E0665			2
E0665	RR		2
E0666			2
E0666	RR		2
E0667			2
E0667	RR		2
E0668			2
E0668	RR		2
E0669			2
E0669	RR		2
E0670			1
E0670	RR		1
E0671			2
E0671	RR		2
E0672			2
E0672	RR		2
E0673			2
E0673	RR		2
E0675	RR		1
E0676			1
E0677			1
E0678			1
E0679			1
E0680			1
E0681			1
E0682			1
E0691			1
E0691	RR		1
E0692			1
E0692	RR		1
E0693			1
E0693	RR		1
E0694			1
E0694	RR		1
E0700			1
E0705			1
E0705	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0710			1
E0711			1
E0720			1
E0720	RR		1
E0730			1
E0730	RR		1
E0731			1
E0732			1
E0733			1
E0734			1
E0735			1
E0740			1
E0740	RR		1
E0744	RR		1
E0745	RR		1
E0746			1
E0747			1
E0747	RR		1
E0748			1
E0748	RR		1
E0749			1
E0749	RR		1
E0755			1
E0760			1
E0760	RR		1
E0761			1
E0762			1
E0762	RR		1
E0764	RR		1
E0765			1
E0765	RR		1
E0766	RR		1
E0769			1
E0770			1
E0776			1
E0776	RR		1
E0779	RR		1
E0780			1
E0781	RR		1
E0782			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0782	RR		1
E0783			1
E0783	RR		1
E0784	RR		1
E0785			1
E0786			1
E0786	RR		1
E0787			1
E0791	RR		1
E0830			1
E0840			1
E0840	RR		1
E0849			1
E0849	RR		1
E0850			1
E0850	RR		1
E0855			1
E0855	RR		1
E0856			1
E0856	RR		1
E0860			1
E0860	RR		1
E0870			1
E0870	RR		1
E0880			1
E0880	RR		1
E0890			1
E0890	RR		1
E0900			1
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			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0942	RR		1
E0944			1
E0944	RR		1
E0945			2
E0945	RR		2
E0946	RR		1
E0947			1
E0947	RR		1
E0948			1
E0948	RR		1
E0950			1
E0950	RR		1
E0951			2
E0951	RR		2
E0952			2
E0952	RR		2
E0953	RR		4
E0953			4
E0954	RR		2
E0954			2
E0955			1
E0955	RR		1
E0956			4
E0956	RR		4
E0957			2
E0957	RR		2
E0958	RR		1
E0959			2
E0959	RR		2
E0960			2
E0960	RR		2
E0961			2
E0961	RR		2
E0966			1
E0966	RR		1
E0967			2
E0967	RR		2
E0968	RR		1
E0969			1
E0969	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E0970			2
E0971			2
E0971	RR		2
E0973			2
E0973	RR		2
E0974			2
E0974	RR		2
E0978			1
E0978	RR		1
E0980			1
E0980	RR		1
E0981			1
E0981	RR		1
E0982			1
E0982	RR		1
E0983	RR		1
E0984			1
E0984	RR		1
E0985			1
E0985	RR		1
E0986			1
E0986	RR		1
E0988	RR		1
E0990			2
E0990	RR		2
E0992			1
E0992	RR		1
E0994			2
E0994	RR		2
E0995			2
E0995	RR		2
E1002			1
E1002	RR		1
E1003			1
E1003	RR		1
E1004			1
E1004	RR		1
E1005			1
E1005	RR		1
E1006			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E1006	RR		1
E1007			1
E1007	RR		1
E1008			1
E1008	RR		1
E1009			2
E1009	RR		2
E1010			1
E1010	RR		1
E1011			1
E1011	RR		1
E1012	RR		1
E1014			1
E1014	RR		1
E1015			2
E1015	RR		2
E1016			2
E1016	RR		2
E1017			2
E1017	RR		2
E1018			2
E1018	RR		2
E1020			2
E1020	RR		2
E1028			6
E1028	RR		6
E1029			1
E1029	RR		1
E1030			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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E1084	RR		1
E1085			1
E1086			1
E1087	RR		1
E1088	RR		1
E1089			1
E1092	RR		1
E1093	RR		1
E1100	RR		1
E1110	RR		1
E1130			1
E1140			1
E1150	RR		1
E1160	RR		1
E1161			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			1
E1226	RR		1
E1227			1
E1227	RR		1
E1228	RR		1
E1230			1
E1230	RR		1
E1231			1
E1231	RR		1
E1232			1
E1232	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E1233			1
E1233	RR		1
E1234			1
E1234	RR		1
E1235			1
E1235	RR		1
E1236			1
E1236	RR		1
E1237			1
E1237	RR		1
E1238			1
E1238	RR		1
E1240	RR		1
E1250			1
E1260			1
E1270	RR		1
E1280	RR		1
E1285			1
E1290			1
E1295	RR		1
E1296			1
E1296	RR		1
E1297			1
E1297	RR		1
E1298			1
E1298	RR		1
E1300			NC
E1301			NC
E1310			NC
E1310	RR		NC
E1352			1
E1353			1
E1354			1
E1355			1
E1356			1
E1357			1
E1358			1
E1372			1
E1372	RR		1
E1390	RR		1/month

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E1391	RR		1/month
E1392	RR		1/month
E1399			1
E1405	RR		1
E1406	RR		1
E1629			1
E1700			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			2
E1820	RR		2
E1821			1
E1821	RR		1
E1825	RR		3
E1830	RR		2
E1831	RR		2
E1840	RR		2
E1841	RR		2
E1902			1
E1905			1
E2000			1
E2000	RR		1
E2001			1
E2100			1
E2100	RR		1
E2101			1
E2101	RR		1
E2102			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2103			1
E2120	RR		1
E2201			1
E2201	RR		1
E2202			1
E2202	RR		1
E2203			1
E2203	RR		1
E2204			1
E2204	RR		1
E2205			2
E2205	RR		2
E2206			2
E2206	RR		2
E2207			2
E2207	RR		2
E2208			1
E2208	RR		1
E2209			2
E2209	RR		2
E2210			12
E2210	RR		12
E2211			2
E2211	RR		2
E2212			2
E2212	RR		2
E2213			2
E2213	RR		2
E2214			2
E2214	RR		2
E2215			2
E2215	RR		2
E2216			2
E2216	RR		2
E2217			2
E2217	RR		2
E2218			2
E2218	RR		2
E2219			2
E2219	RR		2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2220			2
E2220	RR		2
E2221			2
E2221	RR		2
E2222			2
E2222	RR		2
E2224			2
E2224	RR		2
E2225			2
E2225	RR		2
E2226			2
E2226	RR		2
E2227			2
E2227	RR		2
E2228			2
E2228	RR		2
E2230			1
E2231			1
E2231	RR		1
E2291			1
E2292			1
E2293			1
E2294			1
E2295			1
E2300			1
E2301			1
E2310			1
E2310	RR		1
E2311			1
E2311	RR		1
E2312			1
E2312	RR		1
E2313			1
E2313	RR		1
E2321			1
E2321	RR		1
E2322			1
E2322	RR		1
E2323			1
E2323	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2324			1
E2324	RR		1
E2325			1
E2325	RR		1
E2326			1
E2326	RR		1
E2327			1
E2327	RR		1
E2328			1
E2328	RR		1
E2329			1
E2329	RR		1
E2330			1
E2330	RR		1
E2331			1
E2340			1
E2340	RR		1
E2341			1
E2341	RR		1
E2342			1
E2342	RR		1
E2343			1
E2343	RR		1
E2351			1
E2351	RR		1
E2358			2
E2358	RR		2
E2359			2
E2359	RR		2
E2360			2
E2360	RR		2
E2361			2
E2361	RR		2
E2362			2
E2362	RR		2
E2363			2
E2363	RR		2
E2364			2
E2364	RR		2
E2365			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2365	RR		2
E2366			1
E2366	RR		1
E2367			1
E2367	RR		1
E2368			2
E2368	RR		2
E2369			2
E2369	RR		2
E2370			2
E2370	RR		2
E2371			2
E2371	RR		2
E2372			2
E2372	RR		2
E2373			1
E2373	RR		1
E2374			1
E2374	RR		1
E2375			1
E2375	RR		1
E2376			1
E2376	RR		1
E2377			1
E2377	RR		1
E2378			2
E2378	RR		2
E2381			2
E2381	RR		2
E2382			2
E2382	RR		2
E2383			2
E2383	RR		2
E2384			4
E2384	RR		4
E2385			4
E2385	RR		4
E2386			2
E2386	RR		2
E2387			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2387	RR		4
E2388			2
E2388	RR		2
E2389			4
E2389	RR		4
E2390			2
E2390	RR		2
E2391			4
E2391	RR		4
E2392			4
E2392	RR		4
E2394			2
E2394	RR		2
E2395			4
E2395	RR		4
E2396			4
E2396	RR		4
E2397			1
E2397	RR		1
E2398			1
E2402	RR		1
E2500			1
E2500	RR		1
E2502			1
E2502	RR		1
E2504			1
E2504	RR		1
E2506			1
E2506	RR		1
E2508			1
E2508	RR		1
E2510			1
E2510	RR		1
E2511			1
E2511	RR		1
E2512			1
E2512	RR		1
E2599			1
E2601			1
E2601	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2602			1
E2602	RR		1
E2603			1
E2603	RR		1
E2604			1
E2604	RR		1
E2605			1
E2605	RR		1
E2606			1
E2606	RR		1
E2607			1
E2607	RR		1
E2608			1
E2608	RR		1
E2609			1
E2610			1
E2611			1
E2611	RR		1
E2612			1
E2612	RR		1
E2613			1
E2613	RR		1
E2614			1
E2614	RR		1
E2615			1
E2615	RR		1
E2616			1
E2616	RR		1
E2617			1
E2619			2
E2619	RR		2
E2620			1
E2620	RR		1
E2621			1
E2621	RR		1
E2622			1
E2622	RR		1
E2623			1
E2623	RR		1
E2624			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
E2624	RR		1
E2625			1
E2625	RR		1
E2626			2
E2626	RR		2
E2627			2
E2627	RR		2
E2628			2
E2628	RR		2
E2629			2
E2629	RR		2
E2630			2
E2630	RR		2
E2631			2
E2631	RR		2
E2632			2
E2632	RR		2
E2633			2
E2633	RR		2
E3000			1
E8000			1
E8001			1
E8002			1
G0339			1
G0340			1
G0480			1
G0481			1
G0482			NC
G0483			NC
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
G6007			2
G6008			2
G6009			2
G6010			2
G6011			2
G6012			2
G6013			2
G6014			2
G6015			2
G6016			2
G6017			2
J0120			1
J0121			200
J0122			300
J0129			100
J0130			4
J0131			400
J0132			12
J0133			1200
J0134			400
J0135			8
J0136			400
J0137			400
J0150			1
J0151			1
J0153			180
J0171			20
J0172			1
J0173			1
J0174			1
J0178			4
J0179			12
J0180			140
J0184			1
J0185			130
J0190			1
J0200			1
J0202			12
J0205			1
J0206			1000

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J0207			4
J0208			25
J0210			4
J0215			30
J0216			1
J0217			1
J0218			460
J0219			750
J0220			1
J0221			250
J0222			300
J0223			756
J0224			945
J0225			25
J0248			200
J0256			1600
J0257			1400
J0270			32
J0275			1
J0278			15
J0280			7
J0282			5
J0283			35
J0285			5
J0287			50
J0288			45
J0289			50
J0290			24
J0291			500
J0295			12
J0300			8
J0330			10
J0348			200
J0349			1
J0350			1
J0360			2
J0364			6
J0365			1
J0380			1
J0390			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J0391			1
J0395			1
J0400			39
J0401			400
J0402			1
J0456			4
J0457			80
J0461			200
J0470			2
J0475			8
J0476			2
J0480			1
J0485			1500
J0490			160
J0491			300
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
J0576			1
J0583			250
J0584			90
J0585			600
J0586			300
J0587			300
J0588			600
J0591			100
J0592			6
J0593			300
J0594			320

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J0595			8
J0596			840
J0597			250
J0598			100
J0599			900
J0600			3
J0604			1
J0606			150
J0612			800
J0613			800
J0620			1
J0630			1
J0636			100
J0637			20
J0638			300
J0640			24
J0641			1200
J0642			1200
J0665			1
J0670			10
J0688			1
J0689			4
J0690			12
J0691			300
J0692			12
J0694			8
J0695			60
J0696			16
J0697			4
J0698			10
J0699			600
J0701			12
J0702			18
J0703			12
J0706			1
J0710			1
J0712			120
J0713			12
J0714			12
J0715			8

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J0716			4
J0717			400
J0720			15
J0725			10
J0735			50
J0736			9
J0737			9
J0739			600
J0740			2
J0741			300
J0742			500
J0743			16
J0744			6
J0745			2
J0750			1
J0751			1
J0760			1
J0770			5
J0775			180
J0780			4
J0791			160
J0795			100
J0801			1
J0802			1
J0833			1
J0834			3
J0840			6
J0841			20
J0850			9
J0873			1
J0874			1
J0875			300
J0877			900
J0878			1500
J0879			1300
J0881			500
J0882			300
J0883			1125
J0884			1125
J0885			60

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J0886			1
J0887			360
J0888			360
J0889			1
J0890			1
J0891			1
J0892			1
J0893			1
J0894			100
J0895			12
J0896			1100
J0897			120
J0898			1
J0899			1
J0945			4
J1000			1
J1020			8
J1030			8
J1040			4
J1050			1000
J1071			400
J1094			16
J1095			1034
J1096			8
J1097			4
J1100			120
J1105			1
J1110			3
J1120			2
J1130			300
J1160			2
J1162			1
J1165			50
J1170			350
J1180			2
J1190			8
J1200			8
J1201			20
J1205			4
J1212			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J1230			3
J1240			6
J1245			10
J1246			1
J1250			2
J1260			2
J1265			20
J1267			150
J1270			8
J1290			30
J1300			120
J1301			60
J1302			770
J1303			360
J1304			1
J1305			480
J1306			284
J1320			1
J1322			150
J1324			108
J1325			1
J1327			1
J1330			1
J1335			2
J1364			2
J1380			4
J1410			4
J1411			1
J1412			1
J1413			1
J1426			450
J1427			1200
J1429			450
J1430			10
J1435			1
J1436			1
J1437			100
J1438			2
J1439			1000
J1440			150

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J1442			1500
J1443			272
J1444			272
J1445			68
J1446			1
J1447			960
J1448			900
J1449			132
J1450			4
J1451			1
J1452			1
J1453			150
J1454			1
J1455			18
J1456			150
J1457			1
J1458			100
J1459			300
J1460			10
J1551			1600
J1554			240
J1555			480
J1556			300
J1557			300
J1558			480
J1559			2400
J1560			1
J1561			360
J1562			1500
J1566			300
J1568			300
J1569			400
J1570			4
J1571			20
J1572			300
J1573			130
J1574			1
J1575			650
J1576			600
J1580			9

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J1590			1
J1595			1
J1596			1
J1599			300
J1600			2
J1602			300
J1610			2
J1611			2
J1620			1
J1626			30
J1627			100
J1628			100
J1630			5
J1631			9
J1632			700
J1640			672
J1642			100
J1643			40
J1644			40
J1645			10
J1650			30
J1652			20
J1655			28
J1670			1
J1675			1
J1700			1
J1710			1
J1720			10
J1730			1
J1738			30
J1740			3
J1741			8
J1742			2
J1743			66
J1744			30
J1745			150
J1746			200
J1747			900
J1750			45
J1756			500

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J1786			680
J1790			2
J1800			6
J1805			1
J1806			1
J1810			1
J1811			1
J1812			1
J1813			1
J1814			1
J1815			8
J1817			270
J1823			300
J1826			1
J1830			1
J1833			372
J1835			16
J1836			400
J1840			3
J1850			4
J1885			8
J1890			1
J1920			1
J1921			1
J1930			120
J1931			377
J1932			120
J1939			1
J1940			6
J1941			1
J1943			675
J1944			1064
J1945			1
J1950			12
J1951			180
J1952			42
J1953			300
J1954			3
J1955			11
J1956			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J1960			1
J1961			1
J1980			2
J1990			3
J2001			60
J2010			10
J2020			6
J2021			6
J2060			4
J2062			10
J2150			8
J2170			8
J2175			4
J2180			24
J2182			300
J2184			60
J2185			60
J2186			600
J2210			1
J2212			240
J2247			150
J2248			150
J2249			1
J2250			22
J2251			22
J2260			4
J2265			400
J2270			9
J2271			1
J2272			9
J2274			250
J2275			1
J2278			1000
J2280			4
J2281			4
J2300			4
J2305			1
J2310			4
J2311			4
J2315			380

