



## Notice of Intent to Adopt Rules

Revised October 2014

### 1. General Information

a. Agency/Board Name Department of Workforce Services		
b. Agency/Board Address 1510 East Pershing Blvd.	c. City Cheyenne	d. Zip Code 82002
e. Name of Contact Person Marcia J. Price	f. Contact Telephone Number (307) 777-6746	
g. Contact Email Address marcia.price@wyo.gov		
h. Date of Public Notice		i. Comment Period Ends
j. Program Department of Workforce Services - Workers' Compensation Division		

### 2. Rule Type and Information: For each chapter listed, indicate if the rule is New, Amended, or Repealed.

a. If "New," provide the Enrolled Act numbers and years enacted:

b. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed  
Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification.

Chapter Number: Chapter 9	Chapter Name: Fee Schedules	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed

c. ☒ The Statement of Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

	Complete all that apply:
	<input type="checkbox"/> The following chapters <u>do not</u> differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j): (Provide chapter numbers)
	<input type="checkbox"/> These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Reasons). (Provide chapter numbers)
	<input checked="" type="checkbox"/> N/A These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

d. ☒ N/A ☐ In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Section 5 of the Rules on Rules).

e. A copy of the proposed rules\* may be obtained:

- ☒ By contacting the Agency at the physical and/or email address listed in Section 1 above.  
☐ At the following URL: \_\_\_\_\_

\* If Item "d" above is not checked, the proposed rules shall be in strike and underscore format.

### 3. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. ☐ Yes ☒ No

If "Yes:"	Date:	Time:	City:	Location:

b. What is the manner in which interested persons may present their views on the rulemaking action?

- ☒ By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.  
☐ At the following URL: \_\_\_\_\_

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:

- ☒ To the Agency at the physical and/or email address listed in Section 1 above.  
☐ At the following URL: \_\_\_\_\_

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Contact Person listed in Section 1 above.

### 4. Federal Law Requirements

a. These rules are created/amended/revoked to comply with federal law or regulatory requirements. ☐ Yes ☒ No

If "Yes:"	Applicable Federal Law or Regulation Citation:
	Indicate one (1): <input type="checkbox"/> The proposed rules meet, but do not exceed, minimum federal requirements. <input type="checkbox"/> The proposed rules exceed minimum federal requirements.
	Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to: <input type="checkbox"/> To the Agency at the physical and/or email address listed in Section 1 above. <input type="checkbox"/> At the following URL: _____

### 5. State Statutory Requirements

a. Indicate one (1):

- ☒ The proposed rule change *MEETS* minimum substantive statutory requirements.  
☐ The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. Indicate one (1):

- ☐ The Agency has complied with the requirements of W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:  
☒ By contacting the Agency at the physical and/or email address listed in Section 1 above.  
☐ At the following URL: \_\_\_\_\_  
☐ Not Applicable.

### 6. Authorization

a. I certify that the foregoing information is correct.

Printed Name of Authorized Individual	John Cox
Title of Authorized Individual	Director, Department of Workforce Services (DWS)
Date of Authorization	

#### Distribution List:

- Attorney General and LSO: Hard copy of Notice of Intent; Statement of Reasons; clean copy of the rules; and strike-through and underline version of rules (if applicable). Electronic copies (PDFs) of all items noted (in addition to hard copies) may be emailed to LSO at [Criss.Carlson@wyoleg.gov](mailto:Criss.Carlson@wyoleg.gov).
- Secretary of State: Electronic version of Notice of Intent sent to [Rules@wyo.gov](mailto:Rules@wyo.gov).

### **Principal Statement of Reasons – WC Chapter 9 Fee Schedules – regular rules**

The Wyoming Workers' Compensation Fee Schedule in Chapter 9 has not been updated for seven (7) years. Fee Schedule allowable rates are lower than amounts commonly paid by other insurers both state wide and across the region. The Division proposes changes to the fee schedule to address insufficient conversion factors and/or allowable rates in ambulance, dental, eyeglass frames and lenses.

Chapter 9, Section 4, is based on Medicare's reimbursement schedule for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). The rules are written to automatically adopt any updates that Medicare adopts. In November, 2015, Medicare's DMEPSO fee schedule changed to a method of individualized payments according to provider location based upon zip codes. The Division believes it necessary to deviate from Medicare's most recent reimbursement schedule and instead continue to use the current fee schedule posted on the Secretary of State's website, instead of automatically updating the fees pursuant to Medicare's new rates. Currently, this portion of Chapter 9 has been adopted through emergency rules.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

## CHAPTER 9 - FEE SCHEDULES

**Section 1. General Guidelines.** Pursuant to Wyoming Statutes § 27-14- 401(b), (e), and (g) medical and or hospital care shall be reviewed for appropriateness and reasonableness and shall be reimbursed according to the adopted schedule(s). The following guidelines are applicable to each section within this chapter.

(a) All claims shall be paid in accordance with the fee schedule in effect at the time of service.

(b) Certain services may be subject to preauthorization pursuant to Chapter 10 of these rules. These guidelines can be found at [www.wyomingworkforce.org](http://www.wyomingworkforce.org), under folder "Medical Providers" subfolder "Preauthorization Program".

(c) The Division shall use accepted medical resources and publications to aid in adjudicating bills. This shall include, but not be limited to, the American Medical Association, (AMA), *Current Procedural Terminology* codebook, (CPT), the AMA Knowledge Base System, and The American Academy of Orthopaedic Surgeons, *Complete Global Values Service Data for Orthopaedic Surgery* Guidelines, and the Division's medical advisors.

(d) The Division may change billed codes to achieve compliance with the current rules and regulations. The provider payment statement shall advise of code changes and the right to appeal.

(e) Codes designated as Relativity Not Establish (RNE), or By Report (BR) shall be assigned the unit value of a comparable procedure or procedures.

(f) In no case shall any provider bill for charges greater than those charged the general public for like services.

(g) The Division shall not pay more than the total billed amount.

**Section 2. Fee Schedules.** The Division adopts the *Relative Values for Physicians (RVP)* as published by OPTUMInsight Inc., as authored by Relative Value Studies, Inc., insofar as it addresses medical matters under the Act unless otherwise defined in this chapter. Procedures listed in "*Services With Significant Direct Cost*" and "*Anesthesia Services Where Time Units Are Not Allowed*" will be reimbursed accordingly to the RVP relative to the sections and not within the RVP subsections listed above. The Division adopts the *Relative Values for Dentists (RVD)* as published and authored by Relative Value Studies, Inc., Denver, Colorado insofar as it addresses dental matters under the Act. Adoption of the RVP and RVD shall be the current edition as of the first day of each calendar year. See Chapter 9, Section 1 of these rules for additional guidelines.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

(a) Conversion Factors. The Division adopts the following conversion factors.

SPECIALTY GROUP	CONVERSION FACTOR
Anesthesia	\$ 51.12
Surgery	\$120.21
Radiology/Nuclear Medicine	\$ 21.97
Pathology/Laboratory	\$ 15.23
Medicine	\$ 7.91
Physical Medicine and Chiropractic	\$ 6.39
Evaluation and Management	\$ 8.34
Dental	\$ 55.73

(b) Fees for Surgery.

(i) Surgical Assistants.

(A) MD assistants shall be paid 20% of the surgical allowance.

(B) Non-MD assistants shall be paid 15% of the surgical allowance.

(ii) Capsular Shrinkage Procedure. (Multiple procedure guidelines apply).

<u>Description</u>	<u>Unit</u>
Shoulder	16.4
Elbow	13.8
Wrist	10.7
Hip	15.6
Knee	17.6
Ankle	12.0

(c) Fees for Independent Medical Evaluations (IME), Permanent Partial Impairment Ratings (PPI), Medical Testimony and Deposition(s). See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines. Bills must indicate time spent.

(i) Independent Medical Evaluations or Impairment Ratings. The Division shall pay according to the following fee schedule:

<u>Code</u>	<u>Time</u>	<u>Payment</u>
99455-99456	1 <sup>st</sup> hour	\$500.00
	Each additional 15 minutes	\$ 62.50

(ii) Medical Testimony and Deposition Charges. The Division

## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

shall pay according to the following fee schedule:

<u>Code</u>	<u>Time</u>	<u>Payment</u>
99075	1 <sup>st</sup> hour	\$500.00
	Each additional 15 minutes	\$ 62.50

**Section 3. Fees for Home Health Nursing.** The Division adopts the following fee schedule guidelines for home health nursing. This fee schedule is for long term daily care at home. This is a straight fee, no overtime, holiday rate, or shift differential shall be paid. See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

<u>Type of Nursing</u>	<u>Hourly Rate</u>
RN	\$35.00
LPN	\$35.00
CNA	\$16.00
*Attendant	*Federal minimum wage

\*Attendant care includes personal care for activities of daily living. A physician prescription and time limit is required. Attendant care shall be provided by individuals approved by the primary treating health care provider.

**Section 4. Fees for Supplies, Implants, Durable Medical Equipment (DME), Orthotics and Prosthetics.** The Division adopts the Wyoming Medicare rate of the Healthcare Common Procedure Coding System (HCPCS) as the rates were published as of January 1, 2015 for the payment of supplies, DME, orthotics and prosthetic devices prescribed by a health care provider. See Chapter 9, Section 1 of these rules for additional guidelines. The Division shall not pay for any supplies, DME, orthotics, or prosthetics unless prescribed by the primary health care provider.

(a) Any related charges for supplies, DME, orthotics and prosthetics not listed in the Medicare HCPCS fee schedule shall be paid at eighty percent (80%) of billed charges. Charges deemed excessive shall require additional documentation for justification.

(i) Any single supply / implant charged at \$1,000.00 or more shall require a suppliers' invoice. Reimbursement shall be at 130% of invoice cost. Shipping and handling charges shall not be reimbursed.

(ii) The Division shall not provide direct payment to suppliers or manufacturers for implantable items.

(b) The preceding fees are not intended to address newly developed items or technologies.

**Section 5. Fees for Hearing Aids/Prescription Lenses.** See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) The Division shall pay 130% of the supplier's/manufacture's invoice

## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

price for hearing aids when the provider submits the invoice to the Division.

(b) The Division shall reimburse for frames and lenses as prescribed for compensable vision loss, or replacement due to a work-related accident, not to exceed 80% HCPCS usual and customary benchmarks as determined annually by the Division. Charges deemed excessive shall require additional documentation for justification.

(c) The Division shall reimburse an injured worker for the repair or comparable replacement of a hearing aid device or prescription lens damaged or destroyed in a work-related accident.

**Section 6. Fees for Pharmacy Items.** Pharmaceuticals must be billed with a National Drug Code (NDC). See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) Pharmaceuticals shall be reimbursed at the lower of:

(i) Average Wholesale Price (AWP) minus 10% plus a \$5.00 dispensing fee; or

(ii) The provider's usual and customary charge. In no case shall any provider bill for charges greater than those charged to the general public for like services. The Division reserves the right to review such charges and reimburse at the usual and customary rate if a discrepancy is found.

(b) Reimbursement shall be decreased by \$2.50 per prescription if a paper claim is submitted unless:

(i) The provider has received prior approval from the Division to submit a claim on paper.

(ii) Electronic billing is unavailable at the time of service making it unreasonable to submit the claim through the online process.

(c) Over the counter items that do not have a valid NDC number shall be considered supplies and shall not be paid with an added dispensing fee. See Chapter 9, Section 4 of these rules for additional guidelines.

(d) If the pharmaceutical is a repackaged drug, as determined by the NDC for the product dispensed, reimbursement shall be calculated per Section 6(a) using the AWP of the lowest cost therapeutic equivalent product.

(e) If a pharmaceutical intended for outpatient use is dispensed through the office of a medical care provider, reimbursement will be calculated per Section 6(a) – (d), equivalent to the reimbursement provided to a retail pharmacy.

**Section 7. Fees for Compounded Medications.** – See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

(a) Physicians billing for compounded drugs must provide the pharmacy invoice. The Division shall pay 130% of the supplier's/manufacturer's invoice price.

(b) Compounding pharmacies that bill directly, shall be compensated for the drugs prescribed and related materials in accordance with Chapter 9, Section 6. The Division shall allow a professional fee for compounding services. Compounding medications shall be reimbursed per line item if each ingredient is determined to be coverable per Chapter 10, Compound Prescription Medications.

**Section 8. Fees for Ambulance Services.** Ambulance services shall be paid the lesser of the billed charge or the maximum allowable rate for the code appropriate for the documented service. The maximum allowable rates are all-inclusive. Mileage shall be reimbursed per documented loaded statute mile. See Chapter 9, Section 1 of these rules for additional guidelines.

(a) The following codes shall be recognized by the Division:

<b>Code</b>	<b>Short Descriptor</b>	<b>Maximum Allowable</b>
A0425	Mileage, Ground	\$ 9.18 per statute mile
A0426	Advance Life Support - 1	\$ 342.93
A0427	Advance Life Support - 1,	\$ 542.98
A0428	Basic Life Support	\$ 285.78
A0429	Basic Life Support, Emergent	\$ 457.25
A0430	Air, Fixed Wing	\$ 3,350.00
A0431	Air, Rotary Wing	\$ 3,900.66
A0433	Advance Life Support – 2	\$ 785.90
A0434	Specialty Care Transport	\$ 928.79
A0435	Mileage, Air, Fixed Wing	\$ 10.30 per statute mile
A0436	Mileage, Air, Rotary Wing	\$ 27.47 per statute mile

### **Section 9. Facility Fees.**

(a) Fees for Inpatient Hospital Services.

(i) Services or items shall be paid per usual and customary services pursuant to Chapter 9, Sections 1, 2, 4, 6, and 8 in addition to this section. Required documentation to support billed charges are as follows:

- (A) Detailed itemization
- (B) Anesthesia graphic
- (C) Operative report



## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

(D) History and physical

(E) Discharge summary

(F) Supplier's invoice for any single supply/implant charged at \$1,000.00 or more.

(I) Such items shall be reimbursed at 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

(ii) Bills shall be audited for unidentified and unrelated services, and/or items.

(iii) The Division shall provide a copy of the audit upon request.

(iv) Hospital Room Rates. The Division shall pay inpatient hospital room rates based upon an annual survey conducted by the Division. The hospital room rates for a semi-private and intensive care unit bed shall be at the usual and customary rates charged to the general public. Such rates shall be effective automatically on the first day of each calendar year.

(b) Fees for Injections, Rhizotomies and IV Sedation. Injection services shall be paid per the listed reimbursement rates shown in Table A. Reimbursement allowables are all inclusive to each procedural code. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) Refer to Table A for procedures done with guidance and/or sedation.

(ii) The Division shall pay 25% of the facility reimbursement base value for any injection(s) in addition to a primary code from Table A or any code from Table B. Added level codes shall be paid @ 100% of the base value listed on Table A.

(c) Fees for Surgery Centers Other than for Injections. Surgical services shall be paid per the listed reimbursement rates shown in Table B. Reimbursement allowables are all inclusive unless otherwise specifically noted. Providers may note specific bill(s) with a written request for an audit to elect payment under the hospital fee schedule. See Chapter 9, Section 9, (a), Fees for Inpatient Hospital Services for required documentation for such audit. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) The highest value procedure shall be considered the primary procedure and be paid at 100% of the allowable listed on Table B. Additional procedures shall then be paid at 50% of the allowable.

(ii) Invoices. The Division has defined a group of procedures that require surgery centers to provide suppliers' or manufacturers' invoice(s) for maximum reimbursement. They are distinguished by an asterisk (\*) in Table B. The following standards shall be applied:

## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

(A) Maximum reimbursement for asterisked procedures shall be the facility reimbursement allowable listed in Table B plus 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

(B) The Division shall not provide direct payment to suppliers or manufacturers.

(C) The Division shall reimburse invoiced costs of an implant/device for any code marked with an asterisk on Table B and not otherwise recognized for payment.

(iii) 23-Hour Stay. Code 19999 is recognized as a 23-hour stay. Documentation supporting the medical necessity for the stay is required for reimbursement. Reimbursement shall be based on half of the average Wyoming semi-private hospital room rate. See (a)(iv) for guidelines.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

CPT	SHORT DESCRIPTOR	AA <i>WITHOUT GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AB <i>WITHOUT GUIDANCE &amp; WITH IV SEDATION</i>	AC <i>WITH GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AD <i>WITH GUIDANCE &amp; WITH IV SEDATION*</i>
20526	Ther injection, carp tunnel	\$237.55	\$985.22	\$321.04	\$1,068.71
20550	Inj tendon sheath/ligament	\$237.55	\$985.22	\$321.04	\$1,068.71
20551	Inj tendon origin/insertion	\$237.55	\$985.22	\$321.04	\$1,068.71
20552	Inj trigger point, 1/2 muscl	\$237.55	\$985.22	\$321.04	\$1,068.71
20553	Inject trigger points, => 3	\$237.55	\$985.22	\$321.04	\$1,068.71
20600	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20605	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20610	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20612	Aspirate/inj ganglion cyst	\$237.55	\$985.22	\$321.04	\$1,068.71
27096	Inject sacroiliac joint w/ GUID	\$480.05	no code AB	\$647.04	\$1,205.66
62264	Epidural lysis on single day	no code AA	no code AB	\$647.04	\$1,205.66
62270	Spinal fluid tap, diagnostic	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62272	Drain cerebro spinal fluid	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62273	Inject epidural patch	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62280	Treat spinal cord lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62281	Treat spinal cord lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62282	Treat spinal canal lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62310	Inject spine c/t	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62311	Inject spine l/s (cd)	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62318	Inject spine w/cath, c/t	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62319	Inject spine w/cath l/s (cd)	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64400	N block inj, trigeminal	\$237.55	\$985.22	\$321.04	\$1,068.71
64402	N block inj, facial	\$237.55	\$985.22	\$321.04	\$1,068.71
64405	N block inj, occipital	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64408	N block inj, vagus	\$237.55	\$985.22	\$321.04	\$1,068.71
64410	N block inj, phrenic	\$237.55	\$985.22	\$321.04	\$1,068.71
64412	N block inj, spinal accessor	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64413	N block inj, cervical	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64415	N block brachial plexus, single	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64416	N block cont infuse, b plex	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64417	N block inj, axillary	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64418	N block inj, suprascapular	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64420	N block inj, intercost, sng	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64421	N block inj, intercost, mlt	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64425	N block inj, ilio-ing/hypogi	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64430	N block inj, pudendal	\$480.05	\$1,038.67	\$647.04	\$1,205.66

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY (cont.)**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

CPT	SHORT DESCRIPTOR	AA <i>WITHOUT GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AB <i>WITHOUT GUIDANCE &amp; WITH IV SEDATION</i>	AC <i>WITH GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AD <i>WITH GUIDANCE &amp; WITH IV SEDATION*</i>
64435	N block inj, paracervical	4.56	038.67	8.05	185.72
64445	N block inj, sciatic, sng	0.05	038.67	7.04	205.66
64447	N block inj fem, single	4.56	038.67	8.05	185.72
64448	N block inj fem, cont inf	0.05	038.67	7.04	205.66
64449	N block inj, lumbar plexus	0.05	038.67	7.04	205.66
64450	N block, other peripheral	4.56	038.67	8.05	185.72
64479	Inj foramen epidural c/t	0.05	038.67	7.04	205.66
64480	Inj foramen <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64483	Inj foramen epidural l/s	0.05	038.67	7.04	205.66
64484	Inj l/s <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64490	Inj paravertebral c/t - fluor / CT	\$120.01 for bilateral side	no code AB	\$647.04	\$1,205.66
64491	Inj paravertebral c/t - Fluor / CT <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64492	Inj paravertebral c/t - Fluor / CT <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64493	Inj paravertebral l/s - Fluor / CT	\$120.01 for bilateral side	no code AB	7.04	205.66
64494	Inj paravertebral l/s- Fluor / CT <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64495	Inj paravertebral l/s- Fluor / CT <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64505	N block, sphenopalatine gangl	\$237.55	\$985.22	\$321.04	\$1,068.71
64508	N block, carotid sinus s/p	\$237.55	\$985.22	\$321.04	\$1,068.71
64510	N block, stellate ganglion	\$480.05	no code AB	\$647.04	\$1,205.66
64517	N block inj, hypogas plxs	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64520	N block, lumbar/thoracic	\$480.05	no code AB	\$647.04	\$1,205.66
64530	N block inj, celiac pelus	\$480.05	no code AB	\$647.04	\$1,205.66
64600	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
64612	Destroy nerve, face muscle	\$237.55	\$985.22	\$321.04	\$1,068.71
64613	Destroy nerve, neck muscle	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64614	Destroy nerve, extrem musc	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64620	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
64630	Injection treatment of nerve	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64633	Destr paravertebrl nerve c/t	\$480.05	no code AB	\$647.04	\$1,205.66
64634	Destr c/t <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64635	Destr paravertebrl nerve l/s	\$480.05	\$1,038.67	\$647.04	\$1,205.66

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY (cont.)**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

CPT	SHORT DESCRIPTOR	AA <i>WITHOUT GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AB <i>WITHOUT GUIDANCE &amp; WITH IV SEDATION</i>	AC <i>WITH GUIDANCE &amp; WITHOUT IV SEDATION *</i>	AD <i>WITH GUIDANCE &amp; WITH IV SEDATION*</i>
64636	Destr l/s <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64640	Injection treatment of nerve	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64680	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
64681	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
72285	X-ray cervical / thoracic spine disk - Discogram -under fluoroscopy. <b>PER SURGICAL EPISODE</b>	no code AA	no code AB	\$1,330.73	\$2,078.40
72295	X-ray of lower spine disk - Discogram - under fluoroscopy. <b>PER SURGICAL EPISODE</b>	no code AA	no code AB	\$1,330.73	\$2,078.40
0213T	Inj paravertebral c/t ultrasound	\$120.01 for bilateral side	\$1,038.67	\$647.04	\$1,205.66
0214T	Inj paravertebral c/t ultrasound <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
0215T	Inj paravertebral c/t ultrasound <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
0216T	Inj paravertebral l/s ultrasound	\$120.01 for bilateral side	\$1,038.67	\$647.04	\$1,205.66
0217T	Inj paravertebral l/s ultrasound <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
0218T	Inj paravertebral l/s ultrasound <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD

\* The Division shall pay 25% of the base value for each procedural code unless otherwise specified.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table B - SURGERY CENTER PROCEDURES**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
10060	Drainage of skin abscess	\$129.33	
10061	Drainage of skin abscess	\$129.33	
10120	Remove foreign body	\$251.19	
10121	Remove foreign body	\$1,546.95	
10140	Drainage of hematoma/fluid	\$1,165.80	
10180	Complex drainage wound	\$1,870.55	
11010	Debride skin at fx site	\$400.06	
11011	Debride skin musc at fx site	\$400.06	
11012	Deb skin bone at fx site	\$400.06	
11042	Deb subq tissue 20 sq cm/<	\$251.19	
11043	Deb musc/fascia 20 sq cm/<	\$251.19	
11044	Deb bone 20 sq cm/<	\$754.72	
11400	Exc tr-ext b9+marg 0.5 < cm	\$400.06	
11403	Exc tr-ext b9+marg 2.1-3 cm	\$754.72	
11404	Exc tr-ext b9+marg 3.1-4 cm	\$1,546.95	
11420	Exc h-f-nk-sp b9+marg 0.5 <	\$754.72	
11421	Exc h-f-nk-sp b9+marg 0.6-1	\$754.72	
11422	Exc h-f-nk-sp b9+marg 1.1-2	\$754.72	
11423	Exc h-f-nk-sp b9+marg 2.1-3	\$1,546.95	
11440	Exc face-mm b9+marg 0.5 < cm	\$400.06	
11720	Debride nail 1-5	\$79.81	
11730	Removal of nail plate	\$79.81	
11750	Removal of nail bed	\$400.06	
11752	Remove nail bed/finger tip	\$2,117.45	
11760	Repair of nail bed	\$108.51	
11762	Reconstruction of nail bed	\$1,526.43	
12001	Repair superficial wound(s)	\$108.51	
12020	Closure of split wound	\$448.46	
12032	Intmd wnd repair s/a/t/ext	\$294.49	
12034	Intmd wnd repair s/tr/ext	\$294.49	
12041	Intmd wnd repair n-hf/genit	\$108.51	
12042	Intmd wnd repair n-hf/genit	\$294.49	
12051	Intmd wnd repair face/mm	\$294.49	
13101	Repair of wound or lesion	\$448.46	
13102	Repair wound/lesion add-on	\$294.49	
13120	Repair of wound or lesion	\$294.49	
13121	Repair of wound or lesion	\$294.49	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
13122	Repair wound/lesion add-on	\$108.51	
13131	Repair of wound or lesion	\$294.49	
13132	Repair of wound or lesion	\$448.46	
13152	Repair of wound or lesion	\$448.46	
13160	Late closure of wound	\$1,951.55	
14000	Skin tissue rearrangement	\$1,526.43	
14001	Skin tissue rearrangement	\$1,526.43	
14021	Skin tissue rearrangement	\$1,526.43	
14040	Skin tissue rearrangement	\$1,526.43	
14041	Skin tissue rearrangement	\$1,526.43	
15002	Wound prep trk/arm/leg	\$448.46	
15003	Wound prep addl 100 cm	\$448.46	
15004	Wound prep f/n/hf/g	\$294.49	
15050	Skin pinch graft	\$294.49	
15100	Skin splt grft trnk/arm/leg	\$1,951.55	
15101	Skin splt grft t/a/l add-on	\$1,951.55	
15120	Skn splt a-grft fac/nck/hf/g	\$1,951.55	
15121	Skn splt a-grft f/n/hf/g add	\$1,951.55	
15220	Skin full graft sclp/arm/leg	\$1,526.43	
15240	Skin full grft face/genit/hf	\$1,526.43	
15574	Form skin pedicle flap	\$1,951.55	
15620	Skin graft	\$1,951.55	
15760	Composite skin graft	\$1,951.55	
15850	Removal of sutures	\$251.19	
15851	Removal of sutures	\$251.19	
15852	Dressing change not for burn	\$59.15	
17111	Destruct lesion 15 or more	\$136.22	
20100	Explore wound neck	\$679.14	
20103	Explore wound extremity	\$1,165.80	
20520	Removal of foreign body	\$400.06	
20525	Removal of foreign body	\$2,117.45	
20555	Place ndl musc/tis for rt	\$2,953.24	
20670	Removal of support implant	\$1,546.95	
20680	Removal of support implant	\$2,117.45	
20690	Apply bone fixation device	\$2,953.24	
20693	Adjust bone fixation device	\$2,953.24	
20694	Remove bone fixation device	\$2,009.69	
20900	Removal of bone for graft	\$2,953.24	
20902	Removal of bone for graft	\$2,953.24	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
20912	Remove cartilage for graft	\$1,951.55	
20924	Removal of tendon for graft	\$2,953.24	
20930	Sp bone algrft morsel add-on	invoice only	*
20931	Sp bone algrft struct add-on	invoice only	*
20936	Sp bone agrft local add-on	\$2,953.24	
20937	Sp bone agrft morsel add-on	\$2,953.24	
20938	Sp bone agrft struct add-on	\$2,953.24	
21320	Treatment of nose fracture	\$1,535.50	
21325	Treatment of nose fracture	\$2,265.44	
21330	Treatment of nose fracture	\$2,265.44	
21335	Treatment of nose fracture	\$2,265.44	
21356	Treat cheek bone fracture	\$2,265.44	
21365	Treat cheek bone fracture	\$4,099.33	
21385	Treat eye socket fracture	\$4,099.33	
21390	Treat eye socket fracture	\$4,099.33	
21407	Treat eye socket fracture	\$4,099.33	
21408	Treat eye socket fracture	\$4,099.33	
21462	Treat lower jaw fracture	\$4,099.33	
21555	Exc neck les sc < 3 cm	\$1,546.95	
21930	Exc back les sc < 3 cm	\$1,546.95	
22100	Remove part of neck vertebra	\$4,617.84	
22520	Percut vertebroplasty thor	\$2,953.24	
22521	Percut vertebroplasty lumb	\$2,953.24	
22524	Percut kyphoplasty lumbar	\$6,159.04	*
22526	Idet single level	\$2,953.24	
22527	Idet 1 or more levels	\$2,953.24	
22551	Neck spine fuse&remov bel c2	\$4,617.84	
22552	Addl neck spine fusion	\$4,617.84	
22554	Neck spine fusion	\$4,617.84	
22556	Thorax spine fusion	\$4,617.84	
22558	Lumbar spine fusion	\$4,617.84	
22585	Additional spinal fusion	\$4,617.84	
22600	Neck spine fusion	\$4,617.84	
22610	Thorax spine fusion	\$4,617.84	
22612	Lumbar spine fusion	\$4,617.84	
22614	Spine fusion extra segment	\$4,617.84	
22630	Lumbar spine fusion	\$4,617.84	
22632	Spine fusion extra segment	\$4,617.84	



