Expert Not Yet Engaged

Contact AccuMed if Expert is Required

Pro Medical Cost Projection

Estimate of Reasonable Value of Future Medical Care –



Patient Name: Daenerys Targaryen

Based on the Future Care Referenced by Dr. Snow on 8/31/22

Prepared For: AccuMed Healthcare Research LLC

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Greenwood Village, CO 80111

Date: August 5, 2024

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Confidential: This report, along with the data, analysis, and conclusions herein, contains sensitive and proprietary information and is protected under agreements between AccuMed and the above referenced party. This report is for use exclusively in the matter involving the above referenced patient. This report may not be altered or reproduced, in part or in whole, in any way. Breaches of the confidentiality of this report are subject to legal recourse.

This report is a full estimate of the reasonable value of billed charges for the indicated treatment. In the development of this report, 358,317 historical records of providers performing procedures related to this treatment were identified. For information on data sources, assumptions, and methodologies — including the calculation of the reasonable value — please reference the appendices.



Based on the Future Care
Referenced by Dr. Snow on 8/31/22

Reasonable Value

Cervical Non-Surgical TX

C3 - C5 Medial Branch Block (MBB)				
Pre-Op	Bill #1	Pre-Op Consultation	\$ 321	
DOS	Bill #2 Bill #3	Physician Ambulatory Surgery Center	\$ 2,262 5,232	
		Two occurrences is \$ 7.815 x 2	\$ 15 630	

© C3 - C5 Rac	diofrequenc	cy Ablation (RFA)	600
• Pre-Op	Bill #4	Pre-Op Consultation	\$ 321
Dos	Bill #5 Bill #6 Bill #7	Anesthesiology Physician Ambulatory Surgery Center	\$ 2,114 3,824 7,481
	-	Months for 3 Years is \$ 13,740 x 4 Months for 5 Years is \$ 13,740 x 6	\$ 54,960 \$ 82,440



Records are pulled starting from a 30 mile radius of Denver, CO.

Reasonable Value (Cont.)

Oaenerys Targaryen

Cervical Surgical TX

C3 - C5 Anterior Cervical Discectomy and Fusion (ACDF) Bill #9 **Pre-Op Consultation** \$ 297 Pre-Op Bill #10 Radiology 2,150 Bill #11 Anesthesiology \$7,258 Bill #12 Surgical Assistant 14,618 Bill #13 Surgeon 19,226 Bill #14 Inpatient Hospital 189,033 Bill #15 Radiology \$ 148 Bill #16 Physical Therapy - Initial Eval 167 Bill #17 Physical Therapy - 12 Visits 3,648

Based on the Future Care
Referenced by Dr. Snow on 8/31/22

\$ 236,545

Cervical Surgical TX: \$ 236,545

Knee Non-Surgical TX



Records are pulled starting from a 30 mile radius of Denver, CO.

Daenerys Targaryen Denver. CO

Based on the Future Care Referenced by Dr. Snow on 8/31/22

Summary of Itemized Bills

This section lists the bills that Daenerys Targaryen would expect to receive over the course of her treatment. Each bill details specific procedures and their reasonable value in the patient's area.



C3 - C5 Medial Branch Block (MBB)



Pre-Op Consultation

Units

Description

thoracic; second level

Code Units Description
 99213 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.

Total Bill: \$ 321

Reasonable Value

\$1,490

772

Reasonable Value

\$ 321



Physician

Code

64490	1	Injection(s), diagnostic or therapeutic agent, paravertebral
		facet (zygapophyseal) joint (or nerves innervating that
		joint) with image guidance (fluoroscopy or CT), cervical or
		thoracic; single level
64491	1	Injection(s), diagnostic or therapeutic agent, paravertebral
		facet (zygapophyseal) joint (or nerves innervating that

joint) with image guidance (fluoroscopy or CT), cervical or

Total Bill: \$ 2,262



Ambulatory Surgery Center

<u>Code</u>	<u>Units</u>	<u>Description</u>
64490	1	Injection(s), diagnostic or therapeutic agent, paravertebral
		facet (zygapophyseal) joint (or nerves innervating that
		joint) with image guidance (fluoroscopy or CT), cervical or
		thoracic; single level