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J2320			4
J2323			300
J2325			1
J2327			600
J2329			1
J2350			600
J2353			60
J2354			60
J2355			2
J2356			210
J2357			120
J2358			405
J2359			1
J2360			2
J2371			1
J2372			1
J2401			1000
J2402			50
J2403			800
J2404			1
J2405			64
J2406			120
J2407			120
J2410			2
J2425			125
J2426			1560
J2427			1560
J2430			3
J2440			4
J2460			5
J2469			10
J2501			2
J2502			60
J2503			2
J2504			15
J2506			12
J2507			8
J2508			1
J2510			4
J2513			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J2515			1
J2540			75
J2543			16
J2545			1
J2547			600
J2550			3
J2560			1
J2561			1
J2562			48
J2590			3
J2597			45
J2598			1
J2599			1
J2650			1
J2670			1
J2675			1
J2679			1
J2680			4
J2690			4
J2700			48
J2704			80
J2710			2
J2720			5
J2724			3500
J2725			1
J2730			2
J2760			2
J2765			10
J2770			6
J2777			120
J2778			10
J2779			20
J2780			16
J2781			1
J2783			60
J2785			4
J2786			500
J2787			2
J2788			1
J2790			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J2791			15
J2792			450
J2793			320
J2794			100
J2795			200
J2796			150
J2797			333
J2798			240
J2799			1
J2800			3
J2805			3
J2806			1
J2810			5
J2820			15
J2840			160
J2850			16
J2860			170
J2910			1
J2916			20
J2920			25
J2930			25
J2940			1
J2941			8
J2950			8
J2993			2
J2995			1
J2997			100
J2998			1032
J3000			2
J3010			100
J3030			1
J3031			675
J3032			300
J3060			760
J3070			3
J3090			200
J3095			150
J3101			50
J3105			2
J3110			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J3111			210
J3121			400
J3145			750
J3230			2
J3240			1
J3241			500
J3243			150
J3244			150
J3245			100
J3246			1
J3250			2
J3260			8
J3262			800
J3265			2
J3280			1
J3285			1
J3299			36
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			90
J3358			520
J3360			6
J3364			1
J3365			10
J3370			12
J3371			4
J3372			4
J3380			300
J3385			80
J3396			150

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J3397			600
J3398			150
J3399			NC
J3400			1
J3401			1
J3410			8
J3411			4
J3415			6
J3420			1
J3425			1
J3430			25
J3465			40
J3470			3
J3471			999
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
J7168			5000

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J7169			180
J7170			1800
J7175			9000
J7177			10500
J7178			7700
J7179			7500
J7180			6000
J7181			3850
J7182			22000
J7183			7500
J7185			22000
J7186			7500
J7187			7500
J7188			22000
J7189			13000
J7190			22000
J7191			1
J7192			22000
J7193			4000
J7194			9000
J7195			6000
J7196			175
J7197			6300
J7198			6000
J7199			1
J7200			20000
J7201			9000
J7202			11550
J7203			12000
J7204			19500
J7205			9750
J7207			22500
J7208			12000
J7209			7500
J7210			22000
J7211			22000
J7212			90000
J7213			12000
J7214			1
J7308			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J7309			1
J7310			2
J7311			118
J7312			14
J7313			38
J7314			36
J7315			2
J7316			3
J7318			120
J7320			50
J7321			2
J7322			48
J7323			2
J7324			2
J7325			96
J7326			2
J7327			2
J7328			336
J7329			50
J7330			1
J7331			40
J7332			40
J7335			1
J7336			1120
J7340			1
J7342			10
J7345			200
J7351			20
J7352			16
J7353			1
J7402			270
J7500			450
J7501			1
J7502			240
J7503			3600
J7504			15
J7505			1
J7506			1
J7507			1200
J7508			9000

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J7509			360
J7510			240
J7511			9
J7512			7000
J7513			6
J7515			600
J7516			1
J7517			480
J7518			360
J7519			1
J7520			600
J7525			2
J7527			960
J7599			1
J7604			1
J7605			2
J7606			2
J7607			3
J7608			3
J7609			1
J7610			1
J7611			10
J7612			10
J7613			10
J7614			10
J7615			3
J7620			6
J7622			1
J7624			1
J7626			2
J7627			1
J7628			1
J7629			1
J7631			4
J7632			1
J7633			1
J7634			1
J7635			1
J7636			1
J7637			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J7638			10
J7639			3
J7640			1
J7641			1
J7642			1
J7643			1
J7644			3
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			175
J7680			1
J7681			3
J7682			2
J7683			1
J7684			1
J7685			1
J7686			1
J7699			1
J7799			2
J7999			2
J8498			1
J8499			1
J8501			57
J8510			1
J8515			1
J8520			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J8521			1
J8530			180
J8540			216
J8560			1
J8562			5
J8565			1
J8597			1
J8600			1
J8610			12
J8650			14
J8655			1
J8670			180
J8700			1
J8705			1
J8999			1
J9000			20
J9010			1
J9015			1
J9017			30
J9019			60
J9020			2
J9021			800
J9022			168
J9023			140
J9025			300
J9027			100
J9029			80
J9030			50
J9032			300
J9033			300
J9034			360
J9035			180
J9036			360
J9037			800
J9039			210
J9040			4
J9041			35
J9042			200
J9043			60
J9045			22

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J9046			35
J9047			210
J9048			35
J9049			35
J9050			6
J9051			1
J9052			1
J9055			150
J9056			360
J9057			60
J9058			360
J9059			360
J9060			24
J9061			700
J9063			900
J9064			1
J9065			100
J9070			55
J9071			1500
J9072			1
J9098			5
J9100			120
J9118			750
J9119			350
J9120			5
J9130			24
J9144			180
J9145			240
J9150			12
J9151			12
J9153			132
J9155			240
J9165			1
J9171			240
J9172			1
J9173			150
J9175			10
J9176			3000
J9177			520
J9178			150

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J9179			50
J9181			100
J9185			2
J9190			20
J9196			19
J9198			38
J9200			5
J9201			20
J9202			3
J9203			180
J9204			160
J9205			215
J9206			42
J9207			90
J9208			15
J9209			55
J9210			1500
J9211			6
J9212			1
J9213			12
J9214			100
J9215			1
J9216			2
J9217			6
J9218			1
J9219			1
J9223			120
J9225			1
J9226			1
J9227			150
J9228			1100
J9229			27
J9230			5
J9245			9
J9246			300
J9247			40
J9250			25
J9255			1
J9258			1
J9259			800

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J9260			20
J9261			80
J9262			700
J9263			700
J9264			700
J9265			1
J9266			2
J9267			750
J9268			1
J9269			200
J9270			1
J9271			400
J9272			100
J9273			200
J9274			100
J9280			12
J9281			80
J9285			200
J9286			1
J9293			8
J9294			150
J9295			800
J9296			150
J9297			150
J9298			160
J9299			480
J9300			1
J9301			100
J9302			200
J9303			90
J9304			150
J9305			150
J9306			840
J9307			80
J9308			280
J9309			280
J9310			1
J9311			160
J9312			150
J9313			600

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J9314			150
J9316			180
J9317			648
J9318			475
J9319			500
J9320			4
J9321			1
J9322			150
J9323			150
J9324			1
J9325			400
J9328			400
J9330			50
J9331			300
J9332			600
J9333			1
J9334			1
J9340			30
J9345			1
J9347			300
J9348			160
J9349			900
J9350			60
J9351			120
J9352			40
J9353			450
J9354			600
J9355			120
J9356			60
J9357			4
J9358			900
J9359			400
J9360			40
J9370			4
J9371			5
J9380			480
J9381			800
J9390			36
J9393			20
J9394			20

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
J9395			20
J9400			500
J9600			4
J9999			1
K0001	RR		1
K0002	RR		1
K0003	RR		1
K0004	RR		1
K0005			1
K0005	RR		1
K0006	RR		1
K0007	RR		1
K0008			NC
K0009	RR		1
K0010			1
K0010	RR		1
K0011			1
K0011	RR		1
K0012	RR		10
K0013			NC
K0014			1
K0015			2
K0015	RR		2
K0017			2
K0017	RR		2
K0018			2
K0018	RR		2
K0019			2
K0019	RR		2
K0020			1
K0020	RR		1
K0037			2
K0037	RR		2
K0038			2
K0038	RR		2
K0039			2
K0039	RR		2
K0040			2
K0040	RR		2
K0041			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
K0041	RR		2
K0042			2
K0042	RR		2
K0043			2
K0043	RR		2
K0044			2
K0044	RR		2
K0045			2
K0045	RR		2
K0046			2
K0046	RR		2
K0047			2
K0047	RR		2
K0050			2
K0050	RR		2
K0051			2
K0051	RR		2
K0052			2
K0052	RR		2
K0053			2
K0053	RR		2
K0056			1
K0056	RR		1
K0065			2
K0065	RR		2
K0069			2
K0069	RR		2
K0070			2
K0070	RR		2
K0071			2
K0071	RR		2
K0072			2
K0072	RR		2
K0073			2
K0073	RR		2
K0077			2
K0077	RR		2
K0098			2
K0098	RR		2
K0105			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
K0105	RR		1
K0108			1
K0195	RR		1
K0455	RR		1
K0462			1
K0552			100
K0601			10
K0602			12
K0603			10
K0604			6
K0605			4
K0606	RR		1
K0607			1
K0607	RR		1
K0608			1
K0608	RR		1
K0609			1
K0669			1
K0672			4
K0730			1
K0730	RR		1
K0733			2
K0733	RR		2
K0738	RR		1
K0739			50
K0740			10
K0743			NC
K0744			NC
K0745			NC
K0746			NC
K0800			1
K0800	RR		1
K0801			1
K0801	RR		1
K0802			1
K0802	RR		1
K0806			1
K0806	RR		1
K0807			1
K0807	RR		1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
K0808			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			1
K0835	RR		1
K0836			1
K0836	RR		1
K0837			1
K0837	RR		1
K0838			1
K0838	RR		1
K0839			1
K0839	RR		1
K0840			1
K0840	RR		1
K0841			1
K0841	RR		1
K0842			1
K0842	RR		1
K0843			1
K0843	RR		1
K0848			1
K0848	RR		1
K0849			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
K0849	RR		1
K0850			1
K0850	RR		1
K0851			1
K0851	RR		1
K0852			1
K0852	RR		1
K0853			1
K0853	RR		1
K0854			1
K0854	RR		1
K0855			1
K0855	RR		1
K0856			1
K0856	RR		1
K0857			1
K0857	RR		1
K0858			1
K0858	RR		1
K0859			1
K0859	RR		1
K0860			1
K0860	RR		1
K0861			1
K0861	RR		1
K0862			1
K0862	RR		1
K0863			1
K0863	RR		1
K0864			1
K0864	RR		1
K0868			1
K0869			1
K0870			1
K0871			1
K0877			1
K0878			1
K0879			1
K0880			1
K0884			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
K0885			1
K0886			1
K0898			1
K0899			NC
K0900			1
K1004	RR		1
K1007	RR		1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L0486			1
L0488			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L0972			1
L0974			1
L0976			1
L0978			2
L0980			1
L0982			1
L0984			1
L0999			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L1630			1
L1640			1
L1650			1
L1652			1
L1660			1
L1680			1
L1681			1
L1685			1
L1686			1
L1690			1
L1700			1
L1710			1
L1720			2
L1730			1
L1755			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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			1
L2010			2
L2020			2
L2030			2
L2034			2
L2035			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L2830			2
L2840			2
L2850			2
L2861			2
L2999			1
L3000			2
L3001			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L3161			1
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
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
L3610			2	
L3620			2	
L3630			2	
L3640			1	
L3649			1	
L3650			1	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L3917			2
L3918			2
L3919			2
L3921			2
L3923			2
L3924			2
L3925			4
L3927			4
L3929			2
L3930			2
L3931			2
L3933			3
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			4
L3999			1
L4000			1
L4002			8
L4010			2
L4020			2
L4030			2
L4040			2
L4045			2
L4050			2
L4055			2
L4060			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L5614			2
L5615			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L5679			4
L5680			2
L5681			2
L5682			2
L5683			2
L5684			2
L5685			4
L5686			2
L5688			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L5818			2
L5822			2
L5824			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
L5926			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L5986			2
L5987			2
L5988			2
L5990			2
L5991			1
L5999			1
L6000			2
L6010			2
L6020			2
L6025			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L6588			2
L6590			2
L6600			2
L6605			2
L6610			2
L6611			2
L6615			2
L6616			2
L6620			2
L6621			2
L6623			2
L6624			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
L7260			1	
L7261			1	
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	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L7520			12
L7600			2
L7700			2
L7900			1
L7902			1
L8000			6
L8001			4
L8002			4
L8010			1
L8015			4
L8020			4
L8030			2
L8031			2
L8032			2
L8033			2
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
L8415			6
L8417			12
L8420			24
L8430			24
L8435			12
L8440			4
L8460			4

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L8465			4
L8470			24
L8480			24
L8485			12
L8499			1
L8500			1
L8501			2
L8505			8
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			360
L8622			2
L8623			8
L8624			4
L8625			1
L8627			2
L8628			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
L8629			2
L8630			4
L8631			1
L8641			4
L8642			2
L8658			2
L8659			2
L8670			2
L8678			1/month
L8679			1
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
Q0138			510
Q0139			510
Q0144			999
Q0162			40
Q0163			13
Q0164			18
Q0166			2
Q0167			108
Q0169			26
Q0173			11
Q0174			52
Q0175			14

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
Q0177			36
Q0180			1
Q0181			1
Q0243			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			10
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
Q2041			1
Q2042			1
Q2043			1
Q2049			10
Q2050			14
Q2053			1
Q2054			1
Q2055			1
Q2056			1
Q3014			1
Q3027			30
Q4001			1
Q4002			1
Q4003			2
Q4004			2
Q4005			1
Q4006			2
Q4009			2
Q4010			2
Q4013			2
Q4014			2
Q4017			2
Q4018			2
Q4021			2
Q4022			2
Q4025			1
Q4026			1
Q4029			2
Q4030			2
Q4033			2
Q4034			2
Q4037			2
Q4038			2
Q4041			2
Q4042			2
Q4045			2
Q4046			2
Q4049			4
Q4050			2
Q4051			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
Q4074			3
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
Q4137			1
Q4150			32
Q4151			24
Q4152			24
Q4153			6
Q4154			36

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
Q4196			100
Q4197			100
Q4198			32
Q4199			1
Q4200			55
Q4201			1
Q4202			6
Q4203			12
Q4204			32
Q5101			1500
Q5103			150
Q5104			150
Q5105			100
Q5106			60
Q5107			170
Q5108			12
Q5109			150
Q5110			1500
Q5111			12
Q5112			120
Q5113			120
Q5114			120
Q5115			150
Q5116			120
Q5117			120
Q5118			230
Q5119			150
Q5120			12
Q5121			150
Q5122			12
Q5123			150
Q5124			10
Q5125			1800
Q9950			5
Q9951			20
Q9953			10
Q9954			18
Q9955			10
Q9956			9
Q9957			3

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
Q9958			300
Q9959			20
Q9960			250
Q9961			200
Q9962			150
Q9963			240
Q9964			20
Q9965			250
Q9966			250
Q9967			300
Q9968			200
Q9969			3
Q9991			1
Q9992			1
S0209			50
U0001			2
U0002			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
V2110			2
V2111			2
V2112			2
V2113			2
V2114			2
V2115			2
V2118			2
V2121			2
V2199			2
V2200			2
V2201			2

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
V2318			2	
V2319			2	
V2320			2	
V2321			2	
V2399			2	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
V2524			2
V2525			2
V2526			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
V2744			2
V2745			2
V2750			2
V2755			2
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
V5171			1
V5172			1
V5181			1
V5190			1
V5200			1
V5211			1
V5212			1
V5213			1
V5214			1
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

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
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
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
W0171			1
W0177			1
W0178			1
W0179			1
W0181			1
W0182			1
W0183			1
W0184			1
W0185			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE
W0200			1
W0201			1
W0202			1
W0203			1
W0204			1
W0270			1
W0271			1
W0500			1
W0549			1
W0675			1
W0676			1
W0678			1
W0679			1
W0687			1
W0688			1
W0750			2
W0751			1
W1000			1
W1001			1
W1002			1
W1930			16
W1931			5
W1932			20
W1933			50
W2703			1
W2704			50
W2705			20
W2706			20
W4000			1
W4001			1
W4215			350
W5000			1
W5001			1
W5650			1
W5655			1
W5660			1
W5670			1
W9006			1
W9010			1
W9020			1

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

CPT	MOD	MOD 2	2024 MUE	
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	
Z0570			24	
Z1000			1	
Z5601			1	
Z5602			1/month	

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Skilled Nursing Facilities that Did Not Submit Quality Data under CMS SNF QRP

This document identifies the skilled nursing facilities that are subject to the 2% payment reduction for dates of service in calendar year 2024. Facilities that are enrolled with BWC include identifying enrollment data. Facilities that are not enrolled with BWC are identified by the Medicare number and state only. All facilities on this list are subject to the reduction.