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
22633	Lumbar spine fusion combined	\$6,926.76	
22634	Spine fusion extra segment	\$6,926.76	
22830	Exploration of spinal fusion	\$4,617.84	
22840	Insert spine fixation device	\$4,617.84	*
22841	Insert spine fixation device	\$4,617.84	*
22842	Insert spine fixation device	\$4,617.84	*
22843	Insert spine fixation device	\$4,617.84	*
22844	Insert spine fixation device	\$4,617.84	*
22845	Insert spine fixation device	\$4,617.84	*
22846	Insert spine fixation device	\$4,617.84	*
22847	Insert spine fixation device	\$4,617.84	*
22848	Insert pelv fixation device	\$4,617.84	*
22849	Reinsert spinal fixation	\$4,617.84	*
22850	Remove spine fixation device	\$4,617.84	
22851	Apply spine prosth device	\$2,721.71	*
22852	Remove spine fixation device	\$4,617.84	
22855	Remove spine fixation device	\$4,617.84	
22856	Cerv artific diskectomy	\$4,617.84	*
22857	Lumbar artif diskectomy	\$4,617.84	*
23020	Release shoulder joint	\$2,953.24	
23030	Drain shoulder lesion	\$1,870.55	
23040	Exploratory shoulder surgery	\$2,953.24	
23044	Exploratory shoulder surgery	\$2,953.24	
23075	Exc shoulder les sc < 3 cm	\$1,546.95	
23076	Exc shoulder tum deep < 5 cm	\$1,546.95	
23100	Biopsy of shoulder joint	\$2,009.69	
23101	Shoulder joint surgery	\$2,953.24	
23105	Remove shoulder joint lining	\$2,953.24	
23106	Incision of collarbone joint	\$2,953.24	
23107	Explore treat shoulder joint	\$2,953.24	
23120	Partial removal collar bone	\$2,953.24	
23130	Remove shoulder bone part	\$4,323.74	
23140	Removal of bone lesion	\$2,009.69	
23145	Removal of bone lesion	\$2,953.24	
23330	Remove shoulder foreign body	\$754.72	
23331	Remove shoulder foreign body	\$2,117.45	
23405	Incision of tendon & muscle	\$2,953.24	
23410	Repair rotator cuff acute	\$3,669.13	*

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
23412	Repair rotator cuff chronic	\$3,669.13	*
23415	Release of shoulder ligament	\$4,323.74	
23420	Repair of shoulder	\$3,669.13	*
23430	Repair biceps tendon	\$4,323.74	
23440	Remove/transplant tendon	\$2,953.24	
23450	Repair shoulder capsule	\$6,159.04	*
23455	Repair shoulder capsule	\$6,159.04	*
23460	Repair shoulder capsule	\$6,159.04	*
23462	Repair shoulder capsule	\$4,323.74	
23465	Repair shoulder capsule	\$6,159.04	*
23466	Repair shoulder capsule	\$4,323.74	
23470	Reconstruct shoulder joint	\$4,646.69	*
23472	Reconstruct shoulder joint	\$4,646.69	*
23485	Revision of collar bone	\$6,159.04	*
23515	Treat clavicle fracture	\$6,200.31	
23530	Treat clavicle dislocation	\$4,541.71	
23532	Treat clavicle dislocation	\$2,377.46	
23550	Treat clavicle dislocation	\$4,541.71	
23552	Treat clavicle dislocation	\$4,541.71	
23585	Treat scapula fracture	\$6,200.31	
23630	Treat humerus fracture	\$6,200.31	
23655	Treat shoulder dislocation	\$1,407.13	
23700	Fixation of shoulder	\$1,407.13	
23929	Shoulder surgery procedure	\$136.71	
23930	Drainage of arm lesion	\$1,870.55	
23931	Drainage of arm bursa	\$1,870.55	
24000	Exploratory elbow surgery	\$2,953.24	
24006	Release elbow joint	\$2,953.24	
24101	Explore/treat elbow joint	\$2,953.24	
24102	Remove elbow joint lining	\$2,953.24	
24105	Removal of elbow bursa	\$2,009.69	
24110	Remove humerus lesion	\$2,009.69	
24120	Remove elbow lesion	\$2,009.69	
24130	Removal of head of radius	\$2,953.24	
24140	Partial removal of arm bone	\$2,953.24	
24145	Partial removal of radius	\$2,953.24	
24147	Partial removal of elbow	\$2,953.24	
24164	Remove radius head implant	\$2,953.24	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
24200	Removal of arm foreign body	\$400.06	
24201	Removal of arm foreign body	\$1,546.95	
24300	Manipulate elbow w/anesth	\$1,407.13	
24305	Arm tendon lengthening	\$2,953.24	
24340	Repair of biceps tendon	\$4,323.74	
24341	Repair arm tendon/muscle	\$4,323.74	
24342	Repair of ruptured tendon	\$4,323.74	
24343	Repr elbow lat ligmnt w/tiss	\$2,953.24	
24344	Reconstruct elbow lat ligmnt	\$6,159.04	*
24345	Repr elbw med ligmnt w/tissu	\$2,953.24	
24346	Reconstruct elbow med ligmnt	\$6,159.04	*
24357	Repair elbow perc	\$2,953.24	
24358	Repair elbow w/deb open	\$2,953.24	
24359	Repair elbow deb/attch open	\$2,953.24	
24360	Reconstruct elbow joint	\$3,757.97	
24365	Reconstruct head of radius	\$3,757.97	
24366	Reconstruct head of radius	\$4,646.69	*
24400	Revision of humerus	\$6,159.04	*
24430	Repair of humerus	\$6,159.04	*
24435	Repair humerus with graft	\$6,159.04	*
24545	Treat humerus fracture	\$6,200.31	
24546	Treat humerus fracture	\$6,200.31	
24575	Treat humerus fracture	\$6,200.31	
24579	Treat humerus fracture	\$6,200.31	
24582	Treat humerus fracture	\$2,377.46	
24586	Treat elbow fracture	\$6,200.31	
24605	Treat elbow dislocation	\$1,407.13	
24615	Treat elbow dislocation	\$6,200.31	
24655	Treat radius fracture	\$459.23	
24665	Treat radius fracture	\$4,541.71	
24666	Treat radius fracture	\$6,200.31	
24685	Treat ulnar fracture	\$4,541.71	
24800	Fusion of elbow joint	\$4,323.74	
25000	Incision of tendon sheath	\$2,009.69	
25001	Incise flexor carpi radialis	\$2,009.69	
25020	Decompress forearm 1 space	\$2,953.24	
25023	Decompress forearm 1 space	\$2,953.24	
25024	Decompress forearm 2 spaces	\$2,953.24	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
25025	Decompress forearm 2 spaces	\$2,953.24	
25028	Drainage of forearm lesion	\$2,009.69	
25031	Drainage of forearm bursa	\$2,009.69	
25040	Explore/treat wrist joint	\$2,953.24	
25066	Biopsy forearm soft tissues	\$2,117.45	
25075	Exc forearm les sc < 3 cm	\$1,546.95	
25076	Exc forearm tum deep < 3 cm	\$1,546.95	
25085	Incision of wrist capsule	\$2,009.69	
25100	Biopsy of wrist joint	\$2,009.69	
25101	Explore/treat wrist joint	\$2,953.24	
25105	Remove wrist joint lining	\$2,953.24	
25107	Remove wrist joint cartilage	\$2,953.24	
25110	Remove wrist tendon lesion	\$2,009.69	
25111	Remove wrist tendon lesion	\$2,009.69	
25112	Reremove wrist tendon lesion	\$2,009.69	
25115	Remove wrist/forearm lesion	\$2,009.69	
25116	Remove wrist/forearm lesion	\$2,009.69	
25118	Excise wrist tendon sheath	\$2,953.24	
25120	Removal of forearm lesion	\$2,953.24	
25126	Remove/graft forearm lesion	\$2,953.24	
25136	Remove & graft wrist lesion	\$2,953.24	
25150	Partial removal of ulna	\$2,953.24	
25151	Partial removal of radius	\$2,953.24	
25210	Removal of wrist bone	\$2,953.24	
25215	Removal of wrist bones	\$2,953.24	
25230	Partial removal of radius	\$2,953.24	
25240	Partial removal of ulna	\$2,953.24	
25248	Remove forearm foreign body	\$2,009.69	
25259	Manipulate wrist w/anesthes	\$1,724.73	
25260	Repair forearm tendon/muscle	\$2,953.24	
25263	Repair forearm tendon/muscle	\$2,953.24	
25270	Repair forearm tendon/muscle	\$2,953.24	
25272	Repair forearm tendon/muscle	\$2,953.24	
25274	Repair forearm tendon/muscle	\$2,953.24	
25275	Repair forearm tendon sheath	\$2,953.24	
25280	Revise wrist/forearm tendon	\$2,953.24	
25290	Incise wrist/forearm tendon	\$2,953.24	
25295	Release wrist/forearm tendon	\$2,009.69	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
25300	Fusion of tendons at wrist	\$2,953.24	
25301	Fusion of tendons at wrist	\$2,953.24	
25310	Transplant forearm tendon	\$2,953.24	
25312	Transplant forearm tendon	\$4,323.74	
25320	Repair/revise wrist joint	\$4,323.74	
25337	Reconstruct ulna/radioulnar	\$4,323.74	
25360	Revision of ulna	\$4,323.74	
25390	Shorten radius or ulna	\$4,323.74	
25400	Repair radius or ulna	\$6,159.04	*
25405	Repair/graft radius or ulna	\$6,159.04	*
25415	Repair radius & ulna	\$6,159.04	*
25420	Repair/graft radius & ulna	\$6,159.04	*
25430	Vasc graft into carpal bone	\$4,323.74	
25431	Repair nonunion carpal bone	\$4,323.74	
25440	Repair/graft wrist bone	\$6,159.04	*
25447	Repair wrist joints	\$3,757.97	
25515	Treat fracture of radius	\$4,541.71	
25545	Treat fracture of ulna	\$4,541.71	
25575	Treat fracture radius/ulna	\$6,200.31	
25605	Treat fracture radius/ulna	\$459.23	
25606	Treat fx distal radial	\$2,377.46	
25607	Treat fx rad extra-articul	\$6,200.31	
25608	Treat fx rad intra-articul	\$6,200.31	
25609	Treat fx radial 3+ frag	\$6,200.31	
25622	Treat wrist bone fracture	\$136.71	
25628	Treat wrist bone fracture	\$4,541.71	
25645	Treat wrist bone fracture	\$4,541.71	
25651	Pin ulnar styloid fracture	\$2,377.46	
25652	Treat fracture ulnar styloid	\$4,541.71	
25660	Treat wrist dislocation	\$136.71	
25670	Treat wrist dislocation	\$2,377.46	
25671	Pin radioulnar dislocation	\$2,377.46	
25676	Treat wrist dislocation	\$2,377.46	
25685	Treat wrist fracture	\$2,377.46	
25695	Treat wrist dislocation	\$2,377.46	
25800	Fusion of wrist joint	\$6,159.04	*
25810	Fusion/graft of wrist joint	\$6,159.04	*
25820	Fusion of hand bones	\$4,323.74	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	B	<u>Invoice Required</u>
		<u>Facility Reimbursement</u>	
25825	Fuse hand bones with graft	\$6,159.04	*
26011	Drainage of finger abscess	\$1,165.80	-
26020	Drain hand tendon sheath	\$1,564.65	-
26037	Decompress fingers/hand	\$1,564.65	-
26040	Release palm contracture	\$1,564.65	-
26055	Incise finger tendon sheath	\$1,564.65	-
26060	Incision of finger tendon	\$1,564.65	-
26070	Explore/treat hand joint	\$1,564.65	-
26075	Explore/treat finger joint	\$1,564.65	-
26080	Explore/treat finger joint	\$1,564.65	-
26100	Biopsy hand joint lining	\$1,564.65	-
26105	Biopsy finger joint lining	\$1,564.65	-
26110	Biopsy finger joint lining	\$1,564.65	-
26113	Exc hand tum deep 1.5 cm/>	\$2,117.45	-
26115	Exc hand les sc < 1.5 cm	\$1,546.95	-
26116	Exc hand tum deep < 1.5 cm	\$1,546.95	-
26121	Release palm contracture	\$2,627.06	-
26123	Release palm contracture	\$2,627.06	-
26125	Release palm contracture	\$1,564.65	-
26130	Remove wrist joint lining	\$1,564.65	-
26140	Revise finger joint each	\$1,564.65	-
26145	Tendon excision palm/finger	\$1,564.65	-
26160	Remove tendon sheath lesion	\$1,564.65	-
26170	Removal of palm tendon each	\$1,564.65	-
26180	Removal of finger tendon	\$1,564.65	-
26185	Remove finger bone	\$1,564.65	-
26200	Remove hand bone lesion	\$1,564.65	-
26230	Partial removal of hand bone	\$1,564.65	-
26235	Partial removal finger bone	\$1,564.65	-
26236	Partial removal finger bone	\$1,564.65	-
26320	Removal of implant from hand	\$1,546.95	-
26340	Manipulate finger w/anesth	\$459.23	-
26350	Repair finger/hand tendon	\$2,627.06	-
26352	Repair/graft hand tendon	\$2,627.06	-
26356	Repair finger/hand tendon	\$2,627.06	-
26357	Repair finger/hand tendon	\$2,627.06	-
26358	Repair/graft hand tendon	\$2,627.06	-
26370	Repair finger/hand tendon	\$2,627.06	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
26372	Repair/graft hand tendon	\$2,627.06	
26373	Repair finger/hand tendon	\$2,627.06	
26390	Revise hand/finger tendon	\$2,627.06	
26392	Repair/graft hand tendon	\$2,627.06	
26410	Repair hand tendon	\$1,564.65	
26412	Repair/graft hand tendon	\$2,627.06	
26418	Repair finger tendon	\$1,564.65	
26420	Repair/graft finger tendon	\$2,627.06	
26426	Repair finger/hand tendon	\$2,627.06	
26428	Repair/graft finger tendon	\$2,627.06	
26432	Repair finger tendon	\$1,564.65	
26433	Repair finger tendon	\$1,564.65	
26434	Repair/graft finger tendon	\$2,627.06	
26437	Realignment of tendons	\$1,564.65	
26440	Release palm/finger tendon	\$1,564.65	
26442	Release palm & finger tendon	\$2,627.06	
26445	Release hand/finger tendon	\$1,564.65	
26449	Release forearm/hand tendon	\$2,627.06	
26450	Incision of palm tendon	\$1,564.65	
26455	Incision of finger tendon	\$1,564.65	
26460	Incise hand/finger tendon	\$1,564.65	
26471	Fusion of finger tendons	\$1,564.65	
26474	Fusion of finger tendons	\$1,564.65	
26476	Tendon lengthening	\$1,564.65	
26477	Tendon shortening	\$1,564.65	
26478	Lengthening of hand tendon	\$1,564.65	
26479	Shortening of hand tendon	\$1,564.65	
26480	Transplant hand tendon	\$2,627.06	
26483	Transplant/graft hand tendon	\$2,627.06	
26485	Transplant palm tendon	\$2,627.06	
26489	Transplant/graft palm tendon	\$2,627.06	
26500	Hand tendon reconstruction	\$1,564.65	
26502	Hand tendon reconstruction	\$2,627.06	
26508	Release thumb contracture	\$1,564.65	
26516	Fusion of knuckle joint	\$2,627.06	
26520	Release knuckle contracture	\$1,564.65	
26525	Release finger contracture	\$1,564.65	
26530	Revise knuckle joint	\$3,757.97	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
CPT	Short Descriptor	Facility Reimbursement	Invoice Required
26535	Revise finger joint	\$3,757.97	
26536	Revise/implant finger joint	\$3,348.85	*
26540	Repair hand joint	\$1,564.65	
26541	Repair hand joint with graft	\$2,627.06	
26542	Repair hand joint with graft	\$1,564.65	
26545	Reconstruct finger joint	\$2,627.06	
26546	Repair nonunion hand	\$2,627.06	
26548	Reconstruct finger joint	\$2,627.06	
26565	Correct metacarpal flaw	\$2,627.06	
26593	Release muscles of hand	\$1,564.65	
26605	Treat metacarpal fracture	\$136.71	
26607	Treat metacarpal fracture	\$1,724.73	
26608	Treat metacarpal fracture	\$2,377.46	
26615	Treat metacarpal fracture	\$4,541.71	
26650	Treat thumb fracture	\$2,377.46	
26665	Treat thumb fracture	\$4,541.71	
26676	Pin hand dislocation	\$2,377.46	
26685	Treat hand dislocation	\$2,377.46	
26705	Treat knuckle dislocation	\$136.71	
26706	Pin knuckle dislocation	\$1,724.73	
26715	Treat knuckle dislocation	\$2,377.46	
26725	Treat finger fracture each	\$136.71	
26727	Treat finger fracture each	\$2,377.46	
26735	Treat finger fracture each	\$2,377.46	
26742	Treat finger fracture each	\$136.71	
26746	Treat finger fracture each	\$2,377.46	
26755	Treat finger fracture each	\$136.71	
26756	Pin finger fracture each	\$2,377.46	
26765	Treat finger fracture each	\$2,377.46	
26775	Treat finger dislocation	\$1,407.13	
26776	Pin finger dislocation	\$2,377.46	
26785	Treat finger dislocation	\$2,377.46	
26841	Fusion of thumb	\$2,627.06	
26842	Thumb fusion with graft	\$2,627.06	
26843	Fusion of hand joint	\$2,627.06	
26844	Fusion/graft of hand joint	\$2,627.06	
26850	Fusion of knuckle	\$2,627.06	
26852	Fusion of knuckle with graft	\$2,627.06	



