



## 2018 Fee Schedule

### Hospital Billing Clarification

<b>Hospital Billing Scenarios</b>
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Description	Rev Codes	Reimbursement Type	Payment Type
Room and Board	11X - 12X	R	%
Anesthesia	37X	R	%
Blood	38X	R	%
Blood Storage	39X	R	%
CT Scans	35X	TC	0.60
EKG/ECG	73X	R	%
Emergency Room	45X	R	%
Imaging Service (70010-79999, 80047-89398)	30X - 32X	TC	0.60
Implants	278 - 279	IMP	INV
IV Therapy	26X	R	%
Laboratory	30X	TC	0.60
MRI	61X	TC	0.60
Occupational Therapy	43X	R	%
OR Services	36X	R	%
Pharmacy	25X	R	%
Physical Therapy	42X	R	%
Pulmonary Function	46X	R	%
Supplies (except for Implants)	27X - 62X	R	%
Radiology	32X - 33X	TC	0.60
Recovery Room	71X	R	%

<b>Implants, Hardware &amp; Instrumentation</b>	Invoice Cost	x 1.25	Plus Tax, Shipping & Handling	= Total Reimbursement
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Reimbursement Type	Payment Type
R = Subject to Hospital Ratio	% (hospital ratio)
IMP = Implant	INV = Invoice
TC = Technical Component	0.60

**Questions may be directed to:**

Medical Cost Containment Bureau  
 NM Workers' Compensation Administration  
 (505) 841-6000