Facilities currently enrolled and active with BWC							
Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145102	1285729210	1140496	2	MEMORIAL CARE CENTER	MEMORIAL HOSPITAL	BELLEVILLE	IL
235520	1801996210	1146532	3	PROMEDICA MONROE SKILLED NURSING & REHA	MONROE COMMUNITY HEALTH SERVICES	MONROE	MI
235520	1801996210	1146532	3	PROMEDICA MONROE SKILLED NURSING & REHA	MONROE COMMUNITY HEALTH SERVICES	MONROE	MI
365046	1538239314	1254792	2	THE MONTEFIORE HOUSING CORPORATION	THE MONTEFIORE HOUSING CORPORATION	BEACHWOOD	OH
365046	1538239314	1254792	2	THE MONTEFIORE HOUSING CORPORATION	THE MONTEFIORE HOUSING CORPORATION	BEACHWOOD	OH
365109	1053387449	1276673	1	ALTENHEIM NURSING HOME	WEST SIDE DEUTSCHER FRAUEN VEREIN	STRONGSVILLE	OH
365450	1770981649	1296363	1	ARBORS AT POMEROY	POMEROY OPCO, LLC	POMEROY	OH
365474	1528466471	1286373	1	ARBORS AT CARROLL	CARROLL OPCO, LLC	CARROLL	OH
365496	1639577521	1282437	1	ARBORS AT WOODSFIELD	ARBORS AT WOODSFIELD	WOODSFIELD	OH
365510	1295756526	1155681	2	BETHESDA CARE CENTER	VOLUNTEERS OF AMERICA CARE FACILITIES	FREMONT	OH
365527	1467850305	1303819	1	ARBORS AT SPRINGFIELD	SPRINGFIELD OPCO, LLC	SPRINGFIELD	OH
365572	1386994671	1261104	1	EASTLAND HEALTHCARE AND REHABILITATION C	GUARDIAN ELDER CARE AT COLUMBUS I LLC	COLUMBUS	OH
365572	1386994671	1261104	1	EASTLAND HEALTHCARE AND REHABILITATION C	GUARDIAN ELDER CARE AT COLUMBUS I LLC	COLUMBUS	OH
365572	1669128252	1338210	1	EASTLAND REHABILITATION AND NURSING CEN	EASTLAND CENTER FOR LIVING LLC	COLUMBUS	OH
365600	1912653510	1338911	1	LOST CREEK REHABILITATION AND NURSING CE	LOST CREEK CENTER FOR LIVING LLC	LIMA	OH
365600	1578813978	1261261	1	LOST CREEK HEALTH CARE AND REHABILITATIO	GUARDIAN ELDER CARE AT LIMA I LLC	LIMA	OH
365603	1821054859	1107483	4	MERCY FRANCISCAN AT WEST PARK	MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES,	CINCINNATI	OH
365603	1821054859	1107483	4	MERCY FRANCISCAN AT WEST PARK	MERCY FRANCISCAN SENIOR HEALTH AND HOUSING SERVICES,	CINCINNATI	OH
365603	1144983784	1336570	1	AVENTURA AT WEST PARK LLC	AVENTURA AT WEST PARK LLC	CINCINNATI	OH
365629	1457452955	1290165	1	DIXON HEALTH CARE CENTER	ATRIUM CENTERS INC	WINTERSVILLE	OH
365629	1083113302	1341734	1	DIXON HEALTHCARE CENTER	REICHART LEASING CO LLC	WINTERSVILLE	OH
365629	1457452955	1290165	1	DIXON HEALTH CARE CENTER	ATRIUM CENTERS INC	WINTERSVILLE	OH
365674	1740688688	1298505	1	ARBORS AT MINERVA	MINERVA OPCO, LLC	MINERVA	OH
365718	1457759326	1303193	1	ARBORS AT STREETSBORO	STREETSBORO OPCO LLC	STREETSBORO	OH
365755	1386639078	1102486	1	COLONIAL MANOR HEALTH CARE CTR INC	COLONIAL MANOR HEALTH CARE CTR INC	LOUDONVILLE	OH
365755	1386639078	1102486	1	COLONIAL MANOR HEALTH CARE CTR INC	COLONIAL MANOR HEALTH CARE CTR INC	LOUDONVILLE	OH
365762	1235127267	1263320	1	AVON OAKS NURSING HOME	R & J INVESTMENT CO INC	AVON	OH
365763	1033517990	1307234	1	ARBORS AT MIFFLIN	MANSFIELD OPCO LLC	MANSFIELD	OH
365974	1821063975	1271658	1	OHIO LIVING QUAKER HEIGHTS	OHIO LIVING QUAKER HEIGHTS	WAYNESVILLE	OH
365990	1932755626	1317493	1	NEW DAWN REHABILITATION AND HEALTHCARE	NEW DAWN NURSING LLC	DOVER	OH
365990	1932755626	1317493	1	NEW DAWN REHABILITATION AND HEALTHCARE	NEW DAWN NURSING LLC	DOVER	OH
366120	1326035296	1108008	1	CEDAR VILLAGE	JEWISH HOME OF CINCINNATI INC	MASON	OH
366120	1326035296	1108008	1	CEDAR VILLAGE	JEWISH HOME OF CINCINNATI INC	MASON	OH
366122	1508459769	1340813	1	CARECORE AT MARY SCOTT	CARECORE AT MARY SCOTT, LLC	DAYTON	OH
366467	1780188011	1310818	1	FOUNTAINS TRANSITIONAL CARE CENTER	ATRIUM SHARONVILLE LLC	CINCINNATI	OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
366467	1780188011	1310818	1	FOUNTAINS TRANSITIONAL CARE CENTER	ATRIUM SHARONVILLE LLC	CINCINNATI	OH
366471	1609343177	1319678	1	AVENUE AT BROADVIEW HEIGHTS	PROGRESSIVE BROADVIEW HEIGHTS , LLC	BROADVIEW HTS	OH
366473	1083260988	1322591	1	THE WILLOWS AT TIFFIN	TRILOGY HEALTHCARE OF TIFFIN, LLC	TIFFIN	OH
366475	1205482189	1322577	1	SMITHS MILL HEALTH CAMPUS	TRILOGY HEALTHCARE OF FRANKLIN III, LLC	NEW ALBANY	OH
366481	1629694229	1327465	1	THE LAURELS OF WEST COLUMBUS LLC	THE LAURELS OF WEST COLUMBUS LLC	COLUMBUS	OH
366482	1972106201	1329660	1	GATEWAY SPRINGS HEALTH CAMPUS	TRILOGY HEALTHCARE OF BUTLER, LLC	HAMILTON	OH
366496	1306501465	1342909	1	ALLBRIDGE REHABILITATION AND NURSING CEN	BUCKEYE TERRACE EAST LLC	COLUMBUS	OH

Facilities that have not previously done business with Ohio BWC

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
015011							AL
015082							AL
015087							AL
015106							AL
015165							AL
015194							AL
015199							AL
015218							AL
015219							AL
015224							AL
015349							AL
015369							AL
015377							AL
015387							AL
015394							AL
015399							AL
015412							AL
015428							AL
015432							AL
015438							AL
015439							AL
015441							AL
015444							AL
01U010							AL
01U015							AL
01U025							AL
01U043							AL
01U047							AL
01U053							AL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
01U062							AL
01U098							AL
01U101							AL
01U115							AL
01U134							AL
01U143							AL
01U171							AL
025027							AK
025033							AK
02U007							AK
02U010							AK
02U013							AK
02U014							AK
02U018							AK
02U021							AK
035028							AZ
035060							AZ
035083							AZ
035089							AZ
035102							AZ
035104							AZ
035106							MN
035109							AZ
035115							AZ
035124							AZ
035128							AZ
035129							AZ
035138							AZ
035148							AZ
035149							AZ
035153							AZ
035155							AZ
035156							AZ
035161							AZ
035162							AZ
035163							AZ
035167							AZ
035168							AZ
035170							AZ
035177							AZ
035179							AZ

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
035181							AZ
035184							AZ
035186							AZ
035191							AZ
035203							AZ
035204							AZ
035208							AZ
035209							AZ
035210							AZ
035212							AZ
035213							AZ
035215							AZ
035218							AZ
035219							AZ
035220							AZ
035221							AZ
035223							AZ
035224							AZ
035226							AZ
035227							AZ
035228							AZ
035229							AZ
035230							AZ
035235							AZ
035236							AZ
035237							AZ
035238							AZ
035246							AZ
035248							AZ
035252							AZ
035261							AZ
035269							AZ
035298							AZ
035299							AZ
035300							AZ
035302							AZ
03U004							AZ
03U012							AZ
03U027							AZ
03U033							AZ
03U040							AZ

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
03U044							AZ
03U060							AZ
03U074							AZ
045063							AR
045083							AR
045092							AR
045094							AR
045114							AR
045115							AR
045156							AR
045159							AR
045162							AR
045164							AR
045171							AR
045185							AR
045186							AR
045188							AR
045193							AR
045206							AR
045210							AR
045215							AR
045223							AR
045224							AR
045226							AR
045230							AR
045231							AR
045233							AR
045238							AR
045240							AR
045249							AR
045252							AR
045253							AR
045257							AR
045261							AR
045263							AR
045264							AR
045265							AR
045272							AR
045276							AR
045278							AR
045279							AR

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
045281							AR
045283							AR
045286							AR
045291							AR
045292							AR
045293							AR
045296							AR
045298							AR
045299							AR
045309							AR
045310							AR
045316							AR
045319							AR
045320							AR
045324							AR
045325							AR
045328							AR
045329							AR
045330							AR
045333							AR
045335							AR
045344							AR
045347							AR
045355							AR
045360							AR
045399							AR
045400							AR
045425							AR
045426							AR
04U002							AR
04U003							AR
04U024							AR
04U028							AR
04U029							AR
04U032							AR
04U035							AR
04U045							AR
04U053							AR
04U054							AR
04U066							AR
04U070							AR

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
04U080							AR
04U081							AR
04U091							AR
04U107							AR
04U109							AR
04U114							AR
04U126							AR
054675							CA
055005							CA
055010							CA
055021							CA
055030							CA
055037							CA
055043							CA
055053							CA
055059							CA
055106							CA
055108							CA
055120							CA
055131							CA
055132							CA
055133							CA
055180							CA
055193							CA
055220							CA
055221							CA
055224							CA
055225							CA
055234							CA
055235							CA
055284							CA
055301							CA
055317							CA
055323							CA
055332							CA
055336							CA
055337							CA
055379							CA
055383							CA
055397							CA
055404							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
055427							CA
055442							CA
055458							CA
055465							CA
055511							CA
055520							CA
055538							CA
055543							CA
055546							CA
055549							CA
055563							CA
055586							CA
055603							CA
055605							CA
055607							CA
055614							CA
055669							CA
055676							CA
055695							CA
055782							CA
055837							CA
055851							CA
055920							CA
055931							CA
055999							CA
056005							CA
056038							CA
056046							CA
056049							CA
056064							CA
056103							CA
056119							CA
056147							CA
056193							CA
056202							CA
056211							CA
056226							CA
056232							CA
056241							CA
056247							CA
056252							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
056265							CA
056284							CA
056287							CA
056292							CA
056297							CA
056306							CA
056318							CA
056323							CA
056332							CA
056336							CA
056341							CA
056343							CA
056352							CA
056384							CA
056402							CA
056448							CA
056453							CA
056469							CA
056490							CA
05U017							CA
05U024							CA
05U036							CA
05U046							CA
05U089							CA
05U148							CA
05U158							CA
05U172							CA
05U177							CA
05U245							CA
05U251							CA
05U260							CA
05U296							CA
05U325							CA
05U331							CA
05U349							CA
05U357							CA
05U366							CA
05U367							CA
05U377							CA
05U379							CA
05U385							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
05U392							CA
05U410							CA
05U417							CA
05U419							CA
05U430							CA
05U433							CA
05U434							CA
05U470							CA
05U476							CA
05U478							CA
05U494							CA
05U516							CA
05U542							CA
05U569							CA
05U590							CA
05U682							CA
05U757							CA
05U772							CA
065023							CO
065099							CO
065119							MN
065122							CO
065159							CO
065167							CO
065201							CO
065204							CO
065205							CO
065216							CO
065218							CO
065258							MN
065261							CO
065270							CO
065275							CO
065277							CO
065279							CO
065288							CO
065289							CO
065295							CO
065300							CO
065310							CO
065313							CO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
065314							CO
065326							CO
065329							CO
065334							CO
065336							CO
065340							CO
065346							CO
065348							CO
065349							CO
065352							CO
065353							CO
065357							CO
065363							CO
065364							CO
065367							IL
065369							CO
065371							CO
065372							CO
065375							CO
06U007							CO
06U013							CO
06U016							CO
06U018							CO
06U029							CO
06U033							CO
06U041							CO
06U042							CO
06U050							CO
06U057							CO
06U066							CO
06U070							CO
06U076							CO
06U090							CO
075010							CT
075035							CT
075039							CT
075062							CT
075066							CT
075068							CT
075072							CT
075093							CT

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
075098							CT
075115							CT
075174							CT
075179							CT
075186							CT
075191							CT
075199							CT
075206							CT
075209							CT
075222							CT
075223							CT
075224							CT
075226							CT
075229							CT
075247							CT
075248							CT
075249							CT
075256							CT
075260							CT
075283							CT
075284							CT
075285							CT
075287							CT
075291							CT
075295							CT
075302							CT
075306							IL
075315							CT
075360							CT
075363							CT
075364							CT
075385							CT
075391							CT
075392							CT
075401							CT
075409							CT
075422							CT
075424							CT
075427							CT
075428							CT
075430							CT

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
075433							CT
075435							CT
075443							CT
085014							DE
085022							DE
085023							DE
085030							DE
085038							DE
085046							DE
085049							DE
095005							DC
095011							DC
095029							DC
095032							DC
095035							DC
095037							DC
105046							FL
105049							FL
105062							FL
105065							FL
105075							FL
105076							FL
105077							FL
105078							FL
105097							FL
105098							FL
105100							FL
105117							FL
105163							FL
105176							FL
105181							FL
105183							FL
105186							FL
105198							FL
105201							FL
105213							FL
105226							FL
105240							FL
105263							FL
105294							FL
105304							FL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
105306							FL
105316							FL
105341							FL
105359							FL
105367							FL
105380							FL
105386							FL
105388							FL
105406							FL
105408							FL
105414							FL
105425							FL
105429							FL
105456							FL
105457							FL
105483							FL
105490							FL
105517							FL
105527							FL
105534							FL
105535							FL
105542							FL
105545							FL
105569							FL
105576							FL
105604							IL
105605							FL
105608							FL
105614							FL
105625							FL
105633							FL
105647							FL
105656							FL
105669							FL
105676							FL
105681							FL
105704							FL
105713							FL
105714							FL
105722							FL
105740							FL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
105741							FL
105742							FL
105750							FL
105752							FL
105753							FL
105759							FL
105760							FL
105767							FL
105773							FL
105778							FL
105781							FL
105787							FL
105788							FL
105789							FL
105794							FL
105798							FL
105806							FL
105814							FL
105815							FL
105829							FL
105830							FL
105833							FL
105836							FL
105844							FL
105848							FL
105857							FL
105863							FL
105865							FL
105867							FL
105869							FL
105871							FL
105874							FL
105876							FL
105877							FL
105880							FL
105883							FL
105887							FL
105889							FL
105893							FL
105894							FL
105896							FL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
105898							FL
105899							FL
105900							FL
105902							FL
105905							FL
105906							FL
105907							FL
105909							FL
105913							FL
105914							FL
105916							FL
105918							FL
105920							FL
105923							FL
105929							FL
105932							FL
105933							FL
105934							FL
105936							FL
105938							FL
105941							FL
105942							FL
105943							FL
105944							FL
105945							FL
105948							FL
105953							FL
105954							FL
105956							FL
105957							FL
105958							FL
105971							FL
105976							FL
105977							FL
105984							FL
105988							FL
105989							FL
105990							FL
105991							FL
105992							FL
105993							FL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
105994							FL
105997							FL
106001							FL
106004							FL
106010							FL
106014							FL
106016							FL
106026							FL
106037							FL
106039							FL
106071							FL
106087							FL
10U004							FL
10U027							FL
10U103							FL
10U108							FL
10U139							FL
10U147							FL
10Y026							FL
115045							GA
115095							GA
115107							GA
115143							GA
115151							GA
115263							GA
115266							GA
115278							GA
115303							GA
115311							GA
115316							GA
115332							GA
115338							GA
115362							GA
115370							GA
115372							GA
115386							GA
115389							GA
115413							GA
115432							GA
115464							GA
115486							GA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
115506							GA
115511							GA
115514							GA
115530							GA
115557							GA
115567							GA
115568							GA
115574							GA
115581							GA
115583							GA
115590							GA
115591							GA
115594							GA
115602							GA
115609							GA
115620							GA
115623							GA
115639							GA
115646							GA
115648							GA
115650							GA
115653							GA
115661							GA
115662							GA
115664							GA
115678							GA
115682							GA
115684							GA
115733							GA
115772							GA
115773							GA
115774							GA
115775							GA
11U014							GA
11U027							GA
11U032							GA
11U046							GA
11U056							GA
11U059							GA
11U061							GA
11U096							GA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
11U098							GA
11U112							GA
11U118							GA
11U120							GA
11U149							GA
11U205							GA
11U212							GA
125002							HI
125007							HI
125025							HI
125028							HI
125034							HI
125035							HI
125036							HI
125037							HI
125039							HI
125041							HI
125044							HI
125049							HI
125050							HI
125053							HI
125054							HI
125060							HI
125069							HI
135031							ID
135032							ID
135033							ID
135042							ID
135053							ID
135061							ID
135070							ID
135083							ID
135086							ID
135096							ID
135099							ID
135106							ID
135107							ID
135109							ID
135112							ID
135115							ID
135117							ID