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
26860	Fusion of finger joint	\$2,627.06	
26861	Fusion of finger jnt add-on	\$2,627.06	
26862	Fusion/graft of finger joint	\$2,627.06	
26863	Fuse/graft added joint	\$2,627.06	
26910	Amputate metacarpal bone	\$2,627.06	
26951	Amputation of finger/thumb	\$1,564.65	
26952	Amputation of finger/thumb	\$1,564.65	
26990	Drainage of pelvis lesion	\$2,009.69	
27006	Incision of hip tendons	\$2,953.24	
27062	Remove femur lesion/bursa	\$2,009.69	
27065	Remove hip bone les super	\$2,009.69	
27066	Remove hip bone les deep	\$2,953.24	
27216	Treat pelvic ring fracture	\$2,953.24	
27267	Cltx thigh fx	\$136.71	
27275	Manipulation of hip joint	\$1,407.13	
27280	Fusion of sacroiliac joint	\$4,617.84	
27301	Drain thigh/knee lesion	\$1,870.55	
27306	Incision of thigh tendon	\$2,009.69	
27310	Exploration of knee joint	\$2,953.24	
27324	Biopsy thigh soft tissues	\$2,117.45	
27327	Exc thigh/knee les sc < 3 cm	\$2,117.45	
27328	Exc thigh/knee tum deep <5cm	\$1,546.95	
27331	Explore/treat knee joint	\$2,953.24	
27332	Removal of knee cartilage	\$2,953.24	
27333	Removal of knee cartilage	\$2,953.24	
27334	Remove knee joint lining	\$2,953.24	
27335	Remove knee joint lining	\$2,953.24	
27340	Removal of kneecap bursa	\$2,009.69	
27345	Removal of knee cyst	\$2,009.69	
27347	Remove knee cyst	\$2,009.69	
27350	Removal of kneecap	\$2,953.24	
27360	Partial removal leg bone(s)	\$2,953.24	
27372	Removal of foreign body	\$2,117.45	
27380	Repair of kneecap tendon	\$2,953.24	
27381	Repair/graft kneecap tendon	\$2,953.24	
27385	Repair of thigh muscle	\$2,953.24	
27386	Repair/graft of thigh muscle	\$2,953.24	
27400	Revise thigh muscles/tendons	\$4,323.74	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>27403</u>	<u>Repair of knee cartilage</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27405</u>	<u>Repair of knee ligament</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27407</u>	<u>Repair of knee ligament</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27409</u>	<u>Repair of knee ligaments</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27415</u>	<u>Osteochondral knee allograft</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27416</u>	<u>Osteochondral knee autograft</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27418</u>	<u>Repair degenerated kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27420</u>	<u>Revision of unstable kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27422</u>	<u>Revision of unstable kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27424</u>	<u>Revision/removal of kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27425</u>	<u>Lat retinacular release open</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27427</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27428</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27429</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27438</u>	<u>Revise kneecap with implant</u>	<u>\$3,348.85</u>	<u>*</u>
<u>27446</u>	<u>Revision of knee joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27447</u>	<u>Total knee arthroplasty</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27486</u>	<u>Revise/replace knee joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27520</u>	<u>Treat kneecap fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>27524</u>	<u>Treat kneecap fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27562</u>	<u>Treat kneecap dislocation</u>	<u>\$1,407.13</u>	<u>-</u>
<u>27570</u>	<u>Fixation of knee joint</u>	<u>\$1,407.13</u>	<u>-</u>
<u>27603</u>	<u>Drain lower leg lesion</u>	<u>\$1,870.55</u>	<u>-</u>
<u>27604</u>	<u>Drain lower leg bursa</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27605</u>	<u>Incision of achilles tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>27606</u>	<u>Incision of achilles tendon</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27610</u>	<u>Explore/treat ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27612</u>	<u>Exploration of ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27618</u>	<u>Exc leg/ankle tum &lt; 3 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>27619</u>	<u>Exc leg/ankle tum deep &lt;5 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>27620</u>	<u>Explore/treat ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27625</u>	<u>Remove ankle joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27626</u>	<u>Remove ankle joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27630</u>	<u>Removal of tendon lesion</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27638</u>	<u>Remove/graft leg bone lesion</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27640</u>	<u>Partial removal of tibia</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27641</u>	<u>Partial removal of fibula</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27650</u>	<u>Repair achilles tendon</u>	<u>\$4,323.74</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
27652	Repair/graft achilles tendon	\$6,159.04	*
27654	Repair of achilles tendon	\$4,323.74	
27658	Repair of leg tendon each	\$2,009.69	
27659	Repair of leg tendon each	\$2,009.69	
27664	Repair of leg tendon each	\$2,953.24	
27665	Repair of leg tendon each	\$2,953.24	
27675	Repair lower leg tendons	\$2,009.69	
27676	Repair lower leg tendons	\$2,953.24	
27680	Release of lower leg tendon	\$2,953.24	
27685	Revision of lower leg tendon	\$2,953.24	
27687	Revision of calf tendon	\$2,953.24	
27690	Revise lower leg tendon	\$4,323.74	
27691	Revise lower leg tendon	\$4,323.74	
27695	Repair of ankle ligament	\$2,953.24	
27696	Repair of ankle ligaments	\$2,953.24	
27698	Repair of ankle ligament	\$2,953.24	
27700	Revision of ankle joint	\$3,757.97	
27707	Incision of fibula	\$2,953.24	
27720	Repair of tibia	\$4,541.71	
27726	Repair fibula nonunion	\$4,541.71	
27745	Reinforce tibia	\$6,159.04	*
27758	Treatment of tibia fracture	\$4,541.71	
27762	Cltx med ankle fx w/mnpj	\$1,724.73	
27766	Optx medial ankle fx	\$4,541.71	
27767	Cltx post ankle fx	\$136.71	
27768	Cltx post ankle fx w/mnpj	\$136.71	
27769	Optx post ankle fx	\$4,541.71	
27784	Treatment of fibula fracture	\$4,541.71	
27792	Treatment of ankle fracture	\$4,541.71	
27814	Treatment of ankle fracture	\$4,541.71	
27818	Treatment of ankle fracture	\$459.23	
27822	Treatment of ankle fracture	\$4,541.71	
27823	Treatment of ankle fracture	\$6,200.31	
27825	Treat lower leg fracture	\$1,724.73	
27827	Treat lower leg fracture	\$6,200.31	
27828	Treat lower leg fracture	\$6,200.31	
27829	Treat lower leg joint	\$4,541.71	
27842	Treat ankle dislocation	\$1,407.13	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
28035	Decompression of tibia nerve	\$1,719.56	
28050	Biopsy of foot joint lining	\$2,011.21	
28060	Partial removal foot fascia	\$2,011.21	
28062	Removal of foot fascia	\$2,011.21	
28070	Removal of foot joint lining	\$2,011.21	
28072	Removal of foot joint lining	\$2,011.21	
28080	Removal of foot lesion	\$2,011.21	
28086	Excise foot tendon sheath	\$2,011.21	
28088	Excise foot tendon sheath	\$2,011.21	
28090	Removal of foot lesion	\$2,011.21	
28092	Removal of toe lesions	\$2,011.21	
28111	Part removal of metatarsal	\$2,011.21	
28112	Part removal of metatarsal	\$2,011.21	
28113	Part removal of metatarsal	\$2,011.21	
28116	Revision of foot	\$2,011.21	
28118	Removal of heel bone	\$2,011.21	
28119	Removal of heel spur	\$2,011.21	
28120	Part removal of ankle/heel	\$2,011.21	
28122	Partial removal of foot bone	\$2,011.21	
28124	Partial removal of toe	\$2,011.21	
28200	Repair of foot tendon	\$2,011.21	
28202	Repair/graft of foot tendon	\$2,011.21	
28208	Repair of foot tendon	\$2,011.21	
28210	Repair/graft of foot tendon	\$5,320.90	
28220	Release of foot tendon	\$2,011.21	
28222	Release of foot tendons	\$2,011.21	
28225	Release of foot tendon	\$2,011.21	
28226	Release of foot tendons	\$2,011.21	
28230	Incision of foot tendon(s)	\$2,011.21	
28232	Incision of toe tendon	\$2,011.21	
28234	Incision of foot tendon	\$2,011.21	
28238	Revision of foot tendon	\$5,320.90	
28270	Release of foot contracture	\$2,011.21	
28272	Release of toe joint each	\$2,011.21	
28285	Repair of hammertoe	\$2,011.21	
28289	Repair hallux rigidus	\$2,011.21	
28297	Correction of bunion	\$2,978.74	
28300	Incision of heel bone	\$5,320.90	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
28302	Incision of ankle bone	\$2,011.21	
28304	Incision of midfoot bones	\$5,320.90	
28305	Incise/graft midfoot bones	\$5,320.90	
28306	Incision of metatarsal	\$2,011.21	
28307	Incision of metatarsal	\$2,011.21	
28308	Incision of metatarsal	\$2,011.21	
28310	Revision of big toe	\$2,011.21	
28315	Removal of sesamoid bone	\$2,011.21	
28320	Repair of foot bones	\$5,320.90	
28322	Repair of metatarsals	\$5,320.90	
28415	Treat heel fracture	\$6,200.31	
28446	Osteochondral talus autograft	\$5,320.90	
28450	Treat midfoot fracture each	\$136.71	
28465	Treat midfoot fracture each	\$4,541.71	
28470	Treat metatarsal fracture	\$136.71	
28476	Treat metatarsal fracture	\$2,377.46	
28485	Treat metatarsal fracture	\$4,541.71	
28496	Treat big toe fracture	\$2,377.46	
28505	Treat big toe fracture	\$2,377.46	
28515	Treatment of toe fracture	\$136.71	
28525	Treat toe fracture	\$2,377.46	
28531	Treat sesamoid bone fracture	\$2,377.46	
28546	Treat foot dislocation	\$2,377.46	
28555	Repair foot dislocation	\$4,541.71	
28576	Treat foot dislocation	\$2,377.46	
28585	Repair foot dislocation	\$2,377.46	
28606	Treat foot dislocation	\$2,377.46	
28615	Repair foot dislocation	\$4,541.71	
28636	Treat toe dislocation	\$2,377.46	
28645	Repair toe dislocation	\$2,377.46	
28666	Treat toe dislocation	\$2,377.46	
28675	Repair of toe dislocation	\$2,377.46	
28715	Fusion of foot bones	\$6,159.04	*
28725	Fusion of foot bones	\$5,320.90	
28730	Fusion of foot bones	\$5,320.90	
28740	Fusion of foot bones	\$5,320.90	
28750	Fusion of big toe joint	\$5,320.90	
28755	Fusion of big toe joint	\$2,011.21	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
28805	Amputation thru metatarsal	\$2,011.21	
28820	Amputation of toe	\$2,011.21	
28825	Partial amputation of toe	\$2,011.21	
29581	Apply multilay comprs lwr leg	\$102.44	
29582	Apply multilay comprs upr arm	\$102.44	
29582	Apply multilay comprs upr leg	\$102.44	
29584	Appl multilay comprs arm/hand	\$102.44	
29800	Jaw arthroscopy/surgery	\$2,709.86	
29804	Jaw arthroscopy/surgery	\$2,709.86	
29805	Shoulder arthroscopy dx	\$2,709.86	
29806	Shoulder arthroscopy/surgery	\$5,194.58	
29807	Shoulder arthroscopy/surgery	\$5,194.58	
29819	Shoulder arthroscopy/surgery	\$5,194.58	
29820	Shoulder arthroscopy/surgery	\$5,194.58	
29821	Shoulder arthroscopy/surgery	\$5,194.58	
29822	Shoulder arthroscopy/surgery	\$2,709.86	
29823	Shoulder arthroscopy/surgery	\$5,194.58	
29824	Shoulder arthroscopy/surgery	\$2,709.86	
29825	Shoulder arthroscopy/surgery	\$5,194.58	
29826	Shoulder arthroscopy/surgery	\$2,709.86	
29827	Arthroscop rotator cuff repr	\$4,546.81	*
29828	Arthroscopy biceps tenodesis	\$5,194.58	
29830	Elbow arthroscopy	\$2,709.86	
29834	Elbow arthroscopy/surgery	\$2,709.86	
29835	Elbow arthroscopy/surgery	\$2,709.86	
29836	Elbow arthroscopy/surgery	\$2,709.86	
29837	Elbow arthroscopy/surgery	\$2,709.86	
29838	Elbow arthroscopy/surgery	\$2,709.86	
29840	Wrist arthroscopy	\$2,709.86	
29843	Wrist arthroscopy/surgery	\$2,709.86	
29844	Wrist arthroscopy/surgery	\$2,709.86	
29845	Wrist arthroscopy/surgery	\$2,709.86	
29846	Wrist arthroscopy/surgery	\$2,709.86	
29847	Wrist arthroscopy/surgery	\$5,194.58	
29848	Wrist endoscopy/surgery	\$2,709.86	
29850	Knee arthroscopy/surgery	\$2,709.86	
29851	Knee arthroscopy/surgery	\$5,194.58	
29855	Tibial arthroscopy/surgery	\$5,194.58	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
29856	Tibial arthroscopy/surgery	\$5,194.58	
29860	Hip arthroscopy dx	\$5,194.58	
29861	Hip arthro w/fb removal	\$5,194.58	
29862	Hip arthro w/debridement	\$5,194.58	
29863	Hip arthro w/synovectomy	\$5,194.58	
29866	Autgrft implnt knee w/scope	\$5,194.58	
29867	Allgrft implnt knee w/scope	\$5,194.58	
29868	Meniscal trnspl knee w/scpe	\$5,194.58	
29870	Knee arthroscopy dx	\$2,709.86	
29871	Knee arthroscopy/drainage	\$2,709.86	
29873	Knee arthroscopy/surgery	\$2,709.86	
29874	Knee arthroscopy/surgery	\$2,709.86	
29875	Knee arthroscopy/surgery	\$2,709.86	
29876	Knee arthroscopy/surgery	\$2,709.86	
29877	Knee arthroscopy/surgery	\$2,709.86	
29879	Knee arthroscopy/surgery	\$2,709.86	
29880	Knee arthroscopy/surgery	\$2,709.86	
29881	Knee arthroscopy/surgery	\$2,709.86	
29882	Knee arthroscopy/surgery	\$2,709.86	
29883	Knee arthroscopy/surgery	\$2,709.86	
29884	Knee arthroscopy/surgery	\$2,709.86	
29885	Knee arthroscopy/surgery	\$5,194.58	
29886	Knee arthroscopy/surgery	\$2,709.86	
29887	Knee arthroscopy/surgery	\$2,709.86	
29888	Knee arthroscopy/surgery	\$6,159.04	*
29889	Knee arthroscopy/surgery	\$6,159.04	*
29891	Ankle arthroscopy/surgery	\$5,194.58	
29892	Ankle arthroscopy/surgery	\$6,159.04	*
29893	Scope plantar fasciotomy	\$2,011.21	
29894	Ankle arthroscopy/surgery	\$2,709.86	
29895	Ankle arthroscopy/surgery	\$2,709.86	
29897	Ankle arthroscopy/surgery	\$2,709.86	
29898	Ankle arthroscopy/surgery	\$2,709.86	
29904	Subtalar arthro w/fb rmvl	\$2,709.86	
29905	Subtalar arthro w/exc	\$2,709.86	
29906	Subtalar arthro w/deb	\$2,709.86	
29907	Subtalar arthro w/fusion	\$5,194.58	
30130	Excise inferior turbinate	\$1,535.50	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
30140	Resect inferior turbinate	\$2,265.44	
30420	Reconstruction of nose	\$4,099.33	
30465	Repair nasal stenosis	\$4,099.33	
30520	Repair of nasal septum	\$2,265.44	
30560	Release of nasal adhesions	\$283.53	
30802	Ablate inf turbinate submuc	\$1,535.50	
30930	Ther fx nasal inf turbinate	\$1,535.50	
31254	Revision of ethmoid sinus	\$2,762.34	
31256	Exploration maxillary sinus	\$2,762.34	
31267	Endoscopy maxillary sinus	\$2,762.34	
31505	Diagnostic laryngoscopy	\$97.66	
31570	Laryngoscope w/vc inj	\$1,936.67	
31571	Laryngoscop w/vc inj + scope	\$2,762.34	
31575	Diagnostic laryngoscopy	\$169.69	
35207	Repair blood vessel lesion	\$3,735.34	
38230	Bone marrow harvest allogeneic	\$3,242.61	
38500	Biopsy/removal lymph nodes	\$2,300.42	
41899	Dental surgery procedure	\$97.47	
42145	Repair palate pharynx/uvula	\$2,265.44	
43235	Upper gi endoscopy diagnosis	\$769.22	
43239	Upper gi endoscopy biopsy	\$769.22	
43248	Upper gi endoscopy/guide wire	\$769.22	
45330	Diagnostic sigmoidoscopy	\$566.19	
45378	Diagnostic colonoscopy	\$852.79	
45380	Colonoscopy and biopsy	\$852.79	
45385	Lesion removal colonoscopy	\$852.79	
46221	Ligation of hemorrhoid(s)	\$502.05	
46260	Remove in/ex hem groups 2+	\$2,224.36	
46500	Injection into hemorrhoid(s)	\$502.05	
49505	Prp i/hern init reduc >5 yr	\$2,997.23	
49507	Prp i/hern init block >5 yr	\$2,997.23	
49520	Rerepair ing hernia reduce	\$2,997.23	
49521	Rerepair ing hernia blocked	\$2,997.23	
49525	Repair ing hernia sliding	\$2,997.23	
49550	Rpr rem hernia init reduce	\$2,997.23	
49553	Rpr fem hernia init blocked	\$2,997.23	
49560	Rpr ventral hern init reduc	\$2,997.23	
49561	Rpr ventral hern init block	\$2,997.23	



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
49565	Rerepair ventrl hern reduce	\$2,997.23	
49566	Rerepair ventrl hern block	\$2,997.23	
49568	Hernia repair w/mesh	\$2,997.23	
49570	Rpr epigastric hern reduce	\$2,997.23	
49572	Rpr epigastric hern blocked	\$2,997.23	
49585	Rpr umbil hern reduc > 5 yr	\$2,997.23	
49587	Rpr umbil hern block > 5 yr	\$2,997.23	
49650	Lap ing hernia repair init	\$4,363.44	
49651	Lap ing hernia repair recur	\$4,363.44	
49652	Lap vent/abd hernia repair	\$6,513.92	
49653	Lap vent/abd hern proc comp	\$6,513.92	
49654	Lap inc hernia repair	\$6,513.92	
49655	Lap inc hern repair comp	\$6,513.92	
49656	Lap inc hernia repair recur	\$6,513.92	
49657	Lap inc hern recur comp	\$6,513.92	
50590	Fragmenting of kidney stone	\$4,741.07	
51040	Incise & drain bladder	\$2,393.58	
51045	Incise bladder/drain ureter	\$616.53	
51705	Change of bladder tube	\$177.48	
51726	Complex cystometrogram	\$290.23	
51741	Electro-uflowmetry first	\$100.99	
51784	Anal/urinary muscle study	\$100.99	
51797	Intraabdominal pressure test	\$177.48	
52000	Cystoscopy	\$616.53	
52276	Cystoscopy and treatment	\$2,393.58	
52281	Cystoscopy and treatment	\$1,590.26	
52310	Cystoscopy and treatment	\$1,590.26	
52332	Cystoscopy and treatment	\$2,393.58	
54235	Penile injection	\$177.48	
54415	Remove self-contd penis pros	\$3,149.92	
54520	Removal of testis	\$2,143.10	
55520	Removal of sperm cord lesion	\$2,143.10	
55530	Revise spermatic cord veins	\$2,143.10	
57240	Repair bladder & vagina	\$3,268.41	
57267	Insert mesh/pelvic flr addon	\$3,268.41	
61885	Insrt/redo neurostim 1 array	\$2,776.18	*
61886	Implant neurostim arrays	\$3,067.33	*
62287	Percutaneous diskectomy	\$3,288.46	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
62292	Injection into disk lesion	\$678.44	
62350	Implant spinal canal cath	\$3,782.31	
62351	Implant spinal canal cath	\$4,617.84	
62355	Remove spinal canal catheter	\$1,165.02	
62361	Implant spine infusion pump	\$3,284.05	*
62362	Implant spine infusion pump	\$3,284.05	*
62365	Remove spine infusion device	\$3,288.46	
62367	Analyze spine infus pump	\$217.81	
62368	Analyze sp inf pump w/reprog	\$217.81	
63020	Neck spine disk surgery	\$4,617.84	
63030	Low back disk surgery	\$4,617.84	
63035	Spinal disk surgery add-on	\$4,617.84	
63040	Laminotomy single cervical	\$4,617.84	
63042	Laminotomy single lumbar	\$4,617.84	
63044	Laminotomy addl lumbar	\$4,617.84	
63045	Removal of spinal lamina	\$4,617.84	
63046	Removal of spinal lamina	\$4,617.84	
63047	Removal of spinal lamina	\$4,617.84	
63048	Remove spinal lamina add-on	\$4,617.84	
63056	Decompress spinal cord	\$4,617.84	
63075	Neck spine disk surgery	\$4,617.84	
63076	Neck spine disk surgery	\$4,617.84	
63081	Removal of vertebral body	\$4,617.84	
63267	Excise intraspinal lesion	\$4,617.84	
63650	Implant neuroelectrodes	\$2,588.19	*
63655	Implant neuroelectrodes	\$2,883.18	*
63661	Remove spine eltrd perq aray	\$1,885.92	
63662	Remove spine eltrd plate	\$1,885.92	
63663	Revise spine eltrd perq aray	\$2,588.19	*
63664	Revise spine eltrd plate	\$2,588.19	*
63685	Insrt/redo spine n generator	\$2,776.18	*
63688	Revise/remove neuroreceiver	\$2,830.74	
64555	Implant neuroelectrodes	\$2,588.19	*
64561	Implant neuroelectrodes	\$2,588.19	*
64565	Implant neuroelectrodes	\$2,588.19	*
64575	Implant neuroelectrodes	\$2,883.18	*
64580	Implant neuroelectrodes	\$2,883.18	*
64581	Implant neuroelectrodes	\$2,883.18	*

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
CPT	Short Descriptor	Facility Reimbursement	Invoice Required
64590	Insrt/redo pn/gastr stimul	\$2,776.18	*
64595	Revise/rmv pn/gastr stimul	\$2,830.74	
64702	Revise finger/toe nerve	\$1,719.56	
64704	Revise hand/foot nerve	\$1,719.56	
64708	Revise arm/leg nerve	\$1,719.56	
64712	Revision of sciatic nerve	\$1,719.56	
64714	Revise low back nerve(s)	\$1,719.56	
64718	Revise ulnar nerve at elbow	\$1,719.56	
64719	Revise ulnar nerve at wrist	\$1,719.56	
64721	Carpal tunnel surgery	\$1,719.56	
64722	Relieve pressure on nerve(s)	\$1,719.56	
64727	Internal nerve revision	\$1,719.56	
64771	Sever cranial nerve	\$1,719.56	
64772	Incision of spinal nerve	\$1,719.56	
64776	Remove digit nerve lesion	\$1,719.56	
64778	Digit nerve surgery add-on	\$1,719.56	
64782	Remove limb nerve lesion	\$1,719.56	
64783	Limb nerve surgery add-on	\$1,719.56	
64784	Remove nerve lesion	\$1,719.56	
64787	Implant nerve end	\$1,719.56	
64790	Removal of nerve lesion	\$1,719.56	
64831	Repair of digit nerve	\$3,288.46	
64832	Repair nerve add-on	\$3,288.46	
64834	Repair of hand or foot nerve	\$3,288.46	
64836	Repair of hand or foot nerve	\$3,288.46	
64837	Repair nerve add-on	\$3,288.46	
64856	Repair/transpose nerve	\$3,288.46	
64890	Nerve graft hand or foot	\$3,288.46	
64898	Nerve graft arm or leg	\$3,288.46	
64910	Nerve repair w/allograft	\$3,288.46	
65210	Remove foreign body from eye	\$96.38	
65222	Remove foreign body from eye	\$96.38	
65235	Remove foreign body from eye	\$1,512.88	
65260	Remove foreign body from eye	\$438.12	
65280	Repair of eye wound	\$1,960.28	
65285	Repair of eye wound	\$3,733.27	
65400	Removal of eye lesion	\$1,512.88	
65426	Removal of eye lesion	\$2,119.41	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B - SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

CPT	Short Descriptor	B	Invoice Required
		Facility Reimbursement	
65435	Curette/treat cornea	\$696.90	
65710	Corneal transplant	\$3,010.00	*
65730	Corneal transplant	\$3,010.00	*
65750	Corneal transplant	\$3,010.00	*
65755	Corneal transplant	\$3,010.00	*
65756	Corneal trnspl endothelial	\$3,010.00	*
65875	Incise inner eye adhesions	\$2,119.41	
66180	Implant eye shunt	\$3,784.41	
66250	Follow-up surgery of eye	\$1,512.88	
66761	Revision of iris	\$492.60	
66821	After cataract laser surgery	\$492.60	
66825	Reposition intraocular lens	\$2,119.41	
66830	Removal of lens lesion	\$657.07	
66840	Removal of lens material	\$1,512.88	
66852	Removal of lens material	\$2,820.30	
66920	Extraction of lens	\$2,820.30	
66930	Extraction of lens	\$2,820.30	
66982	Cataract surgery complex	\$2,173.65	
66983	Cataract surg w/iol 1 stage	\$2,173.65	
66984	Cataract surg w/iol 1 stage	\$2,173.65	
66985	Insert lens prosthesis	\$2,173.65	
67036	Removal of inner eye fluid	\$3,733.27	
67040	Laser treatment of retina	\$3,733.27	
67110	Repair detached retina	\$1,960.28	
67121	Remove eye implant material	\$3,733.27	
67225	Eye photodynamic ther add-on	\$438.12	
67314	Revise eye muscle	\$2,263.40	
67332	Rerevise eye muscles add-on	\$2,263.40	
67335	Eye suture during surgery	\$2,263.40	
67399	Eye muscle surgery procedure	\$2,263.40	
67820	Revise eyelashes	\$96.38	
67875	Closure of eyelid by suture	\$696.90	
67917	Repair eyelid defect	\$1,800.25	
67950	Revision of eyelid	\$1,800.25	
68320	Revise/graft eyelid lining	\$2,488.63	
68360	Revise eyelid lining	\$2,119.41	
68362	Revise eyelid lining	\$2,119.41	
69310	Rebuild outer ear canal	\$4,099.33	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table B - SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
CPT	Short Descriptor	Facility Reimbursement	Invoice Required
69436	Create eardrum opening	\$1,535.50	
69620	Repair of eardrum	\$2,265.44	
69631	Repair eardrum structures	\$4,099.33	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

## CHAPTER 9 - FEE SCHEDULES

**Section 1. General Guidelines.** Pursuant to Wyoming Statutes § 27-14- 401(b), (e), and (g) medical and or hospital care shall be reviewed for appropriateness and reasonableness and shall be reimbursed according to the adopted schedule(s). The following guidelines are applicable to each section within this chapter.

(a) All claims shall be paid in accordance with the fee schedule in effect at the time of service.

(b) Certain services may be subject to preauthorization pursuant to Chapter 10 of these rules. These guidelines can be found at <http://doc.wyo.gov/www.wyomingworkforce.org>, under folder "Medical Procedures Providers" subfolder "Preauthorization Program".

(c) The Division shall use accepted medical resources and publications to aid in adjudicating bills. This shall include, but not be limited to, the American Medical Association, (AMA), *Current Procedural Terminology* codebook, (CPT), the AMA Knowledge Base System, and The American Academy of Orthopaedic Surgeons, *Complete Global Values Service Data for Orthopaedic Surgery* Guidelines, and the Division's medical advisors.

(d) The Division may change billed codes to achieve compliance with the current rules and regulations. The provider payment statement shall advise of code changes and the right to appeal.

(e) Codes designated as Relativity Not Establish (RNE), or By Report (BR) shall be assigned the unit value of a comparable procedure or procedures.

(f) In no case shall any provider bill for charges greater than those charged the general public for like services.

(g) The Division shall not pay more than the total billed amount.

**Section 2. Fee Schedules.** The Administrator Division adopts the *Relative Values for Physicians*, (*RVP*), as published by Ingenix OPTUMInsight Inc., as authored by Relative Value Studies, Inc., insofar as it addresses medical matters under the Act unless otherwise defined in this chapter. Procedures listed in "Services With Significant Direct Cost" and "Anesthesia Services Where Time Units Are Not Allowed" will be reimbursed accordingly to the RVP relative to the sections and not within the RVP subsections listed above. The Administrator Division adopts the *Relative Values for Dentists*, (*RVD*), as published and authored by Relative Value Studies, Inc., Denver, Colorado insofar as it addresses dental matters under the Act. Adoption of the *RVP* and *RVD* shall be the current edition as of the first day of each calendar year. See Chapter 9, Section 1 of these rules for additional guidelines.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

(a) Conversion Factors. The ~~Administrator~~ Division adopts the following factors. conversion

<u>SPECIALTY GROUP</u>	<u>CONVERSION FACTOR</u>
Anesthesia	\$ 51.12
Surgery	\$120.21
Radiology/Nuclear Medicine	\$ 21.97
Pathology/Laboratory	\$ 15.23
Medicine	\$ 7.91
Physical Medicine and Chiropractic	\$ 6.39
Evaluation and Management	\$ 8.34
Dental	\$ <del>39.54</del> <u>55.73</u>

(b) Fees for Surgery.

(i) Surgical Assistants.

(A) MD assistants shall be paid 20% of the surgical allowance.

(B) Non-MD assistants shall be paid 15% of the surgical allowance.

~~(ii) — Knee Procedure. (Multiple procedure guidelines apply).~~

<u>Description</u>	<u>Unit</u>
<u>Extensive Chondroplasty</u>	<u>18.0</u>

~~(iii)~~(ii) Capsular Shrinkage Procedure. (Multiple procedure guidelines apply).

<u>Description</u>	<u>Unit</u>
<u>Shoulder</u>	<u>16.4</u>
<u>Elbow</u>	<u>13.8</u>
<u>Wrist</u>	<u>10.7</u>
<u>Hip</u>	<u>15.6</u>
<u>Knee</u>	<u>17.6</u>
<u>Ankle</u>	<u>12.0</u>

~~(iii) — Diskograms. Codes 62290 and 62291 shall be paid per code unit value for the primary level and at 50% of the code unit value for each additional level. Codes 72285 and 72295 shall be paid as a single service.~~

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

~~(iv) — Neurotomy, Rhizotomy Procedures. The Division recognizes the CPT codes for neurotomy and rhizotomy procedures and has valued those codes as follows. The injection of anesthetic, antispasmodic, contrast or steroids are included.~~

~~1<sup>st</sup> level 4.0~~  
~~Each additional level and/or bilateral site 2.0~~

## ~~(c) Fees for Services Performed by an Anesthesiologist.~~

~~(v) — Services where time units are not allowed, as defined in the anesthesia specialty section of the RVP guidelines, shall be paid at the anesthesia conversion rate when an individual anesthesiologist performs the total procedure with the exception of neurotomy and rhizotomy procedures.~~

~~(vi) — Unit values of these procedures shall revert to those found in the surgery section of the RVP when two health care providers perform the total service.~~

~~(d)(c) Fees for Independent Medical Evaluations (IME), Permanent Partial Impairment Ratings (PPI), Medical Testimony and Deposition(s).~~ See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines. ~~Bills must indicate time spent.~~ Bills must indicate time spent.

**(i)** Independent Medical Evaluations or Impairment Ratings. The Division shall pay according to the following fee schedule:

<u>Code</u>	<u>Time</u>	<u>Payment</u>
99455-99456	1 <sup>st</sup> hour	\$500.00
	Each additional 15 minutes	\$ 62.50

**(ii)** Medical Testimony and Deposition Charges. The Division shall pay according to the following fee schedule:

<u>Code</u>	<u>Time</u>	<u>Payment</u>
99075	1 <sup>st</sup> hour	\$500.00
	Each additional 15 minutes	\$ 62.50

**Section 3. Fees for Home Health Nursing.** The Division adopts the following fee schedule guidelines for home health nursing. This fee schedule is for long term daily care at home. This is a straight fee, no overtime, holiday rate, or shift differential shall be paid. See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.



## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

<u>Type of Nursing</u>	<u>Hourly Rate</u>
RN	\$35.00
LPN	\$35.00
CNA	\$16.00
*Attendant*	*Federal minimum wage

\*Attendant care includes personal care for activities of daily living. A physician prescription and time limit is required. Attendant care shall be provided by individuals approved by the primary treating health care provider.

**Section 4. Fees for Supplies, Implants, Durable Medical Equipment (DME), Orthotics and Prosthetics.** The Division adopts the Wyoming Medicare rate of the Healthcare Common Procedure Coding System (HCPCS) as the rates were published as of January 1, 2015 for the payment of supplies, DME, orthotics and prosthetic devices prescribed by a health care provider. ~~Such adoption shall be effective on the first day of each calendar year.~~ See Chapter 9, Section 1 of these rules for additional guidelines. The Division shall not pay for any supplies, DME, orthotics, or prosthetics unless prescribed by the primary health care provider.

(a) Any related charges for supplies, DME, orthotics and prosthetics not listed in the Medicare HCPCS fee schedule shall be paid at eighty percent (80%) of billed charges. Charges deemed excessive shall require additional documentation for justification.

(i) Any single supply / implant charged at \$1,000.00 or more shall require a suppliers' invoice. Reimbursement shall be at 130% of invoice cost. Shipping and handling charges shall not be reimbursed.

(ii) The Division shall not provide direct payment to suppliers or manufacturers for implantable items.

