

# California Explanation of Fee Schedule (EOFS)

Powered By  
**Medical Lien Management**

DOS:

Place of Service Type:

Provider Type:

Place of Service Zip:

**08/19/2021**

**Facility**

**Physician**

**91790**

| Serial | Procedure Code | Units        | Fee Schedule    | Payment Total | Balance Due     | % Expected |
|--------|----------------|--------------|-----------------|---------------|-----------------|------------|
| #1     | 97530          | 1            | \$57.96         | \$0           | \$57.96         | 0%         |
| #2     | A9300          | 1            | BR              | \$0           | \$0             | N/A        |
| #3     | 97112          | 1            | \$37.94         | \$0           | \$51.14         | 0%         |
| #4     | 97110          | 1            | \$33.11         | \$0           | \$43.89         | 0%         |
|        |                | <b>Total</b> | <b>\$129.01</b> | <b>\$0.00</b> | <b>\$152.99</b> | <b>0%</b>  |

## Procedure Code - Fee Schedule Calculations

#1 - 97530

| Calculation Details                                              |                         |       |         | Base Maximum Fee Exceptions                    |     |
|------------------------------------------------------------------|-------------------------|-------|---------|------------------------------------------------|-----|
| Fee Schedule                                                     | Physican Services       |       |         | None                                           |     |
| Description                                                      | Therapeutic activities  |       |         | NCCI Edits                                     |     |
| Effective Dates of Service                                       | 07/01/2021 - 09/30/2021 |       |         |                                                |     |
|                                                                  |                         |       |         | No NCCI edits for this procedure.              |     |
|                                                                  |                         |       |         |                                                |     |
| Type                                                             | RVU                     | GPCI  | Total   | CMS RVU Information                            |     |
| Work                                                             | 0.44                    | 1.048 | 0.46112 | Status Code                                    | A   |
| Facility PE                                                      | 0.67                    | 1.175 | 0.78725 | PC/TC Indicator                                | 7   |
| MP                                                               | 0.02                    | 0.757 | 0.01514 | Global Days                                    | XXX |
| Sum of Totals                                                    |                         |       | 1.26351 | 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                                                 |                         |       | \$57.96 | 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  |

## Procedure Code - Fee Schedule Calculations

### #2 - A9300

| Calculation Details                                              |  |                         |         | Base Maximum Fee Exceptions                                                                                                         |  |
|------------------------------------------------------------------|--|-------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------|--|
| Fee Schedule                                                     |  | Physican Services       |         | • Medically Unlikely Edit (MUE) Rules Applied.                                                                                      |  |
| Description                                                      |  | Exercise equipment      |         |                                                                                                                                     |  |
| Effective Dates of Service                                       |  | 07/01/2021 - 09/30/2021 |         |                                                                                                                                     |  |
|                                                                  |  |                         |         |                                                                                                                                     |  |
| Type                                                             |  | RVU                     | GPCI    | NCCI Edits                                                                                                                          |  |
|                                                                  |  |                         |         | DOS MUE Rules Applied – Rationale: 'Nature of Service/Procedure' – Units of service allowed: 0 – Effective: 07/01/2021 - 09/30/2021 |  |
|                                                                  |  |                         |         |                                                                                                                                     |  |
| Type                                                             |  | RVU                     | GPCI    | CMS RVU Information                                                                                                                 |  |
| Work                                                             |  | 0                       | 1.048   | Status Code                                                                                                                         |  |
| Facility PE                                                      |  | 0                       | 1.175   | N                                                                                                                                   |  |
| MP                                                               |  | 0                       | 0.757   | PC/TC Indicator                                                                                                                     |  |
|                                                                  |  |                         | 0       | 9                                                                                                                                   |  |
| Sum of Totals                                                    |  |                         | 0       | Global Days                                                                                                                         |  |
|                                                                  |  |                         |         | XXX                                                                                                                                 |  |
| Conversion Factor - Other Services                               |  |                         | \$45.87 | Pre Op                                                                                                                              |  |
|                                                                  |  |                         |         | 0.0                                                                                                                                 |  |
| Locality: 18 - LOS ANGELES-LONG BEACH-ANAHEIM (LOS ANGELES CNTY) |  |                         |         | Intra Op                                                                                                                            |  |
|                                                                  |  |                         |         | 0.0                                                                                                                                 |  |
| Counties: LOS ANGELES CNTY                                       |  |                         |         | Post Op                                                                                                                             |  |
|                                                                  |  |                         |         | 0.0                                                                                                                                 |  |
| Base Maximum Fee                                                 |  |                         | \$0     | Multiple Procedure                                                                                                                  |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Bilateral Surgery                                                                                                                   |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Assistant at Surgery                                                                                                                |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Co-surgery                                                                                                                          |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Team Surgery                                                                                                                        |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Endoscopy Base                                                                                                                      |  |
|                                                                  |  |                         |         |                                                                                                                                     |  |
|                                                                  |  |                         |         | Physician Supervision of Diagnostic Procedures                                                                                      |  |
|                                                                  |  |                         |         | 9                                                                                                                                   |  |
|                                                                  |  |                         |         | Diagnostic Imaging Family Indicator                                                                                                 |  |
|                                                                  |  |                         |         | 99                                                                                                                                  |  |

## Procedure Code - Fee Schedule Calculations

### #3 - 97112

| Calculation Details                                              |                           |       |         | Base Maximum Fee Exceptions                    |     |
|------------------------------------------------------------------|---------------------------|-------|---------|------------------------------------------------|-----|
| Fee Schedule                                                     | Physican Services         |       |         | None                                           |     |
| Description                                                      | Neuromuscular reeducation |       |         | NCCI Edits                                     |     |
| Effective Dates of Service                                       | 07/01/2021 - 09/30/2021   |       |         |                                                |     |
|                                                                  |                           |       |         | No NCCI edits for this procedure.              |     |
|                                                                  |                           |       |         |                                                |     |
| Type                                                             | RVU                       | GPCI  | Total   | CMS RVU Information                            |     |
| Work                                                             | 0.5                       | 1.048 | 0.524   | Status Code                                    | A   |
| Facility PE                                                      | 0.49                      | 1.175 | 0.57575 | PC/TC Indicator                                | 7   |
| MP                                                               | 0.02                      | 0.757 | 0.01514 | Global Days                                    | XXX |
| Sum of Totals                                                    |                           |       | 1.11489 | 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                                                 |                           |       | \$51.14 | 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  |

## Procedure Code - Fee Schedule Calculations

#4 - 97110

| Calculation Details                                              |                         |       |         | Base Maximum Fee Exceptions                    |     |
|------------------------------------------------------------------|-------------------------|-------|---------|------------------------------------------------|-----|
| Fee Schedule                                                     | Physican Services       |       |         | None                                           |     |
| Description                                                      | Therapeutic exercises   |       |         | NCCI Edits                                     |     |
| Effective Dates of Service                                       | 07/01/2021 - 09/30/2021 |       |         |                                                |     |
|                                                                  |                         |       |         | No NCCI edits for this procedure.              |     |
|                                                                  |                         |       |         |                                                |     |
| Type                                                             | RVU                     | GPCI  | Total   | CMS RVU Information                            |     |
| Work                                                             | 0.45                    | 1.048 | 0.4716  | Status Code                                    | A   |
| Facility PE                                                      | 0.4                     | 1.175 | 0.47    | PC/TC Indicator                                | 7   |
| MP                                                               | 0.02                    | 0.757 | 0.01514 | Global Days                                    | XXX |
| Sum of Totals                                                    |                         |       | 0.95674 | 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                                                 |                         |       | \$43.89 | 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  |