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
135118							ID
135120							ID
135121							ID
135124							ID
135148							ID
135999							ID
13U008							ID
13U009							ID
13U011							ID
13U021							ID
13U022							ID
13U024							ID
13U026							ID
13U045							ID
145011							IL
145022							IL
145024							IL
145026							IL
145029							IL
145033							IL
145060							IL
145078							IL
145079							IL
145080							IL
145103							IL
145111							IL
145112							IL
145126							IL
145142							IL
145144							IL
145147							IL
145160							IL
145173							IL
145185							IL
145198							IL
145211							IL
145213							IL
145216							IL
145224							IL
145228							IL
145235							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145241							IL
145243							IL
145247							IL
145253							IL
145255							IL
145259							IL
145261							IL
145266							IL
145274							IL
145275							IL
145276							IL
145287							IL
145291							IL
145295							IL
145301							IL
145305							IL
145306							IL
145310							IL
145311							IL
145314							IL
145316							IL
145324							IL
145334							IL
145335							IL
145336							IL
145337							IL
145339							IL
145345							IL
145356							IL
145358							IL
145368							IL
145370							IL
145379							IL
145387							IL
145388							IL
145389							IL
145394							IL
145395							IL
145403							IL
145405							IL
145407							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145409							IL
145411							IL
145418							IL
145420							IL
145429							IL
145433							IL
145437							IL
145441							IL
145442							IL
145450							IL
145453							IL
145462							IL
145464							IL
145469							IL
145470							IL
145477							IL
145485							IL
145489							IL
145508							IL
145510							IL
145511							IL
145514							IL
145517							IL
145518							IL
145520							IL
145521							IL
145526							IL
145527							IL
145528							IL
145531							IL
145533							IL
145535							IL
145536							IL
145538							IL
145539							IL
145540							IL
145541							IL
145543							IL
145544							IL
145545							IL
145547							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145548							IL
145549							IL
145550							IL
145551							IL
145553							IL
145554							IL
145555							IL
145557							IL
145559							IL
145563							IL
145565							IL
145568							IL
145569							IL
145571							IL
145572							IL
145573							IL
145576							IL
145577							IL
145578							IL
145579							IL
145582							IL
145583							IL
145584							IL
145587							IL
145591							IL
145594							IL
145597							IL
145598							IL
145602							IL
145605							IL
145606							IL
145609							IL
145610							IL
145611							IL
145614							IL
145615							IL
145617							IL
145618							IL
145621							IL
145622							IL
145623							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145624							IL
145625							IL
145626							IL
145628							IL
145629							IL
145630							IL
145631							IL
145634							IL
145635							IL
145636							IL
145637							IL
145638							IL
145639							IL
145643							IL
145645							IL
145650							IL
145652							IL
145653							IL
145654							IL
145657							IL
145658							IL
145659							IL
145661							IL
145665							IL
145666							IL
145667							IL
145669							IL
145670							IL
145671							IL
145672							IL
145676							IL
145677							IL
145678							IL
145679							IL
145681							IL
145682							IL
145683							IL
145687							IL
145688							IL
145690							IL
145691							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145692							IL
145693							IL
145695							IL
145696							IL
145698							IL
145699							IL
145700							IL
145701							IL
145705							IL
145706							IL
145707							IL
145709							IL
145710							IL
145711							IL
145713							IL
145714							IL
145715							IL
145716							IL
145717							IL
145723							IL
145724							IL
145725							IL
145728							IL
145731							IL
145733							IL
145734							IL
145736							IL
145737							IL
145738							IL
145739							IL
145741							IL
145743							IL
145745							IL
145746							IL
145747							IL
145749							IL
145750							IL
145751							IL
145752							IL
145753							IL
145754							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145755							IL
145757							IL
145758							IL
145759							IL
145761							IL
145762							IL
145763							IL
145765							IL
145766							IL
145767							IL
145768							IL
145769							IL
145771							IL
145773							IL
145774							IL
145775							IL
145776							IL
145777							IL
145778							IL
145779							IL
145781							IL
145786							IL
145787							IL
145788							IL
145790							IL
145793							IL
145794							IL
145797							IL
145799							IL
145802							IL
145803							IL
145804							IL
145805							IL
145807							IL
145808							IL
145809							IL
145810							IL
145812							IL
145815							IL
145816							IL
145817							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145819							IL
145822							IL
145823							IL
145824							IL
145825							IL
145826							IL
145827							IL
145830							IL
145831							IL
145832							IL
145835							IL
145836							IL
145837							IL
145838							IL
145840							IL
145841							IL
145844							IL
145845							IL
145848							IL
145849							IL
145851							IL
145853							IL
145854							IL
145856							IL
145857							IL
145859							IL
145860							IL
145861							IL
145863							IL
145864							IL
145865							IL
145871							IL
145872							IL
145873							IL
145875							IL
145876							IL
145877							IL
145878							IL
145881							IL
145882							IL
145883							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145884							IL
145885							IL
145886							IL
145887							IL
145888							IL
145889							IL
145894							IL
145896							IL
145897							IL
145899							IL
145901							IL
145902							IL
145903							IL
145904							IL
145905							IL
145907							IL
145908							IL
145909							IL
145912							IL
145913							IL
145914							IL
145916							IL
145917							IL
145918							IL
145919							IL
145922							IL
145925							IL
145926							IL
145928							IL
145929							IL
145930							IL
145931							IL
145933							IL
145934							IL
145935							IL
145940							IL
145941							IL
145942							IL
145943							IL
145944							IL
145945							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
145946							IL
145947							IL
145948							IL
145951							IL
145954							IL
145955							IL
145956							IL
145957							IL
145959							IL
145960							IL
145961							IL
145962							IL
145963							IL
145964							IL
145967							IL
145968							IL
145969							IL
145970							IL
145972							IL
145973							IL
145974							IL
145975							IL
145976							IL
145977							IL
145979							IL
145983							IL
145984							IL
145985							IL
145986							IL
145987							IL
145989							IL
145992							IL
145995							IL
145996							IL
145998							IL
146001							IL
146002							IL
146006							IL
146007							IL
146008							IL
146011							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
146012							IL
146013							IL
146014							IL
146015							IL
146016							IL
146017							IL
146018							IL
146022							IL
146024							IL
146027							IL
146028							IL
146029							IL
146031							IL
146032							IL
146033							IL
146034							IL
146035							IL
146038							IL
146039							IL
146040							IL
146041							IL
146044							IL
146045							IL
146047							IL
146048							IL
146049							IL
146050							IL
146051							IL
146053							IL
146054							IL
146055							IL
146056							IL
146057							IL
146061							IL
146066							IL
146067							IL
146069							IL
146071							IL
146073							IL
146074							IL
146076							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
146077							IL
146078							IL
146079							IL
146080							IL
146081							IL
146082							IL
146083							IL
146084							IL
146085							IL
146086							IL
146087							IL
146088							IL
146090							IL
146091							IL
146092							IL
146095							IL
146096							IL
146097							IL
146098							IL
146099							IL
146101							IL
146102							IL
146103							IL
146104							IL
146105							IL
146106							IL
146107							IL
146108							IL
146109							IL
146110							IL
146111							IL
146112							IL
146113							IL
146114							IL
146115							IL
146116							IL
146117							IL
146118							IL
146119							IL
146120							IL
146121							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
146122							IL
146123							IL
146124							IL
146125							IL
146126							IL
146127							IL
146128							IL
146129							IL
146130							IL
146131							IL
146132							IL
146133							IL
146134							IL
146137							IL
146138							IL
146139							IL
146140							IL
146141							IL
146142							IL
146143							IL
146144							IL
146145							IL
146147							IL
146149							IL
146151							IL
146152							IL
146153							IL
146154							IL
146155							IL
146156							IL
146157							IL
146158							IL
146159							IL
146160							IL
146161							IL
146162							IL
146163							IL
146164							IL
146165							IL
146166							IL
146167							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
146168							IL
146169							IL
146170							IL
146171							IL
146172							IL
146173							IL
146174							IL
146175							IL
146176							IL
146177							IL
146178							IL
146179							IL
146180							IL
146181							IL
146182							IL
146183							IL
146184							IL
146185							IL
146186							IL
146187							IL
146188							IL
146189							IL
146190							IL
146191							IL
146192							IL
146193							IL
146194							IL
146195							IL
146197							IL
146198							IL
146696							IL
14U003							IL
14U004							IL
14U005							IL
14U012							IL
14U016							IL
14U024							IL
14U037							IL
14U042							IL
14U045							IL
14U059							IL

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
14U102							IL
14U109							IL
14U121							IL
14U129							IL
14U141							IL
14U165							IL
14U170							IL
14U171							IL
14U173							IL
14U190							IL
14U245							IL
14U271							IL
14U286							IL
155004							IN
155021							IN
155028							IN
155038							IN
155055							IN
155060							IN
155068							IN
155096							IN
155103							IN
155112							IN
155113							IN
155125							IN
155126							IN
155132							IN
155134							IN
155140							IN
155141							IN
155148							IN
155155							IN
155169							IN
155172							IN
155174							IN
155175							IN
155176							IN
155185							IN
155213							IN
155221							IN
155225							IN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
155227							IN
155256							IN
155267							IN
155273							IN
155284							IN
155285							IN
155293							IN
155296							IN
155300							IN
155301							IN
155307							IN
155310							IN
155314							IN
155315							IN
155316							IN
155317							IN
155318							IN
155320							IN
155325							IN
155326							IN
155328							IN
155340							IN
155341							IN
155342							IN
155346							IN
155352							IN
155360							IN
155363							IN
155365							IN
155366							IN
155368							IN
155369							IN
155371							IN
155372							IN
155391							IN
155393							IN
155394							IN
155395							IN
155403							IN
155405							IN
155407							IN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
155408							IN
155410							IN
155411							IN
155413							IN
155415							IN
155416							IN
155418							IN
155420							IN
155421							IN
155422							IN
155429							IN
155431							IN
155433							IN
155437							IN
155438							IN
155439							IN
155440							IN
155445							IN
155447							IN
155451							IN
155452							IN
155453							IN
155454							IN
155456							IN
155457							IN
155460							IN
155461							IN
155462							IN
155463							IN
155465							IN
155466							IN
155470							IN
155472							IN
155476							IN
155485							IN
155492							IN
155497							IN
155499							IN
155500							IN
155504							IN
155509							IN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
155512							IN
155513							IN
155514							IN
155517							IN
155518							IN
155529							IN
155533							IN
155534							IN
155536							IN
155537							IN
155540							IN
155541							IN
155544							IN
155545							IN
155548							IN
155550							IN
155552							IN
155553							IN
155554							IN
155558							IN
155559							IN
155560							IN
155562							IN
155563							IN
155575							IN
155577							IN
155584							IN
155585							IN
155588							IN
155590							IN
155591							IN
155592							IN
155595							IN
155597							IN
155598							IN
155599							IN
155601							IN
155602							IN
155603							IN
155609							IN
155610							IN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
155612							IN
155613							IN
155615							IN
155619							IN
155622							IN
155623							IN
155624							IN
155626							IN
155629							IN
155633							IN
155634							IN
155638							IN
155639							IN
155640							IN
155641							IN
155642							IN
155643							IN
155644							IN
155645							IN
155646							IN
155647							IN
155648							IN
155652							IN
155656							IN
155663							IN
155697							IN
155706							IN
155709							IN
155713							IN
155716							IN
155722							IN
155731							IN
155737							IN
155739							IN
155748							IN
155749							IN
155781							IN
155784							IN
15U013							IN
15U019							IN
15U027							IN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
15U031							IN
15U036							IN
15U039							IN
15U052							IN
15U060							IN
15U062							IN
15U066							IN
15U070							IN
15U071							IN
15U078							IN
15U081							IN
15U094							IN
15U096							IN
15U098							IN
15U102							IN
15U111							IN
15U123							IN
15U124							IN
15U130							IN
15U146							IN
165018							IA
165024							IA
165086							IA
165117							IA
165122							IA
165123							IA
165124							IA
165125							IA
165126							IA
165127							IA
165128							IA
165129							IA
165132							IA
165133							IA
165136							IA
165137							IA
165138							IA
165139							IA
165141							IA
165142							IA
165143							IA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
165144							IA
165159							IA
165160							IA
165164							IA
165166							IA
165182							IA
165194							IA
165200							IA
165212							IA
165216							IA
165218							IA
165229							IA
165244							IA
165250							IA
165258							IA
165276							IA
165277							IA
165289							IA
165302							IA
165309							MN
165315							IA
165317							IA
165319							IA
165320							MN
165321							IA
165348							IA
165360							IA
165378							IA
165384							IA
165392							IA
165393							IA
165400							IA
165407							IA
165409							IA
165410							IA
165415							IA
165417							IA
165419							IA
165422							IA
165429							IA
165459							IA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
165464							IA
165477							IA
165505							IA
165506							IA
165507							MN
165526							IA
165533							IA
165534							IA
165544							IA
165551							IA
165560							IA
165564							IA
165571							IA
165588							IA
165596							IA
165608							IA
16U002							IA
16U003							IA
16U009							IA
16U012							IA
16U013							IA
16U014							IA
16U020							IA
16U026							IA
16U031							IA
16U034							IA
16U037							IA
16U039							IA
16U043							IA
16U044							IA
16U048							IA
16U049							IA
16U050							IA
16U054							IA
16U061							IA
16U066							IA
16U072							IA
16U074							IA
16U076							IA
16U081							IA
16U090							IA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
16U091							IA
16U092							IA
16U093							IA
16U106							IA
16U107							IA
16U109							IA
16U113							IA
16U114							IA
16U115							IA
16U116							IA
16U118							IA
16U126							IA
16U130							IA
16U131							IA
16U140							IA
16U143							IA
16U154							IA
175042							KS
175099							KS
175102							KS
175137							KS
175142							KS
175143							KS
175144							KS
175148							KS
175150							KS
175152							KS
175153							KS
175156							KS
175160							KS
175161							KS
175164							KS
175166							KS
175170							KS
175177							KS
175178							KS
175179							KS
175186							KS
175192							KS
175193							KS
175196							KS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
175197							KS
175198							KS
175203							KS
175209							KS
175212							KS
175217							KS
175222							KS
175225							KS
175227							KS
175230							KS
175234							KS
175237							KS
175247							KS
175251							KS
175252							KS
175259							KS
175262							KS
175264							KS
175269							KS
175271							KS
175273							KS
175283							KS
175288							KS
175289							KS
175296							KS
175307							KS
175308							KS
175312							KS
175314							KS
175318							KS
175321							KS
175325							KS
175326							KS
175329							KS
175330							KS
175331							KS
175339							KS
175341							KS
175342							KS
175345							KS
175349							KS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
175352							KS
175358							KS
175364							KS
175365							KS
175367							KS
175368							KS
175371							KS
175378							KS
175382							KS
175388							KS
175398							KS
175400							KS
175405							KS
175408							KS
175416							KS
175421							KS
175427							KS
175428							KS
175430							KS
175432							KS
175436							KS
175438							KS
175442							KS
175443							KS
175447							KS
175449							KS
175453							KS
175458							KS
175460							KS
175461							KS
175462							KS
175469							KS
175479							KS
175482							KS
175483							KS
175485							KS
175486							KS
175493							KS
175495							KS
175510							KS
175518							KS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
175523							KS
175535							KS
175537							KS
17U001							KS
17U008							KS
17U010							KS
17U015							KS
17U018							KS
17U022							KS
17U023							KS
17U024							KS
17U025							KS
17U026							KS
17U030							KS
17U033							KS
17U034							KS
17U041							KS
17U052							KS
17U054							KS
17U056							KS
17U060							KS
17U070							KS
17U076							KS
17U077							KS
17U080							KS
17U082							KS
17U084							KS
17U085							KS
17U090							KS
17U093							KS
17U094							KS
17U095							KS
17U097							KS
17U098							KS
17U099							KS
17U101							KS
17U113							KS
17U114							KS
17U116							KS
17U143							KS
17U146							KS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
17U151							KS
183031							KY
185017							KY
185061							KY
185067							KY
185075							KY
185087							KY
185099							KY
185109							KY
185116							KY
185129							KY
185135							KY
185173							KY
185179							KY
185181							KY
185196							KY
185198							KY
185202							KY
185204							KY
185206							KY
185212							KY
185216							KY
185219							KY
185221							KY
185223							KY
185224							KY
185233							KY
185247							KY
185251							KY
185252							KY
185255							KY
185262							KY
185266							KY
185272							KY
185278							KY
185280							KY
185289							KY
185292							KY
185296							KY
185302							KY
185303							KY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
185307							KY
185316							KY
185319							KY
185321							KY
185323							KY
185324							KY
185329							KY
185330							KY
185331							KY
185336							KY
185338							KY
185339							KY
185345							KY
185347							KY
185351							KY
185352							KY
185353							KY
185354							KY
185356							KY
185357							KY
185365							KY
185377							KY
185380							KY
185385							KY
185386							KY
185390							KY
185393							KY
185395							KY
185397							KY
185402							KY
185404							KY
185406							KY
185412							KY
185416							KY
185417							KY
185420							KY
185421							KY
185424							KY
185425							KY
185426							KY
185429							KY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
185432							KY
185439							KY
185441							KY
185445							KY
185448							KY
185450							KY
185452							KY
185457							KY
185458							KY
185460							KY
18U021							KY
18U026							KY
18U028							KY
18U041							KY
18U047							KY
18U053							KY
18U054							KY
18U063							KY
18U099							KY
18U108							KY
18U117							KY
18U118							KY
18U121							KY
18U126							KY
18U127							KY
18U129							KY
18U134							KY
18U154							KY
18Z305							KY
18Z322							KY
195165							LA
195172							LA
195175							LA
195179							LA
195182							LA
195190							LA
195197							LA
195198							LA
195202							LA
195205							LA
195206							LA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
195209							LA
195222							LA
195223							LA
195224							LA
195225							LA
195226							LA
195229							LA
195230							LA
195233							LA
195239							LA
195251							LA
195252							LA
195254							LA
195260							LA
195262							LA
195263							LA
195264							LA
195267							LA
195268							LA
195270							LA
195271							LA
195273							LA
195277							LA
195280							LA
195282							LA
195284							LA
195285							LA
195286							LA
195287							LA
195288							LA
195289							LA
195290							LA
195292							LA
195294							LA
195298							LA
195299							LA
195300							LA
195306							LA
195308							LA
195311							LA
195317							LA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
195320							LA
195322							LA
195330							LA
195331							LA
195332							LA
195334							LA
195335							LA
195337							LA
195338							LA
195340							LA
195345							LA
195347							LA
195351							LA
195352							LA
195355							LA
195357							LA
195360							LA
195364							LA
195366							LA
195367							LA
195368							LA
195370							LA
195371							LA
195375							LA
195377							LA
195379							LA
195383							LA
195384							LA
195387							LA
195391							LA
195400							LA
195402							LA
195409							LA
195415							LA
195418							LA
195419							LA
195421							LA
195427							LA
195429							LA
195433							LA
195434							LA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
195435							LA
195436							LA
195440							LA
195441							LA
195444							LA
195448							LA
195450							LA
195451							LA
195453							LA
195457							LA
195462							LA
195465							LA
195468							LA
195470							LA
195474							LA
195475							LA
195495							LA
195503							LA
195511							LA
195514							LA
195534							LA
195540							LA
195548							LA
195569							LA
195576							LA
195581							LA
195607							LA
195609							LA
195616							LA
195626							LA
195627							LA
19U010							LA
19U018							LA
19U037							LA
19U043							LA
19U048							LA
19U049							LA
19U077							LA
19U078							LA
19U083							LA
19U089							LA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
19U109							LA
19U110							LA
19U130							LA
19U131							LA
19U147							LA
19U148							LA
19U149							LA
19U177							LA
19U191							LA
19U240							LA
19W022							LA
19Z312							LA
205001							ME
205007							ME
205049							ME
205056							ME
205057							ME
205058							ME
205071							ME
205081							ME
205084							ME
205088							ME
205089							ME
205093							ME
205094							ME
205096							ME
205099							ME
205102							ME
205104							ME
205107							ME
205110							ME
205119							ME
205141							ME
205142							ME
205144							ME
205147							ME
205150							ME
205152							ME
205163							ME
205167							ME
205169							ME