(b) The preceding fees are not intended to address newly developed items or technologies.

**Section 5. Fees for Hearing Aids/Prescription Lenses.** See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) The Division shall pay 130% of the supplier's/manufacture's invoice price for hearing aids when the provider submits the invoice to the Division.

(b) ~~The Division adopts the Wyoming Medicare rate for payment of frames and lenses as prescribed for compensable vision loss, or for replacement due to a work-related accident.~~ The Division shall reimburse for frames and lenses as prescribed for compensable vision loss, or replacement due to a work-related accident, not to exceed 80% HCPCS usual and customary benchmarks as determined annually by the Division. Charges deemed excessive shall require additional documentation for justification.

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

(c) The Division shall reimburse an injured worker for the repair or comparable replacement of a hearing aid device or prescription lens damaged or destroyed in a work-related accident.

**Section 6. Fees for Pharmacy Items.** Pharmaceuticals must be billed with a National Drug Code (NDC). See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) Pharmaceuticals shall be reimbursed at the lower of:

(i) Average Wholesale Price (AWP) minus 10% plus a \$5.00 dispensing fee; or

(ii) The provider's usual and customary charge. In no case shall any provider bill for charges greater than those charged to the general public for like services. The Division reserves the right to review such charges and reimburse at the usual and customary rate if a discrepancy is found.

(b) Reimbursement shall be decreased by \$2.50 per prescription if a paper claim is submitted unless:

(i) The provider has received prior approval from the Division to submit a claim on paper.

(ii) Electronic billing is unavailable at the time of service making it unreasonable to submit the claim through the online process.

(c) Over the counter items that do not have a valid NDC number shall be considered supplies and shall not be paid with an added dispensing fee. See Chapter 9, Section 4 of these rules for additional guidelines.

(d) If the pharmaceutical is a repackaged drug, as determined by the NDC for the product dispensed, reimbursement shall be calculated per Section 6(a) using the AWP of the lowest cost therapeutic equivalent product.

(e) If a pharmaceutical intended for outpatient use is dispensed through the office of a medical care provider, reimbursement will be calculated per Section 6(a) – (d), equivalent to the reimbursement provided to a retail pharmacy.

**Section 7. Fees for Compounded Medications.** – See Chapter 10, and Chapter 9, Section 1 of these rules for additional guidelines.

(a) Physicians billing for compounded drugs must provide the pharmacy invoice. The Division shall pay 130% of the supplier's/manufacturer's invoice price.

(b) Compounding pharmacies ~~that~~<sup>who</sup> bill directly, shall be compensated for the drugs prescribed and related materials in accordance with Chapter 9, Section 6. The Division shall allow a professional fee for compounding services. Compounding

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

medications shall be reimbursed per line item if each ingredient is determined to be coverable per Chapter 10, Compound Prescription Medications.

**Section 8. Fees for Ambulance Services.** Ambulance services shall be paid the lesser of the billed charge or the maximum allowable rate for the code appropriate for the documented service. The maximum allowable rates are all-inclusive. Mileage shall be reimbursed per documented loaded statute mile. See Chapter 9, Section 1 of these rules for additional guidelines.

- (a) The following codes shall be recognized by the Division:

Code	Short Descriptor	Maximum Allowable
A0425	Mileage, Ground	\$ <del>8.60</del> <u>9.18</u> per statute mile
A0426	Advance Life Support - 1	\$ <del>286.91</del> <u>342.93</u>
A0427	Advance Life Support - 1,	\$ <del>454.00</del> <u>542.98</u>
A0428	Basic Life Support	\$ <del>239.10</del> <u>285.78</u>
A0429	Basic Life Support, Emergent	\$ <del>382.54</del> <u>457.25</u>
A0430	Air, Fixed Wing	\$ 3,350.00
A0431	Air, Rotary Wing	\$ 3,900.66
A0433	Advance Life Support – 2	\$ <del>657.50</del> <u>785.90</u>
A0434	Specialty Care Transport	\$ <del>777.93</del> <u>928.79</u>
A0435	Mileage, Air, Fixed Wing	\$ 10.30 per statute mile
A0436	Mileage, Air, Rotary Wing	\$ 27.47 per statute mile

### **Section 9. Facility Fees.**

- (a) Fees for Inpatient Hospital Services.

(i) Services or items shall be paid per usual and customary services pursuant to Chapter 9, Sections 1, 2, 4, 6, and 8 in addition to this section. Required documentation to support billed charges are as follows:

- (A) Detailed itemization
- (B) Anesthesia graphic
- (C) Operative report
- (D) History and physical
- (E) Discharge summary
- (F) Supplier's invoice for any single supply/implant charged at \$1,000.00 or more.

(I) Such items shall be reimbursed at 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

(ii) Bills shall be audited for unidentified and unrelated services, and/or items.

(iii) The Division shall provide a copy of the audit upon request.

(iv) Hospital Room Rates. The Division shall pay inpatient hospital room rates based upon an annual survey conducted by the Division. The hospital room rates for a semi-private and intensive care unit bed shall be at the usual and customary rates charged to the general public. Such rates shall be effective automatically on the first day of each calendar year.

(b) Fees for Injections, Rhizotomies, and IV Sedation. Injection services shall be paid per the listed reimbursement rates shown in ~~Table A.~~ Table A. Reimbursement allowables are all inclusive to each procedural code. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) Refer to Table A for procedures done ~~under fluoroscopy~~ with guidance and/or sedation.

(ii) The Division shall pay 25% of the facility reimbursement base value for any injection(s) in addition to a primary code from Table A or any code from Table B. Added level codes shall be paid @ 100% of the base value listed on Table A.

(c) Fees for Surgery Centers Other than for Injections. Surgical Services shall be paid per the listed reimbursement rates shown in ~~Table B.~~ Table B. Reimbursement allowables are all inclusive unless otherwise specifically noted. Providers may note specific bill(s) with a written request for an audit to elect payment under the hospital fee schedule. See Chapter 9, Section 9, (a), Fees for Inpatient Hospital Services for required documentation for such audit. See Chapter 9, Section 1 of these Rules for additional guidelines.

(i) The highest value procedure shall be considered the primary procedure and be paid at 100% of the allowable listed on Table B. Additional procedures shall then be paid at 50% of the allowable. ~~Reimbursement is limited to a maximum of four (4) procedure codes per surgical episode.~~

(ii) Invoices. The Division has defined a group of procedures that require surgery centers to provide suppliers' or manufacturers' invoice(s) for maximum reimbursement. They are distinguished by an asterisk (\*) ~~on~~ in Table B. Table B. The following standards shall be applied:

(A) Maximum reimbursement for asterisked procedures shall be the facility reimbursement allowable listed in Table B ~~plus~~ plus 130% of invoice amount. Shipping and handling charges shall not be reimbursed.

## **Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division**

(B) The Division shall not provide direct payment to suppliers or manufacturers.

(C) The Division shall reimburse invoiced costs of an implant/device for any code marked with an asterisk on Table B and not otherwise recognized for payment.

(~~viii~~) 23-Hour Stay. Code 19999 is recognized as a 23-hour stay. Documentation supporting the medical necessity for the stay is required for reimbursement. Reimbursement shall be based on half of the average Wyoming semi-private hospital room rate. See; (a);(iv) for guidelines.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE A, INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY**

See **Chapter 9, Section 9 (b)**, for detailed guidelines on facility reimbursements

and **Section 1** for general guidelines for fee schedules.

\* The Division shall pay 25% of the base value for each procedural code unless otherwise specified

HCPCS/ CPT	SHORT DESCRIPTOR	A	B	C	D
		WITHOUT- FLUOROSCOPY WITHOUT IV SEDATION *	WITHOUT- FLUOROSCOPY WITH IV SEDATION	WITH FLUOROSCOPY WITHOUT IV SEDATION *	WITH- FLUOROSCOPY WITH IV SEDATION
20526	Ther injection, carp tunnel	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20550	Inj tendon sheath/ligament	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20551	Inj tendon origin/insertion	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20552	Inj trigger point, 1/2 muscl	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20553	Inject trigger points, => 3	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20600	Drain/inject, joint/bursa	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20605	Drain/inject, joint/bursa	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20610	Drain/inject, joint/bursa	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
20612	Aspirate/inj ganglion cyst	\$ 173.90	\$ 732.52	\$ 257.39	\$ 816.01
27096	Inject sacroiliac joint w/fluoro	\$ 291.00	N/A	\$ 457.99	\$ 1,016.61
62264	Epidural lysis on single day	N/A	N/A	\$ 457.99	\$ 1,016.61
62270	Spinal fluid tap, diagnostic	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62272	Drain cerebro spinal fluid	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62273	Inject epidural patch	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62280	Treat spinal cord lesion	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62281	Treat spinal cord lesion	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62282	Treat spinal canal lesion	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62290	Use 72295	N/A	N/A	N/A	N/A
62291	Use 72285	N/A	N/A	N/A	N/A
62310	Inject spine c/t	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62311	Inject spine l/s (cd)	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62318	Inject spine w/each, c/t	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
62319	Inject spine w/each l/s (cd)	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64400	N block inj, trigeminal	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64402	N block inj, facial	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64405	N block inj, occipital	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64408	N block inj, vagus	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64410	N block inj, phrenic	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64412	N block inj, spinal accessor	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64416	N block cont infuse, b plex	\$ 291.00	N/A	\$ 457.99	N/A
64417	N block inj, axillary	\$ 291.00	N/A	\$ 457.99	N/A
64418	N block inj, suprascapular	\$ 291.00	N/A	\$ 457.99	N/A
64420	N block inj, intercost, sng	\$ 291.00	N/A	\$ 457.99	N/A
64421	N block inj, intercost, mlt	\$ 291.00	N/A	\$ 457.99	N/A
64425	N block inj, ilio ing/hypogi	\$ 291.00	N/A	\$ 457.99	N/A
64430	N block inj, pudendal	\$ 291.00	N/A	\$ 457.99	N/A
64435	N block inj, paracervical	\$ 291.00	N/A	\$ 457.99	N/A
64445	N block inj, sciatic, sng	\$ 291.00	N/A	\$ 457.99	N/A
64446	N blk inj, sciatic, cont inf	\$ 291.00	N/A	\$ 457.99	N/A
64447	N block inj fem, single	\$ 291.00	N/A	\$ 457.99	N/A

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

## INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY

See **Chapter 9, Section 9 (b)**, for detailed guidelines on facility reimbursements

and **Section 1** for general guidelines for fee schedules.

\* The Division shall pay 25% of the base value for each procedural code unless otherwise specified

HCPCS/ CPT	SHORT DESCRIPTOR	A  <i>WITHOUT FLUROSCOPY WITHOUT IV SEDATION *</i>	B  <i>WITHOUT FLUROSCOPY WITH IV SEDATION</i>	C  <i>WITH FLUROSCOPY WITHOUT IV SEDATION *</i>	D  <i>WITH FLUROSCOPY WITH IV SEDATION</i>
64448	N block inj fem, cont inf	\$ 291.00	N/A	\$ 457.99	N/A
64449	N block inj, lumbar plexus	\$ 291.00	N/A	\$ 457.99	N/A
64450	N block, other peripheral	\$ 291.00	N/A	\$ 457.99	N/A
64470	Inj paravertebral c/t	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64472	Inj c/t <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64475	Inj paravertebral l/s	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64476	Inj l/s <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64479	Inj foramen epidural c/t	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64480	Inj foramen <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64483	Inj foramen epidural l/s	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64484	Inj l/s <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64505	N block, sphenopalatine gangl	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64508	N block, carotid sinus s/p	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64510	N block, stellate ganglion	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64517	N block inj, hypogas plxs	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64520	N block, lumbar/thoracic	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64530	N block inj, celiac plexus	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64600	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64605	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64610	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64614	Destroy nerve, extrem muse	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64620	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64622	Destr paravertebral nerve l/s	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64623	Destr l/s <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64626	Destr paravertebral nerve c/t	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64627	Destr c/t <b>added level / side</b>	\$ 72.75	N/A	N/A	N/A
64630	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64640	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64680	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
64681	Injection treatment of nerve	\$ 291.00	\$ 849.62	\$ 457.99	\$ 1,016.61
72285	X ray cervical / thoracic spine disk— Discogram—under fluoroscopy— <b>Level</b>	N/A		\$507.84	\$ 1,066.46
72295	X ray of lower spine disk— Discogram—under fluoroscopy— <b>Level</b>	N/A		\$477.09	\$ 1,035.71

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES**

See **Chapter 9, Section 9 (c)**, for detailed information on facility reimbursements and **Section 1** for general guidelines.

		B	
HCCPS/CPT	Short Descriptor	Facility- Reimbursement	Invoice- Required
10060	Drainage of skin abscess	\$115.85	
10061	Drainage of skin abscess	\$115.85	
10120	Remove foreign body	\$115.85	
10121	Remove foreign body	\$1,150.68	
10140	Drainage of hematoma/fluid	\$895.45	
10180	Complex drainage, wound	\$1,250.18	
11010	Debride skin, fx	\$318.24	
11011	Debride skin/muscle, fx	\$318.24	
11012	Debride skin/muscle/bone, fx	\$318.24	
11040	Debride skin, partial	\$125.35	
11041	Debride skin, full	\$125.35	
11042	Debride skin/tissue	\$192.41	
11043	Debride tissue/muscle	\$192.41	
11044	Debride tissue/muscle/bone	\$516.43	
11400	Excision, other benign, <0.5cm	\$318.24	
11420	Exc benign lesion <0.5 cm	\$532.51	
11421	Exc benign lesion 0.6-1.0 cm	\$532.51	
11423	Exc benign lesion 2.1-3.0 cm	\$1,150.68	
11750	Removal of nail bed	\$318.24	
11752	Remove nail bed/finger tip	\$1,501.53	
11760	Repair of nail bed	\$119.02	
11762	Reconstruction of nail bed	\$119.02	
12001	Repair superficial wound(s)	\$119.02	
12020	Closure of split wound	\$119.02	
12042	Layer closure of wound(s)	\$119.02	
13120	Repair of wound or lesion	\$119.02	
13121	Repair of wound or lesion	\$119.02	
13131	Repair of wound or lesion	\$119.02	
13132	Repair of wound or lesion	\$119.02	
13160	Late closure of wound	\$1,395.97	
14000	Skin tissue rearrangement	\$1,035.51	
15100	Skin spl't grft, trnk/arm/leg	\$1,395.97	
15120	Skn spl't a-grft fac/nek/hf/g	\$1,395.97	
15121	Skn spl't a-grft f/n/hf/g add	\$1,395.97	
15220	Skin full-grf sc/p/arm/leg	\$1,395.97	
15240	Skin full-grft face/genit/hf	\$1,035.51	
15620	Skin graft	\$1,395.97	
15760	Composite skin graft	\$1,395.97	
15850	Removal of sutures	\$192.41	
15851	Removal of sutures	\$192.41	



## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
20100	Explore wound, neck	\$365.66	
20103	Explore wound, extremity	\$365.66	
20520	Removal of foreign body	\$318.24	
20525	Removal of foreign body	\$1,501.53	
20555	Place needle musc/tissue radele	\$1,836.42	
20670	Removal of support implant	\$1,150.68	
20680	Removal of support implant	\$1,501.53	
20690	Apply bone fixation device	\$1,836.42	
20694	Remove bone fixation device	\$1,564.25	
20902	Removal of bone for graft	\$1,836.42	
20930	Spinal bone allograft	Invoice reimbursement only *	
20931	Spinal bone allograft	Invoice reimbursement only *	
20936	Spinal bone autograft	\$1,836.42	
20937	Spinal bone autograft	\$1,836.42	
20938	Spinal bone autograft	\$1,836.42	
21325	Treatment of nose fracture	\$1,788.45	
21330	Treatment of nose fracture	\$1,788.45	
21335	Treatment of nose fracture	\$1,788.45	
21407	Treat eye socket fracture	\$2,838.64	
21408	Treat eye socket fracture	\$2,838.64	
21555	Remove lesion, neck/chest	\$1,501.53	
22100	Remove part of neck vertebra	\$3,262.13	
22520	Percut vertebroplasty thor	\$1,836.42	
22521	Percut vertebroplasty lumb	\$1,836.42	
22524	Percut kyphoplasty, lumbar	\$3,341.58	
22526	IDET including fluro per disc	\$2,286.87	
22527	IDET including fluro per disc added level	\$1,456.27	
22554	Neck spine fusion	\$3,262.13	
22556	Thorax spine fusion	\$3,262.13	
22585	Additional spinal fusion	\$3,262.13	
22600	Neck spine fusion	\$3,262.13	
22610	Thorax spine fusion	\$3,262.13	
22612	Lumbar spine fusion	\$3,262.13	
22614	Spine fusion, extra segment	\$3,262.13	
22630	Lumbar spine fusion	\$3,262.13	
22632	Spine fusion, extra segment	\$3,262.13	
22840	Insert spine fixation device	\$3,262.13	*
22841	Insert spine fixation device	\$3,262.13	*
22842	Insert spine fixation device	\$3,262.13	*
22843	Insert spine fixation device	\$3,262.13	*

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSCS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
22844	Insert spine fixation device	\$3,262.13	*
22845	Insert spine fixation device	\$3,262.13	*
22846	Insert spine fixation device	\$3,262.13	*
22847	Insert spine fixation device	\$3,262.13	*
22848	Insert pelv fixation device	\$3,262.13	*
22849	Reinsert spinal fixation	\$3,262.13	*
22850	Remove spine fixation device	\$3,262.13	
22851	Apply spine prosth device	\$3,262.13	*
23020	Release shoulder joint	\$2,808.77	
23040	Exploratory shoulder surgery	\$1,836.42	
23044	Exploratory shoulder surgery	\$1,836.42	
23075	Removal of shoulder lesion	\$1,150.68	
23076	Removal of shoulder lesion	\$1,501.53	
23100	Biopsy of shoulder joint	\$1,564.25	
23101	Shoulder joint surgery	\$1,836.42	
23105	Remove shoulder joint lining	\$1,836.42	
23106	Incision of collarbone joint	\$1,836.42	
23107	Explore treat shoulder joint	\$1,836.42	
23120	Partial removal, collar bone	\$2,808.77	
23130	Remove shoulder bone, part	\$2,808.77	
23140	Removal of bone lesion	\$1,564.25	
23145	Removal of bone lesion	\$1,836.42	
23405	Incision of tendon & muscle	\$1,836.42	
23410	Repair rotator cuff, acute	\$3,341.58	
23412	Repair rotator cuff, chronic	\$3,341.58	
23415	Release of shoulder ligament	\$2,808.77	
23420	Repair of shoulder	\$3,341.58	
23430	Repair biceps tendon	\$3,341.58	
23440	Remove/transplant tendon	\$3,341.58	
23450	Repair shoulder capsule	\$3,341.58	
23455	Repair shoulder capsule	\$3,341.58	
23460	Repair shoulder capsule	\$3,341.58	
23462	Repair shoulder capsule	\$3,341.58	
23465	Repair shoulder capsule	\$3,341.58	
23466	Repair shoulder capsule	\$3,341.58	
23470	Reconstruct shoulder joint	\$8,035.28	
23485	Revision of collar bone	\$2,808.77	
23515	Treat clavicle fracture	\$4,389.70	
23530	Treat clavicle dislocation	\$2,879.93	
23532	Treat clavicle dislocation	\$1,958.40	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSC/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
23550	Treat clavicle dislocation	\$2,879.93	
23552	Treat clavicle dislocation	\$2,879.93	
23630	Treat humerus fracture	\$4,389.70	
23655	Treat shoulder dislocation	\$1,100.26	
23700	Fixation of shoulder	\$1,100.26	
23929	Shoulder surgery procedure	\$131.96	
23930	Drainage of arm lesion	\$1,250.18	
23931	Drainage of arm bursa	\$1,250.18	
24000	Exploratory elbow surgery	\$1,836.42	
24006	Release elbow joint	\$1,836.42	
24101	Explore/treat elbow joint	\$1,836.42	
24102	Remove elbow joint lining	\$1,836.42	
24105	Removal of elbow bursa	\$1,564.25	
24110	Remove humerus lesion	\$1,564.25	
24130	Removal of head of radius	\$1,836.42	
24147	Partial removal of elbow	\$1,836.42	
24200	Removal of arm foreign body	\$318.24	
24201	Removal of arm foreign body	\$1,150.68	
24300	Manipulate elbow w/anesth	\$1,100.26	
24340	Repair of biceps tendon	\$2,808.77	
24341	Repair arm tendon/muscle	\$2,808.77	
24342	Repair of ruptured tendon	\$2,808.77	
24343	Repr elbow lat ligmnt w/tiss	\$1,836.42	
24344	Reconstruct elbow lat ligmnt	\$2,808.77	
24345	Repr elbw med ligmnt w/tissu	\$1,836.42	
24346	Reconstruct elbow med ligmnt	\$2,808.77	
24357	Repair of tennis elbow	\$1,836.42	
24358	Repair of tennis elbow	\$1,836.42	
24359	Repair of tennis elbow	\$1,836.42	
24360	Reconstruct elbow joint	\$2,396.31	
24365	Reconstruct head of radius	\$2,396.31	
24366	Reconstruct head of radius / imp	\$8,035.28	
24400	Revision of humerus	\$1,836.42	
24430	Repair of humerus	\$2,808.77	
24435	Repair humerus with graft	\$2,808.77	
24545	Treat humerus fracture	\$4,389.70	
24546	Treat humerus fracture	\$4,389.70	
24575	Treat humerus fracture	\$4,389.70	
24579	Treat humerus fracture	\$4,389.70	
24582	Treat humerus fracture	\$1,958.40	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
24586	Treat elbow fracture	\$4,389.70	
24605	Treat elbow dislocation	\$1,100.26	
24615	Treat elbow dislocation	\$4,389.70	
24655	Treat radius fracture	\$131.96	
24665	Treat radius fracture	\$2,879.93	
24685	Treat ulnar fracture	\$2,879.93	
24800	Fusion of elbow joint	\$2,808.77	
25000	Incision of tendon sheath	\$1,564.25	
25001	Incise flexor carpi radialis	\$1,564.25	
25020	Decompress forearm 1 space	\$1,564.25	
25023	Decompress forearm 1 space	\$1,836.42	
25024	Decompress forearm 2 spaces	\$1,836.42	
25025	Decompress forearm 2 spaces	\$1,836.42	
25028	Drainage of forearm lesion	\$1,564.25	
25031	Drainage of forearm bursa	\$1,564.25	
25040	Explore/treat wrist joint	\$1,836.42	
25066	Biopsy forearm soft tissues	\$1,501.53	
25075	Removal forearm lesion subcu	\$1,150.68	
25076	Removal forearm lesion deep	\$1,501.53	
25085	Incision of wrist capsule	\$1,564.25	
25100	Biopsy of wrist joint	\$1,564.25	
25101	Explore/treat wrist joint	\$1,836.42	
25105	Remove wrist joint lining	\$1,836.42	
25107	Remove wrist joint cartilage	\$1,836.42	
25110	Remove wrist tendon lesion	\$1,564.25	
25111	Remove wrist tendon lesion	\$1,199.87	
25112	Reremove wrist tendon lesion	\$1,199.87	
25115	Remove wrist/forearm lesion	\$1,564.25	
25116	Remove wrist/forearm lesion	\$1,564.25	
25118	Excise wrist tendon sheath	\$1,836.42	
25120	Removal of forearm lesion	\$1,836.42	
25136	Remove & graft wrist lesion	\$1,836.42	
25150	Partial removal of ulna	\$1,836.42	
25151	Partial removal of radius	\$1,836.42	
25210	Removal of wrist bone	\$1,928.13	
25215	Removal of wrist bones	\$1,928.13	
25230	Partial removal of radius	\$1,836.42	
25240	Partial removal of ulna	\$1,836.42	
25248	Remove forearm foreign body	\$1,564.25	
25259	Manipulate wrist w/anesthes	\$131.96	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSC/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
25260	Repair forearm tendon/muscle	\$1,836.42	
25263	Repair forearm tendon/muscle	\$1,836.42	
25270	Repair forearm tendon/muscle	\$1,836.42	
25272	Repair forearm tendon/muscle	\$1,836.42	
25274	Repair forearm tendon/muscle	\$1,836.42	
25275	Repair forearm tendon sheath	\$1,836.42	
25280	Revise wrist/forearm tendon	\$1,836.42	
25290	Incise wrist/forearm tendon	\$1,836.42	
25295	Release wrist/forearm tendon	\$1,564.25	
25300	Fusion of tendons at wrist	\$1,836.42	
25301	Fusion of tendons at wrist	\$1,836.42	
25310	Transplant forearm tendon	\$2,808.77	
25320	Repair/revise wrist joint	\$2,808.77	
25360	Revision of ulna	\$1,836.42	
25390	Shorten radius or ulna	\$1,836.42	
25400	Repair radius or ulna	\$1,836.42	
25405	Repair/graft radius or ulna	\$1,836.42	
25415	Repair radius & ulna	\$1,836.42	
25420	Repair/graft radius & ulna	\$2,808.77	
25430	Vasc graft into carpal bone	\$1,928.13	
25440	Repair/graft wrist bone	\$2,808.77	
25447	Repair wrist joint(s)	\$2,396.31	
25545	Treat fracture of ulna	\$2,879.93	
25605	Treat fracture radius/ulna	\$131.96	
25606	Treat fracture radius/ulna	\$1,958.40	
25608	Treat fx rad intra articu	\$4,543.61	
25628	Treat wrist bone fracture	\$2,879.93	
25645	Treat wrist bone fracture	\$2,879.93	
25651	Pin ulnar styloid fracture	\$1,958.40	
25652	Treat fracture ulnar styloid	\$2,879.93	
25660	Treat wrist dislocation	\$131.96	
25670	Treat wrist dislocation	\$1,958.40	
25671	Pin radioulnar dislocation	\$1,958.40	
25676	Treat wrist dislocation	\$1,958.40	
25685	Treat wrist fracture	\$1,958.40	
25695	Treat wrist dislocation	\$1,958.40	
25800	Fusion of wrist joint	\$2,808.77	
25810	Fusion/graft of wrist joint	\$2,808.77	
25820	Fusion of hand bones	\$1,199.87	
25825	Fuse hand bones with graft	\$1,928.13	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSCS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
26011	Drainage of finger abscess	\$895.45	
26020	Drain hand tendon sheath	\$1,199.87	
26040	Release palm contracture	\$1,928.13	
26055	Incise finger tendon sheath	\$1,199.87	
26060	Incision of finger tendon	\$1,199.87	
26070	Explore/treat hand joint	\$1,199.87	
26075	Explore/treat finger joint	\$1,199.87	
26080	Explore/treat finger joint	\$1,199.87	
26100	Biopsy hand joint lining	\$1,199.87	
26105	Biopsy finger joint lining	\$1,199.87	
26110	Biopsy finger joint lining	\$1,199.87	
26115	Removal hand lesion subcut	\$1,501.53	
26116	Removal hand lesion, deep	\$1,501.53	
26121	Release palm contracture	\$1,928.13	
26123	Release palm contracture	\$1,928.13	
26125	Release palm contracture	\$1,199.87	
26130	Remove wrist joint lining	\$1,199.87	
26140	Revise finger joint, each	\$1,199.87	
26145	Tendon excision, palm/finger	\$1,199.87	
26160	Remove tendon sheath lesion	\$1,199.87	
26170	Removal of palm tendon, each	\$1,199.87	
26180	Removal of finger tendon	\$1,199.87	
26185	Remove finger bone	\$1,199.87	
26230	Partial removal of hand bone	\$1,199.87	
26235	Partial removal of finger bone	\$1,199.87	
26236	Partial removal of finger bone	\$1,199.87	
26320	Removal of implant from hand	\$1,150.68	
26340	Manipulate finger w/anesth	\$131.96	
26350	Repair finger/hand tendon	\$1,928.13	
26352	Repair/graft hand tendon	\$1,928.13	
26356	Repair finger/hand tendon	\$1,928.13	
26357	Repair finger/hand tendon	\$1,928.13	
26358	Repair/graft hand tendon	\$1,928.13	
26370	Repair finger/hand tendon	\$1,928.13	
26372	Repair/graft hand tendon	\$1,928.13	
26373	Repair finger/hand tendon	\$1,928.13	
26390	Revise hand/finger tendon	\$1,928.13	
26392	Repair/graft hand tendon	\$1,928.13	
26410	Repair hand tendon	\$1,199.87	
26412	Repair/graft hand tendon	\$1,928.13	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
26418	Repair finger tendon	\$1,199.87	
26420	Repair/graft finger tendon	\$1,928.13	
26426	Repair finger/hand tendon	\$1,928.13	
26428	Repair/graft finger tendon	\$1,928.13	
26432	Repair finger tendon	\$1,199.87	
26433	Repair finger tendon	\$1,199.87	
26434	Repair/graft finger tendon	\$1,928.13	
26437	Realignment of tendons	\$1,199.87	
26440	Release palm/finger tendon	\$1,199.87	
26442	Release palm & finger tendon	\$1,928.13	
26445	Release hand/finger tendon	\$1,199.87	
26449	Release forearm/hand tendon	\$1,928.13	
26450	Incision of palm tendon	\$1,199.87	
26455	Incision of finger tendon	\$1,199.87	
26460	Incise hand/finger tendon	\$1,199.87	
26471	Fusion of finger tendons	\$1,199.87	
26474	Fusion of finger tendons	\$1,199.87	
26476	Tendon lengthening	\$1,199.87	
26477	Tendon shortening	\$1,199.87	
26478	Lengthening of hand tendon	\$1,199.87	
26479	Shortening of hand tendon	\$1,199.87	
26480	Transplant hand tendon	\$1,928.13	
26483	Transplant/graft hand tendon	\$1,928.13	
26485	Transplant palm tendon	\$1,928.13	
26489	Transplant/graft palm tendon	\$1,928.13	
26500	Hand tendon reconstruction	\$1,199.87	
26502	Hand tendon reconstruction	\$1,928.13	
26508	Release thumb contracture	\$1,199.87	
26520	Release knuckle contracture	\$1,199.87	
26525	Release finger contracture	\$1,199.87	
26530	Revise knuckle joint	\$2,396.31	
26535	Revise finger joint	\$2,396.31	
26540	Repair hand joint	\$1,199.87	
26541	Repair hand joint with graft	\$1,928.13	
26542	Repair hand joint with graft	\$1,199.87	
26545	Reconstruct finger joint	\$1,928.13	
26546	Repair nonunion hand	\$1,928.13	
26548	Reconstruct finger joint	\$1,928.13	
26605	Treat metacarpal fracture	\$131.96	
26607	Treat metacarpal fracture	\$131.96	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSCS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
26608	Treat metacarpal fracture	\$1,958.40	
26615	Treat metacarpal fracture	\$2,879.93	
26650	Treat thumb fracture	\$1,958.40	
26665	Treat thumb fracture	\$2,879.93	
26676	Pin hand dislocation	\$1,958.40	
26685	Treat hand dislocation	\$1,958.40	
26705	Treat knuckle dislocation	\$131.96	
26706	Pin knuckle dislocation	\$131.96	
26715	Treat knuckle dislocation	\$1,958.40	
26725	Treat finger fracture, each	\$131.96	
26727	Treat finger fracture, each	\$1,958.40	
26735	Treat finger fracture, each	\$1,958.40	
26742	Treat finger fracture, each	\$131.96	
26746	Treat finger fracture, each	\$1,958.40	
26755	Treat finger fracture, each	\$131.96	
26756	Pin finger fracture, each	\$1,958.40	
26765	Treat finger fracture, each	\$1,958.40	
26775	Treat finger dislocation	\$1,100.26	
26776	Pin finger dislocation	\$1,958.40	
26785	Treat finger dislocation	\$1,958.40	
26841	Fusion of thumb	\$1,928.13	
26842	Thumb fusion with graft	\$1,928.13	
26843	Fusion of hand joint	\$1,928.13	
26844	Fusion/graft of hand joint	\$1,928.13	
26850	Fusion of knuckle	\$1,928.13	
26852	Fusion of knuckle with graft	\$1,928.13	
26860	Fusion of finger joint	\$1,928.13	
26861	Fusion of finger jnt, add on	\$1,928.13	
26862	Fusion/graft of finger joint	\$1,928.13	
26863	Fuse/graft added joint	\$1,928.13	
26910	Amputate metacarpal bone	\$1,928.13	
26951	Amputation of finger/thumb	\$1,199.87	
26952	Amputation of finger/thumb	\$1,199.87	
27065	Removal of hip bone lesion	\$1,564.25	
27066	Removal of hip bone lesion	\$1,836.42	
27267	Closed treat femur fracture	\$131.96	
27275	Manipulation of hip joint	\$1,100.26	
27301	Drain thigh/knee lesion	\$1,250.18	
27306	Incision of thigh tendon	\$1,564.25	
27310	Exploration of knee joint	\$1,836.42	



## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
27324	Biopsy, thigh soft tissues	\$1,501.53	
27327	Removal of thigh lesion	\$1,501.53	
27328	Removal of thigh lesion	\$1,501.53	
27331	Explore/treat knee joint	\$1,836.42	
27332	Removal of knee cartilage	\$1,836.42	
27333	Removal of knee cartilage	\$1,836.42	
27334	Remove knee joint lining	\$1,836.42	
27335	Remove knee joint lining	\$1,836.42	
27340	Removal of kneecap bursa	\$1,564.25	
27345	Removal of knee cyst	\$1,564.25	
27347	Remove knee cyst	\$1,564.25	
27350	Removal of kneecap	\$1,836.42	
27360	Partial removal, leg bone(s)	\$1,836.42	
27372	Removal of foreign body	\$1,501.53	
27380	Repair of kneecap tendon	\$1,564.25	
27381	Repair/graft kneecap tendon	\$1,564.25	
27385	Repair of thigh muscle	\$1,564.25	
27386	Repair/graft of thigh muscle	\$1,564.25	
27403	Repair of knee cartilage	\$1,836.42	
27405	Repair of knee ligament	\$2,808.77	
27407	Repair of knee ligament	\$2,808.77	
27409	Repair of knee ligaments	\$2,808.77	
27415	Osteochondral knee allograft	\$3,391.60	
27416	Osteochondral knee autoograft	\$2,808.77	
27418	Repair degenerated kneecap	\$2,808.77	
27420	Revision of unstable kneecap	\$2,808.77	
27422	Revision of unstable kneecap	\$2,808.77	
27424	Revision/removal of kneecap	\$2,808.77	
27425	Lat retinacular release open	\$1,836.42	
27427	Reconstruction, knee	\$3,341.58	
27428	Reconstruction, knee	\$3,341.58	
27429	Reconstruction, knee	\$3,341.58	
27446	Revision of knee joint	\$2,767.61	*
27562	Treat kneecap dislocation	\$1,100.26	
27570	Fixation of knee joint	\$1,100.26	
27603	Drain lower leg lesion	\$1,250.18	
27604	Drain lower leg bursa	\$1,564.25	
27605	Incision of achilles tendon	\$1,529.60	
27606	Incision of achilles tendon	\$1,564.25	
27610	Explore/treat ankle joint	\$1,836.42	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
27612	Exploration of ankle joint	\$1,836.42	
27618	Remove lower leg lesion	\$1,150.68	
27619	Remove lower leg lesion	\$1,501.53	
27620	Explore/treat ankle joint	\$1,836.42	
27625	Remove ankle joint lining	\$1,836.42	
27626	Remove ankle joint lining	\$1,836.42	
27630	Removal of tendon lesion	\$1,564.25	
27640	Partial removal of tibia	\$2,808.77	
27641	Partial removal of fibula	\$1,836.42	
27650	Repair achilles tendon	\$2,808.77	
27652	Repair/graft achilles tendon	\$2,808.77	
27654	Repair of achilles tendon	\$2,808.77	
27658	Repair of leg tendon, each	\$1,564.25	
27659	Repair of leg tendon, each	\$1,564.25	
27664	Repair of leg tendon, each	\$1,564.25	
27665	Repair of leg tendon, each	\$1,836.42	
27675	Repair lower leg tendons	\$1,564.25	
27676	Repair lower leg tendons	\$1,836.42	
27680	Release of lower leg tendon	\$1,836.42	
27685	Revision of lower leg tendon	\$1,836.42	
27690	Revise lower leg tendon	\$2,808.77	
27691	Revise lower leg tendon	\$2,808.77	
27695	Repair of ankle ligament	\$1,836.42	
27696	Repair of ankle ligaments	\$1,836.42	
27698	Repair of ankle ligament	\$1,836.42	
27700	Revision of ankle joint	\$2,396.31	
27726	Repair fibula nonunion	\$1,958.40	
27762	Treatment of ankle fracture	\$131.96	
27766	Treatment of ankle fracture	\$2,879.93	
27767	Closed treat ankle fracture	\$131.96	
27768	Closed treat ankle fracture	\$131.96	
27769	Open treatment ankle fracture	\$2,879.93	
27784	Treatment of fibula fracture	\$2,879.93	
27792	Treatment of ankle fracture	\$2,879.93	
27814	Treatment of ankle fracture	\$2,879.93	
27818	Treatment of ankle fracture	\$131.96	
27822	Treatment of ankle fracture	\$2,879.93	
27825	Treat lower leg fracture	\$131.96	
27827	Treat lower leg fracture	\$4,389.70	
27828	Treat lower leg fracture	\$4,389.70	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSC/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
27829	Treat lower leg joint	\$2,879.93	
27842	Treat ankle dislocation	\$1,100.26	
27870	Fusion of ankle joint, open	\$2,808.77	
28008	Incision of foot fascia	\$1,529.60	
28020	Exploration of foot joint	\$1,529.60	
28022	Exploration of foot joint	\$1,529.60	
28024	Exploration of toe joint	\$1,529.60	
28035	Decompression of tibia nerve	\$1,328.81	
28060	Partial removal, foot fascia	\$1,529.60	
28070	Removal of foot joint lining	\$1,529.60	
28072	Removal of foot joint lining	\$1,529.60	
28080	Removal of foot lesion	\$1,529.60	
28086	Excise foot tendon sheath	\$1,529.60	
28088	Excise foot tendon sheath	\$1,529.60	
28090	Removal of foot lesion	\$1,529.60	
28092	Removal of toe lesions	\$1,529.60	
28111	Part removal of metatarsal	\$1,529.60	
28112	Part removal of metatarsal	\$1,529.60	
28113	Part removal of metatarsal	\$1,529.60	
28118	Removal of heel bone	\$1,529.60	
28119	Removal of heel spur	\$1,529.60	
28120	Part removal of ankle/heel	\$1,529.60	
28122	Partial removal of foot bone	\$1,529.60	
28124	Partial removal of toe	\$1,529.60	
28200	Repair of foot tendon	\$1,529.60	
28202	Repair/graft of foot tendon	\$1,529.60	
28208	Repair of foot tendon	\$1,529.60	
28210	Repair/graft of foot tendon	\$3,110.50	
28220	Release of foot tendon	\$1,529.60	
28222	Release of foot tendons	\$1,529.60	
28225	Release of foot tendon	\$1,529.60	
28226	Release of foot tendons	\$1,529.60	
28230	Incision of foot tendon(s)	\$1,529.60	
28232	Incision of toe tendon	\$1,529.60	
28234	Incision of foot tendon	\$1,529.60	
28238	Revision of foot tendon	\$3,110.50	
28270	Release of foot contracture	\$1,529.60	
28272	Release of toe joint, each	\$1,529.60	
28285	Repair of hammertoe	\$1,529.60	
28289	Repair hallux rigidus	\$1,529.60	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSCS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
28300	Incision of heel bone	\$3,110.50	
28302	Incision of ankle bone	\$1,529.60	
28304	Incision of midfoot bones	\$3,110.50	
28305	Incise/graft midfoot bones	\$3,110.50	
28306	Incision of metatarsal	\$1,529.60	
28307	Incision of metatarsal	\$1,529.60	
28308	Incision of metatarsal	\$1,529.60	
28315	Removal of sesamoid bone	\$1,529.60	
28320	Repair of foot bones	\$3,110.50	
28322	Repair of metatarsals	\$3,110.50	
28415	Treat heel fracture	\$4,389.70	
28446	Osteochondral talus autograft	\$3,110.50	
28465	Treatment of ankle fracture	\$2,879.93	
28476	Treat metatarsal fracture	\$1,958.40	
28485	Treat metatarsal fracture	\$2,879.93	
28496	Treat big toe fracture	\$1,958.40	
28505	Treat big toe fracture	\$1,958.40	
28515	Treatment of toe fracture	\$131.96	
28525	Treat toe fracture	\$1,958.40	
28531	Treat sesamoid bone fracture	\$1,958.40	
28546	Treat foot dislocation	\$1,958.40	
28555	Repair foot dislocation	\$2,879.93	
28576	Treat foot dislocation	\$1,958.40	
28585	Repair foot dislocation	\$1,958.40	
28606	Treat foot dislocation	\$1,958.40	
28615	Repair foot dislocation	\$2,879.93	
28636	Treat toe dislocation	\$1,958.40	
28645	Repair toe dislocation	\$1,958.40	
28666	Treat toe dislocation	\$1,958.40	
28675	Repair of toe dislocation	\$1,958.40	
28725	Fusion of foot bones	\$3,110.50	
28740	Fusion of foot bones	\$3,110.50	
28750	Fusion of big toe joint	\$3,110.50	
28755	Fusion of big toe joint	\$1,529.60	
28825	Partial amputation of toe	\$1,529.60	
29800	Jaw arthroscopy/surgery	\$2,153.42	
29804	Jaw arthroscopy/surgery	\$2,153.42	
29805	Shoulder arthroscopy, dx	\$2,153.42	
29806	Shoulder arthroscopy/surgery	\$3,391.60	
29807	Shoulder arthroscopy/surgery	\$3,391.60	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
29819	Shoulder arthroscopy/surgery	\$2,153.42	
29820	Shoulder arthroscopy/surgery	\$2,153.42	
29821	Shoulder arthroscopy/surgery	\$2,153.42	
29822	Shoulder arthroscopy/surgery	\$2,153.42	
29823	Shoulder arthroscopy/surgery	\$2,153.42	
29824	Shoulder arthroscopy/surgery	\$2,153.42	
29825	Shoulder arthroscopy/surgery	\$2,153.42	
29826	Shoulder arthroscopy/surgery	\$3,391.60	
29827	Arthroscope rotator cuff repr	\$3,391.60	
29828	Arthroscopy biceps tenodesis	\$3,391.60	
29830	Elbow arthroscopy	\$2,153.42	
29834	Elbow arthroscopy/surgery	\$2,153.42	
29835	Elbow arthroscopy/surgery	\$2,153.42	
29836	Elbow arthroscopy/surgery	\$2,153.42	
29837	Elbow arthroscopy/surgery	\$2,153.42	
29838	Elbow arthroscopy/surgery	\$2,153.42	
29840	Wrist arthroscopy	\$2,153.42	
29843	Wrist arthroscopy/surgery	\$2,153.42	
29844	Wrist arthroscopy/surgery	\$2,153.42	
29845	Wrist arthroscopy/surgery	\$2,153.42	
29846	Wrist arthroscopy/surgery	\$2,153.42	
29847	Wrist arthroscopy/surgery	\$2,153.42	
29848	Wrist endoscopy/surgery	\$2,153.42	
29850	Knee arthroscopy/surgery	\$2,153.42	
29851	Knee arthroscopy/surgery	\$3,391.60	
29855	Tibial arthroscopy/surgery	\$3,391.60	
29856	Tibial arthroscopy/surgery	\$2,153.42	
29860	Hip arthroscopy, dx	\$2,153.42	
29861	Hip arthroscopy/surgery	\$2,153.42	
29862	Hip arthroscopy/surgery	\$3,391.60	
29863	Hip arthroscopy/surgery	\$3,391.60	
29866	Autgrft implnt, knee w/scope	\$3,391.60	
29867	Allgrft implnt, knee w/scope	\$3,391.60	
29868	Meniscal trnspl, knee w/sepe	\$3,391.60	
29870	Knee arthroscopy, dx	\$2,153.42	
29871	Knee arthroscopy/drainage	\$2,153.42	
29873	Knee arthroscopy/surgery	\$2,153.42	
29874	Knee arthroscopy/surgery	\$2,153.42	
29875	Knee arthroscopy/surgery	\$2,153.42	
29876	Knee arthroscopy/surgery	\$2,153.42	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
29877	Knee arthroscopy/surgery	\$2,153.42	
29879	Knee arthroscopy/surgery	\$2,153.42	
29880	Knee arthroscopy/surgery	\$2,153.42	
29881	Knee arthroscopy/surgery	\$2,153.42	
29882	Knee arthroscopy/surgery	\$2,153.42	
29883	Knee arthroscopy/surgery	\$2,153.42	
29884	Knee arthroscopy/surgery	\$2,153.42	
29885	Knee arthroscopy/surgery	\$3,391.60	
29886	Knee arthroscopy/surgery	\$2,153.42	
29887	Knee arthroscopy/surgery	\$2,153.42	
29888	Knee arthroscopy/surgery	\$3,391.60	
29889	Knee arthroscopy/surgery	\$3,391.60	
29891	Ankle arthroscopy/surgery	\$2,153.42	
29892	Ankle arthroscopy/surgery	\$2,153.42	
29893	Scope, plantar fasciotomy	\$1,529.60	
29894	Ankle arthroscopy/surgery	\$2,153.42	
29895	Ankle arthroscopy/surgery	\$2,153.42	
29897	Ankle arthroscopy/surgery	\$2,153.42	
29898	Ankle arthroscopy/surgery	\$2,153.42	
29904	Subtalar arthro w/ removal	\$2,153.42	
29905	Subtalar arthro w/ exc	\$2,153.42	
29906	Subtalar arthro w/ debl	\$2,153.42	
29907	subtalar arthro w/ fusion	\$3,391.60	
30130	Excise inferior turbinate	\$1,233.20	
30140	Resect inferior turbinate	\$1,788.45	
30520	Repair of nasal septum	\$1,788.45	
30930	Ther fx, nasal inf turbinate	\$1,233.20	
31254	Revision of ethmoid sinus	\$1,628.44	
31256	Exploration maxillary sinus	\$1,628.44	
42145	Repair palate, pharynx/uvula	\$1,788.45	
43220	Esoph endoscopy, dilation	\$618.84	
43235	Uppr gi endoscopy, diagnosis	\$618.84	
43239	Upper GI endoscopy, biopsy	\$618.84	
43248	Uppr gi endoscopy/guide wire	\$618.84	
45330	Diagnostic sigmoidoscopy	\$361.24	
45378	Diagnostic colonoscopy	\$656.63	
45380	Colonoscopy and biopsy	\$656.63	
45385	Lesion removal colonoscopy	\$656.63	
46221	Ligation of hemorrhoid(s)	\$268.88	
46260	Hemorrhoidectomy	\$1,831.58	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSC/CPT	Short-Descriptor	Facility- Reimbursement	Invoice- Required
49505	Prp i/hern-init reduce >5-yr	\$2,197.51	
49507	Prp i/hern-init block >5-yr	\$2,197.51	
49520	Rerepair ing hernia, reduce	\$2,197.51	
49521	Rerepair ing hernia, blocked	\$2,197.51	
49525	Repair ing hernia, sliding	\$2,197.51	
49550	Rpr rem hernia, init, reduce	\$2,197.51	
49553	Rpr fem hernia, init blocked	\$2,197.51	
49560	Rpr ventral hern init, reduce	\$2,197.51	
49561	Rpr ventral hern init, block	\$2,197.51	
49565	Rerepair ventrl hern, reduce	\$2,197.51	
49566	Rerepair ventrl hern, block	\$2,197.51	
49568	Hernia repair w/mesh	\$2,197.51	
49570	Rpr epigastric hern, reduce	\$2,197.51	
49572	Rpr epigastric hern, blocked	\$2,197.51	
49585	Rpr umbil hern, reduce > 5-yr	\$2,197.51	
49587	Rpr umbil hern, block > 5-yr	\$2,197.51	
49650	Laparo hernia repair initial	\$3,302.78	
49651	Laparo hernia repair recur	\$3,302.78	
52000	Cystoscopy	\$532.34	
52276	Cystoscopy and treatment	\$1,425.49	
52281	Cystoscopy and treatment	\$1,425.49	
55520	Removal of sperm cord lesion	\$1,791.41	
55530	Revise spermatic cord veins	\$1,791.41	
61885	Insrt/redo neurostim 1 array	\$3,163.62	*
61886	Implant neurostim arrays	\$5,744.74	*
62287	Percutaneous discectomy	\$2,382.43	
62292	Injection into disk lesion	\$212.61	
62350	Implant spinal canal cath w/o laminectomy	\$2,191.40	
62351	Implant spinal canal cath	\$3,262.13	
62355	Remove spinal canal catheter	\$774.60	
62361	Implant spine infusion pump	\$2,346.87	*
62362	Implant spine infusion pump	\$2,346.87	*
62365	Remove spine infusion device	\$2,382.43	
62367	Analyze spine infusion pump	\$195.36	
62368	Analyze spine infusion pump	\$195.36	
63020	Neck spine disk surgery	\$3,262.13	
63030	Low back disk surgery	\$3,262.13	
63035	Spinal disk surgery add-on	\$3,262.13	
63040	Laminotomy, single cervical	\$3,262.13	
63042	Laminotomy, single lumbar	\$3,262.13	

## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCPSCS/CPT	Short-Descriptor	Facility-Reimbursement	Invoice-Required
63045	Removal of spinal lamina	\$3,262.13	
63046	Removal of spinal lamina	\$3,262.13	
63047	Removal of spinal lamina	\$3,262.13	
63048	Remove spinal lamina add-on	\$3,262.13	
63075	Neck spine disk surgery	\$3,262.13	
63650	Implant neuroelectrodes, percutaneous, array	\$1,791.59	*
63655	Implant neuroelectrodes, laminectomy, plate/paddle	\$2,862.15	*
63660	Revise/remove neuroelectrode	\$1,472.73	
63685	Insrt/redo spine n-generator	\$3,300.70	*
63688	Revise/remove neuroreceiver	\$3,288.13	
64555	Implant neuroelectrodes, peripheral nerve	\$1,791.59	*
64560	Implant neuroelectrodes, autonomic nerve	\$1,791.59	*
64561	Implant neuroelectrodes, sacral nerve	\$1,791.59	*
64565	Implant neuroelectrodes, neuromusclar	\$1,791.59	*
64573	Implant neuroelectrodes, cranial nerve	\$4,033.77	*
64575	Implant neuroelectrodes, peripheral nerve	\$2,862.15	*
64577	Implant neuroelectrodes, autonomic nerve	\$2,862.15	*
64580	Implant neuroelectrodes, neuromusclar	\$2,862.15	*
64581	Implant neuroelectrodes, sacral nerve	\$2,862.15	*
64590	Insrt/redo perph n-generator	\$3,300.70	*
64702	Revise finger/toe nerve	\$1,328.81	
64704	Revise hand/foot nerve	\$1,328.81	
64708	Revise arm/leg nerve	\$1,328.81	
64712	Revision of sciatic nerve	\$1,328.81	
64718	Revise ulnar nerve at elbow	\$1,328.81	
64719	Revise ulnar nerve at wrist	\$1,328.81	
64721	Carpal tunnel surgery	\$1,328.81	
64722	Relieve pressure on nerve(s)	\$1,328.81	
64776	Remove digit nerve lesion	\$1,328.81	
64778	Digit nerve surgery add-on	\$1,328.81	
64782	Remove limb nerve lesion	\$1,328.81	
64783	Limb nerve surgery add-on	\$1,328.81	
64784	Remove nerve lesion	\$1,328.81	
64787	Implant nerve end	\$1,328.81	
64831	Repair of digit nerve	\$2,382.43	
64832	Repair nerve add-on	\$2,382.43	
64834	Repair of hand or foot nerve	\$2,382.43	
64836	Repair of hand or foot nerve	\$2,382.43	
64837	Repair nerve add-on	\$2,382.43	
64856	Repair/transpose nerve	\$2,382.43	



## Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

		B	
HCP/CS/CPT	Short Descriptor	Facility- Reimbursement	Invoice- Required
64890	Nerve graft, hand or foot	\$2,382.43	
64898	Nerve graft, arm or leg	\$2,382.43	
65235	Remove foreign body from eye	\$1,125.06	
65285	Repair of eye wound	\$2,829.23	
65710	Corneal transplant	\$2,933.07	
65730	Corneal transplant	\$2,933.07	
65750	Corneal transplant	\$2,933.07	
65755	Corneal transplant	\$2,933.07	
66250	Follow up surgery of eye	\$1,125.06	
66825	Reposition intraocular lens	\$1,691.84	
66830	Removal of lens lesion	\$530.93	
66840	Removal of lens material	\$1,000.00	
66852	Removal of lens material	\$2,120.45	
66920	Extraction of lens	\$2,120.45	
66982	Cataract surgery, complex	\$1,789.00	
66983	Cataract surg w/iol, 1 stage	\$1,789.00	
66984	Cataract surg w/iol, 1 stage	\$1,789.00	
67036	Removal of inner eye fluid	\$2,829.23	
67038	Strip retinal membrane	\$2,829.23	
67950	Revision of eyelid	\$1,382.45	
69620	Repair of eardrum	\$1,788.45	
69631	Repair eardrum structures	\$2,838.64	