Total Bill: \$5,232

Reasonable Value

\$5,232

Daenerys Targaryen Denver, CO

Based on the Future Care Referenced by Dr. Snow on 8/31/22



C3 - C5 Radiofrequency Ablation (RFA)



Pre-Op Consultation

<u>Code</u>	<u>Units</u>	Description
99213	1	Office or other outpatient visit for the evaluation and
		management of an established patient, which requires a
		medically appropriate history and/or examination and low
		level of medical decision making.

Total Bill: \$ 321

Reasonable Value

\$ 321



Anesthesiology

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
01936	1	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	\$ 2,114

Total Bill: \$ 2,114



Physician

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonal	ole Value
64633	1	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint		\$ 2,744
64634		Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint		1,080

Total Bill: \$ 3,824



Ambulatory Surgery Center

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
64633	1	Destruction by neurolytic agent, paravertebral facet joint	\$ 7,481
		nerve(s), with imaging guidance (fluoroscopy or CT);	
		cervical or thoracic, single facet joint	

Total Bill: \$7,481

Daenerys Targaryen Denver, CO

Based on the Future Care Referenced by Dr. Snow on 8/31/22



Physical Therapy



Session

0000.0			
<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 152
97140	2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	152

Total Bill: \$304



C3 - C5 Anterior Cervical Discectomy and Fusion (ACDF)



Pre-Op Consultation

<u>Code</u>	<u>Units</u>	<u>Description</u>
99213	1	Office or other outpatient visit for the evaluation and
		management of an established patient, which requires a
		medically appropriate history and/or examination and low
		level of medical decision making.

\$ 297

Reasonable Value

Total Bill: \$297



Radiology

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
72050	1	Radiologic examination, spine, cervical; 4 or 5 views	\$ 231
72141	1	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	1,919

Total Bill: \$ 2,150



Anesthesiology

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
00670	1	Anesthesia for extensive spine and spinal cord procedures	\$ 7,258
		(eg, spinal instrumentation or vascular procedures)	

Total Bill: \$7,258

		Surgic	al Assi	stant	
		<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
		22551	1	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	\$ 8,261
		22552	1	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	1,360
1	2	22845	1	Anterior instrumentation; 2 to 3 vertebral segments	2,483
Day of Surgery		22853	2	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	1,968
		20937	1	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	546
					Total Bill: \$ 14,618

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		Surge	on		
		<u>Code</u>	<u>Units</u>	Description	Reasonable Value
		22551	1	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	\$ 8,579
		22552	1	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	2,540
	3	22845	1	Anterior instrumentation; 2 to 3 vertebral segments	4,009
Day of Surgery		22853	2	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	2,730
		20937	1	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	1,368
					Total Bill: \$ 19,226

Day of Surgery

Inpatient Hospital

CodeUnitsDescriptionReasonable Value471,1Cervical spinal fusion\$ 189,033

472, 473

Procedure Codes: 0RG2__0

Total Bill: \$ 189,033

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Post-Op	

Radiology

CodeUnitsDescriptionReasonable Value720401Radiologic examination, spine, cervical; 2 or 3 views\$ 148

Total Bill: \$148

Daenerys Targaryen Denver, CO

Based on the Future Care Referenced by Dr. Snow on 8/31/22



Physical Therapy - Initial Eval

<u>Code</u> <u>Units</u> <u>Description</u> <u>Reasonable Value</u>

97162 1 Physical therapy evaluation: moderate complexity

Total Bill: \$167

\$ 167

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	17
Post-Op	

Physical Therapy - 12 Visits

<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$ 152
97140	2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	152

12 occurrences at \$ 304 per visit: \$ 3,648



Right Knee Viscosupplementation Injections (series of 3 injections)



Pre-Op Consultation

<u>Code</u>	<u>Units</u>	<u>Description</u>
99213	1	Office or other outpatient visit for the evaluation and
		management of an established patient, which requires a
		medically appropriate history and/or examination and low
		level of medical decision making.