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
205171							ME
205173							ME
205182							ME
205183							ME
205186							ME
205188							ME
205189							ME
20U002							ME
20U003							ME
20U009							ME
20U019							ME
20U020							ME
20U024							ME
20U032							ME
20U037							ME
20U063							ME
215002							MD
215003							MD
215018							MD
215059							MD
215061							MD
215068							MD
215079							MD
215087							MD
215089							MD
215104							MD
215162							MD
215167							MD
215169							MD
215170							MD
215172							MD
215205							MD
215208							MD
215213							MD
215214							MD
215222							MD
215238							MD
215242							MD
215243							MD
215248							MD
215251							MD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
215254							MD
215257							MD
215263							MD
215274							MD
215279							MD
215280							MD
215282							MD
215284							MD
215286							MD
215288							MD
215290							MD
215292							MD
215293							MD
215294							MD
215295							MD
215296							MD
215298							MD
215303							MD
215305							MD
215306							MD
215309							MD
215311							MD
215317							MD
215318							MD
215319							MD
215322							MD
215332							MD
215333							MD
215334							MD
215342							MD
215354							MD
225007							MA
225013							MA
225023							MA
225027							MA
225039							MA
225042							MA
225056							MA
225161							MA
225202							MA
225205							MA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
225206							MA
225214							MA
225220							MA
225228							MA
225235							MA
225238							MA
225243							MA
225244							MA
225258							MA
225261							MA
225292							MA
225308							MA
225311							MA
225316							MA
225336							MA
225340							MA
225347							MA
225351							MA
225358							MA
225359							MA
225362							MA
225364							MA
225365							MA
225368							MA
225372							MA
225381							MA
225384							MA
225391							MA
225396							MA
225397							MA
225399							MA
225407							MA
225410							MA
225424							MA
225427							MA
225428							MA
225441							MA
225446							MA
225447							MA
225450							MA
225460							MA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
225462							MA
225479							MA
225487							MA
225496							MA
225498							MA
225502							MA
225507							MA
225519							MA
225521							MA
225524							MA
225526							MA
225542							MA
225550							MA
225551							MA
225554							MA
225561							MA
225563							MA
225565							MA
225566							MA
225570							MA
225572							MA
225575							MA
225579							MA
225580							MA
225582							MA
225583							MA
225588							MA
225590							MA
225593							MA
225595							MA
225600							MA
225601							MA
225602							MA
225604							MA
225605							MA
225606							MA
225611							MA
225614							MA
225617							MA
225618							MA
225620							MA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
225625							MA
225627							MA
225628							MA
225629							MA
225631							MA
225632							MA
225633							MA
225635							MA
225638							MA
225646							MA
225647							MA
225649							MA
225652							MA
225657							MA
225658							MA
225660							MA
225664							MA
225665							MA
225669							MA
225670							MA
225671							MA
225673							MA
225675							MA
225676							MA
225677							MA
225678							MA
225681							MA
225685							MA
225686							MA
225693							MA
225696							MA
225698							MA
225699							MA
225701							MA
225702							MA
225703							MA
225705							MA
225706							MA
225707							MA
225708							MA
225709							MA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
225711							MA
225712							MA
225713							MA
225715							MA
225716							MA
225726							MA
225728							MA
225729							MA
225730							MA
225733							MA
225734							MA
225741							MA
225742							MA
225744							MA
225745							MA
225746							MA
225751							MA
225753							MA
225754							MA
225761							MA
225765							MA
225784							MA
22U038							MA
235002							MI
235003							MI
235005							MI
235008							MI
235009							MI
235010							MI
235011							MI
235013							MI
235014							MI
235015							MI
235019							MI
235021							MI
235025							MI
235026							MI
235027							MI
235028							MI
235031							MI
235033							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235035							MI
235036							MI
235037							MI
235038							MI
235039							MI
235044							MI
235052							MI
235055							MI
235058							MI
235062							MI
235065							MI
235067							MI
235069							MI
235072							MI
235075							MI
235076							MI
235087							MI
235088							MI
235089							MI
235094							MI
235102							MI
235120							MI
235123							MI
235126							MI
235131							MI
235144							MI
235147							MI
235150							MI
235155							MI
235157							MI
235164							MI
235170							MI
235171							MI
235174							MI
235177							MI
235179							MI
235181							MI
235196							MI
235197							MI
235201							MI
235213							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235223							MI
235224							MI
235225							MI
235230							MI
235236							MI
235237							MI
235238							MI
235242							MI
235244							MI
235245							MI
235249							MI
235250							MI
235252							MI
235253							MI
235257							MI
235262							MI
235263							MI
235264							MI
235269							MI
235270							MI
235271							MI
235272							MI
235273							MI
235274							MI
235287							MI
235289							MI
235290							MI
235294							MI
235296							MI
235298							MI
235299							MI
235300							MI
235301							MI
235302							MI
235304							MI
235306							MI
235309							MI
235310							MI
235311							MI
235312							MI
235313							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235319							MI
235320							MI
235321							MI
235322							MI
235325							MI
235327							MI
235329							MI
235331							MI
235332							MI
235333							MI
235335							MI
235339							MI
235340							MI
235342							MI
235343							MI
235345							MI
235347							MI
235352							MI
235354							MI
235355							MI
235356							MI
235357							MI
235360							MI
235366							MI
235367							MI
235369							MI
235370							MI
235371							MI
235372							MI
235373							MI
235375							MI
235376							MI
235377							MI
235378							MI
235380							MI
235382							MI
235383							MI
235385							MI
235389							MI
235394							MI
235396							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235398							MI
235400							MI
235402							MI
235408							MI
235412							MI
235414							MI
235416							MI
235418							MI
235420							MI
235421							MI
235422							MI
235423							MI
235427							MI
235429							MI
235430							MI
235432							MI
235433							MI
235434							MI
235438							MI
235440							MI
235442							MI
235444							MI
235446							MI
235450							MI
235452							MI
235453							MI
235454							MI
235455							MI
235456							MI
235458							MI
235462							MI
235463							MI
235464							MI
235465							MI
235467							MI
235468							MI
235469							MI
235470							MI
235473							MI
235475							MI
235476							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235477							MI
235479							MI
235480							MI
235481							MI
235483							MI
235484							MI
235486							MI
235488							MI
235489							MI
235491							MI
235492							MI
235496							MI
235497							MI
235498							MI
235499							MI
235500							MI
235502							MI
235503							MI
235505							MI
235506							MI
235507							MI
235509							MI
235512							MI
235513							MI
235514							MI
235515							MI
235518							MI
235519							MI
235522							MI
235525							MI
235526							MI
235527							MI
235528							MI
235530							MI
235532							MI
235533							MI
235534							MI
235535							MI
235537							MI
235538							MI
235540							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235543							MI
235544							MI
235545							MI
235549							MI
235550							MI
235551							MI
235554							MI
235555							MI
235556							MI
235557							MI
235558							MI
235560							MI
235562							MI
235563							MI
235564							MI
235565							MI
235568							MI
235571							MI
235573							MI
235574							MI
235575							MI
235576							MI
235578							MI
235579							MI
235581							MI
235582							MI
235584							MI
235586							MI
235587							MI
235588							MI
235589							MI
235591							MI
235592							MI
235594							MI
235595							MI
235597							MI
235599							MI
235600							MI
235601							MI
235603							MI
235610							MI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
235612							MI
235614							IL
235616							MI
235621							MI
235622							MI
235623							MI
235625							MI
235627							MI
235629							MI
235631							MI
235637							MI
235645							MI
235653							MI
235657							MI
235723							MI
23U001							MI
23U006							MI
23U035							MI
23U040							MI
23U082							MI
23U101							MI
23U103							MI
23U106							MI
23U110							MI
23U124							MI
23U143							MI
23U145							MI
23U149							MI
23U153							MI
23U155							MI
23U259							MI
23Z317							MI
23Z333							MI
245003							MN
245009							MN
245012							MN
245018							MN
245024							MN
245028							MN
245039							MN
245045							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245055							MN
245063							MN
245067							MN
245071							MN
245077							MN
245083							MN
245089							MN
245090							MN
245097							MN
245102							MN
245114							MN
245119							MN
245120							MN
245127							MN
245138							MN
245147							MN
245152							MN
245153							MN
245159							MN
245162							MN
245164							MN
245170							MN
245176							MN
245178							MN
245182							MN
245183							MN
245186							MN
245187							MN
245189							MN
245200							MN
245203							MN
245205							MN
245210							MN
245212							MN
245213							MN
245215							MN
245218							MN
245223							MN
245224							MN
245225							MN
245227							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245228							MN
245231							MN
245232							MN
245233							MN
245235							MN
245236							MN
245238							MN
245239							MN
245240							MN
245241							MN
245243							MN
245244							MN
245245							MN
245246							MN
245247							MN
245249							MN
245250							MN
245251							MN
245252							MN
245253							MN
245254							MN
245255							MN
245256							MN
245257							MN
245258							MN
245259							MN
245260							MN
245261							MN
245262							MN
245263							MN
245264							MN
245265							MN
245266							MN
245267							MN
245269							MN
245271							MN
245272							MN
245275							MN
245276							MN
245277							MN
245280							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245281							MN
245282							MN
245283							MN
245284							MN
245286							MN
245287							MN
245289							MN
245291							MN
245292							MN
245294							MN
245295							MN
245299							MN
245300							MN
245301							MN
245303							MN
245304							MN
245305							MN
245307							MN
245308							MN
245309							MN
245310							MN
245311							MN
245312							MN
245315							MN
245316							MN
245320							MN
245321							MN
245322							MN
245325							MN
245326							MN
245327							MN
245328							MN
245329							MN
245330							MN
245331							MN
245333							MN
245334							MN
245338							MN
245339							MN
245340							MN
245341							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245343							MN
245344							MN
245345							MN
245346							MN
245347							MN
245349							MN
245350							MN
245351							MN
245352							MN
245353							MN
245354							MN
245355							MN
245356							MN
245357							MN
245358							MN
245359							MN
245360							MN
245361							MN
245362							MN
245363							MN
245364							MN
245365							MN
245366							MN
245367							MN
245368							MN
245369							MN
245370							MN
245371							MN
245372							MN
245373							MN
245374							MN
245375							MN
245376							MN
245377							MN
245378							MN
245379							MN
245380							MN
245381							MN
245382							MN
245383							MN
245384							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245385							MN
245387							MN
245388							MN
245389							MN
245390							MN
245391							MN
245392							MN
245393							MN
245395							MN
245396							MN
245397							MN
245398							MN
245399							MN
245401							MN
245402							MN
245404							MN
245405							MN
245406							MN
245407							MN
245409							MN
245410							MN
245411							MN
245412							MN
245413							MN
245414							MN
245415							MN
245416							MN
245417							MN
245418							MN
245419							MN
245420							MN
245421							MN
245422							MN
245423							MN
245424							MN
245425							MN
245426							MN
245427							MN
245428							MN
245429							MN
245430							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245431							MN
245432							MN
245433							MN
245434							MN
245435							MN
245436							MN
245437							MN
245438							MN
245439							MN
245440							MN
245442							MN
245444							MN
245445							MN
245446							MN
245447							MN
245448							MN
245449							MN
245450							MN
245451							MN
245452							MN
245453							MN
245454							MN
245456							MN
245457							MN
245458							MN
245459							MN
245460							MN
245461							MN
245462							MN
245463							MN
245464							MN
245465							MN
245466							MN
245467							MN
245468							MN
245469							MN
245470							MN
245471							MN
245473							MN
245474							MN
245475							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245477							MN
245478							MN
245482							MN
245483							MN
245484							MN
245485							MN
245486							MN
245487							MN
245489							MN
245490							MN
245491							MN
245492							MN
245493							MN
245494							MN
245495							MN
245496							MN
245499							MN
245501							MN
245502							MN
245504							MN
245505							MN
245506							MN
245507							MN
245508							MN
245509							MN
245510							MN
245511							MN
245512							MN
245513							MN
245514							MN
245515							MN
245516							MN
245517							MN
245518							MN
245519							MN
245520							MN
245521							MN
245522							MN
245524							MN
245525							MN
245528							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245529							MN
245530							MN
245531							MN
245533							MN
245534							MN
245536							MN
245537							MN
245538							MN
245539							MN
245541							MN
245542							MN
245543							MN
245544							MN
245545							MN
245546							MN
245547							MN
245548							MN
245551							MN
245552							MN
245553							MN
245554							MN
245555							MN
245556							MN
245557							MN
245559							MN
245561							MN
245562							MN
245563							MN
245564							MN
245565							MN
245566							MN
245567							MN
245569							MN
245570							MN
245572							MN
245573							MN
245574							MN
245575							MN
245576							MN
245577							MN
245578							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245579							MN
245580							MN
245581							MN
245582							MN
245583							MN
245584							MN
245585							MN
245586							MN
245587							MN
245588							MN
245589							MN
245590							MN
245592							MN
245594							MN
245596							MN
245597							MN
245599							MN
245601							MN
245602							MN
245603							MN
245604							MN
245605							MN
245606							MN
245607							MN
245608							MN
245609							MN
245610							MN
245611							MN
245612							MN
245613							MN
245614							MN
245615							MN
245616							MN
245617							MN
245618							MN
245619							MN
245620							MN
245621							MN
245622							MN
245623							MN
245624							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
245625							MN
245626							MN
245627							MN
245628							MN
245629							MN
245630							MN
245631							MN
245632							MN
245633							MN
245634							MN
245635							MN
245636							MN
245637							MN
24U005							MN
24U007							MN
24U008							MN
24U011							MN
24U013							MN
24U016							MN
24U021							MN
24U022							MN
24U023							MN
24U025							MN
24U027							MN
24U029							MN
24U031							MN
24U044							MN
24U045							MN
24U050							MN
24U059							MN
24U077							MN
24U079							MN
24U083							MN
24U086							MN
24U087							MN
24U089							MN
24U090							MN
24U099							MN
24U103							MN
24U107							MN
24U109							MN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
24U110							MN
24U111							MN
24U116							MN
24U117							MN
24U121							MN
24U122							MN
24U123							MN
24U124							MN
24U127							MN
24U128							MN
24U133							MN
24U137							MN
24U139							MN
24U141							MN
24U143							MN
24U144							MN
24U145							MN
24U146							MN
24U152							MN
24U153							MN
24U154							MN
24U157							MN
24U162							MN
24U170							MN
24U171							MN
24U179							MN
24U187							MN
24U193							MN
24U211							MN
255094							MS
255122							MS
255129							MS
255131							MS
255133							MS
255134							MS
255144							MS
255147							MS
255151							MS
255152							MS
255157							MS
255165							MS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
255170							MS
255176							MS
255177							MS
255178							MS
255180							MS
255183							MS
255184							MS
255186							MS
255188							MS
255189							MS
255190							MS
255193							MS
255194							MS
255195							MS
255196							MS
255197							MS
255198							MS
255199							MS
255200							MS
255201							MS
255202							MS
255203							MS
255204							MS
255205							MS
255208							MS
255209							MS
255223							MS
255224							MS
255225							MS
255230							MS
255231							MS
255235							MS
255238							MS
255239							MS
255240							MS
255241							MS
255242							MS
255245							MS
255246							MS
255248							MS
255254							MS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
255255							MS
255256							MS
255258							MS
255295							MS
255298							MS
25U003							MS
25U010							MS
25U021							MS
25U023							MS
25U037							MS
25U039							MS
25U051							MS
25U059							MS
25U065							MS
25U066							MS
25U068							MS
25U071							MS
25U083							MS
25U088							MS
25U089							MS
25U098							MS
25U101							MS
25U105							MS
25U107							MS
25U109							MS
25U119							MS
25U120							MS
25U122							MS
25U128							MS
25U131							MS
25U146							MS
25U149							MS
25U154							MS
25U159							MS
25U164							MS
265005							MO
265007							MO
265008							MO
265010							MO
265016							MO
265022							MO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
265049							MO
265074							MO
265099							MO
265101							MO
265127							MO
265132							MO
265137							MO
265150							MO
265151							MO
265154							MO
265170							MO
265172							MO
265187							MO
265194							MO
265196							MO
265197							MO
265203							MO
265226							MO
265227							MO
265232							MO
265233							MO
265243							MO
265252							MO
265259							MO
265261							MO
265264							MO
265265							MO
265268							MO
265270							MO
265272							MO
265273							MO
265276							MO
265277							MO
265280							MO
265282							MO
265283							MO
265284							MO
265286							MO
265287							MO
265290							MO
265291							MO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
265292							MO
265296							MO
265298							MO
265300							MO
265303							MO
265305							MO
265306							MO
265311							MO
265313							MO
265314							MO
265315							MO
265317							MO
265323							MO
265329							MO
265334							MO
265346							MO
265349							MO
265350							MO
265376							MO
265380							MO
265391							MO
265397							MO
265399							MO
265413							MO
265422							MO
265426							MO
265432							MO
265436							MO
265445							MO
265448							MO
265449							MO
265458							MO
265459							MO
265465							MO
265467							MO
265483							MO
265487							MO
265488							MO
265490							MO
265499							MO
265502							MO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
265507							MO
265511							MO
265515							MO
265525							MO
265527							MO
265540							MO
265541							MO
265542							MO
265543							MO
265544							MO
265560							MO
265562							MO
265563							MO
265567							MO
265569							MO
265570							MO
265575							MO
265576							MO
265584							MO
265587							MO
265588							MO
265592							MO
265596							MO
265601							MO
265602							MO
265603							MO
265604							MO
265612							MO
265613							MO
265616							MO
265622							MO
265628							MO
265630							MO
265631							MO
265635							MO
265640							MO
265641							MO
265642							MO
265650							MO
265653							MO
265658							MO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
265659							MO
265660							MO
265662							MO
265671							MO
265673							MO
265675							MO
265684							MO
265685							MO
265686							MO
265689							MO
265691							MO
265692							MO
265695							MO
265722							MO
265723							MO
265724							MO
265726							MO
265741							MO
265750							MO
265789							MO
265790							MO
265809							MO
265815							MO
265818							MO
26U003							MO
26U012							MO
26U013							MO
26U018							MO
26U029							MO
26U035							MO
26U036							MO
26U044							MO
26U053							MO
26U063							MO
26U067							MO
26U073							MO
26U080							MO
26U086							MO
26U115							MO
26U116							MO
26U122							MO