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

<u>CPT</u>	<u>SHORT DESCRIPTOR</u>	<u>AA</u> <u>WITHOUT</u> <u>GUIDANCE</u> & <u>WITHOUT</u> <u>IV</u> <u>SEDATION</u> *	<u>AB</u> <u>WITHOUT</u> <u>GUIDANCE</u> & <u>WITH</u> <u>IV SEDATION</u>	<u>AC</u> <u>WITH</u> <u>GUIDANCE</u> & <u>WITHOUT</u> <u>IV SEDATION</u> *	<u>AD</u> <u>WITH</u> <u>GUIDANCE</u> & <u>WITH</u> <u>IV SEDATION</u> *
20526	Ther injection, carp tunnel	\$237.55	\$985.22	\$321.04	\$1,068.71
20550	Inj tendon sheath/ligament	\$237.55	\$985.22	\$321.04	\$1,068.71
20551	Inj tendon origin/insertion	\$237.55	\$985.22	\$321.04	\$1,068.71
20552	Inj trigger point, 1/2 muscl	\$237.55	\$985.22	\$321.04	\$1,068.71
20553	Inject trigger points, =/> 3	\$237.55	\$985.22	\$321.04	\$1,068.71
20600	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20605	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20610	Drain/inject, joint/bursa	\$237.55	\$985.22	\$321.04	\$1,068.71
20612	Aspirate/inj ganglion cyst	\$237.55	\$985.22	\$321.04	\$1,068.71
27096	Inject sacroiliac joint w/ GUID	\$480.05	no code AB	\$647.04	\$1,205.66
62264	Epidural lysis on single day	no code AA	no code AB	\$647.04	\$1,205.66
62270	Spinal fluid tap, diagnostic	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62272	Drain cerebro spinal fluid	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62273	Inject epidural patch	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62280	Treat spinal cord lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62281	Treat spinal cord lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62282	Treat spinal canal lesion	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62310	Inject spine c/t	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62311	Inject spine l/s (cd)	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62318	Inject spine w/cath, c/t	\$480.05	\$1,038.67	\$647.04	\$1,205.66
62319	Inject spine w/cath l/s (cd)	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64400	N block inj, trigeminal	\$237.55	\$985.22	\$321.04	\$1,068.71
64402	N block inj, facial	\$237.55	\$985.22	\$321.04	\$1,068.71
64405	N block inj, occipital	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64408	N block inj, vagus	\$237.55	\$985.22	\$321.04	\$1,068.71
64410	N block inj, phrenic	\$237.55	\$985.22	\$321.04	\$1,068.71
64412	N block inj, spinal accessor	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64413	N block inj, cervical	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64415	N block brachial plexus, single	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64416	N block cont infuse, b plex	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64417	N block inj, axillary	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64418	N block inj, suprascapular	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64420	N block inj, intercost, sng	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64421	N block inj, intercost, mlt	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64425	N block inj, ilio-ing/hypogi	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64430	N block inj, pudendal	\$480.05	\$1,038.67	\$647.04	\$1,205.66

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY (cont.)**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

<u>CPT</u>	<u>SHORT DESCRIPTOR</u>	<u>AA</u> <u>WITHOUT</u> <u>GUIDANCE</u> & <u>WITHOUT</u> <u>IV</u> <u>SEDATION *</u>	<u>AB</u> <u>WITHOUT</u> <u>GUIDANCE</u> & <u>WITH</u> <u>IV SEDATION</u>	<u>AC</u> <u>WITH</u> <u>GUIDANCE</u> & <u>WITHOUT</u> <u>IV SEDATION</u> <u>*</u>	<u>AD</u> <u>WITH</u> <u>GUIDANCE</u> & <u>WITH</u> <u>IV SEDATION*</u>
64435	N block inj, paracervical	4.56	38.67	8.05	185.72
64445	N block inj, sciatic, sng	0.05	38.67	7.04	205.66
64447	N block inj fem, single	4.56	38.67	8.05	185.72
64448	N block inj fem, cont inf	0.05	38.67	7.04	205.66
64449	N block inj, lumbar plexus	0.05	38.67	7.04	205.66
64450	N block, other peripheral	4.56	38.67	8.05	185.72
64479	Inj foramen epidural c/t	0.05	38.67	7.04	205.66
64480	Inj foramen <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64483	Inj foramen epidural l/s	0.05	38.67	7.04	205.66
64484	Inj l/s <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64490	Inj paravertebral c/t - fluor / CT	\$120.01 for bilateral side	no code AB	\$647.04	\$1,205.66
64491	Inj paravertebral c/t - Fluor / CT <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64492	Inj paravertebral c/t - Fluor / CT <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64493	Inj paravertebral l/s - Fluor / CT	\$120.01 for bilateral side	no code AB	7.04	205.66
64494	Inj paravertebral l/s- Fluor / CT <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64495	Inj paravertebral l/s- Fluor / CT <b>3 levels or more</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64505	N block, sphenopalatine gangl	\$237.55	\$985.22	\$321.04	\$1,068.71
64508	N block, carotid sinus s/p	\$237.55	\$985.22	\$321.04	\$1,068.71
64510	N block, stellate ganglion	\$480.05	no code AB	\$647.04	\$1,205.66
64517	N block inj, hypogas plxs	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64520	N block, lumbar/thoracic	\$480.05	no code AB	\$647.04	\$1,205.66
64530	N block inj, celiac pelus	\$480.05	no code AB	\$647.04	\$1,205.66
64600	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
64612	Destroy nerve, face muscle	\$237.55	\$985.22	\$321.04	\$1,068.71
64613	Destroy nerve, neck muscle	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64614	Destroy nerve, extrem musc	\$354.56	\$1,038.67	\$438.05	\$1,185.72
64620	Injection treatment of nerve	\$341.86	\$1,038.67	\$425.35	\$1,173.02
64630	Injection treatment of nerve	\$480.05	\$1,038.67	\$647.04	\$1,205.66
64633	Destr paravertebrl nerve c/t	\$480.05	no code AB	\$647.04	\$1,205.66
64634	Destr c/t <b>added level</b>	\$ 120.01 for added level	no code AB	no code AC	no code AD
64635	Destr paravertebrl nerve l/s	\$480.05	\$1,038.67	\$647.04	\$1,205.66

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**Table A - INJECTION PROCEDURES FEE SCHEDULE FOR FACILITY (cont.)**

See Chapter 9, Section 9 (b), for detailed guidelines on facility reimbursements and Section 1 for general guidelines for fee schedules.

<u>CPT</u>	<u>SHORT DESCRIPTOR</u>	<u>AA</u> <u>WITHOUT</u> <u>GUIDANCE</u> <u>&amp;</u> <u>WITHOUT</u> <u>IV</u> <u>SEDATION *</u>	<u>AB</u> <u>WITHOUT</u> <u>GUIDANCE</u> <u>&amp;</u> <u>WITH</u> <u>IV SEDATION</u>	<u>AC</u> <u>WITH</u> <u>GUIDANCE</u> <u>&amp;</u> <u>WITHOUT</u> <u>IV SEDATION</u> <u>*</u>	<u>AD</u> <u>WITH</u> <u>GUIDANCE</u> <u>&amp;</u> <u>WITH</u> <u>IV SEDATION*</u>
<u>64636</u>	<u>Destr l/s added level</u>	<u>\$ 120.01 for added level</u>	<u>no code AB</u>	<u>no code AC</u>	<u>no code AD</u>
<u>64640</u>	<u>Injection treatment of nerve</u>	<u>\$480.05</u>	<u>\$1,038.67</u>	<u>\$647.04</u>	<u>\$1,205.66</u>
<u>64680</u>	<u>Injection treatment of nerve</u>	<u>\$341.86</u>	<u>\$1,038.67</u>	<u>\$425.35</u>	<u>\$1,173.02</u>
<u>64681</u>	<u>Injection treatment of nerve</u>	<u>\$341.86</u>	<u>\$1,038.67</u>	<u>\$425.35</u>	<u>\$1,173.02</u>
<u>72285</u>	<u>X-ray cervical / thoracic spine disk - Discogram -under fluoroscopy. PER SURGICAL EPISODE</u>	<u>no code AA</u>	<u>no code AB</u>	<u>\$1,330.73</u>	<u>\$2,078.40</u>
<u>72295</u>	<u>X-ray of lower spine disk - Discogram - under fluoroscopy. PER SURGICAL EPISODE</u>	<u>no code AA</u>	<u>no code AB</u>	<u>\$1,330.73</u>	<u>\$2,078.40</u>
<u>0213T</u>	<u>Inj paravertebral c/t ultrasound</u>	<u>\$120.01 for bilateral side</u>	<u>\$1,038.67</u>	<u>\$647.04</u>	<u>\$1,205.66</u>
<u>0214T</u>	<u>Inj paravertebral c/t ultrasound added level</u>	<u>\$ 120.01 for added level</u>	<u>no code AB</u>	<u>no code AC</u>	<u>no code AD</u>
<u>0215T</u>	<u>Inj paravertebral c/t ultrasound 3 levels or more</u>	<u>\$ 120.01 for added level</u>	<u>no code AB</u>	<u>no code AC</u>	<u>no code AD</u>
<u>0216T</u>	<u>Inj paravertebral l/s ultrasound</u>	<u>\$120.01 for bilateral side</u>	<u>\$1,038.67</u>	<u>\$647.04</u>	<u>\$1,205.66</u>
<u>0217T</u>	<u>Inj paravertebral l/s ultrasound added level</u>	<u>\$ 120.01 for added level</u>	<u>no code AB</u>	<u>no code AC</u>	<u>no code AD</u>
<u>0218T</u>	<u>Inj paravertebral l/s ultrasound 3 levels or more</u>	<u>\$ 120.01 for added level</u>	<u>no code AB</u>	<u>no code AC</u>	<u>no code AD</u>

\* The Division shall pay 25% of the base value for each procedural code unless otherwise specified.

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

## **Table B - SURGERY CENTER PROCEDURES**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>10060</u>	<u>Drainage of skin abscess</u>	<u>\$129.33</u>	-
<u>10061</u>	<u>Drainage of skin abscess</u>	<u>\$129.33</u>	-
<u>10120</u>	<u>Remove foreign body</u>	<u>\$251.19</u>	-
<u>10121</u>	<u>Remove foreign body</u>	<u>\$1,546.95</u>	-
<u>10140</u>	<u>Drainage of hematoma/fluid</u>	<u>\$1,165.80</u>	-
<u>10180</u>	<u>Complex drainage wound</u>	<u>\$1,870.55</u>	-
<u>11010</u>	<u>Debride skin at fx site</u>	<u>\$400.06</u>	-
<u>11011</u>	<u>Debride skin musc at fx site</u>	<u>\$400.06</u>	-
<u>11012</u>	<u>Deb skin bone at fx site</u>	<u>\$400.06</u>	-
<u>11042</u>	<u>Deb subq tissue 20 sq cm/&lt;</u>	<u>\$251.19</u>	-
<u>11043</u>	<u>Deb musc/fascia 20 sq cm/&lt;</u>	<u>\$251.19</u>	-
<u>11044</u>	<u>Deb bone 20 sq cm/&lt;</u>	<u>\$754.72</u>	-
<u>11400</u>	<u>Exc tr-ext b9+marg 0.5 &lt; cm</u>	<u>\$400.06</u>	-
<u>11403</u>	<u>Exc tr-ext b9+marg 2.1-3 cm</u>	<u>\$754.72</u>	-
<u>11404</u>	<u>Exc tr-ext b9+marg 3.1-4 cm</u>	<u>\$1,546.95</u>	-
<u>11420</u>	<u>Exc h-f-nk-sp b9+marg 0.5 &lt;</u>	<u>\$754.72</u>	-
<u>11421</u>	<u>Exc h-f-nk-sp b9+marg 0.6-1</u>	<u>\$754.72</u>	-
<u>11422</u>	<u>Exc h-f-nk-sp b9+marg 1.1-2</u>	<u>\$754.72</u>	-
<u>11423</u>	<u>Exc h-f-nk-sp b9+marg 2.1-3</u>	<u>\$1,546.95</u>	-
<u>11440</u>	<u>Exc face-mm b9+marg 0.5 &lt; cm</u>	<u>\$400.06</u>	-
<u>11720</u>	<u>Debride nail 1-5</u>	<u>\$79.81</u>	-
<u>11730</u>	<u>Removal of nail plate</u>	<u>\$79.81</u>	-
<u>11750</u>	<u>Removal of nail bed</u>	<u>\$400.06</u>	-
<u>11752</u>	<u>Remove nail bed/finger tip</u>	<u>\$2,117.45</u>	-
<u>11760</u>	<u>Repair of nail bed</u>	<u>\$108.51</u>	-
<u>11762</u>	<u>Reconstruction of nail bed</u>	<u>\$1,526.43</u>	-
<u>12001</u>	<u>Repair superficial wound(s)</u>	<u>\$108.51</u>	-
<u>12020</u>	<u>Closure of split wound</u>	<u>\$448.46</u>	-
<u>12032</u>	<u>Intmd wnd repair s/a/t/ext</u>	<u>\$294.49</u>	-
<u>12034</u>	<u>Intmd wnd repair s/tr/ext</u>	<u>\$294.49</u>	-
<u>12041</u>	<u>Intmd wnd repair n-hf/genit</u>	<u>\$108.51</u>	-
<u>12042</u>	<u>Intmd wnd repair n-hf/genit</u>	<u>\$294.49</u>	-
<u>12051</u>	<u>Intmd wnd repair face/mm</u>	<u>\$294.49</u>	-
<u>13101</u>	<u>Repair of wound or lesion</u>	<u>\$448.46</u>	-
<u>13102</u>	<u>Repair wound/lesion add-on</u>	<u>\$294.49</u>	-
<u>13120</u>	<u>Repair of wound or lesion</u>	<u>\$294.49</u>	-
<u>13121</u>	<u>Repair of wound or lesion</u>	<u>\$294.49</u>	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>13122</u>	<u>Repair wound/lesion add-on</u>	<u>\$108.51</u>	-
<u>13131</u>	<u>Repair of wound or lesion</u>	<u>\$294.49</u>	-
<u>13132</u>	<u>Repair of wound or lesion</u>	<u>\$448.46</u>	-
<u>13152</u>	<u>Repair of wound or lesion</u>	<u>\$448.46</u>	-
<u>13160</u>	<u>Late closure of wound</u>	<u>\$1,951.55</u>	-
<u>14000</u>	<u>Skin tissue rearrangement</u>	<u>\$1,526.43</u>	-
<u>14001</u>	<u>Skin tissue rearrangement</u>	<u>\$1,526.43</u>	-
<u>14021</u>	<u>Skin tissue rearrangement</u>	<u>\$1,526.43</u>	-
<u>14040</u>	<u>Skin tissue rearrangement</u>	<u>\$1,526.43</u>	-
<u>14041</u>	<u>Skin tissue rearrangement</u>	<u>\$1,526.43</u>	-
<u>15002</u>	<u>Wound prep trk/arm/leg</u>	<u>\$448.46</u>	-
<u>15003</u>	<u>Wound prep addl 100 cm</u>	<u>\$448.46</u>	-
<u>15004</u>	<u>Wound prep f/n/hf/g</u>	<u>\$294.49</u>	-
<u>15050</u>	<u>Skin pinch graft</u>	<u>\$294.49</u>	-
<u>15100</u>	<u>Skin splt grft trnk/arm/leg</u>	<u>\$1,951.55</u>	-
<u>15101</u>	<u>Skin splt grft t/a/l add-on</u>	<u>\$1,951.55</u>	-
<u>15120</u>	<u>Skn splt a-grft fac/nck/hf/g</u>	<u>\$1,951.55</u>	-
<u>15121</u>	<u>Skn splt a-grft f/n/hf/g add</u>	<u>\$1,951.55</u>	-
<u>15220</u>	<u>Skin full graft sclp/arm/leg</u>	<u>\$1,526.43</u>	-
<u>15240</u>	<u>Skin full grft face/genit/hf</u>	<u>\$1,526.43</u>	-
<u>15574</u>	<u>Form skin pedicle flap</u>	<u>\$1,951.55</u>	-
<u>15620</u>	<u>Skin graft</u>	<u>\$1,951.55</u>	-
<u>15760</u>	<u>Composite skin graft</u>	<u>\$1,951.55</u>	-
<u>15850</u>	<u>Removal of sutures</u>	<u>\$251.19</u>	-
<u>15851</u>	<u>Removal of sutures</u>	<u>\$251.19</u>	-
<u>15852</u>	<u>Dressing change not for burn</u>	<u>\$59.15</u>	-
<u>17111</u>	<u>Destruct lesion 15 or more</u>	<u>\$136.22</u>	-
<u>20100</u>	<u>Explore wound neck</u>	<u>\$679.14</u>	-
<u>20103</u>	<u>Explore wound extremity</u>	<u>\$1,165.80</u>	-
<u>20520</u>	<u>Removal of foreign body</u>	<u>\$400.06</u>	-
<u>20525</u>	<u>Removal of foreign body</u>	<u>\$2,117.45</u>	-
<u>20555</u>	<u>Place ndl musc/tis for rt</u>	<u>\$2,953.24</u>	-
<u>20670</u>	<u>Removal of support implant</u>	<u>\$1,546.95</u>	-
<u>20680</u>	<u>Removal of support implant</u>	<u>\$2,117.45</u>	-
<u>20690</u>	<u>Apply bone fixation device</u>	<u>\$2,953.24</u>	-
<u>20693</u>	<u>Adjust bone fixation device</u>	<u>\$2,953.24</u>	-
<u>20694</u>	<u>Remove bone fixation device</u>	<u>\$2,009.69</u>	-
<u>20900</u>	<u>Removal of bone for graft</u>	<u>\$2,953.24</u>	-
<u>20902</u>	<u>Removal of bone for graft</u>	<u>\$2,953.24</u>	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>20912</u>	<u>Remove cartilage for graft</u>	<u>\$1,951.55</u>	<u>-</u>
<u>20924</u>	<u>Removal of tendon for graft</u>	<u>\$2,953.24</u>	<u>-</u>
<u>20930</u>	<u>Sp bone algrft morsel add-on</u>	<u>invoice only</u>	<u>*</u>
<u>20931</u>	<u>Sp bone algrft struct add-on</u>	<u>invoice only</u>	<u>*</u>
<u>20936</u>	<u>Sp bone agrft local add-on</u>	<u>\$2,953.24</u>	<u>-</u>
<u>20937</u>	<u>Sp bone agrft morsel add-on</u>	<u>\$2,953.24</u>	<u>-</u>
<u>20938</u>	<u>Sp bone agrft struct add-on</u>	<u>\$2,953.24</u>	<u>-</u>
<u>21320</u>	<u>Treatment of nose fracture</u>	<u>\$1,535.50</u>	<u>-</u>
<u>21325</u>	<u>Treatment of nose fracture</u>	<u>\$2,265.44</u>	<u>-</u>
<u>21330</u>	<u>Treatment of nose fracture</u>	<u>\$2,265.44</u>	<u>-</u>
<u>21335</u>	<u>Treatment of nose fracture</u>	<u>\$2,265.44</u>	<u>-</u>
<u>21356</u>	<u>Treat cheek bone fracture</u>	<u>\$2,265.44</u>	<u>-</u>
<u>21365</u>	<u>Treat cheek bone fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21385</u>	<u>Treat eye socket fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21390</u>	<u>Treat eye socket fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21407</u>	<u>Treat eye socket fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21408</u>	<u>Treat eye socket fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21462</u>	<u>Treat lower jaw fracture</u>	<u>\$4,099.33</u>	<u>-</u>
<u>21555</u>	<u>Exc neck les sc &lt; 3 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>21930</u>	<u>Exc back les sc &lt; 3 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>22100</u>	<u>Remove part of neck vertebra</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22520</u>	<u>Percut vertebroplasty thor</u>	<u>\$2,953.24</u>	<u>-</u>
<u>22521</u>	<u>Percut vertebroplasty lumb</u>	<u>\$2,953.24</u>	<u>-</u>
<u>22524</u>	<u>Percut kyphoplasty lumbar</u>	<u>\$6,159.04</u>	<u>*</u>
<u>22526</u>	<u>Idet single level</u>	<u>\$2,953.24</u>	<u>-</u>
<u>22527</u>	<u>Idet 1 or more levels</u>	<u>\$2,953.24</u>	<u>-</u>
<u>22551</u>	<u>Neck spine fuse&amp;remov bel c2</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22552</u>	<u>Addl neck spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22554</u>	<u>Neck spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22556</u>	<u>Thorax spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22558</u>	<u>Lumbar spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22585</u>	<u>Additional spinal fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22600</u>	<u>Neck spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22610</u>	<u>Thorax spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22612</u>	<u>Lumbar spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22614</u>	<u>Spine fusion extra segment</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22630</u>	<u>Lumbar spine fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22632</u>	<u>Spine fusion extra segment</u>	<u>\$4,617.84</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>22633</u>	<u>Lumbar spine fusion combined</u>	<u>\$6,926.76</u>	<u>-</u>
<u>22634</u>	<u>Spine fusion extra segment</u>	<u>\$6,926.76</u>	<u>-</u>
<u>22830</u>	<u>Exploration of spinal fusion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22840</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22841</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22842</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22843</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22844</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22845</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22846</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22847</u>	<u>Insert spine fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22848</u>	<u>Insert pelv fixation device</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22849</u>	<u>Reinsert spinal fixation</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22850</u>	<u>Remove spine fixation device</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22851</u>	<u>Apply spine prosth device</u>	<u>\$2,721.71</u>	<u>*</u>
<u>22852</u>	<u>Remove spine fixation device</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22855</u>	<u>Remove spine fixation device</u>	<u>\$4,617.84</u>	<u>-</u>
<u>22856</u>	<u>Cerv artific discectomy</u>	<u>\$4,617.84</u>	<u>*</u>
<u>22857</u>	<u>Lumbar artif discectomy</u>	<u>\$4,617.84</u>	<u>*</u>
<u>23020</u>	<u>Release shoulder joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23030</u>	<u>Drain shoulder lesion</u>	<u>\$1,870.55</u>	<u>-</u>
<u>23040</u>	<u>Exploratory shoulder surgery</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23044</u>	<u>Exploratory shoulder surgery</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23075</u>	<u>Exc shoulder les sc &lt; 3 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>23076</u>	<u>Exc shoulder tum deep &lt; 5 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>23100</u>	<u>Biopsy of shoulder joint</u>	<u>\$2,009.69</u>	<u>-</u>
<u>23101</u>	<u>Shoulder joint surgery</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23105</u>	<u>Remove shoulder joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23106</u>	<u>Incision of collarbone joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23107</u>	<u>Explore treat shoulder joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23120</u>	<u>Partial removal collar bone</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23130</u>	<u>Remove shoulder bone part</u>	<u>\$4,323.74</u>	<u>-</u>
<u>23140</u>	<u>Removal of bone lesion</u>	<u>\$2,009.69</u>	<u>-</u>
<u>23145</u>	<u>Removal of bone lesion</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23330</u>	<u>Remove shoulder foreign body</u>	<u>\$754.72</u>	<u>-</u>
<u>23331</u>	<u>Remove shoulder foreign body</u>	<u>\$2,117.45</u>	<u>-</u>
<u>23405</u>	<u>Incision of tendon &amp; muscle</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23410</u>	<u>Repair rotator cuff acute</u>	<u>\$3,669.13</u>	<u>*</u>



