

are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.

1234 - For services performed by a Physician Assistant or a Nurse Practitioner the fee schedule amount is calculated at 80% of the fee available to physicians for such treatment code. (New York Workers' Compensation Medical Fee Schedule, Ground Rule 11)

C524 - Policy Benefits have been exhausted.

X202 - Policy benefits have been exhausted.

Procedure Guide

20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

76942 - Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation

99070 - Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

Unless otherwise noted, all reductions are in accordance with the medical fee schedule as per the rules and regulations authorized by the State of New York, Department of Insurance, 28 Amendment to Regulation No. 83.