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
26U123							MO
26U127							MO
26U134							MO
26U147							MO
26U164							MO
26U172							MO
26U218							MO
26U228							MO
26Z307							MO
26Z310							MO
26Z330							MO
275006							MT
275048							MT
275051							MT
275059							MT
275062							MT
275063							MT
275064							MT
275075							MT
275083							MT
275086							MT
275088							MT
275092							MT
275095							MT
275097							MT
275098							MT
275099							MT
275105							MT
275113							MT
275118							MT
275137							MT
275138							MT
275139							MT
275140							MT
275142							MT
275145							MT
275146							MT
275150							MT
275151							MT
275152							MT
275154							MT

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
275156							MT
27U002							MT
27U004							MT
27U007							MT
27U009							MT
27U011							MT
27U016							MT
27U021							MT
27U026							MT
27U027							MT
27U040							MT
27U048							MT
27U050							MT
27U057							MT
27U060							MT
27U063							MT
27U073							MT
27U079							MT
27U081							MT
27U082							MT
27U084							MT
285010							NE
285011							NE
285058							IL
285079							NE
285086							NE
285121							NE
285122							NE
285123							NE
285129							NE
285136							NE
285155							NE
285162							NE
285171							NE
285179							NE
285180							MN
285181							NE
285182							NE
285184							NE
285188							NE
285194							NE

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
285199							NE
285205							NE
285211							NE
285214							NE
285217							NE
285223							NE
285227							NE
285233							NE
285234							NE
285236							NE
285244							NE
285251							NE
285255							NE
285625							NE
28U015							NE
28U021							NE
28U024							NE
28U047							NE
28U054							NE
28U057							NE
28U075							NE
28U089							NE
28U108							NE
28U117							NE
28U118							NE
28U123							NE
295002							NV
295015							NV
295022							NV
295025							NV
295032							NV
295034							NV
295035							NV
295038							NV
295039							NV
295042							NV
295049							NV
295053							NV
295056							NV
295057							NV
295058							NV

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
295059							NV
295060							NV
295061							NV
295062							NV
295065							NV
295069							NV
295074							NV
295108							NV
295109							NV
295110							NV
29U002							NV
29U020							NV
29U027							NV
305019							NH
305021							NH
305023							NH
305026							NH
305033							NH
305090							NH
305098							NH
305103							NH
30U001							NH
30U006							NH
30U007							NH
30U009							NH
30U010							NH
30U013							NH
30U015							NH
30U016							NH
30U022							NH
30U024							NH
315007							NJ
315011							NJ
315032							NJ
315075							NJ
315100							NJ
315107							NJ
315116							NJ
315150							NJ
315172							NJ
315175							NJ

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
315188							NJ
315197							NJ
315211							NJ
315239							NJ
315250							NJ
315258							NJ
315278							NJ
315281							NJ
315285							NJ
315292							NJ
315296							NJ
315301							NJ
315323							NJ
315325							NJ
315326							NJ
315345							NJ
315358							NJ
315368							NJ
315371							NJ
315373							NJ
315379							NJ
315380							NJ
315385							NJ
315391							NJ
315395							NJ
315398							NJ
315399							NJ
315400							NJ
315401							NJ
315403							NJ
315406							NJ
315407							NJ
315408							NJ
315411							NJ
315412							NJ
315415							NJ
315420							NJ
315424							NJ
315430							NJ
315432							NJ
315440							NJ

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
315443							NJ
315444							NJ
315446							NJ
315447							NJ
315450							NJ
315470							NJ
315474							NJ
315481							NJ
315484							NJ
315489							NJ
315493							NJ
315498							NJ
325007							NM
325041							NM
325050							NM
325051							NM
325063							NM
325072							NM
325081							NM
325082							NM
325089							NM
325090							NM
325093							NM
325094							NM
325096							NM
325097							NM
325106							NM
325107							NM
325109							NM
325112							NM
325115							NM
32U013							NM
32U022							NM
32U046							NM
32U068							NM
32U069							NM
32Z305							NM
335001							NY
335004							NY
335010							NY
335013							NY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
335047							NY
335071							NY
335072							NY
335073							NY
335076							NY
335094							NY
335095							NY
335118							NY
335171							NY
335172							NY
335181							NY
335186							NY
335189							NY
335200							NY
335203							NY
335205							NY
335206							NY
335217							NY
335222							NY
335230							NY
335234							NY
335235							NY
335237							NY
335244							NY
335260							NY
335293							NY
335298							NY
335302							NY
335303							NY
335307							NY
335314							NY
335319							NY
335324							NY
335343							NY
335352							NY
335354							NY
335356							NY
335359							NY
335360							NY
335368							NY
335377							NY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
335385							NY
335417							NY
335420							NY
335425							NY
335442							NY
335443							NY
335450							NY
335456							NY
335461							NY
335472							NY
335479							NY
335496							NY
335509							NY
335511							NY
335519							NY
335535							NY
335536							NY
335542							NY
335547							NY
335550							NY
335551							NY
335552							NY
335553							NY
335567							NY
335580							NY
335584							NY
335585							NY
335591							NY
335594							NY
335602							NY
335605							NY
335608							NY
335616							NY
335622							NY
335651							NY
335658							NY
335660							NY
335664							NY
335670							NY
335671							NY
335679							NY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
335683							NY
335686							NY
335705							NY
335707							NY
335708							NY
335717							NY
335722							NY
335728							NY
335733							NY
335741							NY
335743							NY
335749							NY
335759							NY
335773							NY
335776							NY
335781							NY
335783							NY
335804							NY
335807							NY
335813							NY
335836							NY
335841							NY
335852							NY
335855							NY
335866							NY
335867							NY
335877							NY
335878							NY
33U010							NY
33U011							NY
33U016							NY
33U020							NY
33U044							NY
33U047							NY
33U053							NY
33U057							NY
33U058							NY
33U062							NY
33U090							NY
33U097							NY
33U104							NY

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
33U114							NY
33U121							NY
33U140							NY
33U148							NY
33U160							NY
33U177							NY
33U180							NY
33U191							NY
33U201							NY
33U203							NY
33U208							NY
33U213							NY
33U214							NY
33U215							NY
33U218							NY
33U235							NY
33U241							NY
33U245							NY
33U263							NY
33U277							NY
345000							NC
345004							NC
345012							NC
345016							NC
345033							NC
345084							NC
345085							NC
345103							NC
345120							NC
345136							NC
345140							NC
345178							NC
345192							NC
345224							NC
345231							NC
345239							NC
345242							NC
345248							NC
345251							NC
345256							NC
345259							NC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
345272							NC
345275							NC
345276							NC
345282							NC
345295							NC
345300							NC
345307							NC
345308							NC
345318							NC
345320							NC
345338							NC
345346							NC
345347							NC
345352							NC
345354							NC
345360							NC
345368							NC
345374							NC
345379							NC
345382							NC
345387							NC
345394							NC
345422							NC
345424							NC
345430							NC
345435							NC
345440							NC
345444							NC
345451							NC
345452							NC
345455							NC
345456							NC
345461							NC
345462							NC
345469							NC
345470							NC
345476							NC
345480							NC
345485							NC
345486							NC
345488							NC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
345497							NC
345498							NC
345517							NC
345521							NC
345522							NC
345524							NC
345527							NC
345536							NC
345540							NC
345552							NC
34U003							NC
34U005							NC
34U011							NC
34U012							NC
34U018							NC
34U019							NC
34U022							NC
34U024							NC
34U037							NC
34U044							NC
34U045							NC
34U052							NC
34U060							NC
34U069							NC
34U072							NC
34U084							NC
34U087							NC
34U097							NC
34U104							NC
34U106							NC
34U107							NC
34U112							NC
34U121							NC
34U124							NC
34U127							NC
34U146							NC
34U158							NC
34U159							NC
34U173							NC
34U187							NC
34U188							NC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
355032							ND
355045							ND
355055							ND
355056							ND
355062							ND
355068							ND
355073							ND
355075							ND
355083							ND
355088							ND
355098							ND
355105							ND
355118							ND
355119							ND
355120							ND
355121							ND
355128							ND
355129							ND
35U003							ND
35U009							ND
35U010							ND
35U014							ND
35U017							ND
35U027							ND
35U030							ND
35U058							ND
35U061							ND
365002							OH
365011							OH
365034							OH
365053							OH
365056							OH
365066							OH
365080							OH
365108							OH
365117							OH
365126							OH
365167							OH
365193							OH
365210							OH
365225							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
365233							OH
365263							OH
365270							OH
365274							OH
365276							OH
365283							OH
365307							OH
365308							OH
365328							OH
365334							OH
365356							OH
365371							OH
365380							MN
365415							OH
365439							OH
365442							OH
365449							OH
365454							OH
365464							OH
365468							OH
365473							OH
365491							OH
365503							OH
365519							OH
365523							OH
365526							OH
365529							OH
365536							OH
365542							OH
365543							OH
365546							OH
365548							OH
365550							OH
365596							OH
365602							OH
365613							OH
365622							OH
365649							OH
365650							OH
365660							OH
365664							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
365671							OH
365678							OH
365692							OH
365700							OH
365703							OH
365709							OH
365710							OH
365719							OH
365720							OH
365728							OH
365749							OH
365761							OH
365765							OH
365778							OH
365782							OH
365788							OH
365790							OH
365797							OH
365801							OH
365803							OH
365804							OH
365805							OH
365806							OH
365816							OH
365824							OH
365840							OH
365842							OH
365846							OH
365850							OH
365852							OH
365854							OH
365857							OH
365861							OH
365863							OH
365866							OH
365868							OH
365869							OH
365871							OH
365872							OH
365873							OH
365884							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
365895							OH
365901							OH
365903							OH
365905							OH
365908							OH
365909							OH
365910							OH
365912							OH
365913							OH
365915							OH
365916							OH
365917							OH
365918							OH
365919							OH
365921							OH
365923							OH
365930							OH
365931							OH
365935							OH
365938							OH
365941							OH
365944							OH
365948							OH
365951							OH
365954							OH
365955							OH
365957							OH
365958							OH
365959							OH
365960							OH
365964							OH
365965							OH
365966							OH
365971							OH
365982							OH
365983							OH
365985							OH
365989							OH
365992							OH
366005							OH
366006							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
366007							OH
366018							OH
366019							OH
366020							OH
366029							OH
366030							OH
366038							OH
366054							OH
366055							OH
366059							OH
366063							OH
366064							OH
366065							OH
366070							OH
366082							OH
366083							OH
366086							OH
366089							OH
366090							OH
366105							OH
366117							OH
366119							OH
366121							OH
366126							OH
366132							OH
366133							OH
366136							OH
366137							OH
366138							OH
366146							OH
366147							OH
366154							OH
366161							OH
366163							OH
366164							OH
366165							OH
366168							OH
366174							OH
366193							OH
366204							OH
366205							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
366206							OH
366210							OH
366212							OH
366213							OH
366226							OH
366228							OH
366243							OH
366257							OH
366276							OH
366283							OH
366287							OH
366288							OH
366307							OH
366311							OH
366315							OH
366321							OH
366322							OH
366330							OH
366344							OH
366345							OH
366349							OH
366356							OH
366357							OH
366360							OH
366371							OH
366398							OH
366420							OH
366464							OH
366465							OH
366466							OH
366468							OH
366469							OH
366470							OH
366474							OH
366477							OH
366478							OH
366479							OH
366490							OH
366491							OH
366493							OH
366494							OH