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>23412</u>	<u>Repair rotator cuff chronic</u>	<u>\$3,669.13</u>	<u>*</u>
<u>23415</u>	<u>Release of shoulder ligament</u>	<u>\$4,323.74</u>	<u>-</u>
<u>23420</u>	<u>Repair of shoulder</u>	<u>\$3,669.13</u>	<u>*</u>
<u>23430</u>	<u>Repair biceps tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>23440</u>	<u>Remove/transplant tendon</u>	<u>\$2,953.24</u>	<u>-</u>
<u>23450</u>	<u>Repair shoulder capsule</u>	<u>\$6,159.04</u>	<u>*</u>
<u>23455</u>	<u>Repair shoulder capsule</u>	<u>\$6,159.04</u>	<u>*</u>
<u>23460</u>	<u>Repair shoulder capsule</u>	<u>\$6,159.04</u>	<u>*</u>
<u>23462</u>	<u>Repair shoulder capsule</u>	<u>\$4,323.74</u>	<u>-</u>
<u>23465</u>	<u>Repair shoulder capsule</u>	<u>\$6,159.04</u>	<u>*</u>
<u>23466</u>	<u>Repair shoulder capsule</u>	<u>\$4,323.74</u>	<u>-</u>
<u>23470</u>	<u>Reconstruct shoulder joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>23472</u>	<u>Reconstruct shoulder joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>23485</u>	<u>Revision of collar bone</u>	<u>\$6,159.04</u>	<u>*</u>
<u>23515</u>	<u>Treat clavicle fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>23530</u>	<u>Treat clavicle dislocation</u>	<u>\$4,541.71</u>	<u>-</u>
<u>23532</u>	<u>Treat clavicle dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>23550</u>	<u>Treat clavicle dislocation</u>	<u>\$4,541.71</u>	<u>-</u>
<u>23552</u>	<u>Treat clavicle dislocation</u>	<u>\$4,541.71</u>	<u>-</u>
<u>23585</u>	<u>Treat scapula fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>23630</u>	<u>Treat humerus fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>23655</u>	<u>Treat shoulder dislocation</u>	<u>\$1,407.13</u>	<u>-</u>
<u>23700</u>	<u>Fixation of shoulder</u>	<u>\$1,407.13</u>	<u>-</u>
<u>23929</u>	<u>Shoulder surgery procedure</u>	<u>\$136.71</u>	<u>-</u>
<u>23930</u>	<u>Drainage of arm lesion</u>	<u>\$1,870.55</u>	<u>-</u>
<u>23931</u>	<u>Drainage of arm bursa</u>	<u>\$1,870.55</u>	<u>-</u>
<u>24000</u>	<u>Exploratory elbow surgery</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24006</u>	<u>Release elbow joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24101</u>	<u>Explore/treat elbow joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24102</u>	<u>Remove elbow joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24105</u>	<u>Removal of elbow bursa</u>	<u>\$2,009.69</u>	<u>-</u>
<u>24110</u>	<u>Remove humerus lesion</u>	<u>\$2,009.69</u>	<u>-</u>
<u>24120</u>	<u>Remove elbow lesion</u>	<u>\$2,009.69</u>	<u>-</u>
<u>24130</u>	<u>Removal of head of radius</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24140</u>	<u>Partial removal of arm bone</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24145</u>	<u>Partial removal of radius</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24147</u>	<u>Partial removal of elbow</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24164</u>	<u>Remove radius head implant</u>	<u>\$2,953.24</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>24200</u>	<u>Removal of arm foreign body</u>	<u>\$400.06</u>	<u>-</u>
<u>24201</u>	<u>Removal of arm foreign body</u>	<u>\$1,546.95</u>	<u>-</u>
<u>24300</u>	<u>Manipulate elbow w/anesth</u>	<u>\$1,407.13</u>	<u>-</u>
<u>24305</u>	<u>Arm tendon lengthening</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24340</u>	<u>Repair of biceps tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>24341</u>	<u>Repair arm tendon/muscle</u>	<u>\$4,323.74</u>	<u>-</u>
<u>24342</u>	<u>Repair of ruptured tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>24343</u>	<u>Repr elbow lat ligmnt w/tiss</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24344</u>	<u>Reconstruct elbow lat ligmnt</u>	<u>\$6,159.04</u>	<u>*</u>
<u>24345</u>	<u>Repr elbw med ligmnt w/tissu</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24346</u>	<u>Reconstruct elbow med ligmnt</u>	<u>\$6,159.04</u>	<u>*</u>
<u>24357</u>	<u>Repair elbow perc</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24358</u>	<u>Repair elbow w/deb open</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24359</u>	<u>Repair elbow deb/attch open</u>	<u>\$2,953.24</u>	<u>-</u>
<u>24360</u>	<u>Reconstruct elbow joint</u>	<u>\$3,757.97</u>	<u>-</u>
<u>24365</u>	<u>Reconstruct head of radius</u>	<u>\$3,757.97</u>	<u>-</u>
<u>24366</u>	<u>Reconstruct head of radius</u>	<u>\$4,646.69</u>	<u>*</u>
<u>24400</u>	<u>Revision of humerus</u>	<u>\$6,159.04</u>	<u>*</u>
<u>24430</u>	<u>Repair of humerus</u>	<u>\$6,159.04</u>	<u>*</u>
<u>24435</u>	<u>Repair humerus with graft</u>	<u>\$6,159.04</u>	<u>*</u>
<u>24545</u>	<u>Treat humerus fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24546</u>	<u>Treat humerus fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24575</u>	<u>Treat humerus fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24579</u>	<u>Treat humerus fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24582</u>	<u>Treat humerus fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>24586</u>	<u>Treat elbow fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24605</u>	<u>Treat elbow dislocation</u>	<u>\$1,407.13</u>	<u>-</u>
<u>24615</u>	<u>Treat elbow dislocation</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24655</u>	<u>Treat radius fracture</u>	<u>\$459.23</u>	<u>-</u>
<u>24665</u>	<u>Treat radius fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>24666</u>	<u>Treat radius fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>24685</u>	<u>Treat ulnar fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>24800</u>	<u>Fusion of elbow joint</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25000</u>	<u>Incision of tendon sheath</u>	<u>\$2,009.69</u>	<u>-</u>
<u>25001</u>	<u>Incise flexor carpi radialis</u>	<u>\$2,009.69</u>	<u>-</u>
<u>25020</u>	<u>Decompress forearm 1 space</u>	<u>\$2,953.24</u>	<u>-</u>
<u>25023</u>	<u>Decompress forearm 1 space</u>	<u>\$2,953.24</u>	<u>-</u>
<u>25024</u>	<u>Decompress forearm 2 spaces</u>	<u>\$2,953.24</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>25025</u>	<u>Decompress forearm 2 spaces</u>	<u>\$2,953.24</u>	-
<u>25028</u>	<u>Drainage of forearm lesion</u>	<u>\$2,009.69</u>	-
<u>25031</u>	<u>Drainage of forearm bursa</u>	<u>\$2,009.69</u>	-
<u>25040</u>	<u>Explore/treat wrist joint</u>	<u>\$2,953.24</u>	-
<u>25066</u>	<u>Biopsy forearm soft tissues</u>	<u>\$2,117.45</u>	-
<u>25075</u>	<u>Exc forearm les sc &lt; 3 cm</u>	<u>\$1,546.95</u>	-
<u>25076</u>	<u>Exc forearm tum deep &lt; 3 cm</u>	<u>\$1,546.95</u>	-
<u>25085</u>	<u>Incision of wrist capsule</u>	<u>\$2,009.69</u>	-
<u>25100</u>	<u>Biopsy of wrist joint</u>	<u>\$2,009.69</u>	-
<u>25101</u>	<u>Explore/treat wrist joint</u>	<u>\$2,953.24</u>	-
<u>25105</u>	<u>Remove wrist joint lining</u>	<u>\$2,953.24</u>	-
<u>25107</u>	<u>Remove wrist joint cartilage</u>	<u>\$2,953.24</u>	-
<u>25110</u>	<u>Remove wrist tendon lesion</u>	<u>\$2,009.69</u>	-
<u>25111</u>	<u>Remove wrist tendon lesion</u>	<u>\$2,009.69</u>	-
<u>25112</u>	<u>Reremove wrist tendon lesion</u>	<u>\$2,009.69</u>	-
<u>25115</u>	<u>Remove wrist/forearm lesion</u>	<u>\$2,009.69</u>	-
<u>25116</u>	<u>Remove wrist/forearm lesion</u>	<u>\$2,009.69</u>	-
<u>25118</u>	<u>Excise wrist tendon sheath</u>	<u>\$2,953.24</u>	-
<u>25120</u>	<u>Removal of forearm lesion</u>	<u>\$2,953.24</u>	-
<u>25126</u>	<u>Remove/graft forearm lesion</u>	<u>\$2,953.24</u>	-
<u>25136</u>	<u>Remove &amp; graft wrist lesion</u>	<u>\$2,953.24</u>	-
<u>25150</u>	<u>Partial removal of ulna</u>	<u>\$2,953.24</u>	-
<u>25151</u>	<u>Partial removal of radius</u>	<u>\$2,953.24</u>	-
<u>25210</u>	<u>Removal of wrist bone</u>	<u>\$2,953.24</u>	-
<u>25215</u>	<u>Removal of wrist bones</u>	<u>\$2,953.24</u>	-
<u>25230</u>	<u>Partial removal of radius</u>	<u>\$2,953.24</u>	-
<u>25240</u>	<u>Partial removal of ulna</u>	<u>\$2,953.24</u>	-
<u>25248</u>	<u>Remove forearm foreign body</u>	<u>\$2,009.69</u>	-
<u>25259</u>	<u>Manipulate wrist w/anesthes</u>	<u>\$1,724.73</u>	-
<u>25260</u>	<u>Repair forearm tendon/muscle</u>	<u>\$2,953.24</u>	-
<u>25263</u>	<u>Repair forearm tendon/muscle</u>	<u>\$2,953.24</u>	-
<u>25270</u>	<u>Repair forearm tendon/muscle</u>	<u>\$2,953.24</u>	-
<u>25272</u>	<u>Repair forearm tendon/muscle</u>	<u>\$2,953.24</u>	-
<u>25274</u>	<u>Repair forearm tendon/muscle</u>	<u>\$2,953.24</u>	-
<u>25275</u>	<u>Repair forearm tendon sheath</u>	<u>\$2,953.24</u>	-
<u>25280</u>	<u>Revise wrist/forearm tendon</u>	<u>\$2,953.24</u>	-
<u>25290</u>	<u>Incise wrist/forearm tendon</u>	<u>\$2,953.24</u>	-
<u>25295</u>	<u>Release wrist/forearm tendon</u>	<u>\$2,009.69</u>	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>25300</u>	<u>Fusion of tendons at wrist</u>	<u>\$2,953.24</u>	<u>-</u>
<u>25301</u>	<u>Fusion of tendons at wrist</u>	<u>\$2,953.24</u>	<u>-</u>
<u>25310</u>	<u>Transplant forearm tendon</u>	<u>\$2,953.24</u>	<u>-</u>
<u>25312</u>	<u>Transplant forearm tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25320</u>	<u>Repair/revise wrist joint</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25337</u>	<u>Reconstruct ulna/radioulnar</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25360</u>	<u>Revision of ulna</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25390</u>	<u>Shorten radius or ulna</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25400</u>	<u>Repair radius or ulna</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25405</u>	<u>Repair/graft radius or ulna</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25415</u>	<u>Repair radius &amp; ulna</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25420</u>	<u>Repair/graft radius &amp; ulna</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25430</u>	<u>Vasc graft into carpal bone</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25431</u>	<u>Repair nonunion carpal bone</u>	<u>\$4,323.74</u>	<u>-</u>
<u>25440</u>	<u>Repair/graft wrist bone</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25447</u>	<u>Repair wrist joints</u>	<u>\$3,757.97</u>	<u>-</u>
<u>25515</u>	<u>Treat fracture of radius</u>	<u>\$4,541.71</u>	<u>-</u>
<u>25545</u>	<u>Treat fracture of ulna</u>	<u>\$4,541.71</u>	<u>-</u>
<u>25575</u>	<u>Treat fracture radius/ulna</u>	<u>\$6,200.31</u>	<u>-</u>
<u>25605</u>	<u>Treat fracture radius/ulna</u>	<u>\$459.23</u>	<u>-</u>
<u>25606</u>	<u>Treat fx distal radial</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25607</u>	<u>Treat fx rad extra-articul</u>	<u>\$6,200.31</u>	<u>-</u>
<u>25608</u>	<u>Treat fx rad intra-articul</u>	<u>\$6,200.31</u>	<u>-</u>
<u>25609</u>	<u>Treat fx radial 3+ frag</u>	<u>\$6,200.31</u>	<u>-</u>
<u>25622</u>	<u>Treat wrist bone fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>25628</u>	<u>Treat wrist bone fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>25645</u>	<u>Treat wrist bone fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>25651</u>	<u>Pin ulnar styloid fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25652</u>	<u>Treat fracture ulnar styloid</u>	<u>\$4,541.71</u>	<u>-</u>
<u>25660</u>	<u>Treat wrist dislocation</u>	<u>\$136.71</u>	<u>-</u>
<u>25670</u>	<u>Treat wrist dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25671</u>	<u>Pin radioulnar dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25676</u>	<u>Treat wrist dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25685</u>	<u>Treat wrist fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25695</u>	<u>Treat wrist dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>25800</u>	<u>Fusion of wrist joint</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25810</u>	<u>Fusion/graft of wrist joint</u>	<u>\$6,159.04</u>	<u>*</u>
<u>25820</u>	<u>Fusion of hand bones</u>	<u>\$4,323.74</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>25825</u>	<u>Fuse hand bones with graft</u>	<u>\$6,159.04</u>	<u>*</u>
<u>26011</u>	<u>Drainage of finger abscess</u>	<u>\$1,165.80</u>	<u>-</u>
<u>26020</u>	<u>Drain hand tendon sheath</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26037</u>	<u>Decompress fingers/hand</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26040</u>	<u>Release palm contracture</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26055</u>	<u>Incise finger tendon sheath</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26060</u>	<u>Incision of finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26070</u>	<u>Explore/treat hand joint</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26075</u>	<u>Explore/treat finger joint</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26080</u>	<u>Explore/treat finger joint</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26100</u>	<u>Biopsy hand joint lining</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26105</u>	<u>Biopsy finger joint lining</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26110</u>	<u>Biopsy finger joint lining</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26113</u>	<u>Exc hand tum deep 1.5 cm/≥</u>	<u>\$2,117.45</u>	<u>-</u>
<u>26115</u>	<u>Exc hand les sc &lt; 1.5 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>26116</u>	<u>Exc hand tum deep &lt; 1.5 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>26121</u>	<u>Release palm contracture</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26123</u>	<u>Release palm contracture</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26125</u>	<u>Release palm contracture</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26130</u>	<u>Remove wrist joint lining</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26140</u>	<u>Revise finger joint each</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26145</u>	<u>Tendon excision palm/finger</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26160</u>	<u>Remove tendon sheath lesion</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26170</u>	<u>Removal of palm tendon each</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26180</u>	<u>Removal of finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26185</u>	<u>Remove finger bone</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26200</u>	<u>Remove hand bone lesion</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26230</u>	<u>Partial removal of hand bone</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26235</u>	<u>Partial removal finger bone</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26236</u>	<u>Partial removal finger bone</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26320</u>	<u>Removal of implant from hand</u>	<u>\$1,546.95</u>	<u>-</u>
<u>26340</u>	<u>Manipulate finger w/anesth</u>	<u>\$459.23</u>	<u>-</u>
<u>26350</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26352</u>	<u>Repair/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26356</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26357</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26358</u>	<u>Repair/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26370</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>26372</u>	<u>Repair/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26373</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26390</u>	<u>Revise hand/finger tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26392</u>	<u>Repair/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26410</u>	<u>Repair hand tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26412</u>	<u>Repair/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26418</u>	<u>Repair finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26420</u>	<u>Repair/graft finger tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26426</u>	<u>Repair finger/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26428</u>	<u>Repair/graft finger tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26432</u>	<u>Repair finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26433</u>	<u>Repair finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26434</u>	<u>Repair/graft finger tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26437</u>	<u>Realignment of tendons</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26440</u>	<u>Release palm/finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26442</u>	<u>Release palm &amp; finger tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26445</u>	<u>Release hand/finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26449</u>	<u>Release forearm/hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26450</u>	<u>Incision of palm tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26455</u>	<u>Incision of finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26460</u>	<u>Incise hand/finger tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26471</u>	<u>Fusion of finger tendons</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26474</u>	<u>Fusion of finger tendons</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26476</u>	<u>Tendon lengthening</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26477</u>	<u>Tendon shortening</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26478</u>	<u>Lengthening of hand tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26479</u>	<u>Shortening of hand tendon</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26480</u>	<u>Transplant hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26483</u>	<u>Transplant/graft hand tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26485</u>	<u>Transplant palm tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26489</u>	<u>Transplant/graft palm tendon</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26500</u>	<u>Hand tendon reconstruction</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26502</u>	<u>Hand tendon reconstruction</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26508</u>	<u>Release thumb contracture</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26516</u>	<u>Fusion of knuckle joint</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26520</u>	<u>Release knuckle contracture</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26525</u>	<u>Release finger contracture</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26530</u>	<u>Revise knuckle joint</u>	<u>\$3,757.97</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>26535</u>	<u>Revise finger joint</u>	<u>\$3,757.97</u>	<u>-</u>
<u>26536</u>	<u>Revise/implant finger joint</u>	<u>\$3,348.85</u>	<u>*</u>
<u>26540</u>	<u>Repair hand joint</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26541</u>	<u>Repair hand joint with graft</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26542</u>	<u>Repair hand joint with graft</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26545</u>	<u>Reconstruct finger joint</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26546</u>	<u>Repair nonunion hand</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26548</u>	<u>Reconstruct finger joint</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26565</u>	<u>Correct metacarpal flaw</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26593</u>	<u>Release muscles of hand</u>	<u>\$1,564.65</u>	<u>-</u>
<u>26605</u>	<u>Treat metacarpal fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>26607</u>	<u>Treat metacarpal fracture</u>	<u>\$1,724.73</u>	<u>-</u>
<u>26608</u>	<u>Treat metacarpal fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26615</u>	<u>Treat metacarpal fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>26650</u>	<u>Treat thumb fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26665</u>	<u>Treat thumb fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>26676</u>	<u>Pin hand dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26685</u>	<u>Treat hand dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26705</u>	<u>Treat knuckle dislocation</u>	<u>\$136.71</u>	<u>-</u>
<u>26706</u>	<u>Pin knuckle dislocation</u>	<u>\$1,724.73</u>	<u>-</u>
<u>26715</u>	<u>Treat knuckle dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26725</u>	<u>Treat finger fracture each</u>	<u>\$136.71</u>	<u>-</u>
<u>26727</u>	<u>Treat finger fracture each</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26735</u>	<u>Treat finger fracture each</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26742</u>	<u>Treat finger fracture each</u>	<u>\$136.71</u>	<u>-</u>
<u>26746</u>	<u>Treat finger fracture each</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26755</u>	<u>Treat finger fracture each</u>	<u>\$136.71</u>	<u>-</u>
<u>26756</u>	<u>Pin finger fracture each</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26765</u>	<u>Treat finger fracture each</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26775</u>	<u>Treat finger dislocation</u>	<u>\$1,407.13</u>	<u>-</u>
<u>26776</u>	<u>Pin finger dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26785</u>	<u>Treat finger dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>26841</u>	<u>Fusion of thumb</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26842</u>	<u>Thumb fusion with graft</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26843</u>	<u>Fusion of hand joint</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26844</u>	<u>Fusion/graft of hand joint</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26850</u>	<u>Fusion of knuckle</u>	<u>\$2,627.06</u>	<u>-</u>
<u>26852</u>	<u>Fusion of knuckle with graft</u>	<u>\$2,627.06</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>26860</u>	<u>Fusion of finger joint</u>	<u>\$2,627.06</u>	-
<u>26861</u>	<u>Fusion of finger jnt add-on</u>	<u>\$2,627.06</u>	-
<u>26862</u>	<u>Fusion/graft of finger joint</u>	<u>\$2,627.06</u>	-
<u>26863</u>	<u>Fuse/graft added joint</u>	<u>\$2,627.06</u>	-
<u>26910</u>	<u>Amputate metacarpal bone</u>	<u>\$2,627.06</u>	-
<u>26951</u>	<u>Amputation of finger/thumb</u>	<u>\$1,564.65</u>	-
<u>26952</u>	<u>Amputation of finger/thumb</u>	<u>\$1,564.65</u>	-
<u>26990</u>	<u>Drainage of pelvis lesion</u>	<u>\$2,009.69</u>	-
<u>27006</u>	<u>Incision of hip tendons</u>	<u>\$2,953.24</u>	-
<u>27062</u>	<u>Remove femur lesion/bursa</u>	<u>\$2,009.69</u>	-
<u>27065</u>	<u>Remove hip bone les super</u>	<u>\$2,009.69</u>	-
<u>27066</u>	<u>Remove hip bone les deep</u>	<u>\$2,953.24</u>	-
<u>27216</u>	<u>Treat pelvic ring fracture</u>	<u>\$2,953.24</u>	-
<u>27267</u>	<u>Cltx thigh fx</u>	<u>\$136.71</u>	-
<u>27275</u>	<u>Manipulation of hip joint</u>	<u>\$1,407.13</u>	-
<u>27280</u>	<u>Fusion of sacroiliac joint</u>	<u>\$4,617.84</u>	-
<u>27301</u>	<u>Drain thigh/knee lesion</u>	<u>\$1,870.55</u>	-
<u>27306</u>	<u>Incision of thigh tendon</u>	<u>\$2,009.69</u>	-
<u>27310</u>	<u>Exploration of knee joint</u>	<u>\$2,953.24</u>	-
<u>27324</u>	<u>Biopsy thigh soft tissues</u>	<u>\$2,117.45</u>	-
<u>27327</u>	<u>Exc thigh/knee les sc &lt; 3 cm</u>	<u>\$2,117.45</u>	-
<u>27328</u>	<u>Exc thigh/knee tum deep &lt;5cm</u>	<u>\$1,546.95</u>	-
<u>27331</u>	<u>Explore/treat knee joint</u>	<u>\$2,953.24</u>	-
<u>27332</u>	<u>Removal of knee cartilage</u>	<u>\$2,953.24</u>	-
<u>27333</u>	<u>Removal of knee cartilage</u>	<u>\$2,953.24</u>	-
<u>27334</u>	<u>Remove knee joint lining</u>	<u>\$2,953.24</u>	-
<u>27335</u>	<u>Remove knee joint lining</u>	<u>\$2,953.24</u>	-
<u>27340</u>	<u>Removal of kneecap bursa</u>	<u>\$2,009.69</u>	-
<u>27345</u>	<u>Removal of knee cyst</u>	<u>\$2,009.69</u>	-
<u>27347</u>	<u>Remove knee cyst</u>	<u>\$2,009.69</u>	-
<u>27350</u>	<u>Removal of kneecap</u>	<u>\$2,953.24</u>	-
<u>27360</u>	<u>Partial removal leg bone(s)</u>	<u>\$2,953.24</u>	-
<u>27372</u>	<u>Removal of foreign body</u>	<u>\$2,117.45</u>	-
<u>27380</u>	<u>Repair of kneecap tendon</u>	<u>\$2,953.24</u>	-
<u>27381</u>	<u>Repair/graft kneecap tendon</u>	<u>\$2,953.24</u>	-
<u>27385</u>	<u>Repair of thigh muscle</u>	<u>\$2,953.24</u>	-
<u>27386</u>	<u>Repair/graft of thigh muscle</u>	<u>\$2,953.24</u>	-
<u>27400</u>	<u>Revise thigh muscles/tendons</u>	<u>\$4,323.74</u>	-



