

NYS Official Workers' Compensation Medical Fee Schedule
Changed Value Codes

		Current 2018/2020 Fee Sched	Proposed 2024 Fee Sched	Current 2018/2020 Fee Sched	Proposed 2024 Fee Sched	Current 2018/2020 Fee Sched	Proposed 2024 Fee Sched	Current 2018/2020 Fee Sched	Proposed 2024 Fee Sched	Current 2018/2020 Fee Sched	Proposed 2024 Fee Sched
CPT Code	CPT Full Description	Units	Units	FUD	FUD	PC/TC	PC/TC	Add on code	Add on code	Modifier 51 exempt	Modifier 51 exempt
		11981 Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	0.74	0.74	XXX 000						
		11982 Removal, non-biodegradable drug delivery implant	0.74	0.74	XXX 000						
11983	Removal with reinsertion, non-biodegradable drug delivery implant	0.81	0.81	XXX 000							
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (eg, actinic keratoses), 15 or more lesions	1.08	1.08	010 010							1
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	0.79	0.79	010 000							
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	1.98	1.98	010 000							
28001	Incision and drainage, bursa, foot	3.23	3.23	010 000							
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	3.67	3.67	010 000							
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	3.67	3.67	090 000							
28820	Amputation, toe; metatarsophalangeal joint	3.67	3.67	090 000							
28825	Amputation, toe; interphalangeal joint	3.23	3.23	090 000							
31500	Intubation, endotracheal, emergency procedure	0.94	0.94	000 000							1
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	4.16	4.16	XXX 000							
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	6.13	6.13	XXX 000							
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	1.95	1.95	XXX 000							
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	1.71	1.71	XXX 000							
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open	5.06	5.06	ZZZ ZZZ					1		1

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										1 = "+"	1 = circle with diagonal slash
										2 = circle with 51	2 = circle with 51
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	0.8	0.8	000	000					1	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	4.21	4.21	090	010						
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	5.15	5.15	090	010						
46020	Placement of seton	0.58	0.58	010	000						
46030	Removal of anal seton, other marker	0.58	0.58	010	000						
49422	Removal of tunneled intraperitoneal catheter	3.5	3.5	010	000						
64421	Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)	1.14	0.25	000	ZZZ					1	
64642	Chemodenervation of one extremity; 1-4 muscle(s)	1.17	1.17	000	000					1	
64644	Chemodenervation of one extremity; 5 or more muscles	1.34	1.34	000	000					1	
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	1.22	1.22	000	000					1	
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	1.45	1.45	000	000					1	
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy	4.96	4.96	090	010						
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation	5.15	5.15	090	010						
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	1.28	1.28	XXX	XXX	69/31	51/49				
92548	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;	16.91	16.91	XXX	XXX	24/76	70/30				
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	93.01	93.01	000	000	18/82	18/82			1	

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93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	133.59	133.59	000	000	29/71	29/71			1	
93503	Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes	57.83	57.83	000	000					1	
93631	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	152.45	152.45	000	000	55/45	55/45			1	
95865	Needle electromyography; larynx	32.97	32.97	XXX	XXX	75/25	75/25		1		
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	14.37	14.37	XXX	XXX					1	
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	9.67	NC	XXX	XXX						
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2

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97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.	4	4	XXX	XXX						2

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97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2

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97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2

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97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.	9.47	9.47	XXX	XXX						2
97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.	4	4	XXX	XXX						2

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97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	10.6	10.6	XXX	XXX						2
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	10.6	10.6	XXX	XXX						2
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	10.6	10.6	XXX	XXX						2

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97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	5.2	5.2	XXX	XXX						2
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	NC	BR	XXX	XXX						
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	7.27	7.75	XXX	XXX						
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	9.47	11.97	XXX	XXX						
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	13.53	17.92	XXX	XXX						
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	18.26	23.63	XXX	XXX						

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99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	3.21	2.5	XXX	XXX						
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	4.57	6.07	XXX	XXX						
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	5.83	9.74	XXX	XXX						
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	8.46	13.72	XXX	XXX						
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	13.53	19.32	XXX	XXX						
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	BR	BR	XXX	YYY						
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	BR	BR	YYY	000						

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0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	BR	BR	YYY	000						
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	BR	BR	YYY	000						
<hr/>											
Add on code	"+" in this column indicates that this code is an "add on" code and must be reported with a primary service code										
Modifier 51 exempt	Indicates that the code is exempt from Modifier 51; 1=AMA CPT Modifier 51 exempt, 2=Optum Modifier 51 exempt										
State Status	State status; R=Indicates altered code or modifier from the official CPT code description, I=State-specific code or modifier										
Units	Represents the "relative value" used to multiply by the applicable conversion factor for the fee										
PC/TC	Split; PC represents the professional component, TC represents the technical component										
FUD	Represents "follow-up days" included in surgical global fee										
	XXX - Global Surgery concept not applicable										
	000 - No Global Surgery period										
	ZZZ - Add On code that follows Global Surgery period of the primary code used										
	YYY - Global Surgery period is By Report										
	090 - 90 day Global Surgery period										
	010 - 10 day Global Surgery period										