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
366495							OH
366497							OH
36U025							OH
36U030							OH
36U044							OH
36U047							OH
36U050							OH
36U058							OH
36U086							OH
36U088							OH
36U089							OH
36U096							OH
36U107							OH
36U108							OH
36U109							OH
36U118							OH
36U128							OH
36U129							OH
36U142							OH
36U154							OH
36U163							OH
36U176							OH
36U178							OH
36U197							OH
36U231							OH
375021							OK
375042							OK
375068							OK
375069							OK
375070							OK
375074							OK
375076							OK
375082							OK
375085							OK
375091							OK
375096							OK
375099							OK
375100							OK
375108							OK
375111							OK
375112							OK

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
375120							OK
375125							OK
375128							OK
375129							OK
375130							OK
375131							OK
375134							OK
375139							OK
375142							OK
375145							OK
375149							OK
375152							OK
375153							OK
375154							OK
375156							OK
375157							OK
375162							OK
375163							OK
375164							OK
375169							OK
375170							OK
375175							OK
375177							OK
375179							OK
375181							OK
375184							OK
375187							OK
375191							OK
375192							OK
375196							OK
375200							OK
375202							OK
375203							OK
375210							OK
375211							OK
375212							OK
375213							OK
375217							OK
375219							OK
375221							OK
375223							OK

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
375224							OK
375225							OK
375227							OK
375228							OK
375231							OK
375232							OK
375237							OK
375242							OK
375244							OK
375247							OK
375249							OK
375251							OK
375254							OK
375257							OK
375265							OK
375266							OK
375267							OK
375268							OK
375270							OK
375271							OK
375272							OK
375273							OK
375274							OK
375277							OK
375280							OK
375282							OK
375283							OK
375287							OK
375288							OK
375291							OK
375294							OK
375297							OK
375298							OK
375300							OK
375301							OK
375307							OK
375308							OK
375309							OK
375311							OK
375315							OK
375318							OK

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
375323							OK
375329							OK
375337							OK
375343							OK
375348							OK
375355							OK
375357							OK
375363							OK
375364							OK
375368							OK
375370							OK
375380							OK
375401							OK
375407							OK
375413							OK
375419							OK
375430							OK
375441							OK
375444							OK
375445							OK
375453							OK
375456							OK
375500							OK
375503							OK
375507							OK
375509							OK
375516							OK
376613							OK
37U042							OK
37U043							OK
37U045							OK
37U051							OK
37U060							OK
37U064							OK
37U084							OK
37U085							OK
37U089							OK
37U092							OK
37U095							OK
37U100							OK
37U103							OK

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
37U108							OK
37U113							OK
37U125							OK
37U133							OK
37U140							OK
37U154							OK
37U177							OK
37U186							OK
37U200							OK
385008							OR
385094							OR
385121							OR
385159							OR
385174							OR
385175							OR
385177							OR
385178							OR
385179							OR
385193							OR
385194							OR
385198							OR
385202							OR
385205							OR
385210							OR
385212							OR
385213							OR
385222							OR
385223							OR
385231							OR
385236							OR
385238							OR
385242							OR
385243							OR
385246							OR
385249							OR
385252							OR
385255							OR
385256							OR
385267							OR
385284							OR
38U002							OR

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
38U003							OR
38U006							OR
38U008							OR
38U011							OR
38U013							OR
38U019							OR
38U023							OR
38U029							OR
38U035							OR
38U065							OR
38U066							OR
38U070							OR
38U072							OR
38U081							OR
38U087							OR
395000							PA
395013							PA
395036							PA
395039							PA
395040							PA
395083							PA
395102							PA
395124							PA
395143							PA
395156							PA
395167							PA
395174							PA
395190							PA
395202							PA
395208							PA
395218							PA
395226							PA
395242							PA
395259							PA
395263							PA
395266							PA
395281							PA
395286							PA
395299							PA
395306							PA
395308							PA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
395311							PA
395320							PA
395322							PA
395323							PA
395331							PA
395339							PA
395341							PA
395352							PA
395353							PA
395376							PA
395394							PA
395399							PA
395412							PA
395439							PA
395458							PA
395468							PA
395493							PA
395494							PA
395499							PA
395501							PA
395509							PA
395510							PA
395521							PA
395573							PA
395579							PA
395580							PA
395582							PA
395598							PA
395611							PA
395622							PA
395632							PA
395633							PA
395646							PA
395673							PA
395698							PA
395711							PA
395723							PA
395724							PA
395737							PA
395744							PA
395754							PA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
395755							PA
395759							PA
395769							PA
395772							PA
395776							PA
395785							PA
395789							PA
395799							PA
395803							PA
395807							PA
395809							PA
395810							PA
395811							PA
395813							PA
395814							PA
395822							PA
395829							PA
395835							PA
395837							PA
395839							PA
395841							PA
395854							PA
395855							PA
395856							PA
395858							PA
395859							PA
395863							PA
395866							PA
395874							PA
395884							PA
395885							PA
395887							PA
395888							PA
395900							PA
395910							PA
395911							PA
395912							PA
395914							PA
395919							PA
395924							PA
395930							PA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
395931							PA
395932							PA
395934							PA
395935							PA
395937							PA
395940							PA
395942							PA
395943							PA
395945							PA
395946							PA
395947							PA
395949							PA
395954							PA
395955							PA
395957							PA
395958							PA
395959							PA
395960							PA
395962							PA
395963							PA
395965							PA
395967							PA
395968							PA
395969							PA
395970							PA
395971							PA
395972							PA
395973							PA
395975							PA
395976							PA
395978							PA
395979							PA
395980							PA
395981							PA
395982							PA
395988							PA
395991							PA
395992							PA
395993							PA
395994							PA
395995							PA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
395997							PA
395999							PA
396000							PA
396004							PA
396005							PA
396006							PA
396007							PA
396008							PA
396010							PA
396012							PA
396013							PA
396014							PA
396016							PA
396019							PA
396022							PA
396023							PA
396024							PA
396025							PA
396027							PA
396028							PA
396029							PA
396030							PA
396031							PA
396032							PA
396033							PA
396034							PA
396036							PA
396037							PA
396038							PA
396039							PA
396040							PA
396041							PA
396042							PA
396043							PA
396044							PA
396045							PA
396046							PA
396047							PA
396050							PA
396051							PA
396052							PA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
396057							PA
396060							PA
396061							PA
396068							PA
396084							PA
396087							PA
396094							PA
396097							PA
396100							PA
396103							PA
396104							PA
396110							PA
396112							PA
396118							PA
396121							PA
39U005							PA
39U043							PA
39U122							PA
39U152							PA
39U154							PA
39U191							PA
39U213							PA
39U224							PA
39U246							PA
39U249							PA
39U279							PA
39Y039							PA
405021							PR
405022							PR
405026							PR
405027							PR
405028							PR
415022							RI
415037							RI
415043							RI
415046							RI
415058							RI
415064							RI
415065							RI
415077							RI
415088							RI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
415092							RI
415100							RI
415101							RI
415102							RI
415103							RI
415117							RI
415118							RI
415121							RI
415122							RI
415124							RI
415125							RI
415127							RI
415128							RI
41U011							RI
425015							SC
425060							SC
425103							SC
425108							SC
425135							SC
425136							SC
425148							SC
425166							SC
425177							SC
425178							SC
425304							SC
425312							SC
425318							SC
425327							SC
425328							SC
425329							SC
425330							SC
425335							SC
425336							SC
425338							SC
425342							SC
425343							SC
425345							SC
425347							SC
425348							SC
425349							SC
425350							SC

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
425357							SC
425358							SC
425363							SC
425364							SC
425365							SC
425366							SC
425367							SC
425371							SC
425377							SC
425378							SC
425414							SC
425415							SC
425416							SC
425417							SC
426648							SC
42U005							SC
42U011							SC
42U014							SC
42U016							SC
42U020							SC
42U026							SC
42U039							SC
42U053							SC
42U054							SC
42U055							SC
42U056							SC
42U057							SC
42U059							SC
42U061							SC
42U062							SC
42U066							SC
42U069							SC
42U072							SC
42U075							SC
42U093							SC
42U101							SC
42U107							SC
42U109							SC
435041							MN
435063							SD
435067							SD

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
435081							SD
435084							MN
435085							SD
435097							MN
435103							SD
435108							SD
435111							SD
435114							MN
435116							SD
435121							SD
435128							SD
435131							SD
435135							SD
43U007							SD
43U011							SD
43U023							SD
43U024							SD
43U029							SD
43U031							SD
43U033							SD
43U043							SD
43U047							SD
43U048							SD
43U054							SD
43U060							SD
43U064							SD
43Z302							SD
445021							TN
445047							TN
445053							TN
445105							TN
445125							TN
445148							TN
445149							TN
445151							TN
445177							TN
445181							TN
445195							TN
445198							TN
445200							TN
445202							TN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
445206							TN
445208							TN
445219							TN
445226							TN
445229							TN
445231							TN
445237							TN
445247							TN
445250							TN
445257							TN
445265							TN
445271							TN
445273							TN
445278							TN
445282							TN
445287							TN
445289							TN
445290							TN
445296							TN
445301							TN
445307							TN
445309							TN
445311							TN
445312							TN
445315							TN
445317							TN
445323							TN
445324							TN
445334							TN
445336							TN
445337							TN
445338							TN
445340							TN
445341							TN
445345							TN
445346							TN
445347							TN
445348							TN
445349							TN
445350							TN
445355							TN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
445360							TN
445361							TN
445364							TN
445365							TN
445371							TN
445375							TN
445376							TN
445384							TN
445385							TN
445389							TN
445391							TN
445394							TN
445395							TN
445398							TN
445399							TN
445400							TN
445405							TN
445414							TN
445416							TN
445417							TN
445418							TN
445420							TN
445432							TN
445438							TN
445450							TN
445466							TN
445498							TN
445499							TN
445505							TN
445514							TN
445519							TN
445526							TN
445534							TN
445535							TN
44U011							TN
44U023							TN
44U030							TN
44U041							TN
44U047							TN
44U051							TN
44U052							TN

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
44U054							TN
44U064							TN
44U068							TN
44U110							TN
44U114							TN
44U115							TN
44U141							TN
44U142							TN
44U145							TN
44U149							TN
44U168							TN
44U174							TN
44U186							TN
44U233							TN
44U236							TN
451348							TX
455011							TX
455107							TX
455250							TX
455440							TX
455460							TX
455467							TX
455469							TX
455476							TX
455481							TX
455491							TX
455496							TX
455500							TX
455501							TX
455508							TX
455511							TX
455512							TX
455514							TX
455524							TX
455525							TX
455526							TX
455527							TX
455539							TX
455540							TX
455542							TX
455543							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
455548							TX
455553							TX
455559							TX
455571							TX
455576							TX
455585							TX
455596							TX
455598							TX
455600							TX
455603							TX
455612							TX
455622							TX
455624							TX
455629							TX
455630							TX
455633							TX
455650							TX
455655							TX
455657							TX
455660							TX
455664							TX
455665							TX
455667							TX
455668							TX
455671							TX
455679							TX
455680							TX
455686							TX
455694							TX
455708							TX
455710							TX
455716							TX
455720							TX
455721							TX
455722							TX
455730							TX
455734							TX
455739							TX
455740							TX
455741							TX
455747							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
455750							TX
455752							TX
455760							TX
455764							TX
455768							TX
455769							TX
455773							TX
455775							TX
455776							TX
455778							TX
455779							TX
455783							TX
455786							TX
455787							TX
455790							TX
455791							TX
455792							TX
455795							TX
455801							TX
455806							TX
455809							TX
455811							TX
455813							TX
455814							TX
455818							TX
455821							TX
455826							TX
455827							TX
455828							TX
455829							TX
455833							TX
455836							TX
455839							TX
455841							TX
455844							TX
455845							TX
455846							TX
455847							TX
455851							TX
455853							TX
455859							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
455867							TX
455868							TX
455872							TX
455873							TX
455875							TX
455878							TX
455880							TX
455884							TX
455886							TX
455890							TX
455894							TX
455896							TX
455897							TX
455898							TX
455899							TX
455905							TX
455907							TX
455909							TX
455911							TX
455914							TX
455919							TX
455920							TX
455921							TX
455922							TX
455924							TX
455927							TX
455928							TX
455937							TX
455938							TX
455939							TX
455945							TX
455947							TX
455948							TX
455949							TX
455950							TX
455953							TX
455955							TX
455964							TX
455966							TX
455967							TX
455970							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
455971							TX
455976							TX
455979							TX
455982							TX
455991							TX
455992							TX
455993							TX
455997							TX
455998							TX
45U014							TX
45U020							TX
45U050							TX
45U052							TX
45U053							TX
45U073							TX
45U081							TX
45U098							TX
45U109							TX
45U113							TX
45U146							TX
45U151							TX
45U157							TX
45U160							TX
45U177							TX
45U178							TX
45U185							TX
45U188							TX
45U201							TX
45U221							TX
45U224							TX
45U234							TX
45U235							TX
45U236							TX
45U239							TX
45U249							TX
45U264							TX
45U269							TX
45U276							TX
45U283							TX
45U296							TX
45U303							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
45U327							TX
45U362							TX
45U373							TX
45U381							TX
45U438							TX
45U460							TX
45U465							TX
45U517							TX
45U534							TX
45U547							TX
45U580							TX
45U603							TX
45U604							TX
45U615							TX
45U623							TX
45U626							TX
45U632							TX
45U648							TX
45U649							TX
45U654							TX
45U673							TX
45U700							TX
45U727							TX
45U747							TX
45U761							TX
45U763							TX
45U776							TX
45U830							TX
465055							UT
465056							UT
465065							UT
465068							UT
465103							UT
465110							UT
465118							UT
465120							UT
465121							UT
465122							UT
465126							UT
465127							UT
465131							UT

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
465132							UT
465133							UT
465134							UT
465135							UT
465136							UT
465138							UT
465141							UT
465142							UT
465145							UT
465148							UT
465151							UT
465154							UT
465161							UT
465164							UT
465192							UT
46U016							UT
46U017							UT
46U018							UT
46U019							UT
46U020							UT
46U025							UT
46U029							UT
46U032							UT
46U033							UT
46U035							UT
46U036							UT
46U037							UT
46U039							UT
46U054							UT
475024							VT
475031							VT
475035							VT
475038							VT
475041							VT
475051							VT
475054							VT
47U005							VT
47U006							VT
47U008							VT
47U010							VT
47U023							VT

