

California Explanation of Fee Schedule (EOFS)

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Medical Lien Management

DOS:

Place of Service Type:

Provider Type:

Place of Service Zip:

10/18/2021

Facility

Physician

90242

Serial	Procedure Code	Units	Fee Schedule	Payment Total	Balance Due	% Expected
#1	72050	1	\$81.05	\$0	\$81.05	0%
		Total	\$81.05	\$0.00	\$81.05	0%

Procedure Code - Fee Schedule Calculations

#1 - 72050

Calculation Details				Base Maximum Fee Exceptions	
Fee Schedule	Physican Services			None	
Description	X-ray exam neck spine 4/5vws				
Effective Dates of Service	10/01/2021 - 12/31/2021			NCCI Edits	
				No NCCI edits for this procedure.	
Type	RVU	GPCI	Total	CMS RVU Information	
Work	0.27	1.048	0.28296	Status Code	A
Facility PE	1.25	1.175	1.46875	PC/TC Indicator	1
MP	0.02	0.757	0.01514	Global Days	XXX
Sum of Totals			1.76685	Pre Op	0.0
Conversion Factor - Other Services			\$45.87	Intra Op	0.0
Locality: 18 - LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELES CNTY)				Post Op	0.0
Counties: LOS ANGELES CNTY				Multiple Procedure	0
Base Maximum Fee			\$81.05	Bilateral Surgery	0
				Assistant at Surgery	0
				Co-surgery	0
				Team Surgery	0
				Endoscopy Base	
				Physician Supervision of Diagnostic Procedures	9
				Diagnostic Imaging Family Indicator	99