

California Explanation of Fee Schedule (EOFS)

Powered By
Medical Lien Management

DOS:

Place of Service Type:

Provider Type:

Place of Service Zip:

07/16/2021

Facility

Physician

91790

| Serial | Procedure Code | Units | Fee Schedule | Payment Total | Balance Due | % Expected |
|--------|----------------|--------------|----------------|---------------|----------------|------------|
| #1 | 97810 | 1 | \$42.98 | \$0 | \$42.98 | 0% |
| #2 | 97811 | 1 | \$35.67 | \$0 | \$35.67 | 0% |
| #3 | 97026 | 1 | \$9.70 | \$0 | \$9.7 | 0% |
| | | Total | \$88.35 | \$0.00 | \$88.35 | 0% |

Procedure Code - Fee Schedule Calculations

#1 - 97810

| Calculation Details | | | |
|----------------------------|----------------------------|--|--|
| Fee Schedule | Physican Services | | |
| Description | Acupunct w/o stimul 15 min | | |
| Effective Dates of Service | 07/01/2021 - 09/30/2021 | | |

| Base Maximum Fee Exceptions | |
|--|--|
| • Multiple Procedure Payment Reduction (MPPR) Rules Applied. | |

| NCCI Edits | |
|-----------------------------------|--|
| No NCCI edits for this procedure. | |

| Type | RVU | GPCI | Total |
|--|------|-------|---------|
| Work | 0.6 | 1.048 | 0.6288 |
| Facility PE | 0.23 | 1.175 | 0.27025 |
| MP | 0.05 | 0.757 | 0.03785 |
| Sum of Totals | | | 0.9369 |
| Conversion Factor - Other Services | | | \$45.87 |
| Locality: 18 - LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELES CNTY) | | | |
| Counties: LOS ANGELES CNTY | | | |
| Base Maximum Fee | | | \$42.98 |

| CMS RVU Information | |
|--|-----|
| Status Code | A |
| PC/TC Indicator | 0 |
| Global Days | XXX |
| Pre Op | 0.0 |
| Intra Op | 0.0 |
| Post Op | 0.0 |
| Multiple Procedure | 0 |
| Bilateral Surgery | 0 |
| Assistant at Surgery | 1 |
| Co-surgery | 0 |
| Team Surgery | 0 |
| Endoscopy Base | |
| Physician Supervision of Diagnostic Procedures | 9 |
| Diagnostic Imaging Family Indicator | 99 |

Procedure Code - Fee Schedule Calculations

#2 - 97811

| Calculation Details | | | |
|----------------------------|------------------------------|--|--|
| Fee Schedule | Physican Services | | |
| Description | Acupunct w/o stimul addl 15m | | |
| Effective Dates of Service | 07/01/2021 - 09/30/2021 | | |

| Base Maximum Fee Exceptions | |
|--|--|
| • Multiple Procedure Payment Reduction (MPPR) Rules Applied. | |

| NCCI Edits | |
|-----------------------------------|--|
| No NCCI edits for this procedure. | |

| Type | RVU | GPCI | Total |
|--|------|-------|---------|
| Work | 0.5 | 1.048 | 0.524 |
| Facility PE | 0.19 | 1.175 | 0.22325 |
| MP | 0.04 | 0.757 | 0.03028 |
| Sum of Totals | | | 0.77753 |
| Conversion Factor - Other Services | | | \$45.87 |
| Locality: 18 - LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELES CNTY) | | | |
| Counties: LOS ANGELES CNTY | | | |
| Base Maximum Fee | | | \$35.67 |

| CMS RVU Information | |
|--|-----|
| Status Code | A |
| PC/TC Indicator | 0 |
| Global Days | ZZZ |
| Pre Op | 0.0 |
| Intra Op | 0.0 |
| Post Op | 0.0 |
| Multiple Procedure | 0 |
| Bilateral Surgery | 0 |
| Assistant at Surgery | 1 |
| Co-surgery | 0 |
| Team Surgery | 0 |
| Endoscopy Base | |
| Physician Supervision of Diagnostic Procedures | 9 |
| Diagnostic Imaging Family Indicator | 99 |

Procedure Code - Fee Schedule Calculations

#3 - 97026

| Calculation Details | | | | Base Maximum Fee Exceptions | |
|--|-------------------------|-------|---------|--|-----|
| Fee Schedule | Physican Services | | | None | |
| Description | Infrared therapy | | | | |
| Effective Dates of Service | 07/01/2021 - 09/30/2021 | | | NCCI Edits | |
| | | | | No NCCI edits for this procedure. | |
| | | | | | |
| Type | RVU | GPCI | Total | CMS RVU Information | |
| Work | 0.06 | 1.048 | 0.06288 | Status Code | R |
| Facility PE | 0.12 | 1.175 | 0.141 | PC/TC Indicator | 7 |
| MP | 0.01 | 0.757 | 0.00757 | Global Days | XXX |
| Sum of Totals | | | 0.21145 | 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 | 5 |
| Base Maximum Fee | | | \$9.7 | 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 |