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
485000							VI
495016							VA
495047							VA
495070							VA
495094							VA
495106							VA
495130							VA
495132							VA
495158							VA
495163							VA
495164							VA
495169							VA
495172							VA
495175							VA
495176							VA
495195							VA
495198							VA
495199							VA
495208							VA
495222							VA
495223							VA
495224							VA
495229							VA
495231							VA
495238							VA
495239							VA
495251							VA
495265							VA
495271							VA
495284							VA
495285							VA
495292							VA
495313							VA
495322							VA
495335							VA
495351							VA
495376							VA
495382							VA
495423							VA
495424							VA
495425							VA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
495428							VA
495429							VA
49U001							VA
49U005							VA
49U006							VA
49U012							VA
49U019							VA
49U027							VA
49U031							VA
49U033							VA
49U037							VA
49U038							VA
49U047							VA
49U084							VA
49U085							VA
49U089							VA
49U090							VA
49U098							VA
49U111							VA
49U115							VA
49U117							VA
49U123							VA
49U126							VA
49U127							VA
49U132							VA
505001							WA
505024							WA
505025							WA
505026							WA
505032							WA
505052							WA
505068							WA
505088							WA
505103							WA
505107							WA
505114							WA
505118							WA
505123							WA
505128							WA
505156							WA
505185							WA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
505191							WA
505195							WA
505207							WA
505219							WA
505224							WA
505230							WA
505235							WA
505236							WA
505240							WA
505243							WA
505249							WA
505253							WA
505263							WA
505269							WA
505271							WA
505281							WA
505282							WA
505286							WA
505287							WA
505297							WA
505298							WA
505299							WA
505307							WA
505312							WA
505317							WA
505321							WA
505323							WA
505325							WA
505333							WA
505335							WA
505336							WA
505342							WA
505345							WA
505356							WA
505357							WA
505358							WA
505359							WA
505360							WA
505365							WA
505366							WA
505368							WA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
505374							WA
505375							WA
505380							WA
505381							WA
505384							WA
505385							WA
505388							WA
505391							WA
505392							WA
505394							WA
505396							WA
505398							WA
505402							WA
505408							WA
505423							WA
505424							WA
505426							WA
505433							WA
505437							WA
505440							WA
505443							WA
505456							WA
505457							WA
505461							WA
505462							WA
505472							WA
505477							WA
505479							WA
505481							WA
505482							WA
505486							WA
505487							WA
505490							WA
505492							WA
505494							WA
505495							WA
505497							WA
505502							WA
505504							IL
505506							WA
505521							WA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
505524							WA
505534							WA
50U049							WA
50U065							WA
50U071							WA
50U074							WA
50U092							WA
50U110							WA
50U118							WA
50Z333							WA
50Z334							WA
511300							WV
515028							WV
515068							WV
515075							WV
515079							WV
515082							WV
515107							WV
515111							WV
515114							WV
515115							WV
515119							WV
515134							WV
515135							WV
515138							WV
515139							WV
515143							WV
515145							WV
515148							WV
515149							WV
515150							WV
515154							WV
515157							WV
515158							WV
515161							WV
515172							WV
515189							WV
515190							WV
515195							WV
515196							WV
515197							WV

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
51U005							WV
51U012							WV
51U015							WV
51U018							WV
51U024							WV
51U026							WV
51U028							WV
51U036							WV
51U038							WV
51U043							WV
51U048							WV
51U053							WV
51U067							WV
51U070							WV
51U072							WV
51U082							WV
51U085							WV
51U088							WV
525019							WI
525061							WI
525064							WI
525069							WI
525074							WI
525085							WI
525088							WI
525094							WI
525098							WI
525114							WI
525132							WI
525165							WI
525172							WI
525209							WI
525212							WI
525218							WI
525226							WI
525230							WI
525241							WI
525242							WI
525255							WI
525265							WI
525266							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525270							WI
525271							WI
525273							WI
525276							WI
525279							WI
525282							WI
525286							WI
525290							WI
525292							WI
525299							WI
525300							WI
525304							WI
525305							WI
525311							WI
525313							WI
525314							WI
525315							WI
525316							WI
525317							WI
525319							WI
525322							WI
525323							WI
525324							WI
525325							WI
525326							WI
525327							WI
525331							WI
525337							WI
525340							WI
525343							WI
525344							WI
525346							WI
525349							WI
525351							WI
525352							WI
525353							WI
525354							WI
525356							WI
525357							WI
525361							WI
525362							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525363							WI
525365							WI
525368							WI
525369							WI
525372							WI
525373							WI
525375							WI
525376							WI
525377							WI
525379							WI
525380							WI
525381							WI
525382							WI
525383							WI
525385							WI
525387							WI
525390							WI
525392							WI
525394							WI
525395							WI
525396							WI
525397							WI
525398							WI
525399							WI
525400							WI
525402							WI
525403							WI
525404							WI
525408							WI
525409							WI
525411							WI
525412							WI
525413							WI
525414							WI
525415							WI
525416							WI
525417							WI
525418							WI
525419							WI
525421							WI
525422							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525426							WI
525428							WI
525429							WI
525430							WI
525431							WI
525433							WI
525437							WI
525438							WI
525439							WI
525440							WI
525441							WI
525442							WI
525443							WI
525444							WI
525445							WI
525446							WI
525447							WI
525449							WI
525451							WI
525452							WI
525453							WI
525454							WI
525455							WI
525457							WI
525458							WI
525459							WI
525460							WI
525462							WI
525463							WI
525464							WI
525465							WI
525466							WI
525467							WI
525468							WI
525469							WI
525472							WI
525473							WI
525474							WI
525475							WI
525476							WI
525478							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525479							WI
525480							WI
525483							WI
525484							WI
525485							WI
525486							WI
525488							WI
525489							WI
525491							WI
525493							WI
525495							WI
525498							WI
525499							WI
525500							WI
525501							WI
525502							WI
525503							WI
525504							WI
525506							WI
525507							WI
525508							IL
525509							WI
525510							WI
525511							WI
525512							WI
525513							WI
525515							WI
525516							WI
525517							WI
525518							WI
525519							WI
525521							WI
525522							WI
525524							WI
525526							WI
525527							WI
525528							WI
525531							WI
525533							WI
525534							WI
525535							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525536							WI
525537							WI
525538							WI
525539							WI
525540							WI
525541							WI
525542							WI
525543							WI
525544							WI
525545							WI
525546							WI
525547							WI
525548							WI
525550							WI
525551							WI
525552							WI
525553							WI
525554							WI
525555							WI
525556							WI
525557							WI
525558							WI
525559							WI
525560							WI
525561							WI
525562							WI
525565							WI
525566							WI
525567							WI
525568							WI
525569							WI
525570							WI
525571							WI
525572							WI
525573							WI
525574							WI
525575							WI
525576							WI
525577							WI
525578							WI
525579							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525580							WI
525581							WI
525582							WI
525583							WI
525584							WI
525585							WI
525586							WI
525587							WI
525588							WI
525589							WI
525591							WI
525592							WI
525593							WI
525594							WI
525595							WI
525596							WI
525597							WI
525598							WI
525599							WI
525600							WI
525601							WI
525602							WI
525605							WI
525607							WI
525608							WI
525609							WI
525610							WI
525611							WI
525612							WI
525613							WI
525614							WI
525615							WI
525616							WI
525617							WI
525618							WI
525619							WI
525620							WI
525621							WI
525622							WI
525623							WI
525624							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525625							WI
525626							WI
525627							WI
525628							WI
525629							WI
525630							WI
525631							WI
525632							WI
525633							WI
525634							WI
525635							WI
525636							WI
525637							WI
525638							WI
525639							WI
525640							WI
525641							WI
525642							WI
525643							WI
525645							WI
525647							WI
525648							WI
525649							WI
525650							WI
525651							WI
525652							WI
525654							WI
525655							WI
525656							WI
525657							WI
525658							WI
525660							WI
525661							WI
525662							WI
525663							WI
525664							WI
525665							WI
525666							WI
525667							WI
525668							WI
525669							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525670							WI
525671							WI
525672							WI
525673							WI
525674							WI
525675							WI
525676							WI
525677							WI
525678							WI
525679							WI
525680							WI
525681							WI
525683							WI
525685							WI
525686							WI
525687							WI
525688							WI
525689							WI
525690							WI
525691							WI
525692							WI
525693							WI
525695							WI
525696							WI
525697							WI
525698							WI
525699							WI
525700							WI
525701							WI
525702							WI
525703							WI
525704							WI
525706							WI
525708							WI
525709							WI
525710							WI
525711							WI
525712							WI
525713							WI
525714							WI
525715							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
525717							WI
525718							WI
525719							WI
525720							WI
525721							WI
525722							WI
525723							WI
525724							WI
525725							WI
525726							WI
525727							WI
525728							WI
525730							WI
525731							WI
52U010							WI
52U011							WI
52U015							WI
52U024							WI
52U025							WI
52U026							WI
52U032							WI
52U033							WI
52U034							WI
52U038							WI
52U039							WI
52U042							WI
52U047							WI
52U053							WI
52U060							WI
52U068							WI
52U084							WI
52U087							WI
52U092							WI
52U095							WI
52U102							WI
52U112							WI
52U114							WI
52U117							WI
52U123							WI
52U130							WI
52U131							WI

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
52U132							WI
52U134							WI
52U135							WI
52U148							WI
52U151							WI
52U152							WI
52U154							WI
52U156							WI
52U161							WI
52U178							WI
535037							WY
535041							WY
535047							WY
535052							WY
535058							WY
535099							WY
53U007							WY
53U008							WY
53U009							WY
53U010							WY
53U016							WY
53U017							WY
53U023							WY
53U026							WY
53U029							WY
53U031							WY
555001							CA
555005							CA
555008							CA
555018							CA
555026							CA
555031							CA
555041							CA
555044							CA
555048							CA
555057							CA
555062							CA
555079							CA
555087							CA
555092							CA
555097							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
555124							CA
555134							IL
555138							CA
555140							CA
555150							CA
555159							CA
555174							CA
555176							CA
555183							CA
555185							CA
555197							CA
555202							CA
555205							CA
555213							CA
555225							CA
555228							CA
555232							CA
555239							CA
555248							CA
555262							CA
555264							CA
555269							CA
555270							CA
555274							CA
555277							CA
555278							CA
555280							CA
555281							CA
555282							CA
555285							CA
555294							CA
555299							CA
555314							CA
555317							CA
555320							CA
555334							CA
555345							CA
555351							CA
555359							CA
555360							CA
555361							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
555366							CA
555367							CA
555370							CA
555372							CA
555377							CA
555392							CA
555401							CA
555407							CA
555408							CA
555411							CA
555412							CA
555413							CA
555422							CA
555428							CA
555447							CA
555448							CA
555449							CA
555451							CA
555452							CA
555453							CA
555454							CA
555455							CA
555457							CA
555460							CA
555464							CA
555465							CA
555471							CA
555475							CA
555477							CA
555480							CA
555482							CA
555489							CA
555493							CA
555495							CA
555498							CA
555500							CA
555501							CA
555502							CA
555504							CA
555505							CA
555507							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
555508							CA
555510							CA
555518							CA
555523							CA
555525							CA
555526							CA
555528							CA
555529							CA
555531							CA
555540							CA
555541							CA
555543							CA
555546							CA
555550							CA
555551							CA
555552							CA
555553							CA
555556							CA
555558							CA
555559							CA
555560							CA
555561							CA
555562							CA
555563							CA
555564							CA
555569							CA
555571							CA
555575							CA
555576							CA
555577							CA
555581							CA
555582							CA
555586							CA
555591							CA
555593							CA
555597							CA
555598							CA
555600							CA
555608							CA
555615							CA
555620							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
555622							CA
555624							CA
555626							CA
555631							CA
555633							CA
555636							CA
555637							CA
555640							CA
555641							CA
555643							CA
555644							CA
555646							CA
555647							CA
555653							CA
555661							CA
555664							CA
555665							CA
555666							CA
555669							CA
555670							CA
555672							CA
555674							CA
555675							CA
555676							CA
555678							CA
555679							CA
555680							CA
555681							CA
555683							CA
555684							CA
555685							CA
555687							CA
555689							CA
555691							CA
555693							CA
555695							CA
555697							CA
555699							CA
555704							CA
555705							CA
555708							CA

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
555714							CA
555721							CA
555722							CA
555724							CA
555749							IL
555750							CA
555752							CA
555756							CA
555760							CA
555762							IL
555774							CA
555778							CA
555782							CA
555783							CA
555784							CA
555788							CA
555789							CA
555800							CA
555803							CA
555807							CA
555817							CA
555818							CA
555824							CA
555828							CA
555829							CA
555833							CA
555837							CA
555840							CA
555845							CA
555847							CA
555858							CA
555863							CA
555864							CA
555886							CA
555922							CA
555923							CA
555924							CA
555926							CA
555927							CA
556571							CA
625999							AS

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
66U001							MP
675005							TX
675010							TX
675015							TX
675022							TX
675023							TX
675024							TX
675027							TX
675031							TX
675036							TX
675039							TX
675041							TX
675043							TX
675045							TX
675047							TX
675048							TX
675050							TX
675059							TX
675060							TX
675064							TX
675068							TX
675069							TX
675072							TX
675073							TX
675074							TX
675082							TX
675083							TX
675088							TX
675091							TX
675092							TX
675093							TX
675094							TX
675099							TX
675102							TX
675107							TX
675108							TX
675114							TX
675115							TX
675116							TX
675121							TX
675123							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675125							TX
675130							TX
675131							TX
675132							TX
675137							TX
675146							TX
675151							TX
675154							TX
675157							TX
675158							TX
675161							TX
675164							TX
675165							TX
675166							TX
675167							TX
675168							TX
675173							TX
675174							TX
675178							TX
675180							TX
675182							TX
675186							TX
675187							TX
675188							TX
675190							TX
675192							TX
675193							TX
675195							TX
675197							TX
675198							TX
675203							TX
675207							TX
675208							TX
675209							TX
675213							TX
675215							TX
675216							TX
675218							TX
675219							TX
675221							TX
675223							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675224							TX
675227							TX
675228							TX
675232							TX
675235							TX
675237							TX
675239							TX
675243							TX
675244							TX
675246							TX
675248							TX
675252							TX
675256							TX
675257							TX
675258							TX
675261							TX
675263							TX
675265							TX
675266							TX
675275							TX
675276							TX
675279							TX
675280							TX
675283							TX
675286							TX
675288							TX
675291							TX
675294							TX
675299							TX
675300							TX
675302							TX
675308							TX
675313							TX
675314							TX
675315							TX
675316							TX
675322							TX
675324							TX
675328							TX
675331							TX
675332							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675333							TX
675335							TX
675336							TX
675337							TX
675339							TX
675341							TX
675342							TX
675343							TX
675347							TX
675348							TX
675349							TX
675351							TX
675353							TX
675354							TX
675362							TX
675375							TX
675376							TX
675382							TX
675384							TX
675385							TX
675393							TX
675397							TX
675400							TX
675401							TX
675403							TX
675404							TX
675405							TX
675410							TX
675411							TX
675413							TX
675416							TX
675419							TX
675422							TX
675425							TX
675427							TX
675430							TX
675435							TX
675442							TX
675448							TX
675456							TX
675457							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675461							TX
675463							TX
675465							TX
675466							TX
675470							TX
675472							TX
675473							TX
675474							TX
675476							TX
675482							TX
675487							TX
675488							TX
675491							TX
675500							TX
675504							TX
675505							TX
675507							TX
675508							TX
675512							TX
675514							TX
675516							TX
675520							TX
675521							TX
675526							TX
675528							TX
675530							TX
675531							TX
675544							TX
675547							TX
675548							TX
675549							TX
675551							TX
675552							TX
675566							TX
675569							TX
675570							TX
675571							TX
675573							TX
675574							TX
675575							TX
675576							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675577							TX
675578							TX
675580							TX
675582							TX
675583							TX
675584							TX
675585							TX
675586							TX
675588							TX
675589							TX
675598							TX
675604							TX
675605							TX
675607							TX
675609							TX
675613							TX
675616							TX
675618							TX
675623							TX
675626							TX
675628							TX
675631							TX
675632							TX
675640							TX
675642							TX
675644							TX
675653							TX
675659							TX
675660							TX
675662							TX
675665							TX
675669							TX
675673							TX
675674							TX
675675							TX
675683							TX
675685							TX
675688							TX
675693							TX
675694							TX
675705							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675707							TX
675710							TX
675711							TX
675713							TX
675718							TX
675721							TX
675724							TX
675725							TX
675726							TX
675728							TX
675730							TX
675731							TX
675732							TX
675734							TX
675735							TX
675737							TX
675738							TX
675742							TX
675745							TX
675747							TX
675749							TX
675750							TX
675753							TX
675758							TX
675760							TX
675761							TX
675763							TX
675770							TX
675771							TX
675772							TX
675775							TX
675776							TX
675778							TX
675780							TX
675781							TX
675784							TX
675787							TX
675794							TX
675803							TX
675804							TX
675805							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
675807							TX
675813							TX
675824							TX
675825							TX
675827							TX
675828							TX
675841							TX
675843							TX
675854							TX
675855							TX
675860							TX
675861							TX
675864							TX
675865							TX
675869							TX
675872							TX
675876							TX
675895							TX
675917							TX
675919							TX
675921							TX
675926							TX
675941							TX
675950							TX
675951							TX
675953							TX
675955							TX
675957							TX
675965							TX
675983							TX
675984							TX
675987							TX
675990							TX
675994							TX
676018							TX
676022							TX
676027							TX
676054							TX
676056							TX
676058							TX
676061							TX

Ohio Bureau of Workers' Compensation
2024 Professional Provider Medical Services Fee Schedule

Medicare Number	NPI	BWC Provider Number Base	BWC Provider Number	DBA Name	Legal Name	City	State
676062							TX
676065							TX
676070							TX
676076							TX
676078							TX
676082							TX
676106							TX
676110							TX
676115							TX
676126							TX
676129							TX
676130							TX
676134							TX
676150							TX
676151							TX
676159							TX
676171							TX
676182							TX
676254							TX
676296							TX
676383							TX
676549							TX