Total Bill: \$ 297

Reasonable Value

\$ 297



Physician

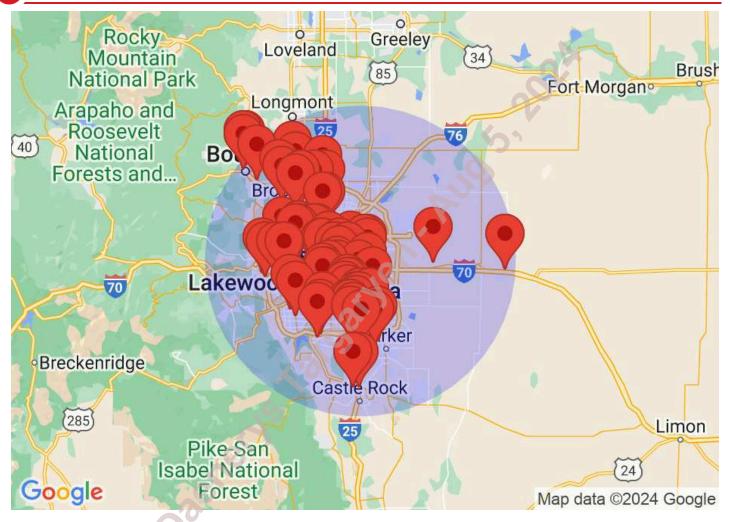
<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
20610	1	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$ 299
J7324	1	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	615

3 occurrences at \$ 914 per visit: \$ 2,742

Report Title: Based on the Future Care Referenced by Dr. Snow on 8/31/22

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Provider Locations Within 30 Mile Radius of Denver, CO



Report Title: Based on the Future Care Referenced by Dr. Snow on 8/31/22

Appendix A – References & Data Sources

Current Procedural Terminology (CPT)

"CPT" is a registered trademark of the American Medical Association. CPT codes and descriptions are copyrighted by the American Medical Association and used herein for explanatory purposes only.

Professional, Device and Center Data

The data contained in this report related to professional providers, durable medical equipment, ambulatory surgery centers, and diagnostic testing facilities is based on providers' fee schedules; representing the full billed charges for specific services.

The report also leverages the American Medical Association's CPT® codebook, Optum360's National Fee Analyzer, the American Society of Anesthesiologists ("ASA") Crosswalk book, EncoderPro, and www.findacode.com.

Hospital & Emergency Department Data

The data contained in this report related to hospitals is sourced from the Nationwide Inpatient Sample of the Healthcare Cost and Utilization Project (the "HCUP NIS") and the Nationwide Emergency Department Sample (the "HCUP NEDS"), which are sponsored by the Agency for Healthcare Research and Quality (an Agency in the US Department of Health and Human Services), bills already reviewed, or the American Hospital Directory.

HCUP databases contain information from a sample of approximately 20% of all inpatient discharges from HCUP-participating hospitals. The information contained in the database includes, among other data elements, primary and secondary diagnosis codes, procedural ("PCS") codes, Diagnosis Related Group ("DRG") codes, and total hospital charges for each patient.

Additional information on HCUP's data and methodologies can be found here: https://www.hcup-us.ahrq.gov/nisoverview.jsp, https://www.hcup-us.ahrq.gov/nedsoverview.jsp

Information on HCUP's data partners that contributed to the database can be found here: http://www.hcup-us.ahrq.gov/db/hcupdatapartners.jsp

Information on the American Hospital Directory can be found here: www.ahd.com

Inflation Data

When necessary, the billed charges in the databases are inflated to represent present day costs or, for historical analyses, the year the service occured. These inflation rates are sourced from the Bureau of Labor Statistics' ("BLS") monthly CPI Reports for Medical Care.