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>27403</u>	<u>Repair of knee cartilage</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27405</u>	<u>Repair of knee ligament</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27407</u>	<u>Repair of knee ligament</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27409</u>	<u>Repair of knee ligaments</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27415</u>	<u>Osteochondral knee allograft</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27416</u>	<u>Osteochondral knee autograft</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27418</u>	<u>Repair degenerated kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27420</u>	<u>Revision of unstable kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27422</u>	<u>Revision of unstable kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27424</u>	<u>Revision/removal of kneecap</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27425</u>	<u>Lat retinacular release open</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27427</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27428</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27429</u>	<u>Reconstruction knee</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27438</u>	<u>Revise kneecap with implant</u>	<u>\$3,348.85</u>	<u>*</u>
<u>27446</u>	<u>Revision of knee joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27447</u>	<u>Total knee arthroplasty</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27486</u>	<u>Revise/replace knee joint</u>	<u>\$4,646.69</u>	<u>*</u>
<u>27520</u>	<u>Treat kneecap fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>27524</u>	<u>Treat kneecap fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27562</u>	<u>Treat kneecap dislocation</u>	<u>\$1,407.13</u>	<u>-</u>
<u>27570</u>	<u>Fixation of knee joint</u>	<u>\$1,407.13</u>	<u>-</u>
<u>27603</u>	<u>Drain lower leg lesion</u>	<u>\$1,870.55</u>	<u>-</u>
<u>27604</u>	<u>Drain lower leg bursa</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27605</u>	<u>Incision of achilles tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>27606</u>	<u>Incision of achilles tendon</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27610</u>	<u>Explore/treat ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27612</u>	<u>Exploration of ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27618</u>	<u>Exc leg/ankle tum &lt; 3 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>27619</u>	<u>Exc leg/ankle tum deep &lt;5 cm</u>	<u>\$1,546.95</u>	<u>-</u>
<u>27620</u>	<u>Explore/treat ankle joint</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27625</u>	<u>Remove ankle joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27626</u>	<u>Remove ankle joint lining</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27630</u>	<u>Removal of tendon lesion</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27638</u>	<u>Remove/graft leg bone lesion</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27640</u>	<u>Partial removal of tibia</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27641</u>	<u>Partial removal of fibula</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27650</u>	<u>Repair achilles tendon</u>	<u>\$4,323.74</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>27652</u>	<u>Repair/graft achilles tendon</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27654</u>	<u>Repair of achilles tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27658</u>	<u>Repair of leg tendon each</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27659</u>	<u>Repair of leg tendon each</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27664</u>	<u>Repair of leg tendon each</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27665</u>	<u>Repair of leg tendon each</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27675</u>	<u>Repair lower leg tendons</u>	<u>\$2,009.69</u>	<u>-</u>
<u>27676</u>	<u>Repair lower leg tendons</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27680</u>	<u>Release of lower leg tendon</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27685</u>	<u>Revision of lower leg tendon</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27687</u>	<u>Revision of calf tendon</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27690</u>	<u>Revise lower leg tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27691</u>	<u>Revise lower leg tendon</u>	<u>\$4,323.74</u>	<u>-</u>
<u>27695</u>	<u>Repair of ankle ligament</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27696</u>	<u>Repair of ankle ligaments</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27698</u>	<u>Repair of ankle ligament</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27700</u>	<u>Revision of ankle joint</u>	<u>\$3,757.97</u>	<u>-</u>
<u>27707</u>	<u>Incision of fibula</u>	<u>\$2,953.24</u>	<u>-</u>
<u>27720</u>	<u>Repair of tibia</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27726</u>	<u>Repair fibula nonunion</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27745</u>	<u>Reinforce tibia</u>	<u>\$6,159.04</u>	<u>*</u>
<u>27758</u>	<u>Treatment of tibia fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27762</u>	<u>Cltx med ankle fx w/mnpj</u>	<u>\$1,724.73</u>	<u>-</u>
<u>27766</u>	<u>Optx medial ankle fx</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27767</u>	<u>Cltx post ankle fx</u>	<u>\$136.71</u>	<u>-</u>
<u>27768</u>	<u>Cltx post ankle fx w/mnpj</u>	<u>\$136.71</u>	<u>-</u>
<u>27769</u>	<u>Optx post ankle fx</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27784</u>	<u>Treatment of fibula fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27792</u>	<u>Treatment of ankle fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27814</u>	<u>Treatment of ankle fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27818</u>	<u>Treatment of ankle fracture</u>	<u>\$459.23</u>	<u>-</u>
<u>27822</u>	<u>Treatment of ankle fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27823</u>	<u>Treatment of ankle fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>27825</u>	<u>Treat lower leg fracture</u>	<u>\$1,724.73</u>	<u>-</u>
<u>27827</u>	<u>Treat lower leg fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>27828</u>	<u>Treat lower leg fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>27829</u>	<u>Treat lower leg joint</u>	<u>\$4,541.71</u>	<u>-</u>
<u>27842</u>	<u>Treat ankle dislocation</u>	<u>\$1,407.13</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>28035</u>	<u>Decompression of tibia nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>28050</u>	<u>Biopsy of foot joint lining</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28060</u>	<u>Partial removal foot fascia</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28062</u>	<u>Removal of foot fascia</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28070</u>	<u>Removal of foot joint lining</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28072</u>	<u>Removal of foot joint lining</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28080</u>	<u>Removal of foot lesion</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28086</u>	<u>Excise foot tendon sheath</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28088</u>	<u>Excise foot tendon sheath</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28090</u>	<u>Removal of foot lesion</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28092</u>	<u>Removal of toe lesions</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28111</u>	<u>Part removal of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28112</u>	<u>Part removal of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28113</u>	<u>Part removal of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28116</u>	<u>Revision of foot</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28118</u>	<u>Removal of heel bone</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28119</u>	<u>Removal of heel spur</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28120</u>	<u>Part removal of ankle/heel</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28122</u>	<u>Partial removal of foot bone</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28124</u>	<u>Partial removal of toe</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28200</u>	<u>Repair of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28202</u>	<u>Repair/graft of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28208</u>	<u>Repair of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28210</u>	<u>Repair/graft of foot tendon</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28220</u>	<u>Release of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28222</u>	<u>Release of foot tendons</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28225</u>	<u>Release of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28226</u>	<u>Release of foot tendons</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28230</u>	<u>Incision of foot tendon(s)</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28232</u>	<u>Incision of toe tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28234</u>	<u>Incision of foot tendon</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28238</u>	<u>Revision of foot tendon</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28270</u>	<u>Release of foot contracture</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28272</u>	<u>Release of toe joint each</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28285</u>	<u>Repair of hammertoe</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28289</u>	<u>Repair hallux rigidus</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28297</u>	<u>Correction of bunion</u>	<u>\$2,978.74</u>	<u>-</u>
<u>28300</u>	<u>Incision of heel bone</u>	<u>\$5,320.90</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>28302</u>	<u>Incision of ankle bone</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28304</u>	<u>Incision of midfoot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28305</u>	<u>Incise/graft midfoot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28306</u>	<u>Incision of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28307</u>	<u>Incision of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28308</u>	<u>Incision of metatarsal</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28310</u>	<u>Revision of big toe</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28315</u>	<u>Removal of sesamoid bone</u>	<u>\$2,011.21</u>	<u>-</u>
<u>28320</u>	<u>Repair of foot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28322</u>	<u>Repair of metatarsals</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28415</u>	<u>Treat heel fracture</u>	<u>\$6,200.31</u>	<u>-</u>
<u>28446</u>	<u>Osteochondral talus autograft</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28450</u>	<u>Treat midfoot fracture each</u>	<u>\$136.71</u>	<u>-</u>
<u>28465</u>	<u>Treat midfoot fracture each</u>	<u>\$4,541.71</u>	<u>-</u>
<u>28470</u>	<u>Treat metatarsal fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>28476</u>	<u>Treat metatarsal fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28485</u>	<u>Treat metatarsal fracture</u>	<u>\$4,541.71</u>	<u>-</u>
<u>28496</u>	<u>Treat big toe fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28505</u>	<u>Treat big toe fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28515</u>	<u>Treatment of toe fracture</u>	<u>\$136.71</u>	<u>-</u>
<u>28525</u>	<u>Treat toe fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28531</u>	<u>Treat sesamoid bone fracture</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28546</u>	<u>Treat foot dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28555</u>	<u>Repair foot dislocation</u>	<u>\$4,541.71</u>	<u>-</u>
<u>28576</u>	<u>Treat foot dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28585</u>	<u>Repair foot dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28606</u>	<u>Treat foot dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28615</u>	<u>Repair foot dislocation</u>	<u>\$4,541.71</u>	<u>-</u>
<u>28636</u>	<u>Treat toe dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28645</u>	<u>Repair toe dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28666</u>	<u>Treat toe dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28675</u>	<u>Repair of toe dislocation</u>	<u>\$2,377.46</u>	<u>-</u>
<u>28715</u>	<u>Fusion of foot bones</u>	<u>\$6,159.04</u>	<u>*</u>
<u>28725</u>	<u>Fusion of foot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28730</u>	<u>Fusion of foot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28740</u>	<u>Fusion of foot bones</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28750</u>	<u>Fusion of big toe joint</u>	<u>\$5,320.90</u>	<u>-</u>
<u>28755</u>	<u>Fusion of big toe joint</u>	<u>\$2,011.21</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>28805</u>	<u>Amputation thru metatarsal</u>	<u>\$2,011.21</u>	-
<u>28820</u>	<u>Amputation of toe</u>	<u>\$2,011.21</u>	-
<u>28825</u>	<u>Partial amputation of toe</u>	<u>\$2,011.21</u>	-
<u>29581</u>	<u>Apply multilay comprs lwr leg</u>	<u>\$102.44</u>	-
<u>29582</u>	<u>Apply multilay comprs upr arm</u>	<u>\$102.44</u>	-
<u>29582</u>	<u>Apply multilay comprs upr leg</u>	<u>\$102.44</u>	-
<u>29584</u>	<u>Appl multilay comprs arm/hand</u>	<u>\$102.44</u>	-
<u>29800</u>	<u>Jaw arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29804</u>	<u>Jaw arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29805</u>	<u>Shoulder arthroscopy dx</u>	<u>\$2,709.86</u>	-
<u>29806</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29807</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29819</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29820</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29821</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29822</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29823</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29824</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29825</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29826</u>	<u>Shoulder arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29827</u>	<u>Arthroscop rotator cuff repr</u>	<u>\$4,546.81</u>	*
<u>29828</u>	<u>Arthroscopy biceps tenodesis</u>	<u>\$5,194.58</u>	-
<u>29830</u>	<u>Elbow arthroscopy</u>	<u>\$2,709.86</u>	-
<u>29834</u>	<u>Elbow arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29835</u>	<u>Elbow arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29836</u>	<u>Elbow arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29837</u>	<u>Elbow arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29838</u>	<u>Elbow arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29840</u>	<u>Wrist arthroscopy</u>	<u>\$2,709.86</u>	-
<u>29843</u>	<u>Wrist arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29844</u>	<u>Wrist arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29845</u>	<u>Wrist arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29846</u>	<u>Wrist arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29847</u>	<u>Wrist arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29848</u>	<u>Wrist endoscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29850</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	-
<u>29851</u>	<u>Knee arthroscopy/surgery</u>	<u>\$5,194.58</u>	-
<u>29855</u>	<u>Tibial arthroscopy/surgery</u>	<u>\$5,194.58</u>	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>29856</u>	<u>Tibial arthroscopy/surgery</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29860</u>	<u>Hip arthroscopy dx</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29861</u>	<u>Hip arthro w/fb removal</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29862</u>	<u>Hip arthro w/debridement</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29863</u>	<u>Hip arthro w/synovectomy</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29866</u>	<u>Autgrft implnt knee w/scope</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29867</u>	<u>Allgrft implnt knee w/scope</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29868</u>	<u>Meniscal trnspl knee w/scpe</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29870</u>	<u>Knee arthroscopy dx</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29871</u>	<u>Knee arthroscopy/drainage</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29873</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29874</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29875</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29876</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29877</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29879</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29880</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29881</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29882</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29883</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29884</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29885</u>	<u>Knee arthroscopy/surgery</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29886</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29887</u>	<u>Knee arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29888</u>	<u>Knee arthroscopy/surgery</u>	<u>\$6,159.04</u>	<u>*</u>
<u>29889</u>	<u>Knee arthroscopy/surgery</u>	<u>\$6,159.04</u>	<u>*</u>
<u>29891</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$5,194.58</u>	<u>-</u>
<u>29892</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$6,159.04</u>	<u>*</u>
<u>29893</u>	<u>Scope plantar fasciotomy</u>	<u>\$2,011.21</u>	<u>-</u>
<u>29894</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29895</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29897</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29898</u>	<u>Ankle arthroscopy/surgery</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29904</u>	<u>Subtalar arthro w/fb rmvl</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29905</u>	<u>Subtalar arthro w/exc</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29906</u>	<u>Subtalar arthro w/deb</u>	<u>\$2,709.86</u>	<u>-</u>
<u>29907</u>	<u>Subtalar arthro w/fusion</u>	<u>\$5,194.58</u>	<u>-</u>
<u>30130</u>	<u>Excise inferior turbinate</u>	<u>\$1,535.50</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B Facility Reimbursement</u>	<u>Invoice Required</u>
<u>30140</u>	<u>Resect inferior turbinate</u>	<u>\$2,265.44</u>	-
<u>30420</u>	<u>Reconstruction of nose</u>	<u>\$4,099.33</u>	-
<u>30465</u>	<u>Repair nasal stenosis</u>	<u>\$4,099.33</u>	-
<u>30520</u>	<u>Repair of nasal septum</u>	<u>\$2,265.44</u>	-
<u>30560</u>	<u>Release of nasal adhesions</u>	<u>\$283.53</u>	-
<u>30802</u>	<u>Ablate inf turbinate submuc</u>	<u>\$1,535.50</u>	-
<u>30930</u>	<u>Ther fx nasal inf turbinate</u>	<u>\$1,535.50</u>	-
<u>31254</u>	<u>Revision of ethmoid sinus</u>	<u>\$2,762.34</u>	-
<u>31256</u>	<u>Exploration maxillary sinus</u>	<u>\$2,762.34</u>	-
<u>31267</u>	<u>Endoscopy maxillary sinus</u>	<u>\$2,762.34</u>	-
<u>31505</u>	<u>Diagnostic laryngoscopy</u>	<u>\$97.66</u>	-
<u>31570</u>	<u>Laryngoscope w/vc inj</u>	<u>\$1,936.67</u>	-
<u>31571</u>	<u>Laryngoscop w/vc inj + scope</u>	<u>\$2,762.34</u>	-
<u>31575</u>	<u>Diagnostic laryngoscopy</u>	<u>\$169.69</u>	-
<u>35207</u>	<u>Repair blood vessel lesion</u>	<u>\$3,735.34</u>	-
<u>38230</u>	<u>Bone marrow harvest allogene</u>	<u>\$3,242.61</u>	-
<u>38500</u>	<u>Biopsy/removal lymph nodes</u>	<u>\$2,300.42</u>	-
<u>41899</u>	<u>Dental surgery procedure</u>	<u>\$97.47</u>	-
<u>42145</u>	<u>Repair palate pharynx/uvula</u>	<u>\$2,265.44</u>	-
<u>43235</u>	<u>Uppr gi endoscopy diagnosis</u>	<u>\$769.22</u>	-
<u>43239</u>	<u>Upper gi endoscopy biopsy</u>	<u>\$769.22</u>	-
<u>43248</u>	<u>Uppr gi endoscopy/guide wire</u>	<u>\$769.22</u>	-
<u>45330</u>	<u>Diagnostic sigmoidoscopy</u>	<u>\$566.19</u>	-
<u>45378</u>	<u>Diagnostic colonoscopy</u>	<u>\$852.79</u>	-
<u>45380</u>	<u>Colonoscopy and biopsy</u>	<u>\$852.79</u>	-
<u>45385</u>	<u>Lesion removal colonoscopy</u>	<u>\$852.79</u>	-
<u>46221</u>	<u>Ligation of hemorrhoid(s)</u>	<u>\$502.05</u>	-
<u>46260</u>	<u>Remove in/ex hem groups 2+</u>	<u>\$2,224.36</u>	-
<u>46500</u>	<u>Injection into hemorrhoid(s)</u>	<u>\$502.05</u>	-
<u>49505</u>	<u>Prp i/hern init reduc &gt;5 yr</u>	<u>\$2,997.23</u>	-
<u>49507</u>	<u>Prp i/hern init block &gt;5 yr</u>	<u>\$2,997.23</u>	-
<u>49520</u>	<u>Rerepair ing hernia reduce</u>	<u>\$2,997.23</u>	-
<u>49521</u>	<u>Rerepair ing hernia blocked</u>	<u>\$2,997.23</u>	-
<u>49525</u>	<u>Repair ing hernia sliding</u>	<u>\$2,997.23</u>	-
<u>49550</u>	<u>Rpr rem hernia init reduce</u>	<u>\$2,997.23</u>	-
<u>49553</u>	<u>Rpr fem hernia init blocked</u>	<u>\$2,997.23</u>	-
<u>49560</u>	<u>Rpr ventral hern init reduc</u>	<u>\$2,997.23</u>	-
<u>49561</u>	<u>Rpr ventral hern init block</u>	<u>\$2,997.23</u>	-

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B, SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>49565</u>	<u>Rerepair ventrl hern reduce</u>	<u>\$2,997.23</u>	-
<u>49566</u>	<u>Rerepair ventrl hern block</u>	<u>\$2,997.23</u>	-
<u>49568</u>	<u>Hernia repair w/mesh</u>	<u>\$2,997.23</u>	-
<u>49570</u>	<u>Rpr epigastric hern reduce</u>	<u>\$2,997.23</u>	-
<u>49572</u>	<u>Rpr epigastric hern blocked</u>	<u>\$2,997.23</u>	-
<u>49585</u>	<u>Rpr umbil hern reduc &gt; 5 yr</u>	<u>\$2,997.23</u>	-
<u>49587</u>	<u>Rpr umbil hern block &gt; 5 yr</u>	<u>\$2,997.23</u>	-
<u>49650</u>	<u>Lap ing hernia repair init</u>	<u>\$4,363.44</u>	-
<u>49651</u>	<u>Lap ing hernia repair recur</u>	<u>\$4,363.44</u>	-
<u>49652</u>	<u>Lap vent/abd hernia repair</u>	<u>\$6,513.92</u>	-
<u>49653</u>	<u>Lap vent/abd hern proc comp</u>	<u>\$6,513.92</u>	-
<u>49654</u>	<u>Lap inc hernia repair</u>	<u>\$6,513.92</u>	-
<u>49655</u>	<u>Lap inc hern repair comp</u>	<u>\$6,513.92</u>	-
<u>49656</u>	<u>Lap inc hernia repair recur</u>	<u>\$6,513.92</u>	-
<u>49657</u>	<u>Lap inc hern recur comp</u>	<u>\$6,513.92</u>	-
<u>50590</u>	<u>Fragmenting of kidney stone</u>	<u>\$4,741.07</u>	-
<u>51040</u>	<u>Incise &amp; drain bladder</u>	<u>\$2,393.58</u>	-
<u>51045</u>	<u>Incise bladder/drain ureter</u>	<u>\$616.53</u>	-
<u>51705</u>	<u>Change of bladder tube</u>	<u>\$177.48</u>	-
<u>51726</u>	<u>Complex cystometrogram</u>	<u>\$290.23</u>	-
<u>51741</u>	<u>Electro-uroflowmetry first</u>	<u>\$100.99</u>	-
<u>51784</u>	<u>Anal/urinary muscle study</u>	<u>\$100.99</u>	-
<u>51797</u>	<u>Intraabdominal pressure test</u>	<u>\$177.48</u>	-
<u>52000</u>	<u>Cystoscopy</u>	<u>\$616.53</u>	-
<u>52276</u>	<u>Cystoscopy and treatment</u>	<u>\$2,393.58</u>	-
<u>52281</u>	<u>Cystoscopy and treatment</u>	<u>\$1,590.26</u>	-
<u>52310</u>	<u>Cystoscopy and treatment</u>	<u>\$1,590.26</u>	-
<u>52332</u>	<u>Cystoscopy and treatment</u>	<u>\$2,393.58</u>	-
<u>54235</u>	<u>Penile injection</u>	<u>\$177.48</u>	-
<u>54415</u>	<u>Remove self-contd penis pros</u>	<u>\$3,149.92</u>	-
<u>54520</u>	<u>Removal of testis</u>	<u>\$2,143.10</u>	-
<u>55520</u>	<u>Removal of sperm cord lesion</u>	<u>\$2,143.10</u>	-
<u>55530</u>	<u>Revise spermatic cord veins</u>	<u>\$2,143.10</u>	-
<u>57240</u>	<u>Repair bladder &amp; vagina</u>	<u>\$3,268.41</u>	-
<u>57267</u>	<u>Insert mesh/pelvic flr addon</u>	<u>\$3,268.41</u>	-
<u>61885</u>	<u>Insrt/redo neurostim 1 array</u>	<u>\$2,776.18</u>	*
<u>61886</u>	<u>Implant neurostim arrays</u>	<u>\$3,067.33</u>	*
<u>62287</u>	<u>Percutaneous diskectomy</u>	<u>\$3,288.46</u>	-



# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B. SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	B	<u>Invoice Required</u>
		<u>Facility Reimbursement</u>	
<u>62292</u>	<u>Injection into disk lesion</u>	<u>\$678.44</u>	<u>-</u>
<u>62350</u>	<u>Implant spinal canal cath</u>	<u>\$3,782.31</u>	<u>-</u>
<u>62351</u>	<u>Implant spinal canal cath</u>	<u>\$4,617.84</u>	<u>-</u>
<u>62355</u>	<u>Remove spinal canal catheter</u>	<u>\$1,165.02</u>	<u>-</u>
<u>62361</u>	<u>Implant spine infusion pump</u>	<u>\$3,284.05</u>	<u>*</u>
<u>62362</u>	<u>Implant spine infusion pump</u>	<u>\$3,284.05</u>	<u>*</u>
<u>62365</u>	<u>Remove spine infusion device</u>	<u>\$3,288.46</u>	<u>-</u>
<u>62367</u>	<u>Analyze spine infus pump</u>	<u>\$217.81</u>	<u>-</u>
<u>62368</u>	<u>Analyze sp inf pump w/reprog</u>	<u>\$217.81</u>	<u>-</u>
<u>63020</u>	<u>Neck spine disk surgery</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63030</u>	<u>Low back disk surgery</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63035</u>	<u>Spinal disk surgery add-on</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63040</u>	<u>Laminotomy single cervical</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63042</u>	<u>Laminotomy single lumbar</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63044</u>	<u>Laminotomy addl lumbar</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63045</u>	<u>Removal of spinal lamina</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63046</u>	<u>Removal of spinal lamina</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63047</u>	<u>Removal of spinal lamina</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63048</u>	<u>Remove spinal lamina add-on</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63056</u>	<u>Decompress spinal cord</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63075</u>	<u>Neck spine disk surgery</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63076</u>	<u>Neck spine disk surgery</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63081</u>	<u>Removal of vertebral body</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63267</u>	<u>Excise intraspinal lesion</u>	<u>\$4,617.84</u>	<u>-</u>
<u>63650</u>	<u>Implant neuroelectrodes</u>	<u>\$2,588.19</u>	<u>*</u>
<u>63655</u>	<u>Implant neuroelectrodes</u>	<u>\$2,883.18</u>	<u>*</u>
<u>63661</u>	<u>Remove spine eltrd perq aray</u>	<u>\$1,885.92</u>	<u>-</u>
<u>63662</u>	<u>Remove spine eltrd plate</u>	<u>\$1,885.92</u>	<u>-</u>
<u>63663</u>	<u>Revise spine eltrd perq aray</u>	<u>\$2,588.19</u>	<u>*</u>
<u>63664</u>	<u>Revise spine eltrd plate</u>	<u>\$2,588.19</u>	<u>*</u>
<u>63685</u>	<u>Insrt/redo spine n generator</u>	<u>\$2,776.18</u>	<u>*</u>
<u>63688</u>	<u>Revise/remove neuroreceiver</u>	<u>\$2,830.74</u>	<u>-</u>
<u>64555</u>	<u>Implant neuroelectrodes</u>	<u>\$2,588.19</u>	<u>*</u>
<u>64561</u>	<u>Implant neuroelectrodes</u>	<u>\$2,588.19</u>	<u>*</u>
<u>64565</u>	<u>Implant neuroelectrodes</u>	<u>\$2,588.19</u>	<u>*</u>
<u>64575</u>	<u>Implant neuroelectrodes</u>	<u>\$2,883.18</u>	<u>*</u>
<u>64580</u>	<u>Implant neuroelectrodes</u>	<u>\$2,883.18</u>	<u>*</u>
<u>64581</u>	<u>Implant neuroelectrodes</u>	<u>\$2,883.18</u>	<u>*</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B. SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
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		B	
<u>CPT</u>	<u>Short Descriptor</u>	<u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>64590</u>	<u>Insrt/redo pn/gastr stimul</u>	<u>\$2,776.18</u>	<u>*</u>
<u>64595</u>	<u>Revise/rmv pn/gastr stimul</u>	<u>\$2,830.74</u>	<u>-</u>
<u>64702</u>	<u>Revise finger/toe nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64704</u>	<u>Revise hand/foot nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64708</u>	<u>Revise arm/leg nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64712</u>	<u>Revision of sciatic nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64714</u>	<u>Revise low back nerve(s)</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64718</u>	<u>Revise ulnar nerve at elbow</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64719</u>	<u>Revise ulnar nerve at wrist</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64721</u>	<u>Carpal tunnel surgery</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64722</u>	<u>Relieve pressure on nerve(s)</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64727</u>	<u>Internal nerve revision</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64771</u>	<u>Sever cranial nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64772</u>	<u>Incision of spinal nerve</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64776</u>	<u>Remove digit nerve lesion</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64778</u>	<u>Digit nerve surgery add-on</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64782</u>	<u>Remove limb nerve lesion</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64783</u>	<u>Limb nerve surgery add-on</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64784</u>	<u>Remove nerve lesion</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64787</u>	<u>Implant nerve end</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64790</u>	<u>Removal of nerve lesion</u>	<u>\$1,719.56</u>	<u>-</u>
<u>64831</u>	<u>Repair of digit nerve</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64832</u>	<u>Repair nerve add-on</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64834</u>	<u>Repair of hand or foot nerve</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64836</u>	<u>Repair of hand or foot nerve</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64837</u>	<u>Repair nerve add-on</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64856</u>	<u>Repair/transpose nerve</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64890</u>	<u>Nerve graft hand or foot</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64898</u>	<u>Nerve graft arm or leg</u>	<u>\$3,288.46</u>	<u>-</u>
<u>64910</u>	<u>Nerve repair w/allograft</u>	<u>\$3,288.46</u>	<u>-</u>
<u>65210</u>	<u>Remove foreign body from eye</u>	<u>\$96.38</u>	<u>-</u>
<u>65222</u>	<u>Remove foreign body from eye</u>	<u>\$96.38</u>	<u>-</u>
<u>65235</u>	<u>Remove foreign body from eye</u>	<u>\$1,512.88</u>	<u>-</u>
<u>65260</u>	<u>Remove foreign body from eye</u>	<u>\$438.12</u>	<u>-</u>
<u>65280</u>	<u>Repair of eye wound</u>	<u>\$1,960.28</u>	<u>-</u>
<u>65285</u>	<u>Repair of eye wound</u>	<u>\$3,733.27</u>	<u>-</u>
<u>65400</u>	<u>Removal of eye lesion</u>	<u>\$1,512.88</u>	<u>-</u>
<u>65426</u>	<u>Removal of eye lesion</u>	<u>\$2,119.41</u>	<u>-</u>

# Rules, Regulations and Fee Schedules of the Wyoming Workers' Compensation Division

**TABLE B - SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>65435</u>	<u>Curette/treat cornea</u>	<u>\$696.90</u>	<u>-</u>
<u>65710</u>	<u>Corneal transplant</u>	<u>\$3,010.00</u>	<u>*</u>
<u>65730</u>	<u>Corneal transplant</u>	<u>\$3,010.00</u>	<u>*</u>
<u>65750</u>	<u>Corneal transplant</u>	<u>\$3,010.00</u>	<u>*</u>
<u>65755</u>	<u>Corneal transplant</u>	<u>\$3,010.00</u>	<u>*</u>
<u>65756</u>	<u>Corneal trnspl endothelial</u>	<u>\$3,010.00</u>	<u>*</u>
<u>65875</u>	<u>Incise inner eye adhesions</u>	<u>\$2,119.41</u>	<u>-</u>
<u>66180</u>	<u>Implant eye shunt</u>	<u>\$3,784.41</u>	<u>-</u>
<u>66250</u>	<u>Follow-up surgery of eye</u>	<u>\$1,512.88</u>	<u>-</u>
<u>66761</u>	<u>Revision of iris</u>	<u>\$492.60</u>	<u>-</u>
<u>66821</u>	<u>After cataract laser surgery</u>	<u>\$492.60</u>	<u>-</u>
<u>66825</u>	<u>Reposition intraocular lens</u>	<u>\$2,119.41</u>	<u>-</u>
<u>66830</u>	<u>Removal of lens lesion</u>	<u>\$657.07</u>	<u>-</u>
<u>66840</u>	<u>Removal of lens material</u>	<u>\$1,512.88</u>	<u>-</u>
<u>66852</u>	<u>Removal of lens material</u>	<u>\$2,820.30</u>	<u>-</u>
<u>66920</u>	<u>Extraction of lens</u>	<u>\$2,820.30</u>	<u>-</u>
<u>66930</u>	<u>Extraction of lens</u>	<u>\$2,820.30</u>	<u>-</u>
<u>66982</u>	<u>Cataract surgery complex</u>	<u>\$2,173.65</u>	<u>-</u>
<u>66983</u>	<u>Cataract surg w/iol 1 stage</u>	<u>\$2,173.65</u>	<u>-</u>
<u>66984</u>	<u>Cataract surg w/iol 1 stage</u>	<u>\$2,173.65</u>	<u>-</u>
<u>66985</u>	<u>Insert lens prosthesis</u>	<u>\$2,173.65</u>	<u>-</u>
<u>67036</u>	<u>Removal of inner eye fluid</u>	<u>\$3,733.27</u>	<u>-</u>
<u>67040</u>	<u>Laser treatment of retina</u>	<u>\$3,733.27</u>	<u>-</u>
<u>67110</u>	<u>Repair detached retina</u>	<u>\$1,960.28</u>	<u>-</u>
<u>67121</u>	<u>Remove eye implant material</u>	<u>\$3,733.27</u>	<u>-</u>
<u>67225</u>	<u>Eye photodynamic ther add-on</u>	<u>\$438.12</u>	<u>-</u>
<u>67314</u>	<u>Revise eye muscle</u>	<u>\$2,263.40</u>	<u>-</u>
<u>67332</u>	<u>Rerevise eye muscles add-on</u>	<u>\$2,263.40</u>	<u>-</u>
<u>67335</u>	<u>Eye suture during surgery</u>	<u>\$2,263.40</u>	<u>-</u>
<u>67399</u>	<u>Eye muscle surgery procedure</u>	<u>\$2,263.40</u>	<u>-</u>
<u>67820</u>	<u>Revise eyelashes</u>	<u>\$96.38</u>	<u>-</u>
<u>67875</u>	<u>Closure of eyelid by suture</u>	<u>\$696.90</u>	<u>-</u>
<u>67917</u>	<u>Repair eyelid defect</u>	<u>\$1,800.25</u>	<u>-</u>
<u>67950</u>	<u>Revision of eyelid</u>	<u>\$1,800.25</u>	<u>-</u>
<u>68320</u>	<u>Revise/graft eyelid lining</u>	<u>\$2,488.63</u>	<u>-</u>
<u>68360</u>	<u>Revise eyelid lining</u>	<u>\$2,119.41</u>	<u>-</u>
<u>68362</u>	<u>Revise eyelid lining</u>	<u>\$2,119.41</u>	<u>-</u>
<u>69310</u>	<u>Rebuild outer ear canal</u>	<u>\$4,099.33</u>	<u>-</u>

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## **Table B - SURGERY CENTER PROCEDURES (cont.)**

See Chapter 9, Section 9 (c), for detailed information on facility reimbursements and  
Section 1 for general guidelines.

<u>CPT</u>	<u>Short Descriptor</u>	<u>B</u> <u>Facility Reimbursement</u>	<u>Invoice Required</u>
<u>69436</u>	<u>Create eardrum opening</u>	<u>\$1,535.50</u>	-
<u>69620</u>	<u>Repair of eardrum</u>	<u>\$2,265.44</u>	-
<u>69631</u>	<u>Repair eardrum structures</u>	<u>\$4,099.33</u>	-