Professional providers' billed charges are inflated according to BLS' Medical Care: Professional Services rates. Facilities' billed charges are inflated according Medical Care: Hospital and Related Services rates.

The following table summarizes these rates:

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	2020	<u>2021</u>	<u>2022</u>	<u>2023</u>
Facility	3.90%				5.10%						
Professional	2.10%	1.70%	1.90%	3.10%	-1.80%	0.60%	1.40%	1.70%	4.30%	1.70%	-0.60%

Information on BLS' monthly reports can be found here: https://www.bls.gov/cpi/tables/supplemental-files/home.htm

Report Title: Based on the Future Care Referenced by Dr. Snow on 8/31/22

Appendix B - Methodologies

Overview

This report is built with the mission of providing transparency into the billed charges of treatment for a patient receiving care in a specific geographic region and at a specific point in time. This mission guides all decisions in assembling each report.

There are no independent assumptions or opinions on a patient's current state of health, diagnosis, or prognosis. This relies on notes provided by the patients' doctors and the codes on their medical bills for these assessments. There is no review of patients' financial or other resources available to obtain medical care. Reports only analyze billed charge amounts, representing the total charges of the procedures before any third-party contracted rates would apply.

Analysis

The reasonable value is set at the 80th percentile; a broadly accepted metric for determining usual, customary, and reasonable ("UCR") in the healthcare industry. Percentiles of billed charges for professional providers, durable medical equipment, ambulatory surgery centers, and diagnostic testing facilities are determined by searching historical databases for each occurrence of a HCPCS code billed by the same or similar provider the patient received treatment from (e.g. physical therapy from a physical therapist). The data is then filtered to include only providers within a preset radius around a designated location. If there are no occurrences of that code in the selected radius, the radius is enlarged for that code and noted in the report. In circumstances where a national sample is pulled, a geographic adjustment factor is applied to make the values geographically relevant. Percentiles are calculated using the resulting relevant data. Determining the value of hospital charges is done in a similar manner except the hospital database is filtered based on DRG codes and PCS codes instead of HCPCS codes.



Appendix C – Supporting Code Detail

Bill #	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
1	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2021	30	5,468	\$ 321
2	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Physician and Other Supplier, PUF 2021	30	910	\$ 1,490
2	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level	Physician and Other Supplier, PUF 2021	30	701	\$ 772
3	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Physician and Other Supplier, PUF 2021	30	501	\$ 5,232
4	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2021	30	5,468	\$ 321
5	01936	Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic	Physician and Other Supplier, PUF 2021	National w/ GAF	63,823	\$ 2,114
6	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Physician and Other Supplier, PUF 2021	30	345	\$ 2,744

Patient Name: Daenerys Targaryen
Location: Denver, CO
Report Title: Based on the Future

Based on the Future Care Referenced by Dr. Snow on 8/31/22

Bill #	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
6	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	Physician and Other Supplier, PUF 2021	30	307	\$ 1,080
7	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Physician and Other Supplier, PUF 2021	30	253	\$ 7,481
8	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physician and Other Supplier, PUF 2021	30	30,686	\$ 76
8	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Physician and Other Supplier, PUF 2021	30	30,173	\$ 76
9	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2021	30	32,778	\$ 297
10	72050	Radiologic examination, spine, cervical; 4 or 5 views	Physician and Other Supplier, PUF 2021	30	1,343	\$ 231
10	72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Physician and Other Supplier, PUF 2021	30	3,425	\$ 1,919
11	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	Physician and Other Supplier, PUF 2021	30	684	\$ 7,258
12	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Physician and Other Supplier, PUF 2021	68	144	\$ 8,261

Daenerys Targaryen Denver, CO

Based on the Future Care Referenced by Dr. Snow on 8/31/22

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
12	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	Physician and Other Supplier, PUF 2021	National w/ GAF	2,970	\$ 1,360
12	22845	Anterior instrumentation; 2 to 3 vertebral segments	Physician and Other Supplier, PUF 2021	National w/ GAF	5,782	\$ 2,483
12	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2021	30	654	\$ 984
12	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2021	National w/ GAF	1,766	\$ 546
13	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Physician and Other Supplier, PUF 2021	30	178	\$ 8,579
13	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace	Physician and Other Supplier, PUF 2021	68	142	\$ 2,540
13	22845	Anterior instrumentation; 2 to 3 vertebral segments	Physician and Other Supplier, PUF 2021	30	138	\$ 4,009

Report Title: Based on the Future Care Referenced by Dr. Snow on 8/31/22

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
13	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2021	30	1,249	\$ 1,365
13	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2021	National w/ GAF	4,626	\$ 1,368
14	C Jt w Intbd 0RG20K0 (v	Codes: 0RG2070 (v10) Fusion 2-6 C Jt w Autol Sub, Ant Appr A Co. Fus Dev, Ant Appr A Col, Open, 0RG20J0 (v10) Fusion 2-6 C Jt w 10) Fusion 2-6 C Jt w Nonaut Sub, Ant Appr A Col, Open, 0RG20 pproach, 0RG2370 (v10) Fusion 2-6 C Jt w Autol Sub, Ant Appr A	v Synth Sub, Ant Appr A Col, Open, Z0 (v10) Fusion of 2-6 C Jt, Ant Appr A	National w/ GAF	16,298	\$ 189,033
	C Jt w Intbd 0RG23K0 (v Col, Perc Ap 2-6 C Jt w Ir Perc Endo, 0	Fus Dev, Ant Appr A Col, Perc, 0RG23J0 (v10) Fusion 2-6 C Jt w v10) Fusion 2-6 C Jt w Nonaut Sub, Ant Appr A Col, Perc, 0RG23Z proach, 0RG2470 (v10) Fusion 2-6 C Jt w Autol Sub, Ant Appr A otbd Fus Dev, Ant Appr A Col, Perc Endo, 0RG24J0 (v10) Fusion 20RG24K0 (v10) Fusion 2-6 C Jt w Nonaut Sub, Ant Appr A Col, Perc A Col, Perc Endo Approach	Synth Sub, Ant Appr A Col, Perc, 20 (v10) Fusion of 2-6 C Jt, Ant Appr A Col, Perc Endo, 0RG24A0 (v10) Fusion 2-6 C Jt w Synth Sub, Ant Appr A Col,			
15	72040	Radiologic examination, spine, cervical; 2 or 3 views	Physician and Other Supplier, PUF 2021	30	1,233	\$ 148
16	97162	Physical therapy evaluation: moderate complexity	Physician and Other Supplier, PUF 2021	30	8,112	\$ 167
17	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physician and Other Supplier, PUF 2021	30	30,686	\$ 76

	Description	Data Source	(miles)	Patients	Value / Unit
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Physician and Other Supplier, PUF 2021	30	30,173	\$ 76
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2021	30	32,778	\$ 297
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Physician and Other Supplier, PUF 2021	30	9,333	\$ 299
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	Physician and Other Supplier, PUF 2021	National w/ GAF	35,190	\$ 615
	99213 20610	mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Supplier, PUF 2021 Physician and Other Supplier, PUF 2021	mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Supplier, PUF 2021 Supplier, PUF 2021 Supplier, PUF 2021 Physician and Other Supplier, PUF 2021 National w/ GAF	mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance J7324 Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose Supplier, PUF 2021 Physician and Other Supplier, PUF 2021 Supplier, PUF 2021 Physician and Other Supplier, PUF 2021 National 35,190 W/ GAF

